

Caring for Your Baby at Home

It will take a few days for you and your baby to adjust to being at home. Accept offers of help around the house during the first few weeks, so you can take time to get used to having a new baby in the house.

Home Temperature and Dressing Your Baby

Most families think you have to keep your home warmer than usual. You just need to keep it comfortable for you. A room temp between 72° - 76° will be warm enough if infant is dressed appropriately. Infants do not tolerate rooms that are too cool or too warm.

Dress your baby similarly to what they wore in the nursery. Most often that includes a sleeper (gown, outfit), socks, 1-2 blankets and a hat if needed. If it is warmer or infant appears flushed remove hats and a blanket, continuing to remove items of clothing until infant is comfortable. If it is cooler or infant is mottled, be sure to add a T-shirt, socks and blanket(s) as needed. ***If your baby stays too cool or too warm he/she may be sick – take his/her temperature.***

Taking Your Baby's Temperature

A rise in body temperature higher than 104° F in the armpit is a fever. This could be a sign of infection somewhere in the body. You should take your baby's temperature if she feels warm to touch or is acting sick.

An **axillary** temperature is taken in the armpit. This is the safest way to take a temperature for anyone. We recommend that you take your infant's temperature this way. You may use a glass or a digital thermometer.

1. Place the thermometer bulb in the armpit and hold the arm snugly against the body.
2. Hold this position for 4 minutes.
3. Take the thermometer out and read it.

A **rectal** temperature is taken in the bottom (rectum). Do not take a temperature this way unless instructed to do so by your child's doctor. *Use a rectal glass thermometer* (short round bulb).

1. Lubricate the bulb with petroleum jelly (Vaseline®).
2. Gently insert the bulb end of the thermometer into the rectum ½". Never force the thermometer.
3. Hold the thermometer and your child to prevent injury if the child wiggles.

4. Stay with your child the entire time and hold the thermometer in place for 3 minutes.

Types of Thermometers

Digital Thermometers

There are an option that is inexpensive, safe (no mercury), and fast.

Mercury (glass) thermometers

The American Academy of Pediatrics *does not* recommend using mercury thermometers because of the risk of mercury poisoning.

Skin Tabs

Skin temperature is taken with special tabs. Read the instructions that come with the skin tabs.

Tympanic (ear) thermometers

There *are not* recommended for babies.

Hand Washing

Hand washing is the most important thing you need to do to prevent infections – for yourself and for your baby. Germs that are too small to see but are present everywhere cause infections. Premature infants have less ability to fight these germs, causing them to get sick more easily and to be much sicker than older infants and children.

How to wash your hands properly:

- Turn on water to warm
- Use liquid or pump soap; antibacterial is best. (germs may collect on the surface of hard soap)
- Lather wrists, palms, between fingers, and backs of hands. Rub together for 10 – 20 seconds.
- Pay special attention to the cuticles and scrub underneath the fingernails. (You can use a nailbrush or toothbrush.
- Rinse thoroughly under warm water.
- Leave the water running.
- Dry off hands with a dry paper towel or a clean cloth towel.
- Use the towel to turn off the water.
- If you have dry chapped hands, you may need to use lotion.

Do not allow anyone to handle your baby without washing his or her hands!

When to wash your hands:

- Before preparing, touching or eating food.
- After using the toilet.

- After changing diapers.
- After handling money.
- After coughing, sneezing or blowing your nose.
- After playing with animals; after cleaning pet cages, pens, tanks, or litter boxes
- Whenever your hands look dirty.

Handling your baby

Always use 2 hands to lift your baby, being sure to support the head and neck. There are several ways to hold your baby.

1. **Cradle hold** – place your baby in your forearm with head in the bend of your elbow.
2. **Football hold** – place one hand under baby's head and neck with the baby's bottom in a tucked position between your elbow and hip.
3. **Over the shoulder hold** – place the baby high enough so chest rests on the shoulder, using 1 hand to support the head and neck and the other under the bottom to support the body.
4. When your baby is awake it is important for him to spend time on his tummy and side to help him develop strength in his neck, legs and upper body. He's probably been pushing away when held over your shoulder, but he also needs to use these positions while awake.
5. Shaking or throwing your baby in the air is dangerous and can hurt your baby. If you become frustrated or irritable when your baby cries a lot, or at any other time, talk with someone for emotional support. A trusted family friend may be able to watch your baby for a short period of time to give you a break if you are frustrated with your baby.

Do not throw your baby up in the air. Never shake your baby.

