HEALTH RESOURCES
AND SERVICES ADMINISTRATION
"HRSA—Helping Build A Healthier Nation"

The Health Resources and Services Administration has leadership responsibility in the U.S. Public Health Service for health service and resource issues. HRSA pursues its objectives by:

- Supporting states and communities in delivering health care to underserved residents, mothers and children and other groups;
- Participating in the campaign against AIDS;
- Serving as a focal point for federal organ transplant activities;
- Providing leadership in improving health professions training;
- Tracking the supply of health professionals and monitoring their competence through operation of a nationwide data bank on malpractice claims and sanctions; and
- Monitoring developments affecting health facilities, especially those in rural areas.

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INFANT CARE

This book belongs to baby

Mother: ___________________________

Father: __________________________

Brothers and Sisters: _______________

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. Public Health Service
Health Resources and Services Administration
Bureau of Maternal and Child Health and Resources Development

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**Health Record Card**  
**Comment Card**
INTRODUCTION

Congratulations

Having a baby is one of life's greatest joys. It is a time of great excitement, new responsibilities and change. Changes require new skills and adjustments as you and your new baby get to know each other. Understanding your baby's needs and learning how to respond should make it much easier for you and your family.

This edition of Infant Care has been written to help you—whether you are the mother, father, grandparent, or other special caregiver—recognize your baby's needs, to help you care for your baby, and to help your baby develop into a healthy child. Although your doctor, nurse or other health professional is the best source of specific health information about your baby, Infant Care provides an introduction to the subject—to give you some basic knowledge and skills. It tells you what you might expect from your new baby and how to deal with the changes your baby will bring to your lives. It provides suggestions, not rules.

It is important to note that often there is no one “right” way, nor a set of rules for baby care. You, your doctor, nurse, clinic staff, friends, relatives, parent classes or groups, or books may suggest other ways of dealing with some situations. From here on, you will develop your own style, adjusting to your baby's needs as well as your own.

This booklet is divided into seven chapters:

Chapter 1. Before Your Baby Arrives—to help you and your family get ready for your new baby.

Chapter 2. Caring for Your Baby—to provide you and your family with basic information about your baby's everyday needs, just after birth and later.

Chapter 3. Understanding Baby's Growth and Development—to help you prepare for the rapid changes babies undergo in their first year.

Chapter 4. Your Baby's Health—to tell you what to expect when you take your baby to the doctor or clinic, and what to do when your baby is sick.

Chapter 5. Keeping Baby Safe—to help you and your baby prevent injuries in your home.
Chapter 6. First Aid and Emergencies—to make sure that you are prepared in case of an injury or other emergency.

Chapter 7. Changes You and Your Family Face—to help you adapt to the changes in your and your family's life with the arrival of a new baby.

At the end of the booklet, sources of more information are listed. There is also a Health Record Card for your baby, and a comment card. It's a good idea to fill out the Health Record Card now, and take it with you whenever you and your baby visit the doctor or clinic, to keep it up to date. Keep this booklet handy during your baby's first year—so it is there when you or another family member needs it. After that, you may want to tear out the Health Record Card and save it with your baby's other records.

Your comments will be very helpful to us in revising and improving future editions of Infant Care. Please take a few moments to give us your opinions about how useful it has been for you. The comment card at the back of the book is for this purpose.

This first year is very important for you and your baby. Babies grow, learn and change faster during the first year than at any other time. They learn to move and control their bodies, to recognize people and use simple household objects. They become attached to people and learn to relate to them with actions and gestures, with their voices and then with language. They express many kinds of feelings. They learn what to expect of you—just as you learn to recognize your baby's needs, reactions, and personality. What you and your baby learn about each other in this first year can set the stage for your baby's later growth and development.

Knowing what to expect and what to do to answer your baby's needs can make it easier for you and your partner to adjust to your baby and help you relax and enjoy this delightful, tiny new being. Getting to know and enjoy each other in this first year will help you adapt to the changes to come.
Chapter 1.

BEFORE YOUR BABY ARRIVES

This Chapter tells you some of the things you can do before your baby is born, to make life easier for you and your family later.

Giving birth. Your prenatal care doctor or clinic staff should be able to explain the choices you have of where to give birth. Although most women have their babies in hospitals, some may choose other settings, such as a birthing center. Your doctor will tell you if there are medical reasons why you should have your baby in a hospital. Also, talk with your doctor about options for early hospital discharge, having your baby spend more time with you in the hospital (called rooming-in), and how your partner may participate in labor and delivery. Most hospitals have tours to explain their procedures. Many hospitals also will offer childbirth classes, including information about breastfeeding.

Selecting a doctor or clinic. Before your baby is born is a good time to select your baby's doctor (such as a pediatrician or family physician). You may also choose a doctor/nurse practitioner team, or a pediatric nurse practitioner to take care of your baby. It is better to make this decision while you have the time to carefully choose who will advise you about your baby's health over the years. You may ask your own doctor or a nurse at the clinic for a recommendation; your friends or family members who have children of their own are good sources, too. If you have other children, you will probably find it easier to use the same care provider for all of your children. Once you have located a potential care provider, make an appointment to meet him or her if you can. Think about these questions as you decide whether this person is the one for you:

- What have been the experiences of friends (or family) with this care provider?
- Do you feel comfortable with and trust him or her?
- Do you feel that he or she will take the time to answer your questions or help you deal with new situations?
- How does he or she feel about issues of importance to you (such as breastfeeding or toilet training)?
Chapter 1. BEFORE YOUR BABY ARRIVES

Selecting a doctor or clinic
Deciding to breastfeed your baby

- Is the office in a convenient location, so that you and your baby can get there easily?
- Will he or she be available by telephone if you need advice?
- What are the office hours, telephone hours, and fees?
- How can he or she be reached in an emergency?
- What hospital does the doctor work at?
- Does this care provider have any special training?

Remember, your doctor, nurse or clinic staff will be your partner in looking after your baby's health and development. You can get a head start on developing that partnership by choosing a care provider before your baby is born.

Deciding to breastfeed your baby. Breastfeeding is the best way to nourish and nurture your new baby. There are many good reasons why you should choose to breastfeed:

- Human breastmilk provides the right nutrients in the right amounts for your baby.
- It is the only food your baby needs for the first 4-6 months.
- Breastmilk helps prevent infection and certain allergies.
- It's convenient—always ready, at the right temperature, and it requires no special equipment or cleanup.
- It's inexpensive.
- Breastfeeding will help shrink your uterus back to the way it was before you became pregnant.
- It helps to create a special physical and emotional bond between you and your baby.

When you think about all of these factors, it's easy to see why doctors recommend that you breastfeed. Ask your doctor or clinic staff any questions you may have about breastfeeding, and decide now to breastfeed, so that you are ready to begin as soon as your baby is born.

If there are reasons why you cannot or should not
Preparing your family for change

breastfeed, remember that feeding time still gives you a chance to help build the special bond between you and your baby. It still provides a time when there can be closeness and caring.

Packing to go to the hospital. Pack a small suitcase or duffel bag in advance. That way, you'll have one less thing to worry about when labor begins. Pack:

- 2-3 nightgowns, with front openings so that you can nurse (you may want to borrow these from friends, or you may wear hospital gowns)
- a robe
- 2 nursing bras (if you plan to breastfeed)
- non-skid slippers
- underwear
- something loose-fitting to wear home
- toiletries
- a small amount of money (in case you want to buy a newspaper or magazine)
- a sleeper or t-shirt for your baby to wear home (some hospitals may provide one)
- a baby blanket (or several, in winter months)

When you and your baby get ready to leave the hospital, you may want to ask the staff if there are disposable baby items you may take home (such as baby's brush, cap, soap dish, thermometer, nasal syringe, washtub). Also, the hospital may give you brochures, diapers or other things. If so, you'll need a little extra room in your suitcase to take them home.

Preparing your family for change. Having a baby is an exciting event, and a big change for your whole family. Your partner, other children, and other family members may need to adjust to this change in their own ways. Be sure to involve them however you can in getting ready for the baby to arrive. If you have other children:

- Reassure them that you love them now and will after the baby is born.
Chapter 1. BEFORE YOUR BABY ARRIVES

Preparing your family for change

- Plan with them a few special things they will do when the baby comes home.
- Talk with them about the changes they might expect when baby comes home, and how much fun it will be.
- If an older child is ready to be moved from the crib you will use for your new baby to a bed, make this move well before you deliver.
- Find out if your older children can visit you and their baby sister or brother in the hospital.
Equipment you will need
A place to sleep

- If you think friends or family might bring gifts for baby, find something special to give your other children when the baby comes home. These need not be expensive gifts—just something to let them know you are thinking about them, too.

Also, take time to talk with your partner about the changes you expect. Ask your family for their opinions and their help. Getting ready for baby doesn't mean just finding a place for him or her to live in your home, but also a place in your family.

Equipment you will need. Babies only need a few preparations:

- a place to sleep and to change diapers
- clothing
- a place to bathe and some supplies for bathing (and for feeding if you will not be breastfeeding)
- a federally approved car safety seat

A place to sleep. You will need a quiet place for baby to sleep, and something with sturdy sides for baby to sleep in, to keep him or her from rolling out. At first, a soft but firm pad (such as folded towels) or a thin plastic-covered foam pad can serve as a mattress. The pad or mattress should be waterproof or have a waterproof covering and should tightly fit into the cradle or bassinet. Even a basket (such as a laundry basket) or a bureau drawer with strong sides (placed on the floor) will work just as well as a cradle or bassinet. In fact, because your baby will outgrow it quickly, you may not want to buy a cradle or bassinet (although you may be able to borrow one from a friend).

However, you will need a safe crib as baby grows larger—by about 3 or 4 months. Before you decide on a new or used crib, use the safety checklist below to make sure it will be a safe place for your baby to sleep.
Chapter 1. BEFORE YOUR BABY ARRIVES

A place to sleep
Crib safety checklist

Crib Safety Checklist

- Side slats of a crib should be less than 2 3/8 inches apart (so baby can’t get caught between them)
- Other openings—such as decorative cutouts—should be avoided (so baby can’t get caught in them)
- Corner posts should be less than 5/8 inch high above the rails; take off any that are higher (so that baby’s clothing cannot catch on taller posts.)
- When the mattress is in the crib, the crib side in the raised position should be at least 20 inches above the mattress surface
- The mattress should fit snugly—you shouldn’t be able to get more than two fingers between the mattress and the crib side (so baby can’t become wedged between them and get hurt)
- Bumper pads should fit around the entire crib, and tie or snap into place in at least 6 places (after they are tied, trim off excess straps so baby won’t chew or be caught in them)
- Remove bumper pads when baby learns to pull up to a standing position (so baby won’t use them to try to crawl out)
- Never use any type of thin plastic—such as trash bags—as mattress covers (plastic film can cling to baby’s face and smother him or her)
- Remove and destroy all plastic wrapping materials, tying plastic in knots first (children can suffocate if they play with plastic)
- An old painted crib should be stripped of paint (not sanded); repaint with only high quality household enamel paint—do not use old paint—and check the label to make sure it is lead-free; let paint dry thoroughly (old paint may have enough lead to poison a baby who chews on his or her crib)
You may find that a portable mesh crib is easier to handle than a wooden one. If you choose a crib with mesh sides, be sure to keep all of the sides raised because they can form a hazardous pocket when lowered.
Chapter 1. BEFORE YOUR BABY ARRIVES

A place to change diapers
A place for bathing
Buying bed covers and baby clothes

A place to change diapers. This place may be a changing table, the top of a dresser, a countertop or another flat surface covered with a pad, next to a wall so that your baby won't roll off. It will be easier if the spot you choose is near a source of water and is near where the baby sleeps. Often, for convenience, a second place is helpful near where you spend most of your day.

You may want to have a nightlight or a comfortable chair near by for you and your baby. Suggestions for supplies you might need are included in the Shopping List on page 13.

A place for bathing. You will need the following:
  - a warm room
  - a table or counter top of convenient height to place the baby on
  - a tub or dishpan (plastic is lightweight)
  - a bar of mild soap or a soap liquid prepared for babies
  - a cotton wash cloth or other soft cloth
  - a towel

These items are included in the Shopping List on page 13.

Buying bed covers and baby clothes. A list of supplies you will need for the crib or bed is included in the Shopping List on page 12. Some parents find that it's easier to have just a few bed covers and baby clothes, so they don't have to sort, fold and store so many things. Others find that having a few more means they don't have to do laundry as often. The Shopping List is just a guide—you decide what's best for you. Never use an adult-sized pillow in your baby's crib—a baby could suffocate in it. In fact, your baby doesn't need a pillow.

A list of baby clothes is included in the Shopping List on page 12 to get you started. If you have friends who have had babies, you may want to ask their advice about what you will need. A few tips to consider:
  - Don't forget sources of baby clothes such as gifts, hand-me-downs from friends or family, or secondhand from
Choosing diapers

thrift shops or garage sales. Babies often outgrow clothes before they are worn out.
• Buy 3-month or larger sizes, not “newborn” sizes—clothes shrink and baby grows quickly.
• If you use a drying rack instead of a dryer, clothes will shrink less.
• Choose basic colors so that everything goes together.
• Cotton won’t hold odors after washing—some synthetics will—and cotton is better for sensitive skin.
• Make sure everything is washable, preferably in hot water to kill germs.
• Snaps or fabric hook and loop fastenings are easier and safer than buttons.
• Receiving blankets can be used as blankets in warm weather, as towels, or for bundling before and after baths.

Choosing diapers. Your choices are:
• buying and washing cotton diapers
• using cotton diapers provided by a diaper service
• using disposable diapers
• using a combination of methods

Buying and washing cotton diapers yourself is the least expensive choice, but a diaper service or disposables will save you a lot of time and work. A diaper service may be cheaper than the cost of disposables. You may want to compare the costs of these options where you live before you decide. One caution: Avoid “super-absorbent” disposable diapers. It’s hard to tell when they are wet, and keeping a wet diaper on your baby can cause diaper rash.

You may find that having some cotton diapers is helpful—even if you choose disposables—to use when burping your baby and to protect your and baby’s clothes from spills and spitting up. They are especially good when others pick up the baby and hold the baby close to them!
Chapter 1. BEFORE YOUR BABY ARRIVES

Car safety seats

Car safety seats. All 50 States and the District of Columbia have child passenger safety laws. You should use a federally approved child safety seat the first time, when you take your baby home from the hospital, and every time he or she rides in a car. REMEMBER: all infants must face rearward in a car until they reach approximately 20 pounds or 9–12 months of age.

There are two types of seats that can be used for a newborn baby:

- **infant safety seats** are designed for infants only, and must always face rearward;
- **convertible seats** must be in the infant position (semi-reclining) and also facing rearward regardless of whether they are placed in the front or rear seat.
The convertible model in the toddler position facing forward will accommodate the older child who can sit up unassisted, to about 4 years of age. It is not recommended that you purchase the infant safety seat, because your baby will quickly outgrow the safety seat sized for newborns. Check with your doctor, clinic or hospital to find sources for a loan or rental of an infant seat. Be sure to read and follow carefully the manufacturer's directions for installing any child safety seat in your car and for securing your baby in the seat. ALL SEATS MUST BE ANCHORED SECURELY TO THE CAR WITH THE VEHICLE’S SAFETY BELT.
Chapter 1. BEFORE YOUR BABY ARRIVES

Shopping list

### Shopping List

You may want to take this list with you when you go shopping, or refer to it if a friend or relative asks you for suggestions for a baby gift. Also, check with friends for "hand-me-downs" before you buy—and don't forget second-hand stores and garage sales. Babies often outgrow things before they wear out. Remember to wash all items before using them.

