



Caring for Your Baby at Home



Feeding



- Your baby should be eating on demand (taking the desired amount of milk) every two to four hours
- Do not go more than four hours between feedings until your pediatrician has said the baby is ready

Breast Milk

- Fresh Breast Milk is good for up to seven days in the refrigerator
- Frozen Breast Milk is good for 24 hours after thawing – be sure to date and time the milk when removing it from the freezer
- Frozen Breast Milk may be thawed slowly in the refrigerator or quickly in warm tap water



Breast Milk

- Never refreeze thawed breast milk
- Breast milk may be frozen for up to three months – remember to date and time the milk when pumping
- In a deep freezer breast milk may be stored for up to 12 months
- If your baby does not finish a bottle of breast milk, refrigerate and use within four hours



Formula

- Mix and store formula according to the directions on the package
- Do not warm either breast milk or formula in the microwave. The microwave heats unevenly and can cause hot spots that may burn the baby



Additives

- If you have been instructed to use additives in your babies feeding this will alter the storage time
- Once you mix an additive into either breast milk or formula it is only good for 24 hours
- Mix only the amount need for 24 hours to prevent wasting the breast milk or formula

Bathing

- Babies do not need to be bathed every day
- Keep skin folds under the neck and in the diaper area clean and dry
- A good time to bathe is before a feeding
- Most babies will fuss when being undressed and placed in the bath



Bathing

- Keep the room warm during the bath
- Do not place the baby under an air vent or fan during the bath





Bathing Checklist

- Gather supplies: washcloth, towel, clean clothes, diaper, soap, shampoo, and basin or tub
- Wash the face with a washcloth and warm water cleaning the eyes from the inner corner to the outer corner

Bathing Checklist

- Use soap or shampoo to wash the head and hair
- Lightly soap the rest of the body
- Rinse all the soap off of the head and body
- Be sure to rinse the areas with skin fold well
- Completely dry the baby
- Dress the baby



Bathing Checklist

- Completely dry the baby
- Dress the baby
- Never leave the baby unattended in the bathtub



Cord Care

- Keep the cord dry
- If the area is soiled clean with soap and water
- Do not apply creams or lotions
- Keep the diaper below the cord



Cord Care

- The cord will fall off on its own, it may take up to 14 days
- Your baby can have a tub bath while the cord is attached
- If there is any redness, oozing, or odor at the cord site notify your pediatrician



Circumcision Care

- Follow care instructions for the specific type of circumcision performed
- Notify your pediatrician if you have any concerns
- Babies who are not circumcised do not need any special care, do not try to retract the foreskin



Diapering

- Your baby should have six to eight wet diapers a day
- You may want to place eight diapers at the bedside or on the changing table to see how many are used



Diapering



- If your baby has a bowel movement during feeding, wait until the feeding is completed to change the diaper
- If your baby does not have a bowel movement for three days, or seems to be straining when trying to have a bowel movement, notify your pediatrician

Diapering

- Keep the diaper area clean and dry
- If your baby gets a diaper rash, use a diaper ointment containing zinc oxide
- If the rash does not improve notify the pediatrician

Clothing Needs

- Consider the weather and your baby's activity when dressing
- The best way to tell if your baby is comfortable is to look at and touch his/her skin
- If the baby's hands and feet feel cold, add a hat, socks, or a blanket



Clothing Needs



- If the baby is restless, fussy, or flushed he/she may be warm
- Remove a piece of clothing or a blanket
- If the baby continues to be hot or fussy check his/her temperature

Bulb Syringe – Hospital Provided

- The hospital provided bulb syringe is for ONE TIME USE ONLY.
- The bulb syringe is used to clear your baby's mouth and nose of milk or mucous
- Keep the bulb syringe close to your baby, especially during feedings
- If opened and used, please discard.



To Use the Bulb syringe

1. Squeeze all of the air out of the bulb.
2. Place the tip on the inside of the baby's cheek or in one nostril at a time.
3. Release the bulb to bring the milk or mucous, into the bulb
4. Squeeze the bulb into a tissue to get rid of the milk or mucous
5. Repeat 1-4 steps as needed

Proper Use of a Bulb Syringe



Bulb Syringe – Hospital Provided

- The bulb syringe should only be used in the baby's cheek or nostril
- Never insert the bulb syringe into the back of the throat
- If you need to clear both the mouth and nose start with the mouth first.
- Discard after use





Bulb Syringe for HOME USE

- The hospital provided bulb syringes are for **ONE TIME USE** only and then discard.
- If you purchase a reusable bulb syringe from a store, follow the manufacturer's instruction for use and cleaning.
- IF reusable bulb syringes are **NOT CLEANED PROPERLY**, germs can grow and cause your baby to possibly get sick.