Feeding

Breastfeeding Moms should already have information from the Lactation Consultant. If not, be sure to ask your nurse for "Breastfeeding Your Premature Baby." You should have a specific plan on how often to nurse and whether or not to pump and supplement after nursing.

Bottle fed babies should be on the formula they are going home on for several days before discharge. You will be given recipes for any special formulas and WIC referral forms (if applicable) before discharge. Be sure to ask about anything you don't understand. It is very important for formula to be made exactly as ordered.

Babies who are born before 34 weeks are usually on premature formulas. Most other babies are on Enfamil or Similac 20-calorie formulas.

Feeding Schedule – Try to keep your baby on the same feeding schedule as when she was in the hospital. We will try to use the best schedule for your family. If a feeding gets off, that's okay. Don't make too many changes or your baby may not get the nutrition she needs. You may need to set an alarm clock to wake you for night feedings.

Sample Schedules:

3 hour schedules

1. 6am – 9am – 12pm – 3 pm – 6 pm – 12 am
2. 7am – 10 am – 1pm – 4 pm – 7 pm – 1am – 4am
3. 8am – 11am – 2pm – 5pm – 8pm – 11pm – 2 am – 5am

4 hour schedules

1. 6 am – 10 am – 2 pm – 6 pm – 10 pm – 2 am
2. 7am – 11am – 3pm – 7pm – 11pm – 3 am
3. 8am – 12pm – 4pm – 8pm – 12am
4. 9am – 1 pm – 5pm – 9pm – 1am – 5am

Nipples have different size holes regulating the flow of formula. If your baby seems to be working hard but not getting much milk, hold the bottle upside down and check the flow. If there is none, or if the flow is minimal, it probably doesn't have enough flow for your baby at this stage. Save it for later. Try other nipples until you find one that is right for your baby. There should be a flow of about 1 drop a second. On the other hand, if your baby has milk leaking out the sides around the nipple or is choking, take the bottle out of the baby's mouth and change the nipple to one with less flow. You can discard the nipple with too much flow.

Burping helps get rid of air your baby swallows. Air will make your baby feel uncomfortable and full. About halfway through the feeding or when your baby takes a break are good times to burp your baby. Some premature babies require more frequent burping. This is usually identified while in the nursery. Some babies spit up a little with their feeding, but this usually starts while they're in the nursery, too. Individual babies have their own preferred method of burping. Parents are good at finding out the right way for their baby.

The most common burping methods are:

1. Over the shoulder see previous example, gently pat or rub back with free hand.
2. Sitting up on your lap with head leaning forward, support head and chest with one hand and gently pat or rub back. Don't let the baby's head flop.
3. Face down on your lap, his stomach over one of your legs and his head resting on your other leg. Support him with one hand and pat or rub his back with the other.

Sleeping

Your first nights at home will be a big change for you and your baby. You will be without your healthcare staff for the first time; this can cause some anxiety and difficulty sleeping. Your infant is in new surroundings that are quite different from his noisy, brightly lit hospital nursery. Be patient, he will soon get used to his new surroundings. He may need a night light and require a radio on as background noise to help him sleep. Be sure that you sleep when your baby does (during naps, too) so you will be able to take care of him. Premature babies usually have about 2 hour sleep cycles until they are 3 to 4 months old (corrected age). By the time they are 6 to 8 months old they have longer sleep periods.

Some baby's get their days and nights mixed up. Some suggestions for dealing with this are:

- Don't turn on extra lights when feeding at night
 - Change the diaper first
 - Keep interaction such as talking and playing, noise, and rocking at a minimum. Save the fun time for during the day.
 - Most babies like being swaddled; it makes them feel secure.
1. Place blanket on a flat surface with a corner at the top and a corner at the bottom towards you. Fold down the top corner and place baby with his shoulders at the top of the blanket.
 2. Fold one side over and tuck under baby
 3. Fold up bottom corner
 4. Fold over the other side and tuck securely under infant.

Babies are always to be positioned on their backs to sleep unless the doctor tells you of a different position for your infant to use.

Crying

Crying is one of the first ways of communicating. A baby uses crying to communicate many things. A premature infant's nervous system is immature causing some of his crying to be hard to interpret, even for him. This causes confusion about what to do to calm your infant. Realize that you will soon be the expert in interpreting your infant's cries. Start with these questions:

1. Is it time for a feeding? Does he need a pacifier? Does he need to burp?
2. Does he need a diaper change?
3. Is he uncomfortable? Are clothes too tight? Is he too warm?
4. Is there too much stimulation?