#### Crib Items
- cradle or bassinet for newborn to sleep in safety (optional)
- crib with bumper pads (see Crib Safety Checklist on page 6)
- at least 4 crib sheets (fitted, stretchy cotton knit are easiest to use)
- 1–2 crib-sized mattress pads, waterproof
- at least 4 flannel covered rubber pads (place one over the mattress pad to protect it)
- 2 blankets or comforters or
- a blanket bag or sleeping bag, washable (won't come off as easily as a blanket, but get one that is easy to get on and off baby)

#### Clothes (to get you started)
- 4–6 flannel receiving blankets
- 6 T-shirts with snaps, at least 3 month size (avoid those that go over the head—they are harder to put on)
- diapers, 4–6 dozen cotton or 2 boxes newborn-sized disposable
- socks or booties (or bare feet for summer babies)
- 4–6 stretch sleepers with snaps on both legs, no smaller than 3-month size (winter babies) or
- 4–6 kimonos or nightgowns with drawstring bottoms (summer babies)
• cardigan sweater or jacket (or other outerwear for winter babies)
• a sun hat or cap (also to sleep in if it is cold)

Nursery Items
• baby rectal thermometer
• dresser, chest of drawers, closet or clean dry box for storage
• clothes hamper, basket or box (for dirty clothes)
• diaper pail with cover  • diaper bag or carry-all
• pad or blanket to change baby on
• rocker (optional)  • nightlight (optional)
• wall hangings or crib mobiles installed high, out of baby’s reach (optional)

Toilet Items
• baby shampoo  • baby lotion
• mild soap  • alcohol
• zinc oxide paste or diaper rash ointment
• cotton wash cloths or non-woven “disposable” cloth (can be machine-washed)
• cotton balls
• a plastic basin, dishpan or tub
• 2–3 small towels (or hooded towels)

Other Items
• infant/child car safety seat

Although you don’t have to have these items, you might want to consider:
• birth announcements
• a baby book, journal, or photo album
• playpen  • high chair
• infant carrier  • stroller
• infant seat  • thank you cards
• camera, film, flashbulbs
CARING FOR YOUR BABY

YOUR NEW BABY

Getting to know your new baby. Talking to, touching, feeling, and handling your new baby from the start—even right in the delivery room—is good for you and your baby.

Ask to have your newborn placed beside you in bed. Look your baby over from head to foot—with your partner, if he is with you. Caress and pick up your baby. Ask your doctor or nurse to show you how. Get to know how your baby feels. If you plan to breastfeed, this is a wonderful time to start.

Later, undress and dress your baby, change diapers, give him or her a bath. Babies are really very sturdy. They can take a lot of handling and usually enjoy it. However, you should take care to support your baby's head. If both you and the baby are comfortable, you are doing all right. You will know something is wrong if your baby continues to cry or struggle.

If you or your partner have questions about how to pick up, hold, bathe, dress or undress your baby, ask the hospital staff to show you how. Then do it yourself until you are comfortable. Also, let the staff show you how to take the baby's temperature by rectum, and how to perform other simple tasks such as clipping finger and toe nails.

Get to know the feel and the fun of handling and playing with your baby and breastfeeding while you are in the hospital. Insist on being with your baby as soon as possible and for as long as possible. Your partner should also be there as much as possible. Use this time to learn all you can about your new baby—it will make caring for him or her much easier when you get home.

Newborn tests. Right after your baby is born he or she will be checked for healthiness.

Your doctor or other staff will give your baby a complete physical exam, including checking your baby's

- appearance or color
- reflexes
- breathing
- heart rate
- activity

These factors will help determine whether your baby needs any type of special attention.
Before you and your baby leave the hospital, a few drops of blood will be taken by pricking your baby's heel. This blood sample will be tested for some very rare disorders that can be treated if they are detected early.

**Special Care for Special Babies**

Each new baby is unique. All newborns need love, attention and care. Some will need special medical attention as well.

If your baby is premature (early), very small, or has another medical problem, your baby may need special medical care and you may not be able to bring him or her home from the hospital as soon as you expected. You and your family may be faced with disappointment and worry at a time usually reserved for great joy. It is normal to be upset and confused. Sharing your feelings with your partner, family or friends may help deal with your and your partner's pain and problems.

The hospital may have a separate nursery for babies who need special care. This nursery may be called a “Neonatal Intensive Care Unit” (NICU) or a “High Risk Nursery.” These nurseries have a specially trained health care team to help your baby. They are there to help you and your family through this hard time as well. These tips may help you:

- Ask if there is a social worker to help you and your family with your questions and concerns. This person can be your “contact point” each time you have a question.
- If you don't understand something that is happening, or are confused about what you have been told, ask your doctor, social worker, nurse or someone else on the health care team. It might help if you keep a small notebook with you and write down questions when you think of them. When you are at the hospital, you can write down the answers and read them again later.
- Most nurseries will let you visit 24 hours a day. You and your partner should be there often to touch and hold your baby. This contact will help your baby and you become a family.
- You may still be able to provide your breastmilk for your baby. Be sure to discuss this with your doctor as early as possible.
There may be meetings of parents like you ("support groups") where you can discuss your problems and feelings. There may be other sources of help in your community as well. Ask the hospital social worker about resources that may be helpful for you and your partner.

When you take your baby home, he or she may need special kinds of care. Be sure to get clear written instructions from the hospital staff before you leave. You, and your partner or another family member, if possible, should be there, so that you both know what you should do. If you think that you may need help at home caring for your baby, ask the hospital social worker about sources of assistance.

What to ask your doctor or nurses. Don’t be afraid to ask about anything you want to know. Your baby’s doctor and the nursing staff are there to help you, and if you don’t ask about caring for your baby, they may think you already know. If you forget something they said, or don’t understand, ask again. Keep asking questions until you understand. The kind of advice you get will depend upon how much you tell them you want to understand and learn.

Remember:

- Think about all the questions you have about your baby, and those things you want to learn.
- Make a list of questions, if you want. You may want to write down the answers, too.
- Ask your doctor or nurse to explain anything you don’t understand.
- Ask them to explain any medical terms you don’t know.
- If they give you advice that sounds hard to follow, keep asking questions to find out what they really mean, to help you follow their advice.
Chapter 2. CARING FOR YOUR BABY

Take care of yourself
Involve your family
Love your baby

Take care of yourself. Your own health as a mother is vital to your baby's health and comfort. Giving birth to a baby is exhausting. Don't be surprised if you don't feel like yourself for several weeks. Your body will take some time to adjust; you have experienced many physical changes. If you are having any problems, be sure to call your doctor.

Also, some women may feel "blue"—irritable, restless, overwhelmed, teary-eyed or helpless. These feelings may change back and forth between "the blues" and feelings of happiness and energy. Talking with your partner, another family member, another mother, or doctor may help. Be sure to ask your doctor or clinic any questions you may have about your own health or just about taking care of yourself.

Involve your family. Although you will be tired when you get home from the hospital, you will probably have enough strength and energy and time to care for your baby and yourself. But housework, the care of other children, and meal preparation for the whole family are extra tasks that must be taken care of. During the first few days at home, try to get someone else in your family to help with these other responsibilities.

Your partner should be able to take a role in helping, but he will be going through a period of adjustment, too. New responsibilities are stressful for both of you; sharing of feelings between you is very important at this time, when the new baby is often the center of everyone's attention.

If you have other children, you will want some help with your newborn so that you can spend some time with them. Introduce them to the baby. With your help, let them touch and play with their new brother or sister.

You may want to postpone visitors for several weeks in order to reserve your energy for your family.

Love your baby. These first weeks are when new parents and older brothers and sisters should spend time together and with the new baby, getting used to the youngest member of the family. Let everyone get to know the baby by holding, touching, talking, singing or just watching him or her. Brothers and
Brothers and sisters

sisters should be encouraged to enjoy or help care for baby with adult supervision. New fathers need to spend as much time as possible enjoying and getting comfortable with baby, just like new mothers.

Brothers and sisters. You should introduce your new baby to his or her brothers and sisters as soon as possible. Let them touch (or hold, if they are old enough) your baby with careful supervision. It may take them some time to get used to having a baby brother or sister. You'll need to be patient with them during this period of change and adjustment. It sometimes helps young children to be told that when they were babies, you took care of them just the way you are now caring for the new baby.
Brother and sisters

It is normal for older children to be jealous of the time that parents spend with a new baby. They may wonder whether you still love them. Try to find some time to give each of them special attention. Don't be surprised if a child between 2 and 5 years old starts thumb sucking, crying more, wetting pants, or asking for bottles or diapers in imitation of your new baby. He or she is trying to get a share of your attention. Both parents should give older children as much attention as possible, but should discourage a return to baby-like habits.

Young children should never be left alone with the baby. They are too young to understand the baby, and may be interested, curious, or jealous. They may pick up and drop, squeeze too hard, sit on, or put dangerous things in the infant's mouth or crib. They may hurt the infant with tools, utensils or furniture. This is not because they are "bad," but because they may not understand what they are doing. Give them the individual attention they need, let them help you and the baby in whatever way they can when you are with the baby, and never leave them alone with the baby.
YOUR NEW BABY

Pets
Appearance of the newborn
Head
Eyes

Pets. Just like young children, pets can hurt or frighten a baby without meaning to. *Never leave a baby where a pet can get to him or her* when an adult is not attentively watching. Pets may need some time to get used to having a new baby around—and competing for attention—just like brothers and sisters. During this period of adjustment you may want to keep pets restrained (on a leash), in a separate room with the door closed, or outside. If you have questions or concerns about having pets in the house with your new baby, ask your doctor or clinic staff.

Appearance of the newborn. At first your baby may look different from the way you expected. The conditions mentioned below are not serious, and will not cause any problems later for your baby. But, if you have any questions or worries, ask your doctor or clinic staff.

Head. In passing through the birth canal, your baby's head may have become molded into an unexpected shape. It will become more normal in the first several weeks of life. You may also notice lumps on the head. Body fluid may accumulate under part of the scalp, causing a firm, spongy lump or "caput." This will disappear in a few weeks. There may also be a soft squishy lump (called a "cephalohematoma") caused by blood gathered on the surface of the skull. This may take several months to disappear.

A baby who always lies on one side may develop a flattening or a loss of hair on that part of his or her head. This will disappear as your baby grows.

Eyes. In the first few days after birth, your baby's eyes may have some white or yellow discharge caused by medicine that was put in them at birth. This should clear up within 5 or 6 days, and should not get worse at any time. You may wash off the discharge from around the eyes gently with warm water and a soft cloth.

When awake and alert, your baby's eyes should look straight at you. One may turn in or out slightly when your baby is particularly tired, but both eyes should work together almost all of the time. If not, ask your doctor or clinic staff about it at your baby's next checkup.
Chapter 2. CARING FOR YOUR BABY

Skin

- Waxy scales
- Red blotches
- Raised red marks
- Blue marks
- Heat rash (prickly heat)
- Diaper rash

Skin. Often a baby's skin just isn't as smooth and clear as the advertisements say it is. Almost every baby develops a fine pink or red rash when the skin is irritated by rubbing on bed covers, by spitting up, or by very hot weather. Almost all of these fine pink rashes will go away promptly if the skin is bathed with clean water whenever it is dirty, and washed with mild soap once a day.

Waxy scales. Some babies develop waxy scales on the scalp and forehead, called “cradle cap” or “seborrhea.” Daily washing with mild soap and a wash cloth will usually keep this under control and help it go away. (If not, consult your doctor.)

Red blotches. Small, red, blotchy “birthmarks” on the eyelids and back of the neck of light skinned infants are so common that they are called “stork bites.” They usually show up when the baby is between one and four weeks old. They go away by themselves after a year or so, and cause no trouble of any kind. There is nothing to do but wait.

Raised red marks. Bright red, raised “strawberry marks” also are quite common. They appear after one or two months, grow rapidly for a few months, stop growing and gradually disappear. Unless your baby has one that is particularly large or in a spot where it is constantly being irritated, it is best to let it go away by itself.

Blue marks. Large areas of pale blue discoloration, called “mongolian spots” are common, especially just above the buttocks of dark skinned infants. They become less obvious as the child grows older and are not a problem.

Heat rash (prickly heat). Perspiration can be irritating, especially in folds of the skin at the neck and in the diaper area. Loose clothing and exposure to the air will usually clear it.

Diaper rash. Urine and bowel movements are irritating to the skin, especially when they stay in contact with the skin for a long time.
YOUR NEW BABY

When to worry about baby's skin

Prevent diaper rash by:

- changing diapers frequently
- rinsing the baby's diaper area with clean water at each diaper change
- rinsing cotton diapers thoroughly before washing them
- avoiding "super-absorbent" disposable diapers
- leaving off plastic pants whenever possible, and
- applying a layer of zinc oxide paste or diaper rash ointment to any irritated area.

If your baby gets a diaper rash in spite of this, you should:

- Leave off plastic pants (or plastic covered disposable diapers) except when absolutely necessary. Using 2 or more cloth diapers together at nap time and at night will make this less messy.
- Leave the baby's diaper area completely uncovered for a few hours each day (nap time or early evening is most convenient). Be sure to place a couple of diapers under the baby to prevent soiling.
- Apply a thin layer of zinc oxide paste or diaper rash ointment to any irritated area after cleansing at each diaper change.

If the problem persists, the doctor or clinic staff may recommend another medication.

Be sure to wash your hands with soap and water after diapering to avoid passing infection.

**When to worry about baby's skin.** Any pimple or rash that gets bright red and enlarges, or that develops blisters or pus, may be the beginning of an infection that will need medical care. You can soak such a rash with a washcloth or towel wrung out in warm water, and keep it clean by washing with mild soap and water twice a day. If it gets worse, or if it doesn't get better in 24 hours, you should call your doctor or clinic.

Any rash that looks like bleeding or bruising in the skin should be seen by a doctor promptly.
Chapter 2. CARING FOR YOUR BABY

Legs and feet
Navel or “belly button”

Legs and feet. Most babies' legs and feet don't look “normal” until the child has been walking for several years! Their feet seem to turn in or out in the first year of life. By the time they are 12 or 18 months old, their legs look bowed.

Almost all of these funny-looking feet and legs are perfectly normal and will gradually straighten out as babies run, play and climb. If you can move your baby's foot easily into a “normal” looking position, and if the foot moves freely when the baby kicks and struggles, it is almost certainly a normal foot that developed a bend or twist while the baby was folded up inside during pregnancy.

You won't cause bowed legs by pulling your baby into a standing position or letting your baby walk or stand “too early.” But remember, the baby will show you when he or she is ready to stand or walk—you can't make them do it.

Navel or “belly button.” The end of the umbilical cord, attached to the baby's navel and which was cut at birth, usually falls off within days. You can keep the umbilical cord clean and dry until it falls off by dabbing it with rubbing alcohol on a cotton ball. Then, the navel may slightly bleed or ooze for a few days. If it does, clean it once or twice a day with alcohol. If it looks red and irritated or continues to bleed or ooze for more than 2 or 3 days after the cord falls off, you should call your doctor or clinic.

About one fourth of all babies develop a bulging at the navel. This usually gets larger for several months, then grows gradually with the baby for several months, then gets smaller and disappears. Large bulges (or “umbilical hernias”) may not go away until the child is 4 to 6 years old. The bulge often gets tight or tense when the baby cries or coughs.

Since these bulgings almost always go away if they are left alone for long enough, there is usually no reason to have them repaired by surgery. They almost never cause any kind of trouble or pain. Occasionally a 4- to 6-year-old child may be embarrassed by a particularly large hernia, and it can be repaired at that time. By waiting, you will probably save your baby an unpleasant and unnecessary operation. If you have concerns, discuss them with your doctor or clinic staff.