Temperature



- The temperature should be taken under the arm
- The baby's temperature should be between 97.6 and 99.5 degrees Fahrenheit
- If the temperature is below 97.6 bundle the baby and recheck the temperature in 30 to 60 minutes

Temperature



- If the temperature is above 99.5 remove an item of clothing or a blanket and recheck in 30 to 60 minutes
- If the temperature is still below 97.6 or above 99.5 after rechecking notify the pediatrician
- Never give the baby any medication without talking to the pediatrician first

Signs and Symptoms of Illness

- Your baby does not feed as well as normal
- Your baby cries more than usual or appears irritable
- Your baby can not be calmed easily by your usual methods
- Your baby vomits forcefully all or most of the feeding



Sign and Symptoms of Illness

- Your baby has frequent watery bowel movements within a short period of time
- Your baby has fewer wet diapers than usual
- Your baby is not as active as usual



Signs and Symptoms of Illness

- Your baby is too hot or too cold
- Your baby's breathing pattern changes
- Your baby's color appears pale, bluish, or blotchy
- Call your pediatrician if your baby appears sick or is acting differently



Medication Administration

- The dose of your baby's medication is dependent upon the baby's weight
- Never give medication without talking to the pediatrician first
- If your baby is being discharged on medication follow the instructions the nurse gives you





Medication Administration

- Most medications are to be mixed with a small amount of milk and should be given during the first part of a feeding
- Store all medication safely out of reach of children



**KEEP OUT OF
CHILDREN'S REACH**

Safe Infant Sleeping

- Babies should be placed on their back to sleep at night to reduce the risk of Sudden Infant Death Syndrome
- Place baby on a firm sleep surface
- Dress your baby in a sleeper, taking temperature into consideration



Safe Infant Sleeping

- Keep soft objects, toys, and loose bedding out of your baby's sleep area
- Do not allow anyone to smoke around your baby
- The baby should sleep in his or her own bed

Did you know...

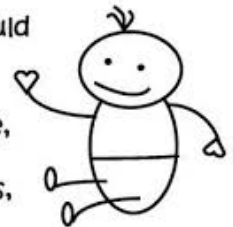
babies should

sleep

Alone,

on their **B**ACKS,

in a **C**rib?



Tummy Time

- Your baby may be placed on his/her stomach while awake with someone watching. Tummy time helps your baby's head, neck, and shoulder muscles get stronger and helps prevent flat areas on the head



Stress Signals

- Stress reactions may include:
 - Excessive yawning
 - Spitting up
 - Hiccups
 - Crying
 - Giving you the “stop” sign



Stress Techniques

- To help control stress you can:
 - Be sure your baby is not wet, hungry, or uncomfortable
 - Cluster care to prevent overstimulation
 - Swaddle your baby
 - Gently rock your baby
 - Hold your baby skin-to-skin on your chest

Crying

- Crying is normal
- If the baby needs fed or changed they may cry
- Babies with gas will cry
- Your baby may cry to be held
- Your baby may cry if they have a fever



Crying

- If you have checked the possible causes of crying and are certain your baby is not sick, your baby may be experiencing normal developmental crying



Comforting Your Baby

- To comfort a crying baby you may want to:
 - Hold the baby and rock gently
 - Offer a pacifier
 - Decrease the light and noise in the room
 - Take the baby for a ride in the car in his/her car seat
 - Talk in a low, soft voice

Crying

- If you become frustrated with your baby crying, try to remain calm, lay the baby down in the crib and step away for a few minutes until you feel more in control
- If you feel overwhelmed call a friend or relative to give you a break



Crying

- Never shake your baby
- Shaken Baby Syndrome is caused by shaking the baby, this can cause brain damage to the baby
- If the baby is crying and you think they may be sick call the pediatrician



Follow-Up Appointments

- Please refer to your discharge sheet for follow-up appointments
- It is important that you keep your appointments
- If you are unable to keep the appointment, call the office to reschedule



Car Seats

- It is a state law that infants be placed in car seats at all time while in any vehicle
- Your baby should be rear facing in the back seat until two years of age
- Never leave a child unattended in the car



Questions



- We want you to be comfortable caring for your baby upon discharge. If you have any questions prior to your discharge please discuss them with your nurse



Thank You



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