Calming methods:

- Swaddle or wrap her with a blanket.
- Let baby see you, if this is not helpful, let him hear your voice
- Change his position
- Pick up and cuddle baby close to you; sing to baby
- Try a variety of rhythmic movements (rock, walk or swing).
- Hold baby across your lap on his tummy; massage his back.
- Try soft music or turn on the TV
- Turn on a steady sound like a fan, vacuum cleaner, dryer.
- Put baby back in crib for 15 minutes while you relax.
- Place warmed rolled towel under your baby's stomach.
- Try a warm bath
- Get help from your spouse, family or friends.

When to call your child's doctor:

- The cry becomes painful.
- Your baby acts sick
- You are unable to stop the crying and it goes on for more than 3 hours.
- You are exhausted from all the crying

Never shake a baby. Call for help if you are afraid of harming your baby.

Bathing

Your baby needs a bath 2-3 times a week. If you bathe her too often, her skin will become dry. (Remember to clean the diaper area with each change). You can do a mini-bath on other days by just wiping her off. You can choose what time is best for you. Use this time to inspect your baby's skin for any changes. You may want to do it between feedings so he won't be too tired to eat well or won't vomit if fed soon after the bath. Until the cord falls off you will need to do a sponge bath.

Never leave your baby alone to get supplies, answer phone or go to the door.

Bathing routine

1. Gather all your supplies
 - Gentle baby soap and shampoo
 - Soft wash cloth and towels
 - Baby bathtub
 - Brush
 - Baby nail clippers
2. Fill tub with warm (about 100 ° F) water. **Always** test water to be sure it is not too hot. You can use your wrist to test.
3. Room should be warm and free of drafts.
4. Undress your baby and supporting his head at all times place him in the tub or on a blanket (sponge bath).
5. Use water only on face and eyes.
 - **Eyes** - use cloth to wipe from inside out towards ear. Use a different part of cloth to clean other eye.
 - **Face** – Use wet cloth with no soap.
 - **Ears** - Use your little finger inside the wet washcloth to clean ears. Be sure to clean behind the ears. Never use a Q-tip in your baby's ears.
6. **Hair** – Reach under baby and hold head in your hand with back on your forearm. Wet hair with water using a small amount of mild “no tears” shampoo massage

- your baby's head with your hand or a soft baby brush. Rinse thoroughly and pat dry with the towel.
7. **Body** – Using mild soap or baby bath on cloth, start with the neck, under chin, back, tummy, arms, hands and fingers. Rinse areas just washed. Re-lather the cloth and clean legs and feet. Rinse those areas.
 8. **Diaper Area** – Begin in front, cleaning back to bottom. Be sure to clean folds of genitalia or under the scrotum then rinse those areas. Do not try to pull the foreskin back on uncircumcised boy.
 9. Dry with a soft towel, dress and brush hair.
 10. You may use lotion on baby's body, warming it in your hands first, but it is not necessary. *Do not* use oil or baby powder.
 11. Trim nails to keep your baby from scratching his face. For the first few months, it's okay to tear the soft nails carefully with your own fingernails or to use a nail clipper or small scissors. Trim nails straight across and keep them short. This task may be easier to do while your baby is sleeping. Toenails grow very slowly and will not require as much trimming.

Cord Care

To prevent infections, the cord needs to remain clean and dry. No tub baths are allowed until the cord falls off and the base is dry and healed.

- Keep diaper folded away from the umbilical cord to keep cord dry and open to air and away from urine.
- *Do not* use objects such as quarters on navel; they serve no purpose and can introduce germs.
- ***Watch for signs of infection and call your baby's doctor if any of these occur:***
 - ❖ Redness
 - ❖ Foul Odor
 - ❖ Drainage
 - ❖ Swelling

Circumcision Care

After removal of the foreskin, the end of the penis appears red and sore. A strip of Vaseline gauze is loosely wrapped around the glands to keep it from sticking to the diaper. You will have some to take home. The circumcision usually heals within a week. A small amount of bleeding is common on the first day or two and some swelling may occur. The area where the foreskin was removed may have a yellowish material appear. This is a part of the normal healing process and will go away. ***Do not*** try to clean it off. Your baby may be fussy for a day and not eat as well as usual.

- Change the Vaseline gauze as needed. For a few more days apply Vaseline on the raw area or on the diaper where it will prevent the penis from sticking to the diaper.
- It's okay to wash the penis as it is healing.

- Sponge bath until healing is complete (usually about 2 weeks).