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Provided by the Maternal and Child Health Library, Georgetown University
**YOUR NEW BABY**

**Breasts**

Newborn babies may have enlarged breasts and may even appear to be leaking a little breastmilk. This is a response to the mother's hormones that will disappear without any treatment within the first few weeks.

**Genitals**

The boy's penis and scrotum and the girl's clitoris and labia are usually rather large at birth. They get slightly smaller over the next few weeks.

- A girl may have a slight, white or pinkish creamy discharge from her vagina in the first few weeks, which is normal. It should become less and less and should not irritate the skin. Get medical advice if it becomes worse or if she develops a discharge after the first week or two. Any bulge or lump in a girl's genitals should be checked by a doctor.
- One or both of a boy's testicles may seem particularly large and may be surrounded by a water sac or "hydrocele." Seek medical care for any swelling in the groin, and go to the doctor or clinic immediately if there is a red or painful swelling in the groin or testicles. Hydroceles are painless, cause no harm and go away without treatment, usually within a few months.

**Circumcision**

If you want your boy circumcised, have it done while you are still in the hospital. Except for religious purposes, it is not necessary, and it should almost never be done as a special operation once you and he have left the hospital.

A circumcision should heal completely within a week to 10 days. The tip of a circumcised boy's penis may become irritated by a diaper. If so, put a little petroleum jelly on the irritated area each time you change the diaper.

If your boy is not circumcised, don't try to pull the skin back over the tip of the penis. It will hurt and irritate. As he grows the skin will gradually loosen until it will pull back with ease (this could take as long as 3 or 4 years).
Chapter 2. CARING FOR YOUR BABY

Breastfeeding

Breastfeeding. Breastfeeding is recommended as the only food for baby for the first 4 to 6 months. After this time, other foods are added while breastfeeding may continue through the first year or longer. In addition to being the most healthful way of feeding your baby, it will help mother and baby develop a special bond, or closeness. Hopefully, you discussed breastfeeding with your doctor before your baby arrived so that you were ready to begin when your baby was born.

Advice and practice are the best ways to learn to breastfeed. If you have questions or need help after you leave the hospital, find someone who is experienced and sympathetic to teach you. Most obstetric and nursery nurses are good helpers. Other mothers who have breastfed their babies and enjoyed it can help you and provide valuable support. “Lactation specialists” may be available in many areas, as are chapters of the LaLeche League. In many communities mothers have organized LaLeche League chapters or other groups especially to help new mothers with breastfeeding. Your doctor, clinic, hospital staff, or other mothers should be able to help you find such a group.

Following these steps may help you get started:

• Find a place that is comfortable for you and your baby (such as a chair with arms, a footstool and a pillow).

• Hold your baby comfortably across your lap, with his or her head in the crook of your arm. The baby’s entire body should be turned to face your body, so that his or her mouth directly faces your nipple. Tuck baby’s arms out of the way so they don’t get between baby’s mouth and your nipple. Support your breast with your thumb above the areola (the dark part of the breast) and the rest of your fingers below the areola, out of the way of your baby’s mouth.

• Touch your baby’s cheek or lower lip with your nipple to start. The baby will open his or her mouth wider, and the tongue will move downward. Once this happens, move your baby quickly onto your breast.

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- Allow baby to grasp the darkly-colored part of the breast in his or her mouth. Your baby gets milk by pressing the areola with tongue, gums and cheek, as well as by suction. Baby's grasp on your nipple should not hurt if baby is properly attached to your breast. (Baby's nose should be pressed against the breast. Even though his or her nose appears buried, your baby should be able to breathe easily. If there is a problem, press lightly on your breast to move it away from baby's nose and make breathing easier.)
Chapter 2. CARING FOR YOUR BABY

Breastfeeding

- When you want to stop nursing, break the suction by putting your finger in the corner of your baby's mouth, between the gums. This will help prevent sore nipples.

- Feed the baby at both breasts. You will probably nurse your baby for at least 10-20 minutes per side, about every 2-3 hours or more often during the first several weeks. If you finish feeding on the right breast, start the next feeding on the right breast. Alternate breasts in this way each time you feed your baby. It is normal for newborns to eat 8-12 or more times every 24 hours. This need to eat so often may taper off after several months.

- Because there is a tighter seal between baby's mouth and your nipple than there is with a bottle, breastfed babies do not swallow as much air. That means that they do not need to burp as much after feeding. Still, you should try to burp your baby halfway through and again when your baby is finished eating by placing him or her on your shoulder and patting gently on the back until you hear a burp.

- If you have less milk than your baby seems to want, try nursing more often. This will increase your supply of milk, usually within 3-4 days.

It is normal for breastfed babies who eat often to have frequent bowel movements. Some, but not all, babies have one bowel movement for each feeding.

Your breasts only need to be cleaned with plain water, which may be done during your daily shower or bath. Keep yourself rested, well-nourished and relaxed, if possible. You will need to drink more liquids, and eat more protein and some extra calories when you are nursing. Be sure you eat at least three servings of lean meat, fish, poultry, eggs, dried beans or peas each day (for protein), and four glasses of milk or servings of cheese or yogurt (for calcium). Fruit, juices, and green leafy vegetables will give you extra vitamins and minerals. Do not use alcohol, drugs and cigarettes. Ask your doctor, nurse or pharmacist before you take any medicines.
Most women find that a good nursing bra (one with wide straps, good support, and that opens easily for feeding) makes breastfeeding easier and more comfortable. Many women even wear a nursing bra during their last weeks of pregnancy.

Milk may leak from your breasts between feedings. Place a small, clean absorbent pad in your bra, and change it as necessary, to keep your nipples dry and clean.

If your entire breast becomes swollen and painful, try letting your baby nurse more often. Also try warm towels or a warm shower, massaging milk from the edges of your breast toward the nipple, and expressing some milk to make yourself more comfortable.

Early signs of breast infection include a tender, red area as well as symptoms like the flu: body aches, headache, nausea, and fever. If any of these symptoms appear, contact your doctor or clinic promptly.

Sometimes it may be necessary to be away from your baby for one or more feedings. If you want to continue fully breastfeeding, you should express your milk either by hand or by using a breast pump during the time when your baby would normally feed. You can save breastmilk and have it fed to your baby while you are away—it can safely be left at room temperature for 40 minutes, in the refrigerator for 48 hours, or in your freezer for up to 3 months. Store it in a sterile glass or a hard plastic container (such as a bottle), or a disposable bottle. If the milk is cooled or frozen, bring it to room temperature by placing it in warm water. Don't reheat breastmilk in a microwave or over boiling water.

If you are away from your baby and facilities aren't available for you to keep your expressed breastmilk, you may need to discard it. Or, if you can't express your milk, nurse your baby as soon as you get home.

Remember, breastfeeding is learned by you and your baby. Don't get discouraged. Soon you and your baby will be on the way to a pleasing and successful breastfeeding experience.
Chapter 2. CARING FOR YOUR BABY

Bottlefeeding
Equipment needed for bottlefeeding

Bottlefeeding. If for some reason you cannot or choose not to breastfeed your baby, bottlefeeding of infant formulas is a good substitute. Formula comes in many different packages and sizes including ready-to-use form, liquid concentrate and dry powder. The ready-to-use form needs no added water and is the most expensive, and powder is the cheapest choice. You will need to carefully follow the directions on the container for the type you choose. You may want to ask your doctor or clinic staff to recommend a specific brand, and choose a formula with iron unless there are medical reasons why you should not. If someone else will be feeding your baby, make sure they know exactly how to prepare the formula. Adding water when you don’t need it and not adding water when you do can hurt your baby.

Equipment Needed for Bottlefeeding

- Nursing bottles with caps. 6 to 8 8-ounce bottles, or fewer if you wash them more than once a day. You may choose reusable bottles or disposable bottles with sterile plastic liners.
- Nipples. 1 for each bottle with a few spares. Those made of silicone will last longer.
- A bottle brush and a nipple brush.

Once you have chosen and brought home the formula, follow these easy steps to prepare it to feed your baby:

- Always wash your hands before preparing baby’s formula and bottles to prevent infection.
- Use bottles, caps and nipples that have been washed in clean water and dishwashing soap or detergent, or in the dishwasher if you have one. (You may wash them with the family dishes.) If you wash them by hand, use a bottle brush. Squeeze water through the nipple holes to be sure that they are open. Rinse well to remove all detergent, and let them
If you use water from a well

stand in a rack to dry. (Check the package to see if they should be boiled before you use them the first time.)

- When you are ready to feed your baby, clean the top of the formula can (if the formula you've chosen is canned) with soap and water. Rinse.
- Open the can with a clean punch-type opener.
- Using the directions that came with the formula, pour it into the bottle. Mix it with water if it is a concentrate or powder. Use only fresh water directly from the cold water tap.
- Put on the nipple and cap.
- No warming is necessary. Babies can take cold formula, although they may prefer it warm when they are very young.
- Try to feed your baby with the formula within 30 minutes of the time you make it. If it isn't used up within about an hour, throw it away and start again with a clean bottle.
- Keep any opened can of liquid formula covered in the refrigerator (powdered formula does not need to be kept cold until it is mixed with water).

If You Use Water from a Well

If you use water from a well instead of a community water supply, you should have it tested to make sure that it is safe before you use it for your baby. Call your local health department—they may test it, or tell you how to find a company that will do it for you.

If your well water is not pure (or if you are not sure), you may choose to breastfeed or use ready-to-use formula. If you use powdered or concentrated formula, you will need to take a few extra steps to make the water safe for your baby:

- boil each day's supply of water for 20 minutes
- pour the boiling water into a clean jar (that has been boiled or washed in a dishwasher)
- be sure to cool the water before you use it
- keep the jar covered in the refrigerator for use in making formula
- wash the jar daily.
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Bottlefeeding

If you bottlefeed your baby:

- Don't feed formula that has been left at room temperature in a nursing bottle or open can for more than an hour, or in the refrigerator for more than 2 days. (Germs can multiply rapidly in warm milk.)
- Don't feed any formula without first reading instructions on the container. Some formulas are sold ready to feed and should not have water added to them. Powdered formulas and concentrated liquid formulas need to be prepared differently. Be sure you know how your formula should be prepared.
- Don't give baby vitamins or iron if you are using a prepared infant formula with iron, unless these are specifically prescribed by your doctor and you have told him or her that you are using a formula that contains iron.
- Don't leave a bottle containing formula—or anything else—with your baby to calm or help him or her sleep. Your baby's teeth are developing and milk, formula, juices or other liquids that remain in your baby's mouth can lead to cavities. In addition, propping a bottle may result in baby choking or developing an ear infection.
- If you are concerned about your baby's bowel habits or spitting up, don't expect to change them by changing from one brand of formula to another. It is best to ask your doctor before making changes in formula for these reasons.

How to bottlefeed:

- Hold your baby close to you in your arms, with the head a little higher than the rest of the body.
- Tilt the bottle to be sure that milk is in the nipple. Touch the nipple next to the baby's mouth and the baby will turn and grasp the nipple. Hold the bottle so that it sticks straight out at a right angle to the baby's mouth.
- The nipple's holes should be large enough so that milk drops slowly (about one drop per second) from the bottle when it is held with the nipple down.
How often to feed
How much to feed

- You should see air bubbles entering the bottle as the baby drinks (except when using plastic-lined bottles that collapse as the bottle empties). If no air bubbles appear, milk will stop flowing. Check to see that the cap is not on too tight.

- Halfway through the bottle and again when your baby is finished eating, burp your baby on your shoulder by patting him or her gently on the back until you hear a burp. (Another way is to hold your baby face down on his or her stomach in your lap over your hand or knee and pat his or her back.) Your baby will usually burp up some air and often a little of the formula.

How often to feed. Feed your baby when he or she seems hungry. Most babies will fall into a pattern of 6 to 8 feedings about 3 to 5 hours apart. It is easier and better to get to a regular schedule by working from the baby's own timing, than by just deciding to feed at certain times whether the baby is hungry or not. You will soon be able to tell from your baby's crying and fussing what his or her needs are.

After a few weeks, most babies will begin to sleep through one of the feedings. Most parents prefer to skip the nighttime feeding rather than a daytime feeding. If your baby sleeps through a daytime feeding, wake and feed at the usual time so that the baby—hopefully—will give up one of the nighttime feedings.

How much to feed. Don't worry about how much is taken at a single feeding; most babies will have times when they just aren't hungry and other times when they take more than you expect. If your baby is growing at a satisfactory rate, he or she is probably getting the right amount.

If you are breastfeeding, you don't have to concern yourself about how much to feed—your baby decides. Most mothers who are breastfeeding worry at some time about whether they have enough milk. Actually, too little milk is unusual and more frequent feeding naturally increases the supply. The best reassurance is your baby's normal activity and growth.
Chapter 2. CARING FOR YOUR BABY

How much to feed
Spitting up
Colic

If you are bottlefeeding, most babies, after the first few days, take 2 to 3 ounces of milk each day for each pound of their body weight. Most bottlefed babies want 6 or 7 feedings each day. For a 7-pound baby, this would mean 14 to 21 ounces of formula a day (2½ to 3½ ounces in each 6 or 7 feedings).

You might begin by offering 3 ounces in each bottle. When your baby begins to empty the bottle completely at 2 or 3 feedings a day, add an additional 1 ounce to the bottle. Stay a little ahead of the baby and let the baby decide how much to take. If your baby takes much more or less than 2 to 3 ounces per pound per day, talk with your doctor or clinic staff.

Spitting up. Most babies spit up some or even a lot of milk after a feeding. The milk seems to overflow from the baby’s mouth. It is often curdled from normal stomach action. This is really not a problem—it is just messy. Babies who spit up grow as fast and strong as those who do not.

There are several tricks to reduce the amount of spitting up. None of them works all the time, and most babies will continue some spitting up even when all the tricks are tried:

- Burp the baby carefully mid-way through the feeding, at the end of the feeding, and a few minutes after the feeding.
- Place the baby so that his or her head is higher than the stomach for 10 or 15 minutes after each feeding. This can be done by placing the baby in an infant seat or propping up the head of a cradle or bassinet.

Colic. Some babies have attacks of crying nearly every day, most often between 6:00 and 10:00 p.m. During such attacks, they frown, their faces redden, and they draw their legs up. They scream loudly—a cry quite different from the cries of hunger or loneliness. Crying may continue from 2 to 20 minutes or longer even when the baby is picked up and comforted. The attack may end suddenly, or soft crying may last a few minutes after the hard crying stops. Just as the baby is about to fall asleep, another attack may occur. Gas may rumble in the stomach and be passed through the rectum. This kind of problem is called “colic.”
Bowel movements

No one knows what causes such attacks. They often come at the same time every day. At other times of the day the infant is happy, alert, eats well and gains weight. If your baby has such an attack, holding him or her across your knees on the stomach often will give some comfort. Some colicky babies cry less if they are kept in motion—try rocking or pushing in a carriage.

There is little you can do except try to comfort the baby until the attack stops. Make sure your baby isn't crying for some other reason (is hungry, wet, lonely, or some clothing is uncomfortable). It is important to remember that if your baby has colic, it does not interfere with his or her general health and growth. Your baby should grow out of it by the time he or she is 12 to 16 weeks old.

“Colicky” babies do annoy and distress their mothers and fathers and anybody living in the household. Remind everyone that it is not the baby's fault, it is not your fault, and the baby will get over it. If the crying becomes too much to bear, put baby safely in the crib and walk into another room for a few minutes of relief. If the colic becomes a real problem, it is worth a special trip to your doctor.

Bowel movements. Babies' first bowel movements, usually in the hospital, are sticky and greenish-black. After a week or two, they will become lighter, gradually turn yellow, be less sticky, and remain that way for the next year. A baby may have anywhere from 4 to 10 movements a day to one movement every 3 or 4 days. After the first month, the number of bowel movements will usually be less—3 or 4 times a day or as few as once a week. As long as the bowel movements are soft, your baby is not constipated.

Movements may be as firm as those of a normal adult or as soft as loose scrambled eggs and may be yellow, green or brown. The color, consistency and odor will be different with breastmilk or different kinds of formulas.

For a breastfed infant, the bowel movements usually look yellow, or yellow-green, and soft-to-runny. Generally, your baby should have at least 2 to 3 bowel movements a day for the first few weeks. This is a sign that your baby is getting enough milk.
Chapter 2. CARING FOR YOUR BABY

Bowel movements
- Constipation
- Diarrhea
- Blood in bowel movement

Your baby may turn red in the face and cry with each bowel movement, or may seem totally unaware of them. All of these are normal.

Soiled diapers should be changed soon after a bowel movement to keep the baby as clean and comfortable as possible.

**Constipation.** This is when the bowel movements are hard, dry and difficult to pass, no matter how frequent or infrequent they may be. Constipation should not be a problem if you breastfeed. If you bottlefeed, 1 tablespoon of light corn syrup in a 4 ounce bottle of water (for infants younger than 3 months) or 1 tablespoon prune juice added to one of the baby’s bottles (for older babies) may soften the bowel movements. If not, ask your doctor or clinic staff what to do. Do not use mineral oil, castor oil, adult laxatives or enemas without medical advice.

**Diarrhea.** Sometimes your baby will have frequent loose or watery bowel movements. Watery bowel movements can cause a baby to lose more fluid than he or she is drinking. This “dehydration” (loss of liquid) can be a true medical emergency. Even a single, huge, explosive, watery bowel movement can be an emergency in an infant 1 to 3 months old, especially if he or she has a poor appetite or is vomiting. Call or visit your doctor or clinic right away when there is one or more large watery bowel movements.

**Blood in bowel movement.** Slight blood streaking on the outside of a bowel movement is usually caused by a small sore or tear (“fissure”) in the anus, and is not a cause for alarm. The tear and the bleeding can often be cured by keeping the stools soft with light corn syrup or prune juice (see Constipation above), or a remedy from your doctor.

Do not delay calling or going to your doctor or clinic right away if there is bloody diarrhea or if fresh blood or blood clots are passed with the bowel movements.
Urination

Most babies urinate nearly every hour until they are 2 or 3 months old, and every 2 or 3 hours for the rest of the first year. They will sometimes urinate 2 or 3 times in a very short period. However, you should tell your doctor or clinic staff if:

- your baby never seems to go more than ½ hour without urinating
- your older baby seldom goes more than an hour without urinating
- your baby urinates less than 3 times in 24 hours
- the color of your baby’s urine changes, or appears to have blood in it
- your baby strains hard to urinate, or
- urine always comes out in a weak trickle or very fine tight stream.

Crying

Babies cry to tell parents that they are in some way not satisfied or comfortable. Your job is to find out why and, if possible, to do something about it. Here are some reasons for crying:

- Hunger is the most common cause.
- Later, when your baby is a few months old, loneliness will probably be the next most common cause.
- Some babies will cry because they are tired, wet or soiled.
- Too much clothing or clothing that is not warm enough may cause discomfort and crying. However, many infants rest better if they are firmly wrapped, or swaddled, in a blanket or wrapper.
- Actual pain such as from an open diaper pin or from colic (see page 34) is much less common.

Some babies will let out a roaring cry at the first sign of hunger or discomfort while others will become quietly restless and not actually cry for some time. Some will cry whenever their diaper is wet or soiled; others will ignore the diaper until there is enough irritation to cause actual pain. Some will object to baths, to being placed in bed, to having the lights put out, or to other changes.
Chapter 2. CARING FOR YOUR BABY

Crying

There is usually a cause for crying. Most of the time you should be able to figure out what the cause is and be able to do something about it. This does not mean that you can't let a hungry or wet baby wait for several minutes while you finish what you are doing. But it does mean that no baby should be left to cry for any prolonged period of time without serious attempts to find out why and do something about it.

Many babies have a time each day when they are just fussy or cry without any reason that you can find out. After you have checked for a cause of crying, you may have to get used to these fussy times.

Most children want attention and handling. If a baby becomes quiet and content when picked up, he or she was probably just lonely. A few minutes of cuddling, play, or talking or singing, and then maybe leaving your baby in the room with you—where you can be seen—is all that is needed. If there is actually hunger or pain, the crying will soon start again even if you are holding or playing with your infant.

Don't worry about "spoiling" your baby. The attention needed from parents (and other caregivers) during the first year will help build the trust which will help him or her learn more "grownup" behavior later on.

Sucking. Most babies get their thumbs and fingers in their mouths and suck on them. Many seem to find it very enjoyable and do it often. It causes no harm and can be ignored.

Some parents don't like the looks of thumb and finger sucking and substitute a pacifier for the thumb. This also is fine. However, do not use a homemade pacifier (such as the nipple from a baby bottle), one without ventilation holes, or an old pacifier that has cracks, tears, stickiness or separation. These factors can cause choking. Stop giving the baby the pacifier toward the end of the first year, if you can. Never leave the pacifier on a cord around the baby's neck; the baby can strangle in the cord. And don't substitute the pacifier for the attention, food or diaper changes that your baby wants and needs when he or she is crying!

Don't use a bottle of formula or juice as a pacifier—your baby's developing teeth can decay from the sugar they contain.
Bathing. During the first week, before the umbilical cord has fallen off and the navel heals, wash your baby with a cloth and warm water. Baby's face and diaper area require frequent washing—food, urine and bowel movements can irritate the skin. The rest of his or her body may need washing only several times a week.

After the first week or two, you may find it more convenient to give your baby a bath in a plastic tub or dishpan. To get ready:

- Bring your basin or dishpan containing an inch or two of warm (not hot) water into a warm room.
- Place the basin on a table or counter top of convenient height. Check with your hand to be sure the water is not too hot.
- Place a small towel or diaper in the bottom of the basin to keep your baby from slipping.
- Gather a bar of mild soap, a wash cloth, and a towel.

Now that you are ready, follow these steps:

- Hold your baby with one hand for safety.
- Wash baby's head and face first while the water and wash cloth are cleanest. You don't need soap for the face.
- Use your hand to lather the rest of baby's body with soap. Wash your girl's labia and your boy's penis just as you wash any other part of their bodies.
- You may find it easier to wash your baby on the table on a towel, and use the tub only for rinsing.
- Rinse your baby thoroughly with the wash cloth—at least two rinsings.
- Wrap your baby in a towel and pat dry.
- Give your baby a hug! (You cannot give too many hugs.)
Here is more advice:

- Never, never leave the baby alone in the water for any reason whatsoever! The bath is never safe, no matter how little water you may use.

- If the telephone or doorbell rings, or your 2-year-old hollers, wrap your baby (soap and all) in a towel and put the baby under your arm. If there is a real crisis or emergency, you can put the baby in a safe place where he or she cannot fall, (out of reach of pets and children) such as a playpen or on the floor.
YOUR NEW BABY

Fingernails and toe nails

Sleeping

- Always check the water temperature with your hand. Hot water, even from the tap, can cause scalds and burns! If you aren’t sure how hot is safe, ask your doctor or clinic.
- Don’t try to clean the ears, nose, navel, genitals or anus with cotton-tipped sticks. Anything you can’t clean with a corner of a wash cloth doesn’t need cleaning.
- Don’t use a special disinfectant soap unless your doctor tells you to. Plain soap is best. Too much soap can be almost as irritating to the skin as dirt or soiled diapers.
- Wash baby’s hair with a non-irritating baby shampoo about once a week, or more frequently if your baby has a scaly, waxy head rash (“cradle cap”).
- Bathe the soft spot on baby’s head just as you do the rest of the head.

Don’t worry if you can’t bathe your infant every day; 2 or 3 baths a week are enough for most babies. Some babies quickly learn to enjoy their bath, and it becomes a pleasure for both of you. Other babies strongly object to the bath for a while. They will gradually learn to tolerate their bath and perhaps even to enjoy it.

Fingernails and toe nails. Use a nail clipper or small scissors to keep finger and toe nails short. Cut them straight across, and try to clip them after the baby’s bath, when the baby is relaxed or asleep. At other times sudden motions may make clipping difficult and you might accidentally clip the skin.

Sleeping. Many new parents worry, at first, if their babies are out of their sight. For your peace of mind, you may want to sleep near the crib for the first few nights. But, everyone will get more rest if your baby does not sleep in your bedroom. Especially in the first weeks, frequent snorts, gurgles, sneezes, coughs and irregular breathing will keep you awake wondering what the baby will do next. If you are really needed, your baby will cry loud enough to be heard from nearly everywhere in the house! Even in the smallest apartment, a crib or makeshift crib can be moved to the living room, kitchen or bathroom when you go to bed for the night.
Chapter 2. CARING FOR YOUR BABY

Sleeping

Clothing

Try not to let your baby sleep with you. It is almost certain your baby will want to become your constant bedfellow! Neither you nor your partner would want to put up with a wiggling, wet baby for very long.

Your baby shouldn't sleep in a strong draft or breeze. He or she doesn't always need open windows. Air that is fresh enough to breathe during the day is fresh enough to sleep in.

Most babies sleep from 12 to 20 hours during the 24-hour day. Your baby will decide how much to sleep. You won't be able to make your baby sleep any more or less than he or she wants. However, you can arrange to keep your infant awake during the times of the day that are most convenient for you, so that he or she will be more likely to sleep during the night and during morning or afternoon naps. Here are a few other ways, suggested by moms and dads, to try to get baby's sleeping schedule to fit with your own:

- Make sure that baby's bed is warm and in a quiet place.
- Taking your baby outside for fresh air may make him or her tired and sleepy.
- A humidifier may make the air in baby's room more comfortable, and the noise is comforting. Be sure to change the water in the humidifier daily.
- Watch for signs of sleepiness (rubbing his or her nose or eyes, yawning) and put the baby to bed.
- When all else fails, a car ride may help your baby go to sleep.

Sometimes the baby will cry when put down for sleep. Crying may persist. If there is no other reason for crying (such as hunger, wetness, illness), be patient. Go out of the room, and the baby will usually stop crying after a while.

Clothing. Your infant doesn't need much more than a diaper and a shirt in a comfortably heated house, although your baby will probably feel the cold more than you will. During hot weather, your baby may be happier without a shirt. After a while you will be able to judge what is needed to keep your
baby comfortable by what you need to keep yourself comfortable.

There is nothing magic about taking your baby outdoors. It is neither particularly good nor particularly bad as long as your baby is properly clothed. Again, your own comfort is the best guide. Bright sunlight won't damage babies' eyes, but babies can get sunburned more easily than adults or older children, and they should be protected by a cap and clothing if they are outside for any length of time and kept in the shade.

**Laundring**. You can launder clothing and diapers together. Wipe or rinse the bowel movement off soiled diapers and clothing and rinse them before putting them in a covered diaper pail containing a pre-wash soak. Place bed covers and clothing in a washbasket between washings.

Use a mild low-sudsing detergent and hot water, and rinse twice after the washing. Detergent residue or fabric softeners may irritate your baby's fragile skin. Adding a cup of vinegar to the final rinse for diapers may help prevent diaper rash.

A clothes dryer leaves the laundry much softer than drying on a clothes line. However, baby's cotton clothes are less likely to shrink on a clothes line.

**Going out.** Babies can go any place their family goes—and they often do. However, avoid exposure to tobacco smoke or crowded public places where strangers might handle your baby, or sneeze or cough in your baby's face. Your baby can certainly sit with you in church or on the bus, go with you to the supermarket or to an informal restaurant.

Most babies seem to love trips in cars. It is against the law in all States and the District of Columbia for a child to travel in a car without being properly restrained in an infant or child safety seat. The use of specially-designed infant/child car safety seats (see page 10) can prevent death and greatly reduce injury to children in a crash or during a sudden stop. Automobiles are especially dangerous if a parent must worry about the movements of a baby while driving. Keeping baby secure in an infant/child seat is the best way to know he or she is safe and cannot move about.
Going out
Leaving your baby
Select a babysitter with care

A "baby tote" or "back pack" (used in front or back) is often easier to use than a carriage or stroller. It is much more convenient for walking short distances. You may even use it at home when your baby wants to be near you while you are busy. Those designed for front carry let you see what's going on more easily.

Leaving your baby. If you are the baby's main caregiver, you may need some rest from your baby, and babies have to learn that others can care for them. Plan to get out without your baby for at least several hours a week after the first month if you can, letting the other parent or another responsible adult take care of your baby while you are gone. It is important for parents to have some time together without the baby, and to see family, friends, and have some social activities.

Select a babysitter with care. Relatives, neighbors, and friends can be great or terrible. You want someone who really cares about your baby and whom you can trust. Get recommendations from other parents if you can. Other places to find a babysitter are:

- high school or college placement offices
- senior citizens' organizations
- church groups
- mother support groups.
Or, you might be able to trade babysitting time with other parents. You will want the sitter to be healthy. Get to know the sitter by inviting him or her for a brief stay while you are home. Show him or her where things are, how you care for the baby and explain what you expect. Observe how the sitter and your baby play as well as feeding and diapering to see whether the sitter seems to know and care about what he or she is doing.

Whoever is left to care for your baby, even for a brief time, should know:

- where you can be reached
- telephone numbers of your doctor, fire department and police or to use 911 for emergencies
- the address of your house (needed if calling for help)
- the name and telephone number of a responsible relative or friend who can be called if you can’t be reached
- details about your home—how to regulate heat, how to lock and open doors, etc.
- how to change clothing and diapers
- what and when to feed the baby
- how you get your baby ready to sleep and baby’s sleep habits
- when you will return.

Leave written instructions, especially if the babysitter is new.

**Crying when you leave.** Up to the age of 5 to 7 months babies will usually accept care from anyone. After that they may take some time to get used to a stranger and may scream when you leave. Give your baby and baby sitter some time together before you leave and use the same one or two babysitters as much as possible. Leave a familiar item (such as a blanket or toy) for the baby.

Don’t be fooled by screams—your baby will probably be happy within 5 minutes. Babies have to learn that they can trust their parents to come back and they can only learn this trust if parents do leave and come back.
Feeding

AS YOUR BABY’S NEEDS CHANGE

Feeding. Your baby doesn’t need any food other than breastmilk or formula for the first 4 to 6 months. This will continue to be an important part of baby’s diet through the first year, while other foods are being introduced. When your baby is able to sit up with some help and has good head and neck control, your baby is ready for nourishment from other foods.

When breastfeeding is stopped early, infant formula is the best substitute. Many parents prefer to give formula to babies who are not breastfed through the first year. However, whole cow’s milk may be given if:

- baby is more than 6 months old, and
- baby is eating a variety of solids or spoon foods including cereals, vegetables, and fruits, and
- the amount of all spoon foods eaten in a day is equal to 1½ jars of baby food.

Whenever you decide to start “solids” or spoon foods, here are a few guidelines that will help you:

- **Start slowly.**

  A few spoonfuls once or twice a day of the same food is enough at first. This food should be very thin (liquid) and smooth. The baby’s main nutrition should still come from breastmilk or formula, but spoon feeding semi-solid foods and sips of water and juice from a cup gives both parents and baby a good opportunity to learn about each other. Fathers should try to share in this baby-feeding time.