Watch for signs of infection and call your baby's doctor if there is:

- A lot of bleeding or a large amount of blood in the diaper.
- Redness or swelling after 1 – 3 days.
- A foul odor

Diaper Rash

Diaper rash is caused by irritation of the baby's skin that is exposed to urine, bowel movements, diaper irritants (e.g., certain type of diaper), and infections.

- Keep diaper area clean and dry to prevent rash.
- If your baby gets a rash, use a cream to protect the skin from urine and stool. Creams with zinc oxide work well.
- Change diapers more often, cleaning and using cream each time.
- Open the area to air, placing cloth diapers over a protective pad under the infant.
- *If the rash persists, if there are blisters, or a red, bumpy rash call your baby's doctor.*

Infant Safety

Most accidents are preventable. Use the following recommendations to keep your baby safe. These are specific accident prevention measures for early infancy. As your baby grows and develops, there are additional safety steps to take. Check with your baby's doctor as he grows.

General

- Keep a list of emergency numbers by the phone
- Learn first aid and CPR so you are prepared in case of an emergency.
- Do not give medicines without checking with your baby's doctor.
- Measure medicines carefully; know side effects.
- Avoid sharp objects near baby. Keep safety pins closed and away from baby.
- Protect baby from young children and any uncaged pets. The pet could injure your baby.

Preventing Choking/Strangulation/Suffocation

- Never put your baby on a waterbed, beanbag, adult or youth beds or anything that is soft enough to cover the face and block air to the nose and mouth.
- Keep loose blankets, pillows, soft bedding, and large stuffed toys out of your baby's crib.
- Never let cords from window blinds dangle; they can accidentally strangle him/her.
- Hold infant for feeding, never prop a bottle, remove bibs after feeding.

- Don't use crib if slats are more than 2-3/8" apart (or the width of a 16-ounce soda can). Mattress should be firm and fits crib snugly.
- Avoid sleeping in bed with baby
- Don't tie anything around infant's neck (pacifier).
- Use pacifier of one-piece construction and loop handle.
- Never leave small children alone near any amount of water or other liquid for even one second.
- Remove any strings that are on the bottom of the sleeping gowns. Strings can stop your baby's circulation if they become wrapped around the baby's neck and toes.
- Keep objects that may be swallowed, such as marbles, plastic bags, toys with buttons and balloons, away from your baby.
- Crib toys should be safe and not have parts that can be chewed off and swallowed. Place toys in the crib. Tying the toys to the crib is dangerous. The baby's neck, fingers, or toes could become tangled in the string.

Preventing Burns

- Have a fire extinguisher and install smoke detectors on every floor of your house and outside each bedroom. Change the batteries twice a year.
- Keep crib away from heaters.
- Avoid use of heating pads.
- Always check temperature of bath water (turn water heater temp to 120°).
- Do not warm formula in microwave; it can get scalding hot in center but feel cold on the outside.
- Check temperature of formula before feeding.
- Don't have hot food or drinks near infant; your baby can get burned.
- Don't smoke around baby
- Avoid direct sun exposure until 6 months
- Use flame-retardant sleepwear
- Don't use heated vaporizers
- Don't keep baby in parked car.
- Check temperature of car seat before using for baby.

If your baby gets burned, immediately put the burned area in cold water. Keep the burned area in cold water until he or she stops crying. Then cover the burn loosely with a bandage or clean cloth and call the doctor.

Preventing falls

As your baby grows and is able to roll over, he will fall off everything unless protected.

- Restrain baby while in infant seat.
- Do not leave your baby alone while in infant seat. Do not leave unattended on raised surface.
- Do not leave your baby alone on changing tables, beds, sofas, or chairs. Put your baby in a safe place such as a crib or playpen when you cannot hold him. Always raise crib rail or sides of playpens. Use floor crib if playpen not available.

- Never leave your baby at home alone. If not other adult is at home, take your baby with you.
- Stay near your baby when he/she is in an infant seat, swing or high chair.

Call your doctor for advice if your baby falls and hits his or her head. Call your local emergency number (such as 911) if your baby does not respond to your voice or touch or cannot move his or her arms or legs.

Car Safety

Most injuries and deaths from car crashes can be prevented by the use of car safety seats. The safest place for your infant to ride is in the back seat in a rear facing car seat. Make certain that your baby's car seat is installed correctly. Read and follow the instructions that come with the car seat. **Use it EVERY time your child is in a car.**

Never put an infant in the front seat of a car with a passenger-side air bag.

Seats with less than 10 inches from lowest harness strap to the seat bottom will keep the harness from crossing over your baby's ears. Seats with less than 5 ½" from crotch strap to seat back will help keep your baby from slouching forward.