- **Try just one new food at a time.**

  Feed the new food every day for several days. Start with simple, pure foods. For example, use pure rice cereal, not mixed cereal; applesauce, not fruit dessert; chicken or turkey, not meat dinner. Some new foods may cause vomiting, diarrhea, or skin rash in a few infants. By starting only one new food every four or five days and by using simple, single foods, you will know which food is the cause. Once your baby has
As Your Baby’s Needs Change

Eaten a food for three or four days without any ill effects, you can use it in the future without worrying. Choose new foods from each of the food groups listed on page 48.

• Prepared baby foods are expensive.

There is nothing special about the foods that are sold as baby foods except that they are finely strained and convenient. Commercially prepared infant desserts, meat and vegetable combinations, and meat dinners are especially expensive for their limited food value.

With a blender, or by mashing with a fork or potato masher, you can make “baby” foods of almost any simple fresh or frozen food you are preparing for the rest of the family. You may need to add a little water. Do not add salt, butter, fat, sugar, or other seasonings or sauces. Homemade infant foods should be used or refrigerated immediately. If your plan is to store the food for more than 24 hours, freeze it in individual portions (for example, in an ice cube tray). Home prepared spinach, beets and carrots should be used immediately and not stored or frozen.

Avoid using fruits and vegetables in metal cans that are not specially made for infants. They may contain too much salt, sugar, or possibly lead.

Ready-cooked infant cereals are easy to prepare, and are fortified with iron. Babies need these every day until they are 18 months old.

• It’s best not to heat baby-bottles or food for your baby in a microwave oven.

Microwaves can heat food unevenly. Some parts of the food may be cold, some warm, and some hot enough to burn your baby.

• After 6 months, your baby needs more than breastmilk or formula.

About 6-8 breastfeeds or 25-32 ounces of formula a day provide enough milk for your baby at this age. Let your baby fill up on other foods.
Chapter 2. CARING FOR YOUR BABY

Feeding

- Feed your baby a variety of foods.

Once you know which foods your baby can eat, the best way to be sure that baby gets what he or she needs is to be sure you satisfy your baby’s appetite with a wide variety of foods.

In any 2–3 day period, in addition to breastmilk or formula, a baby should have several servings (mashed or pureed) from each of these food groups:

<table>
<thead>
<tr>
<th>The Basic Food Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fruits, fruit juices</td>
</tr>
<tr>
<td>Vegetables (including at least 1 serving of a pureed leafy green vegetable)</td>
</tr>
<tr>
<td>Meat, fish, poultry, egg yolk, cheese</td>
</tr>
<tr>
<td>Bread, cereal, rice, crackers, pasta (wheat products are usually not recommended before 8 to 9 months of age)</td>
</tr>
</tbody>
</table>

- Don’t feed your baby honey until he or she is one year old to avoid the possibility of botulism.
- Do not give your baby candy, cookies, sugar, sweet desserts and soft drinks.

They don’t provide the nutrients your baby needs, they may spoil baby’s appetite for healthier foods and they are bad for your baby’s teeth.

- You can tell if a food is not being digested properly if it comes through in bowel movements.

If it does, chop it finer or use other foods.

- When feeding your baby “table food” (that you prepare for the entire family) be sure it doesn’t contain chunks or stringy, fibrous parts that can choke a baby.
Don't give your baby small foods such as raisins, grapes, cut up hot dogs, peanuts or popcorn, hard foods such as raw vegetables, or sticky foods such as peanut butter—which can cause choking. Watch out for strings on celery and green beans.

- **Encourage your baby to feed him or herself.**

Babies enjoy using their fingers to feed themselves foods such as crackers, bits of bread or toast, bits of cheese or meat, small bits of soft fruits or vegetables.

- **Let your baby try drinking from a cup at 5 or 6 months.**

Put just a little liquid (even breastmilk) in the bottom of the cup at first. Then increase the amount as your baby learns to drink out of it.
Chapter 2. CARING FOR YOUR BABY

Feeding

Teeth and their care

- Let your baby help you handle the spoon.

One parent should sit behind the baby so that he or she can hold onto the spoon or the parent's hand and learn the movements needed to eat without help. This may slow you down and make a mess, but your baby will learn to eat without your help sooner. Heavy plastic bibs and washable plastic or newspapers under the high chair will help control the mess.

- By one year, your baby will probably be able to eat most of what the rest of the family eats.

Someone will still have to mash up some of the vegetables and cut meat, chicken, or fish into tiny bites. You should still avoid the small foods (such as raisins, grapes, chopped hot dogs, peanuts, popcorn) until your child is 3 or 4 years old and able to chew and swallow these foods without fear of choking.

Teeth and their care. Your baby's first teeth usually appear at about 6 months of age. The average 1-year-old has about 6 teeth. Don't worry if teeth come by 3 or 4 months, or not until 12 or 13 months. Early or late teeth don't seem to make any difference; babies can chew most foods with their gums!

When a tooth is coming through the gum, the gum may become red and sore, and your baby may seem irritable for a day or so. Don't use teething lotions, liquor or paragoric on the gums; they can be dangerous. Don't blame fever, vomiting, or other signs of illness (other than mild fussiness, some spitting up, and a slight change in bowels) on teething. If your child really seems sick, it is not "teething" that is causing it, and you should look for other reasons or call your doctor or clinic.

You can do three things to help make sure that your child will have healthy teeth:

- Be sure that your baby is getting fluoride from either a water supply or fluoride drops—check with your dentist, doctor or clinic staff. If your water contains fluoride and you use formula, use dry formula and tap water to give your baby fluoride.

- Keep sugar off the teeth. It causes tooth decay. Avoid food sweetened with sugar. Feed naturally sweet foods at meal
Shoes

Times. Don't leave the baby in a crib or playpen with a bottle of milk, formula or juice. They contain sugar and can keep the teeth bathed in sugar for hours, causing cavities.

- Clean the baby's teeth as soon as they appear. Use a cloth or soft brush without toothpaste or powder. Clean the teeth at least once a day, and do it after each feeding if you can. Some babies like to chew on their soft baby's toothbrush.

Shoes. Shoes protect infants' feet from rough surfaces and sharp objects. They do not change the shape of the feet (unless the shoes do not fit properly) or help infants walk or stand. Unless walking on rough surfaces or in places where there may be dangerous or sharp objects, babies don't really need any shoes. Socks, booties or clothing with feet sewn in are fine; usually, so are bare feet. Remember, though, that socks on smooth floors may be slippery.

Provided by the Maternal and Child Health Library, Georgetown University
Chapter 2. CARING FOR YOUR BABY

Shoes

When you buy shoes, either for “dress up” or because they are needed for protection, probably about the time baby starts to walk, be sure that they fit well. Most shoes made for babies are well designed. Expensive shoes are not necessary. When babies first start to wear shoes, their feet will grow so fast their shoes will have to be replaced every 6 to 8 weeks.

It is important to buy properly-fitted shoes for your baby. (Sock sizes also must be changed as your baby grows!) High-topped shoes are harder for babies to remove, but they have no other advantage. Shoes that lace are easier to keep on baby than those with fabric hook and loop fasteners—some babies love to play with the fasteners.Flexible soles are best for babies who are just learning to walk.

Play and exercise. You and your baby get to know and understand each other as you play together. That’s a good reason to make sure that father, grandparents and other children as well as mother have time to play with baby. Also, babies learn about their own bodies and about the world around them as they play by themselves. They reach out and examine things, first with their eyes, then with their hands, and then with their whole bodies. They listen, then respond, then imitate what you say and do.

In the first months, baths, feeding times, and diaper changes give you the opportunity to touch each other, to listen to each other, and to watch each other. You can stretch your baby out, pull your baby into a sitting or standing position and get to know the real strength of your baby’s grip and muscles.

At first your baby will play using his or her eyes, looking at objects and following them as they move. A few objects (such as colorful, used greeting cards) dangled on a string above the crib (well out of reach) will provide something to watch; so will the view out of the window or the sight of family members carrying out household tasks. Special unbreakable baby mirrors (not regular glass mirrors, which are breakable) delight infants.

By the age of 2 to 3 months, infants will spend a great deal of time watching their hands as they reach out and bring them back in front of their faces. They will begin to laugh and squeal. You will know when your baby really enjoys his or her own games and the games you and your family play with baby.
AS YOUR BABY'S NEEDS CHANGE

Toys

Playtime is a wonderful time for everyone in your family to enjoy and be entertained by the baby. Parents and brothers and sisters should spend as much time as possible talking, laughing, singing and playing with baby. The time you spend with your baby will help him or her learn and become a true member of the family.

Toys. A toy is anything babies play with. Babies don’t care whether it was bought in the most expensive children’s shop or is a cardboard tube from a roll of toilet paper. Spoons, boxes, pie tins, pieces of cloth of different textures, or wooden clothespins will be just as much fun as expensive toys. To be safe, any toy you give your baby should:

- be sturdy enough that it will not splinter or break
- be large enough so that it can’t be swallowed
- have no parts that can come loose and be swallowed (such as whistles on rubber toys, the insides of rattles, or buttons or eyes on stuffed animals and dolls)
- have no sharp points or edges
- be painted with a safe paint (see Safety Checklist on page 81).

Babies need only one or two things to play with at any one time—the crib, play area or playpen shouldn’t be stuffed with a great number of toys and household objects. However, the more of a variety of things there are to look at, handle, bite, squeeze, scratch, bang, rattle and throw, the more your baby will learn about what things are like. So change the toys frequently. Also, most households contain plenty of safe objects for even the most curious baby, such as:

- plastic cups and containers
- paper crinkled into large balls
- bubbles (dish detergent and water)
- clean milk cartons
- pots and pans
- empty boxes
- wash cloths
Chapter 2. CARING FOR YOUR BABY

Out of the crib

Out of the crib. By 3 to 4 months, your baby will probably demand a little more excitement than is provided in the crib or by routine care. Your child may let you know by screaming and crying from boredom or by just being a little fussy.

Your baby will be happier spending a few hours a day sitting in an inclined infant seat on the floor watching you do your work. He or she will also want to spend some time on the floor rolling, kicking and beginning to learn to crawl. Keep a close watch on your child playing on the floor: young babies have enough strength to pull down a lamp or a small table and can move amazingly far and fast even before learning to crawl or creep. Block steps or stairways before leaving your baby on the floor. If you have pets, keep them away from your baby when he or she is on the floor.
Playpens
Teaching and training

Playpens. A playpen can be useful because you can leave the baby safely out of your sight for a few minutes while you carry on your household tasks. Later on your baby can use the bars or net of the playpen to pull up to stand. And a playpen can make a handy crib for naps or even for all-night sleeping. When your baby is quite small, you can make a playpen by blocking off a corner of a room with sturdy furniture or boxes. As your child grows in strength, you will need something stronger that can’t be moved.

To make sure the playpen is safe for your baby, wooden playpens should have slats no more than 2½ inches apart. If you choose a mesh-sided playpen, be sure to keep the sides raised to avoid “pockets” that can suffocate.

As your child grows older, be sure to set aside some time each day for supervised playing on the floor outside of the playpen. The older your baby gets, the more carefully an adult will have to watch him or her to avoid dangers.

Teaching and training. Teaching a child means that he or she learns to do those things which please you, and which promote growth and development... and that he or she learns not to do those things which displease you and others and which interfere with health, growth, and safety.

The key to learning is not punishment, but guidance and reinforcement.

When your baby first smiles, you will naturally pay attention and smile back. When you see another smile, smile back and pay attention again, and talk pleasantly or laugh and cuddle your baby. This is great fun for you and also good for your baby, who soon learns that smiling causes good things to happen and learns to do a lot of smiling. In just the same way, when you pay attention to the first cooing and gurgling sounds, your smile, your voice and your fondling stimulate your infant to coo and gurgle more and more frequently. Learning to talk (to use words with specific meaning) comes about through a wonderful combination of baby’s physical development and the stimulation of being talked to and hearing others talk.

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Chapter 2. CARING FOR YOUR BABY

Teaching and training

If a baby's smile is constantly ignored, smiling will stop. And if cooing, gurgling and other sounds are constantly ignored, a baby soon will stop making sounds. You teach by responding in a consistent way to what your child does.

The same holds true for many other kinds of behavior. When you respond to something your child does by giving your attention, a smile, a kind word, or a caress, your baby is likely to do that thing more and more frequently, as well as try new behaviors as he or she develops.

What about punishment, discipline, and guidance?

Will a baby stop doing something if he or she is regularly punished for it? No, because the baby usually can't figure out just what behavior is being punished. If you slap a baby when a spoonful of food is thrown on the floor, the child may not know whether the punishment is for eating, for trying to feed himself or herself, or for something else. It is totally confusing. Your baby may stop eating or stop self-feeding rather than start to become a neat eater. Children, when rewarded with a smile for using a spoon successfully—or frowned at for throwing their food—will soon learn to give up spilling on purpose. Keep in mind that this happens at an age when throwing things is a new skill, whether it is a toy, a ball or food. You will have to help your baby learn what is okay to throw and what is not. Punishment is a harsh word suggesting harsh action. It is better to ask yourself how best to provide the guidance your baby needs, including saying "no" and stopping the action when necessary.

Of course, babies sooner or later must learn that some of the things they do make people around them irritated or angry. Even while they want to do as they please, they also want to please their parents and gain acceptance. You don't always have to be calm, smile and hold your temper. To show your irritation at your child's behavior is natural and is quite different from trying to teach good behavior through punishment. However, you should never hit your baby or "take out" your anger or frustration on him or her. If you feel as though you have been "pushed to your limit," place your baby in the crib and go to another room for a few minutes.
AS YOUR BABY'S NEEDS CHANGE

There are some things your baby will do which are dangerous. If your infant gets hold of something sharp or something that can be swallowed, take it away promptly. Say "no" very clearly and give the baby something else. Soon you will be able to use the word "no" to keep your baby out of dangerous situations. Save most of your harsh words for teaching about things that are really dangerous. Don't waste your "no's" on things that really don't matter.
Chapter 3.

UNDERSTANDING BABY’S GROWTH AND DEVELOPMENT

How your baby reacts. Babies differ from each other in many ways. They may be big or small, fast growing or slow growing, early developers or late developers, brown-eyed or blue-eyed. One of the most important ways in which babies differ is in their temperament—the usual way they react to you, to other people, and to things around them. You and your family will find it much easier to understand, to take care of, to teach, and to enjoy your baby if you pay attention to how your baby reacts.

There are many ways in which young babies differ from each other in how they act or behave. No one knows to what extent these differences are inherited or whether they develop in the first weeks of life. Probably both play a part in making your baby an individual. These are some of the kinds of behavior you may look for in your child:

Activity level

- How much does your baby move around?
- Does your baby wiggle all around the crib or stay in one place?
- When you change baby’s diaper or clothes, do you have trouble because of constant wiggling, or does your baby lie quietly and let you work?

Normal babies may be very active, very inactive or somewhere in between. Your job in caring for a very active baby will be different from caring for a very inactive one. If you believe that all babies should be active, you may be unhappy about an inactive baby. If you think all babies should stay still while being dressed or bathed, you may think that an active baby is “bad” or that all the activity is due to your improper care. Don't blame yourself or the baby. It is just the way some babies are made!

If your baby is super-active, you may just choose to enjoy the activity, or you may want to behave in a more soothing and gentle way to encourage your infant to slow down a little.
Chapter 3. UNDERSTANDING BABY'S GROWTH AND DEVELOPMENT

Activity level
Regularity
Adaptability

If your baby is very inactive, you may want to take more initiative in playing, moving about, and rewarding baby when he or she reacts.

Regularity

• How regular are your baby's habits?
• Does your baby always awaken at about the same time, get hungry at about the same time, take naps and nurse at about the same time?
• Does your baby eat and drink about the same amount each morning?
• Does this vary slightly each day or is it completely unpredictable?

If your infant is very regular, it is unusual. If your baby's habits are very irregular, you will have to be prepared for changes every day. Or, you may want to set a schedule for your baby rather than going entirely by what he or she seems ready for. Of course, you can't feed an infant who isn't hungry, or force sleep on an infant who isn't ready to sleep. But, you can feed your baby before he or she cries a long time from hunger, and you can put the baby down for a quiet time or for sleep even though your infant doesn't appear very tired. All of this takes time and patience. Don't push it—ease into it. It's better to be flexible rather than frustrated or angry if it doesn't work well.

Adaptability

• How long does it take your baby to get used to new situations or to changes?
• When you changed from sponge bathing to a bath, was it accepted immediately, or did it take 6 or 7 tries before it was really accepted?
• If your baby fusses the first time you put a cap on his or her head, is there an objection every time you try, or is it accepted quickly?
High or low "adaptability" is neither good nor bad. The child who resists change may take longer to become comfortable with it. If helped to become comfortable with it, a child will gradually learn to cope with changes.

Approach or withdrawal

- How does your baby usually react the first time to new people, new toys and new activities?
- Does your baby reach out for them and seem pleased, or shy away and fuss?
Chapter 3. UNDERSTANDING BABY’S GROWTH AND DEVELOPMENT

Approach or withdrawal
Sensitivity
Intensity of reaction

“Approach and withdrawal” differ from adaptability. They describe a baby’s first reaction to something new rather than the length of time or number of tries it takes to get used to it. A baby who immediately reaches out for something may seem easier to deal with at first. But a baby who withdraws slightly from a new situation may be much easier to keep out of trouble and danger when he or she is a little older. Again, neither reaction is good or bad, but if you recognize how your baby acts, it may be easier for you to respond.

Sensitivity

- Is your baby aware of slight noises or slight differences in temperature, in tastes, or in different types of clothing?
- Do bright lights or sunlight make your child uncomfortable?
- Does your baby let you know every time the diapers are wet or soiled or ignore them?

A very sensitive baby may seem to make your job more difficult at first. Some infants who notice small differences are fast learners and you can enjoy that. Any baby may be very sensitive in some areas (such as touch or hearing) but not in others.

Extreme insensitivity to sounds may be caused by poor hearing, not temperament. You should tell your doctor or clinic if your baby does not seem to notice or react to your voice or other sounds by 3 to 6 months.

Intensity of reaction

- How strong or violent are your child’s reactions when pleased or displeased?

When pleased, some children laugh and wiggle all over, while others just smile. When displeased, some children scream loudly and immediately, while others frown and fuss quietly.

If your baby reacts very strongly and intensely, you may want to help him or her regulate those reactions. You can help an intense baby learn that loudness and activity are not
Distractability and attention span

necessary to get a response. Such a child's active way of showing pleasure may make up for some of the loud crying when showing disappointment or discomfort. Usually, if you respond before your baby gets really "wound up," it will help with this intensity.

Distractibility and attention span

- How likely is your baby to turn attention away from what he or she is doing to something new?

Some babies will keep on sucking—no matter what happens—during a feeding. Others will stop and pay attention to a door opening or someone entering the room. A toy will keep some hungry babies quiet for several minutes; others will keep demanding to be fed. Some will turn to any new sound or sight while they are busy playing; others will continue to play.
Chapter 3. UNDERSTANDING BABY'S GROWTH AND DEVELOPMENT

Distractability and attention span
Pleasant or unpleasant mood

You may want to feed your baby in a quiet place if your child is distractable, and to give just one or two toys at any one time.

- How long will your baby stick with something?

Some babies will continue to try difficult tasks, even if you try to stop them. Others give up quickly. Some will keep watching a mobile above the crib for 10 or 15 minutes; others turn to something else after a few minutes. “Attention span” means how long babies stick with something on their own, not how easy it is to distract them with something new or different.

You will be pleased when your child keeps doing things you like, and unhappy when he or she keeps on doing things that upset you. You will want to be firm and patient and use distraction to get a persistent child to change activities. You will want to encourage and praise a non-persistent child for sticking with a useful activity.

Pleasant or unpleasant mood

- How much of the time is your baby friendly, pleasant, joyful, as compared to unpleasant, crying, fussy or unfriendly?

This means not just the first reaction to new situations, or to the times of actual hunger or discomfort, but the way your baby is during most of the day. Your baby’s mood may be expressed quietly with a frown or a whimper, or with a smile and a twinkling eye. Or it may be a loud scream or a deep laugh.

A baby with an unpleasant mood can be difficult for anyone. You must remember that your baby’s general fussiness does not necessarily mean that you are doing anything wrong. However, you will want to reassure yourself that you are doing what you can to soothe and comfort the baby and that the baby is not suffering.

Such an infant may wear you out very quickly. You may need more recreation and more time away from the baby. You may have to learn to ignore some of the crying and fussing once you have made sure your child really doesn’t need anything at the moment and has no reason to be uncomfortable. If you feel stressed, you may want to talk with your
The need for patience
How your baby develops

doctor about ways of dealing with your baby. Don't take your frustrations out on the baby.

The need for patience. While no single trait of behavior makes a baby hard to cope with, babies with certain combinations of traits are certainly much harder to care for.

For example, a baby who demonstrates irregularity, withdrawal from new situations, slow adaptability, negative mood and intense reactions will need a great deal of your patience. You will need more time away from your infant and more help from your partner, family and others.

Such a baby will especially need your signs of approval and affection at those times when he or she is comfortable and cooperative. But even such a fussy baby will likely become less difficult, in which case you can have the satisfaction of knowing that your patient efforts have worked. If you feel that your baby is not getting better, you should talk to your doctor or clinic staff.

If both parents pay attention to how your baby reacts, you both will be better prepared to give your child the kind of help that is most needed. By taking the time to understand your baby's personality, you will be much more certain that what you are doing is right.

How your baby develops. The "temperamental traits" of your baby, discussed in the previous section, tend to remain constant over time. But other kinds of behavior change quickly as your baby develops. Many of these changes can be predicted by your baby's age. Some of these are listed in the following chart.
Chapter 3. UNDERSTANDING BABY’S GROWTH AND DEVELOPMENT

How your baby develops
Baby’s growth and development

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Baby’s Growth and Development

Here are some of the things you can usually expect your baby to do in the first year of life:

**By about 6 weeks**
- Holds head off of bed for a few moments while lying on stomach
- Follows an object with eyes for a short distance
- Pays attention to sounds
- Makes a few vocal sounds other than crying
- Looks at your face
- Smiles when you smile or play with him or her
- Moves arms and legs in an energetic manner

**By about 5 months**
- Holds head upright while lying on stomach
- Holds head steady when held in a sitting position
- Laughs, squeals, and babbles
- Turns to your voice
- Rolls over
- Follows with eyes from side to side
- Recognizes parents
- Brings hands together in front of body
- Reaches for and holds objects
- Passes object from one hand to other
- Begins to chew
- Stretches out arms to be picked up
- Smiles by him or herself

**By about 8 months**
- Sits without support when placed in sitting position
- Takes part of weight on own legs when held steady
- Creeps (pulls body with arm and leg kicks)
- Starts to make recognizable sounds (“baa” or “daa”)
- Responds to “no” and his or her name
- Grasps object off of flat surface
- Feeds crackers to self
- Looks around for the source of new sounds
By about 10 months
• Gets into sitting position on own
• Stands, holding on
• Crawls
• Picks up small object with thumb and fingers
• Tries to get an object that is out of reach
• Pulls back when you pull a toy in his or her hand
• Drinks from a cup when it is held
• Plays peek-a-boo
• Uses voice to get attention

By about 12 months
• Brings together two toys held in hands
• Imitates your speech
• Uses “Dada” or “Mama” to mean a specific person
• Plays pat-a-cake
• Can walk holding onto something
• Finds one object under another
• Waves bye-bye
• Understands simple words and phrases (“come here”)

Soon after baby’s first birthday
• Stands alone, then walks alone
• Scribbles with a pencil or crayon
• Drinks from a cup by self
• Uses a spoon (spills a little!)
• Plays with ball on the floor
• Can say 2–3 words (may not be clear)

Don’t worry if your baby is different—each baby develops in his or her own way. However, if you notice large variations from what you might expect, or have other concerns, ask your doctor or clinic staff.

(Note: If your baby arrived early—was premature—he or she may develop a little later in some things and not in others.)
Adjusting to your baby's development

Don't spend a lot of time trying to teach your baby something most babies don't learn until they are older. You will only become frustrated and make your baby uncomfortable. Be patient—your baby is changing constantly. Enjoy each stage as it comes.

Knowing what your child might learn to do next will help you plan for his or her safety:

- a baby who crawls must be kept away from stairways and things that can be pulled over
- a baby who grasps things must have dangerous, breakable, or valuable things out of reach
- a baby who can pick up small objects which can be swallowed and cause choking must be kept away from them

Read Chapter 5 beginning on page 81 to help you make sure your home is safe for baby.

If your baby does something later than at the ages shown in the chart, it may be perfectly OK but you should think about why this might be. If late in just one or two areas, and average or quick in the others, this may be just your child's style of doing things. But if your baby is not doing most of the items, you should consider:

- Have you been giving your child an opportunity to learn?
- Have you been praising your child's efforts?
- Is your child a premature baby or physically ill?

If you can't find any reason, and if your child doesn't seem to be developing, have your doctor or clinic staff check your child's health and development. If you are told your baby will "grow out of it" and you don't see any improvement, check again—or get another doctor's opinion. If your baby is much slower than expected in several areas of development, either there is a health problem or there is something wrong with your child's opportunities to learn and develop. In either case, you will want to know about it.
Physical growth

Physical growth. Baby's steady growth in height and weight is one of the best signs that he or she is healthy and getting the kind of care needed. It is the steadiness of the growth that counts, not how much it is or how fast it is. Most babies gain about one-half pound per week during the first few months of life and about one pound per month from 5 to 12 months. Smaller babies usually gain less, and larger babies may gain more. You don't need a scale. Your judgment and regular medical check-ups are plenty.

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Chapter 3. UNDERSTANDING BABY'S GROWTH AND DEVELOPMENT

Physical growth
Growth in weight

The charts below show the average lengths and weights of large, small and average size babies, and indicate about how much they will gain from month to month during the first year of life. If you think your baby is behind in growth, you should talk with your doctor or clinic staff.

Provided by the Maternal and Child Health Library, Georgetown University
Growth in length

Provided by the Maternal and Child Health Library, Georgetown University
Chapter 4.

YOUR BABY’S HEALTH

You may have chosen a doctor, nurse practitioner or clinic for your baby before he or she was born. If not, please read “Selecting a doctor or clinic” on page 1.

You will have many questions about your baby that can best be discussed with a person who is a health professional. The doctor or nurse will work with you and explain how you can help your baby grow and develop safely and healthy. Also, your baby should be checked from time to time for normal growth, development, and problems you may not notice. Every child needs certain shots (or “immunizations”) and tests to avoid or detect and treat some illnesses. For all of these reasons, you should take your baby to the doctor or clinic several times during the first year.

Going to the doctor or clinic. First, be sure to talk with the doctor who examines your baby in the hospital to find out if all is well. Ask questions and get answers!

Especially with a first baby, you will have more questions in the first days you and your baby share than any other time. This booklet and experienced and trusted friends or family members may be able to answer many of your questions, but don’t hesitate to call the doctor, clinic or hospital staff.

Most doctors and clinics will schedule the first checkup when your baby is between 2 weeks and 1 month old, and then plan further visits every 4 to 8 weeks for 3 or 4 visits and less frequently after that. Your doctor will discuss the schedule with you.

Your conversation with the baby’s doctor is the most important part of each visit. The doctor may actually examine your child only 3 or 4 times during the first year, but he or she will always want to know how your baby is growing, learning and developing, and whether you have noticed any problems. Between visits to the doctor or clinic, write down your questions and observations so you can be sure to remember them. But if something is pressing, don’t wait until the next scheduled visit—call the office. A typical schedule of visits to the doctor or clinic is shown on the following chart.

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Chapter 4. YOUR BABY'S HEALTH

Going to the doctor or clinic
Schedule of visits
Immunizations

AGE AT VISIT

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usually done at this age
○ may be done at this age

(NOTE: Each doctor may have his or her own schedule, but you should expect it to include most of the items listed above. This schedule is only a guide, current as of July 1989, which your doctor or clinic may change to fit your child's needs.)

Immunizations. Your doctor or clinic staff will routinely immunize your baby to prevent him or her from getting a number of very serious diseases (polio, diphtheria, tetanus, whooping cough or "pertussis," measles, mumps, German measles or "rubella," H. influenza B). After being immunized, your baby will be protected from most of them for many years—in some cases, for life.

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Test for lead exposure
Keeping records
When doctors disagree
Smoking affects your baby

Test for lead exposure. Many babies have been exposed to high levels of lead which can lead to serious health problems that can be prevented if treated early. For that reason, it is recommended that high risk babies be given a simple blood test at 9 months of age, and again once a year until the age of 6.

Keeping records. You should keep a record of your baby’s visits to the doctor or clinic. A Health Record Card is included at the end of this book to make it easy. It is important to keep the record up-to-date in case you change doctors, or see someone else when your doctor is not available. You should take your record with you whenever you visit a doctor or clinic so that you can refer to it if you have any questions, and update it before you leave the office.

Because baby’s first year is full of changes, you might also want to keep a record of significant events in your baby’s first year, such as when he or she first said a “word” or first crawled. Saving mementos, photos and notes in a box or notebook will give you reminders to share with your child later on.

When doctors disagree. Sometimes one doctor will give you different advice from another, or doctors may actually disagree with each other or with this book.

For many problems there are many good solutions; this book may only mention one. For some other problems, such as an ear infection, each doctor may choose a different medicine—and each may provide relief equally well. In other cases (for example, whether boys should be circumcised), there are real differences of opinion. When two doctors give you conflicting advice—or one doctor gives you advice you do not understand—you should ask for an explanation. Ask questions until you get the information that satisfies you. And if the best step to take is still unclear to you, you may need to ask another doctor for an opinion.

Smoking affects your baby. Your baby should not be exposed to tobacco smoke. Babies are very susceptible to smoke because their lungs are immature and they are not as immune to
Chapter 4. YOUR BABY'S HEALTH

Smoking affects your baby

Care of a sick baby

respiratory infections. Lit cigarettes may also burn your baby. You or anyone in your household who smokes should stop. You need to protect your baby:

- never let anyone smoke while holding, bathing or feeding your baby
- never let anyone smoke in the area where your baby is sleeping
- insist on no-smoking areas when you visit public places with your baby
- if you smoke, put off having a cigarette until you are away from your baby . . . and get help from your doctor or clinic staff to quit smoking.

Care of a sick baby. Despite everything you do, babies will sometimes get sick. Don't worry. You usually can tell if the baby is sick if he or she acts different than usual. The baby may become fussy or cranky, sleep more and not want to eat. Don't worry if a sick baby doesn't want to eat, but be sure to give him or her plenty to drink.

If there is a fever or diarrhea, your baby may be particularly thirsty. A baby can become seriously dehydrated very quickly from diarrhea. If diarrhea occurs, give your baby clear liquids to replace the fluids lost. If the diarrhea persists for more than 24 hours or is severe and your baby won't take liquids or can't keep them down, call your doctor or clinic immediately. Otherwise, you can continue to breastfeed and offer water or juice in between. If you are bottlefeeding, substitute water or strained juice for formula temporarily. Your baby may not want any milk if he or she is sick. If this happens, try water or juice.

Let your baby decide how much exercise and sleep he or she needs. Babies who want to be up and playing can do so. Babies who are sick enough to need extra rest will soon lie down and fall asleep by themselves. Better a happy child playing quietly than a child screaming in the crib because someone said, "Your baby's sick and should be kept in bed."
Colds and stuffiness

Try to keep your baby comfortable. This often means fewer blankets and clothes rather than more, especially for a child with a fever. There is nothing wrong with outdoor air or with car trips—provided your baby is comfortably dressed and allowed to rest when necessary.