Your nurse can get you a copy of the American Academy of Pediatrics "Car Seat Shopping Guide for Children with Special Needs."

- **Always use a car seat.**
- Keep car doors locked.
- Never leave children in a car alone.
- Do not place carriage or stroller behind a parked car.

The following medical problems are of particular concern to parents during the first of the month.

Breathing Difficulties

Normally, your baby should take from 20 to 40 breaths per minute. This pattern is most regular when he is asleep and healthy. When awake, he may occasionally breathe rapidly for a short period, and then take a brief pause (less than 10 seconds) before returning to normal breathing. This is common in young babies. If he has a fever, his breathing may increase by about two breaths per minute for each degree of temperature elevation. A runny nose may interfere with breathing. Use a cool-mist humidifier and gently suction the nose with a rubber-aspirating bulb (ordinarily given to you by the hospital) to help ease this condition. Occasionally, mild salt solution nose drops are used to help thin the mucus and clear the nasal passages.

Excessive Sleepiness

Because each infant requires a different amount of sleep, it's difficult to tell when a baby is overly drowsy. If your infant starts sleeping much more than usual, it might indicate the presence of an infection, so notify your pediatrician. Also, if you are nursing and your baby sleeps more than five hours without feeding in the first month, it is possible that he is not getting enough milk or perhaps is being affected through the breastmilk by medication that you are taking.

Floppiness

Newborn infants all seem somewhat floppy because their muscles are still developing, but if your baby feels exceptionally loose or loses muscle tone it could be a sign or a more serious problem, such as an infection. Consult your doctor immediately.

Hearing Problems

Your baby's hearing was checked before discharge to identify some hearing problems. As she grows, pay attention to the way your baby responds to sounds. Does she startle at loud or sudden noises? Does she become quiet or turn toward you when you talk to her? If she does not respond normally to sounds around her, ask your doctor about formal hearing testing. This testing might be needed if your infant was extremely premature, was deprived of oxygen, had a severe infection of birth, or if your family has a history of hearing loss in early childhood. If there is any suspicion of hearing loss, your infant should be tested as early as possible as a delay in diagnosis and treatment is likely to interfere with normal language development.

Jitters

Many newborns have quivery chins and shaky hands, but if your baby's whole body seems to be shaking, it could be a sign of low blood sugar or calcium levels or some type of seizure disorder. Notify your doctor so she can determine the cause.

Thrush

White patches in the mouth may indicate that your baby has thrush, a common yeast infection. This condition is treated with an oral medication prescribed by your doctor.

Vomiting

If your baby starts forcefully vomiting (shooting out several inches rather than dribbling from the mouth), contact your doctor to make sure the baby does not have an obstruction. Any vomiting that persists for more than 12 hours or is accompanied by diarrhea or a fever should be evaluated by your doctor.

Rashes and Infections

Cradle cap appears as scaly patches on the scalp. Washing the hair and brushing out the scales daily helps control this condition. It usually disappears on its own within the first few months but may have to be treated with a special shampoo.

Fingernail or toenail infections will appear as redness around the edge of the toenail or fingernail which may seem to hurt you when touched. These infections may respond to warm compress but usually need to be examined by a doctor.

Weight Gain Problems

Your baby should gain about ½ to 1 ounce per day. If she doesn't, your doctor will want to make sure that he's getting adequate calories and that he is absorbing them properly. Be prepared to answer the following questions:

- How many bowel movements does the baby have each day?
- What is the amount and thinness or thickness of the stools?
- How often does the baby urinate?

Signs of dehydration

- Less than 6-8 wet diapers a day
- Dry mouth
- Sunken soft spot on scalp

If your baby is eating well and the contents of his diapers are normal in the amount and consistency, there is probably no cause for alarm. Your baby may just be getting off to a slow start, or his weight could even have been measured wrong. Your doctor may want to schedule another office visit in two or three days to reevaluate the situation.

Signs of Illness

- Has a temperature higher than 100° F (taken in armpit)
- Is persistently irritable and inconsolable
- Shows no interest in eating or is feeding poorly
- Is vomiting forcefully
- Is lethargic or unusually difficult to arouse
- Has frequent diarrhea
- Has pale, light-colored, stools that are almost white
- Has a deepening yellow skin color
- Has a dusky, purplish hue to the lips and tongue
- Seems to sweat excessively when eating or crying
- Seems to have difficulty in breathing

It is important to call for medical care immediately if a baby shows signs of choking. A choking baby can't make any sounds. The baby's face will turn bright red, then blue. Call 911!