Colds and stuffiness. Some babies have a slightly stuffy, rattling noise in their noses nearly all the time. This may not be a cold; it just seems to be the way they are made. It will become less and less noisy and noticeable as your baby gets older and the air passages of the nose get larger. Your baby will also learn to clear his or her nose by sniffing. You may be able to reduce the noise by sucking out the nose several times a day with a small rubber bulb called a "nasal syringe."

Babies with colds may become a little fussy and lose some of their normal appetite. Their noses run with clear watery material, which becomes thick and sticky in a few days. Their eyes may get red; they may cough and sneeze and make a lot of noise when they breathe. They may have fever.

As long as it is a cold, and not something else, neither you nor your doctor can do much about it except keep your baby as comfortable as possible. If your baby seems uncomfortable, has persistent fever, or cannot be consoled, call your doctor or clinic. Use the nasal syringe to clear the nose when stuffiness causes discomfort.
Chapter 4. YOUR BABY'S HEALTH

When you should be concerned

Fever

When you should be concerned—If your baby seems weak, has no energy to cry loudly, nurses poorly (or doesn't want more than half of the usual bottle), doesn't wake up to be playful for even a short time, or just doesn't look right—then you should call your doctor or clinic right away.

How sick your baby acts tells much more about how serious the illness might be than anything else. If your baby has a high fever and a cough, but takes some of the bottle eagerly and wants to play, you don't have to worry. However, if the fever persists more than 24 hours, you should call your doctor or clinic. If your baby is listless, weak, or uninterested in attention, play or the breast or bottle, you should get medical advice.

If your baby has labored breathing, you should get medical care promptly—day or night. "Labored breathing" means working so hard at breathing—getting the air in and out—that there is no energy left for anything else, even for nursing or for playing. Making a lot of noise breathing is not important, but having to work very hard to breathe is!

If your infant cries or moans as if in pain during a cold, you should go to your doctor or clinic. If he or she is fussy and goes to sleep after you give comfort, it is probably OK. But cries of pain or discomfort should not be ignored.

You will probably want to check with a doctor the first few times your baby has a bad cold, but you will soon learn what to expect with colds and how to treat them.

You really can't do much to prevent colds. Colds are most contagious—more easily passed from one person to another—during the few days before the signs of a cold appear. Once you have had a cold for a day or two, you are unlikely to give it to someone else. So keeping your baby away from people with the signs of a cold will not help much.

Fever. Temperatures will vary during the day. However, if your baby feels particularly warm, take the baby's temperature. If your baby's temperature taken rectally is above 100° F, you should call your doctor or clinic.
Vomiting

Fever is the body's natural response to many infections. If your baby has a fever, there is something wrong. If your baby is less than 2 months old, call your doctor or clinic immediately. If an infant with a high fever (above 102°F) is playful and cheerful, the sickness is not likely to be serious but you should call your doctor to be sure. An older baby with only a slight fever or no fever who appears to be sick and weak also needs medical attention. Fever should warn you to watch carefully, but it doesn't tell you how sick your child may be.

Many babies will have a fever with every cold. Many have a fever for a day or two with no other signs of illness except tiredness and fussiness.

Give plenty to drink and take off any extra sweaters or blankets. A "sponge bath" with a cloth dampened with lukewarm water may help if your baby’s temperature is high. You may also try a bath in lukewarm water. If your baby seems uncomfortable or particularly jittery, call your doctor or clinic.

It will be helpful to take your baby's temperature before you call the doctor or clinic so that you can report the number to them.

Vomiting. Your baby may vomit during a cold or fever—or have an illness which may have vomiting, or vomiting and diarrhea, as its only signs.

When your baby vomits, don't give anything to eat or drink for at least one hour. Then give ½ ounce of water, sweet juice, or a commercially prepared clear liquid for rehydration. Repeat this half-ounce feeding every 10 to 15 minutes for an hour. Give 1-ounce feedings every 10 to 15 minutes for the next hour, and 2-ounce feedings as often as your baby wants them for the following hour.

If there is no more vomiting, it is OK to give small amounts of breastmilk, formula, cereal, crackers or toast if your baby is eating solid foods and then return to regular feeding. If vomiting happens more than 2 or 3 times, or your baby seems very sick and weak, you should call your doctor or clinic.
Chapter 5.

KEEPING BABY SAFE

Safety and injury prevention. Babies born healthy are more likely to get hurt or die from accidents than from any illness. Accidental injuries can cause severe handicaps.

You can prevent almost all accidents by knowing what your baby is able to do and making sure it is done in a safe way.

Use the following checklist to be sure your home is safe:

BIRTH TO 4 MONTHS

What baby can do:

- Eat, sleep, cry, play, smile
- Roll off a flat surface, wiggle a lot

Babies at this age need complete protection all of the time.

Safety checklist:

Bath

- Turn thermostat on your hot water heater down to below 120°F.
- Check bath water temperature with your hand to avoid burns.
- Keep one hand on baby at all times in bath. Never leave baby alone in the bath.

Falls

- Never turn your back on a baby who is on a table, bed or chair.
- Always keep crib sides up.
- If interrupted, put your baby in the crib, under your arm, or on the floor.
- Do not leave baby in an infant seat on a table or counter unattended.

Burns

- Put screens around hot radiators, floor furnaces, stoves or kerosene heaters.
Chapter 5. KEEPING BABY SAFE

What baby can do:
Safety checklist

- Don't let caregivers smoke when they are caring for your baby.
- Don't hold your baby when you are drinking a hot beverage.
- Don't leave a filled coffee or tea cup on a placemat or near a table edge where it could be pulled down.
- Be sure that foods, bottles and bath water are not too hot. Test before using.
- Avoid heating baby food or formula in a microwave oven—it can get "hot spots."

In Crib, Bassinet, Carriage or Playpen
- Be sure bars are close enough so that your baby can't slide through or get stuck (2 1/8 inches at most).
- Be sure the mattress fits the crib snugly so your baby can't slip between the mattress and the sides of the crib.
- Don't use a pillow.
- Select toys that are too large to swallow, too tough to break, with no small breakable parts and no sharp points or edges.
- Keep pins, buttons, coins and plastic bags out of reach.
- Never put anything but things a baby can eat or drink in a baby bottle, baby food jar or baby's dish. Someone might feed it to the baby.
- Don't use a harness or straps in the crib.
- Toys or mobiles that hang by a string should be out of baby's reach and should never be strung across the crib.

In Motor Vehicles
- Always use your car safety seat in the infant position (semi-reclining and facing rearward) for your baby when traveling in a motor vehicle.
- The safest place for an infant is in the rear seat of a car, correctly secured into a car safety seat.
- Adults cannot hold on to a baby in even a minor crash. The child is torn from the adult's arm—even if the adult is buckled up.
Not all models of car safety seats fit all cars. Use a seat that is convenient for you to install; install it in the car according to the instructions and use it each and every time your child rides in car.

Safety seats must always be anchored to the car with the car's manual lap belt exactly as specified by the manufacturer.

Automatic safety belts are not designed, and should not be used, to install safety seats in a car. For cars without manual lap belts in the front, the safety seat must be installed in the rear.

Whenever a child safety seat is involved in a crash it must be replaced.

For the best protection, use the seat only for the length of one child's growth through childhood.

Never use plastic feeder stands, car beds, pillows or cushions that are not certified for use in cars.

Other

Never put a loop of ribbon or cord around your baby's neck to hold a pacifier or for any other reason.

Do not put necklaces, rings or bracelets on babies.

Take all toys and small objects out of the crib or playpen when your baby is asleep or unsupervised.

Supervision

Don't leave your baby alone with young children or with pets.

Have the telephone numbers of physician, rescue squad and poison control center posted near your telephone.

Household

Teach your older children how and when to call "911," the emergency telephone number.

Install smoke detectors if you do not already have them. Keep a small fire extinguisher out of children's reach in the kitchen.
Chapter 5. KEEPING BABY SAFE

What baby can do
Safety checklist

4 TO 7 MONTHS

What baby can do:

- Move around quickly
- Put things in mouth
- Grasp and pull things

Babies at this age will need more time out of the crib.

Safety checklist:

- Recheck the Birth to 4 Months List.
- Never leave your baby on the floor, bed or in the yard without watching constantly.
- Fence all stairways, top and bottom. Do not use accordion-style expandable baby gates that can strangle.
- Don’t tie toys to crib or playpen rails—a baby can strangle in the tapes or string.
- Keep baby’s crib away from drapery or venetian blind cords that can strangle.
- Never use a mesh playpen or crib that has holes in the mesh—baby’s head can get caught.
- Baby-proof all rooms where the child will play by removing matches, cigarette lighters, cigarette butts, other small objects, breakable objects, sharp objects, and tables or lamps that can be pulled over.
- Cover all unused electric outlets with safety caps or tape.
- Keep all electric cords out of reach.
- Keep high chairs, playpens, and infant seats away from stoves, work counters, radiators, furnaces, kerosene heaters, electrical outlets, electric cords, draperies and venetian blind cords.
- Always use restraining straps on a high chair and do not leave your baby unattended in one.
- Keep cans, bottles, spray cans, and boxes of all cleansers, detergents, pesticides, bleaches, liquor and cosmetics out of reach.
Never put a poisonous household product into a food jar, bottle, or soft drink can. Someone may swallow it or feed it to the baby.

Do not use old paint that might have been made before February 1978—it could contain lead. If a toy or crib is old and needs repainting, remove the old paint completely (with a chemical—do not sand) and paint it with safe lead-free household paint (check the label). Let it dry thoroughly to avoid fumes.

If your house is old and has any chipping paint or plaster, repair it (don’t sand it) and cover it with wallpaper or safe, new paint. If there is chipped paint or plaster in halls or other places you can’t repair, have it tested for lead by the health department. If it contains lead, cover it with wallpaper or fabric, or put furniture in front of it to keep it out of reach.
Chapter 5. KEEPING BABY SAFE

What baby can do

Safety checklist

8 TO 12 MONTHS

What baby can do:

- Move fast
- Climb on chairs and stairs
- Open drawers and cupboards
- Open bottles and packages

At this point, your baby needs more opportunity to explore while you are watching.

Safety checklist:

- Recheck the Birth to 4 Months List.
- Recheck the 4 to 7 Months List.
- If you use a toy chest or trunk, make sure it has a safety hinge (one that holds the lid open) or remove the lid.
- Baby-proof all cupboards and drawers that can possibly be reached and opened. Remove all small objects and sharp objects, breakables, household products that might poison, plastic bags and foods that might cause choking (small foods such as nuts, raisins, or popcorn).
- Keep hot foods and hot beverages, hot pots and pans out of your baby’s reach. Turn pot or pan handles toward the back of the stove.
- Don’t use a dangling table cloth; it can be pulled and everything on it can crash on your baby and the floor.
- Keep medicines and household products (such as bleach, oven and drain cleaners, paint solvents, polishes, waxes) that might poison in a locked cabinet. Try to buy items in child resistant containers.
- Never leave your baby alone in the bathtub or wading pool. Babies can drown in only a few inches of water. They can also turn on the faucet and scald themselves.
- Keep young children out of the bathroom unless you are watching. They can drown in a few inches of water (including the toilet or buckets filled with water).
8 TO 12 MONTHS

— Be very careful when you or someone else in the family is sick. Medicines are likely to be out of their usual safe place, and your baby may want to imitate you by eating them.

— Keep medicines separate from household products and household products separate from food.

— Never give medicine in the dark. Turn on the light and read the label—EVERY TIME.

— Avoid overexposure to the sun which can lead to sunburn. Use sunscreens on advice from your doctor or clinic staff.

— Keep diaper pails tightly closed and out of reach.

— Get 1 ounce of Ipecac Syrup from the druggist and keep it on the medicine shelf to treat poisoning. Use as directed.

— Keep a close watch for moving machinery (lawnmowers, cars backing up) when your baby is outdoors.

— Car safety seat can be used in the toddler position with the child sitting up and facing forward when baby is about 20 pounds at about 9 months of age.

— Never leave your baby alone in a child safety seat in a car.

— During hot weather, cover your child safety seat with a towel if your car is parked in the hot sun to avoid burning your child.
Chapter 6.

EMERGENCIES AND FIRST AID

Even when you are careful about safety, injuries and illnesses may occur. You should know what to do and have a plan of action.

If possible, take first aid and cardiopulmonary resuscitation (CPR) courses from the Red Cross, the "Y," or review courses you may have already taken. Keep important phone numbers next to your phone. Train your older children how and when to call 911 if it is available in your area. If your telephone company does not have a 911 service for emergencies, teach them how and when to call the doctor, the fire and police department, and the poison control center.

The first rule in any emergency is to call for HELP to alert people nearby to come to your assistance. If you are alone, you may have to perform Basic Life Support (see below) for a minute or so before you phone for emergency help.

Basic life support. If your baby is not breathing, no matter what the reason, or has no pulse (his or her heart has stopped beating), you must provide life support until help arrives. This means that you must try to stimulate the baby to start breathing again, and the heart to start pumping again, by the following steps:

Rescue breathing (ventilation)

1. Clear the mouth with your finger, quickly removing any mucus, vomit, food or object.
2. Place the baby face up on the floor, table or other firm surface.
Chapter 6. FIRST AID AND EMERGENCIES

Rescue breathing

3. If neck or spine has not been injured, tilt baby's head back slightly with chin up. Place your hand on baby's forehead to keep head in this position.

4. Cover mouth and nose with your mouth and blow gently until you see baby's chest rise.

5. Remove your mouth and let baby's lungs empty.

6. Take a quick breath yourself.

7. Repeat steps 4 and 5.
8. After breathing twice, check to be sure baby's heart is beating by feeling with your index and middle finger for pulse in the inside of baby's upper arm between the elbow and shoulder.

IF NO PULSE, YOU MUST TRY TO STIMULATE THE HEART BY PERFORMING CHEST COMPRESSIONS (see next page).

9. If there is a pulse, continue rescue breathing at the rate of once every three seconds. Check to be sure baby's chest is rising—a sign the baby's airway is clear and air is entering freely. If air is not moving, quickly check the position of your baby's head, and try again.

10. IF STILL NO MOVEMENT, THERE IS PROBABLY SOMETHING BLOCKING THE BABY'S AIRWAY. TO CLEAR THE AIRWAY, FOLLOW STEPS UNDER CHOKING (see
Chapter 6. FIRST AID AND EMERGENCIES

Chest compressions

1. Follow an imaginary line across the baby's chest from one nipple to the other. Place three fingers just below the middle of that imaginary line.

2. Lift the finger closest to the line, and with the two remaining fingers, press down 1/2 to 1 inch.


4. Do one ventilation (rescue breathing).

5. Then repeat 5 compressions and 1 ventilation rapidly (the entire cycle should take less than 5 seconds to complete) 10 times.

6. Feel again for a pulse; if there is none, do 10 more cycles.

7. Repeat entire procedure until help arrives.

Provided by the Maternal and Child Health Library, Georgetown University
Choking

1. If baby's airway is blocked, place the baby face down on your forearm, with his or her head lower than the body and the head and neck stable or supported. Support your forearm firmly against your body. (If your baby is large, you may lay him or her face down on your lap, with head lower than body.)

2. Slap the baby rapidly between the shoulder blades 4 times, with the heel of your hand.

3. Turn the baby over and thrust into the chest (just below baby's nipples—the same location as for chest compressions) with two fingers 4 times rapidly.
Chapter 6. FIRST AID AND EMERGENCIES

Choking

Other emergencies

4. If something is completely blocking the windpipe and baby still is not breathing, open mouth by grasping both tongue and lower jaw between your thumb and finger, and lift. This should move the tongue away from the back of the throat, and may help open the throat. IF YOU CAN SEE something blocking the windpipe, try to remove it by carefully sweeping your finger from back to front.

5. If breathing does not start again, try giving 2 ventilations.
6. If airway is still blocked, repeat entire procedure until help arrives.

Other emergencies which require immediate medical treatment. It is important to get your baby to a hospital or other emergency medical treatment facility as quickly as possible, unless you know that emergency help is on the way to you—

- If your baby is unconscious for any reason
- If your baby is vomiting blood
- If your baby has severe or extensive burns
- If your baby has had a crushing injury to the chest
- If your baby has received a poisonous bite.
In other cases, there are steps you can and should take to prevent further injury. But you should also get medical help for your baby.

**Heavy bleeding**

- Stop the bleeding by pressing with your hand directly on the bleeding spot.
- Get a cloth or piece of clothing under your hand and press firmly. Continue to press.
- If bleeding continues, add more cloth and continue to press.
- Call your doctor or clinic.

DO NOT use a tourniquet. Direct pressure from your hand will stop almost any bleeding. Even with a deep cut, you can stop the bleeding with pressure.

**Burns from chemicals**

If lye, oven cleaner, pesticides or other strong chemicals come in contact with the baby's skin or eyes, wash it off with large amounts of water immediately and for a long time:

- Remove any contaminated clothing.
- Place the affected area directly under a faucet, garden hose, or shower and keep rinsing for 15 minutes.
- Use a bottle, cup, or gentle faucet to wash out eyes; keep the eyelids open as much as possible and continue to flush out for at least 30 minutes.
- Call your doctor or clinic immediately.

**Poisoning from swallowed medicines or products**

- Call 911 or a poison control center, doctor, pharmacist, hospital or rescue squad. Tell them the name and brand of the substance that was swallowed. Keep the container, the label and anything left in the container. Follow their instructions about whether to feed milk or water or whether to make baby vomit.
Poisoning from swallowed medicines or products
Shock
Other first aid

Do NOT make the baby vomit if:

- The baby is unconscious or having a convulsion;
- The substance swallowed was a strong alkali or acid (lye, ammonia, drain cleaner, oven cleaner); or
- The substance swallowed was a petroleum product such as kerosene, gasoline, turpentine, lighter fluid, insecticide or furniture polish.

If any of these substances are swallowed, go directly to a hospital emergency room, clinic or doctor's office.

To make the baby vomit, if advised by doctor or poison control center:

- Give 2 teaspoons of Ipecac Syrup (1 tablespoon for children over 1 year old). You should have a bottle in your medicine cabinet and in your automobile first aid kit. If you don't have Ipecac, and you have a long trip to the doctor or hospital, stop at a pharmacy to get some and give it on the way to the doctor or hospital.

Shock

After any severe injury, burn or bleeding, an infant may become pale, clammy, and cold:

- Keep your infant lying flat and warm with blankets.
- Get medical care immediately.

Other first aid. For most injuries there is no need for such rush and hurry. You have time to calm down, to comfort your baby and other members of the family, and to telephone for medical advice. Cuts (after the bleeding has stopped), most burns, convulsions, eye injuries, broken bones, high fevers, and head injuries all can wait until someone trained in medicine or first aid can be located to give advice by telephone or in person. Keep your baby warm and comfortable. Don't move the baby unless you are sure there are no head or neck injuries and no broken bones.
Falls
Burns

Falls

- Don't pick your baby up immediately after a fall. Watch for a few moments. Babies who cry loudly and move their arms and legs normally probably have no serious injuries. They can be picked up and comforted.
- If your baby is unconscious or if you think there may be a broken arm, leg, neck or back, call for medical advice immediately—before you move your baby.
- If your baby is crying loudly and is not unconscious, run your hand over the head to be sure there are no lumps or depressions. Let your baby rest or play quietly, but check frequently. If there are lumps or depressions, call your doctor or clinic.
- If your baby develops unusual sleepiness or vomits more than once, get medical advice. If activity and appetite stay about the same as before the injury, you have nothing to worry about.

Burns

- Rinse with cold water for 5 to 10 minutes. Don’t use ointments or greases.
- Do not break blisters.
- Cover with sterile dressing or clean cloth held in place by a non-adhesive material such as aluminum foil.
- A cold pack made by putting ice cubes in a plastic bag and covering with several layers of cloth may relieve the pain of a fresh burn. Leave in place for about 15 minutes.
Chapter 6. EMERGENCIES AND FIRST AID

Cuts
Scrapes
Puncture wounds
Slivers or splinters

Cuts
- Stop the bleeding by pressing against the cut.
- Wash thoroughly with soap and water.
- Pat dry.
- Cover with sterile gauze pad or adhesive bandage.

If the skin does not fall back into place neatly, or if the wound is as much as \( \frac{1}{2} \)-inch deep, stitches or a special bandage may have to be applied to speed healing and prevent scarring.

Scrapes
- Wash thoroughly with soap and water.
- Wipe with a wet gauze to remove all dirt particles.
- Cover with a sterile gauze pad or adhesive bandage.

Puncture wounds (a deep prick from a pin or blunt pointed object)
- Press gently to encourage bleeding and soak in warm, soapy water for 10 to 15 minutes.
- Call your doctor or clinic.

Slivers or splinters
- Wash with soap and water.
- Remove with tweezers or scrape out with a sterilized needle.
- Wash again.
- Cover with an adhesive bandage.
- If not easily removed, call your doctor or clinic.
Insect bites and stings

Tick bites

Particle in eye

Insect bites and stings

- Remove the stinger if present, by scraping horizontally with a smooth, stiff piece of plastic such as a credit card.
- Do not squeeze.
- A cold washcloth or calamine lotion may reduce itching and scratching.

Tick bites

- Cover the tick with clear nail polish or petroleum jelly, and wait one hour.
- With tweezers, using a gentle side to side motion, remove the entire tick, head and body.
- Call your doctor or clinic.

Particle in eye

Most of the time a small speck of dirt or tiny insect will be blinked into a position along the lid where it can be removed with a corner of a clean tissue:

- If the eye seems irritated and a speck can't be seen, bring the upper lid down over the lower lid and release it. The tears may wash the speck out.
- If irritation continues, cover the closed eyes with several gauze pads, tape them in place, and take your child to the doctor, clinic or emergency room.
Chapter 7.

CHANGES YOU AND YOUR FAMILY FACE

Your own health. Don't neglect your own health and comfort. You will be a better parent if you eat nourishing food, get enough sleep and exercise, and keep up with your friends and interests.

Generally, new mothers, who have had an uncomplicated delivery, need at least one medical checkup about 6 weeks after the birth of a baby. Your doctor may suggest further checkups. Be sure to keep all of your medical appointments so that any health problems discovered during your pregnancy and delivery can be completely treated. Your baby needs to have you in the best possible health.

Be sure to ask for family planning advice. How many children and how often to have them are up to you. Don't leave it up to chance. Modern birth control methods are much safer than unplanned pregnancies.

You and your partner. Learning to be a parent is not easy, but it can be rewarding. Sharing concerns and problems with a partner, and learning to care for your baby together, can increase your closeness—closeness that is often threatened by the demands, both physical and emotional, of a new baby. Roles and responsibilities change for all new parents, and together you will need to decide who will be in charge of old tasks (such as grocery shopping) as well as new tasks.

Parents may want to take turns babysitting so that the other partner can take a break from the stress of babycare. Fathers can do almost anything for baby that mothers can do. Now is the time for fathers as well as mothers to be with baby as much as possible—during this precious period of life you will watch your baby change quickly. Now is the time to form the foundation for a relationship that will last a lifetime.

Parents will also want some time together, away from baby, if possible, to talk quietly and just to be alone together. Also, some people find that getting to know other parents of young children makes socializing easier. Such couples may be more forgiving if you have to bring baby along, may be willing to trade babysitting duties with you, and they may give you the advice and support you need when you have problems with your baby. Knowing that your problems or worries aren't unique can help you see them in a better light.
Chapter 7. CHANGES YOU AND YOUR FAMILY FACE

Going back to work
Paying for baby care

Going back to work. Many mothers return to full-time or part-time work after their babies are born. Most mothers will want to wait at least 3 months, if they can, before returning to full-time work. Some wait longer. Your decision must be your own, based on your financial needs, emotional and physical readiness, and the availability of child care.

There are many ways to arrange babysitting or child care:

- in your home (a relative, friend, or housekeeper)
- in someone else’s home (often with other children)
- in a licensed child care center, either nonprofit or private.

You should start thinking about whether you will need child care at least several months before you will need it, so that you will have time to find the best care for your baby. Ask your relatives or other mothers for their suggestions. Think about these questions:

- How many hours a day and days a week will you need to have your baby cared for?
- Do you have a friend or relative who could care for your baby in your home?
- Do you know of someone who would care for your baby close to where you live in his or her home?
- What child care centers are there near your home?

Your Department of Health or Social Services may help you locate child care centers, licensed home care, and individuals who might come to your home. (Find the Departments’ phone numbers under the local government listings in your phone book.)

Paying for baby care. Once you know what kinds of care might be available, consider the costs of each. Some communities will provide financial assistance for child care if your income is below a certain level. Also, some child care centers charge different fees depending upon your income. Finally, there may be a Federal or State income tax credit for some child care expenses.
Choosing child care for your baby

Checklist for choosing child care

Choosing child care for your baby. This is often a difficult decision. It will probably be hard for you to adjust to being apart from your baby. It is important—for your baby and your own peace of mind—that you feel that you have made the right choice. You should visit any home care or child care center you are considering, and sit down and talk with any individual you might choose.

Use the checklist below to help you decide.

Checklist for Choosing Child Care
(For care both inside and outside of your home)

- Do you think the person who would care for your baby will really care about him or her?
- Are your suggestions for the care of your baby welcomed and listened to?
- Has the caregiver had a medical examination to show that he or she has no disease that your baby could catch, and is strong and healthy enough to care for children?
- Has he or she taken first aid and cardiopulmonary resuscitation (CPR) courses recently? Are first aid supplies available?
- Is there a telephone which the caregiver can use to reach you or call for help in an emergency?
- Would you feel at ease leaving your baby in the person's care?
- Does the caregiver treat each baby as his or her own—talking to each while bathing or changing, holding each child while feeding, and paying attention to each child's needs?
- How does the caregiver deal with behavioral issues (such as tantrums)?
Chapter 7. CHANGES YOU AND YOUR FAMILY FACE

Choosing child care for your baby
Checklist for choosing child care

(For care outside of your home)

• Is there at least one person to care for each 4-5 babies at all times during the day?
• Is the home or center safe and clean, with room for play, and sleep, and fresh air? (See the Safety Checklists in chapter 5.)
• Are there age-appropriate toys to play with?
• Do the caregivers and children seem to be happy, alert, and enjoying themselves?
• Are you welcome to visit at any time, with or without telling them in advance that you are coming?
• Will care be available for all of the hours and days (including holidays) you will need it?
• What happens if baby becomes ill or hurt?
• Is the facility registered or licensed by the State or by another agency?
• How long has the facility been in operation, and how long have the present caregivers been on staff?
• Will they give you regular reports about how your baby is doing?
• Will they tell you about any accidents your baby may have, or any contagious disease in the group?
• Will appropriate snacks and meals be available on a regular schedule?

Before you make a final decision, ask for and check references. Talk with other parents whose children have been cared for by the individuals or centers you are considering. Ask whether they are satisfied or have any complaints.
If you decide to have someone care for your baby, you will want to make sure that the care is good for him or her. These questions can help you decide if everything is working well:

- Does your baby seem happy with the caregiver?
- Is your baby comfortable in the presence of the caregiver, or quiet and fearful or otherwise upset?
- Has your baby had more unexplained accidents or injuries than you would expect?
- Is the caregiver agreeable and willing to answer your questions and discuss any concerns you might have?

If you feel uneasy about your baby's care, try to visit and observe how your child is cared for.
Especially with your first baby, you will probably have more questions in the first few weeks than at any later time. If your question isn't answered in this book, get an answer from another source. Try your local library—there should be baby books available. You may not want to read any of them from cover to cover, but they can answer many of your specific questions.

Ask experienced parents and grandparents. But don't necessarily accept all the advice you get! If what you hear or read is simple and makes sense, give it a try. If not, get other advice.

Use the telephone to call your doctor or clinic. Write down all of your questions before you make the phone call so you will be sure they are all answered. If you don't understand the advice you are given, keep on asking until you do understand. Many doctors and nurses use medical terms which may be difficult for you to understand. If that happens, tell them so. Ask them to say it in plain language. Don't give up until you understand what they mean.

Other sources of information in your community may include:

- the health department (State and local)
- the department of social services (State and local)
- the March of Dimes (for babies with birth defects or special needs)
- LaLeche League chapters (for help with breastfeeding)

You may need some help in obtaining and paying for health care for your baby, particularly if you have a low income. There are a number of programs that may be able to assist you, among them Medicaid which helps pay for medical and hospital care and the Supplemental Food Program for Women, Infants and Children (WIC), which provides nutritious foods. Your local or State health department can refer you to the agencies best able to meet your needs.

In addition, the National Center for Education in Maternal and Child Health (NCEMCH) and the National Maternal and
Child Health Clearinghouse (NMCHC) are organizations which provide education and information services for parents and professionals who have maternal and child health interests. NCEMCH and NMCHC are funded by the Office of Maternal and Child Health of the U.S. Department of Health and Human Services. They produce newsletters, bibliographies, directories, brochures, and resource guides and refer parents to the appropriate hotline or organization. For a copy of their publications catalog or referral information, contact:

NCEMCH/NMCHC
38th and R Streets, N.W.
Washington, DC 20057
(202) 625–8400 or
(202) 625–8410
ACKNOWLEDGEMENTS

In 1914, the Children's Bureau first published Infant Care, containing basic information for the mothers of this nation about the best ways to raise a healthy child. Since then, several hundred million copies have been distributed by the Federal government, State agencies and others, and it has been translated into other languages. Although the contents and advice have changed over the years, the purpose of the booklet remains the same—to serve as a simple guide for parents who want to make sure their child has a good start in life.

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HEALTH RECORD CARD

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<tr>
<th>Baby's Name</th>
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<td>Address</td>
<td>Telephone</td>
</tr>
<tr>
<td>Name of Your Doctor at Birth</td>
<td>Address</td>
<td>Telephone</td>
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<tr>
<td>Name of Baby's Doctor</td>
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<tr>
<th>Date of Birth</th>
<th>Date Baby Was Due</th>
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<tr>
<td>DATE</td>
<td>AGE</td>
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<td>Birth</td>
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<th>MMR</th>
<th>HIB</th>
<th>OTHER</th>
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COMMENT CARD

We hope that Infant Care has been useful to you. We would appreciate any comments you might have about it. Please take a few minutes to answer the questions below. Fold and seal the card with a staple or tape and drop it in the mail. No postage is necessary.

Thank you.

1. Did you find the information in this booklet helpful?
   ______ yes ______ no

2. Was there anything that was unclear or confusing,
   ______ yes ______ no
   If yes, what?

3. Was there anything you want to know that was left out?
   ______ yes ______ no
   If yes, what?

4. Do you have any other suggestions about how we can make Infant Care better? ______ yes ______ no
   If yes, what?

5. Would you like a government booklet on health care of the young child? ______ yes ______ no
   If yes, please provide a mailing name and address below:

   Name ____________________________________________________________
   Street ____________________________________________________________
   City __________ State ___________ ZIP Code ________________________

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