

Welcome to new parents



**YOUR GUIDE TO
NEWBORN CARE**



Life saving parenting tips for parents of new born Babies

You have survived thorough 9 months of pregnancy and have made it to labor pain and delivery. So, the new excitement of life is in front of you. It's the time to head home with your new born baby to begin a new life.

Once you are home, you frantically realize that you have no idea what you are doing or what you have to do next.

Handling the new born baby:

If you have not spent much time with new born babies then their fragility may be intimidating you. Here are few basics to remember:

- **Wash your hands first:** Newborns do not have a strong immunity and hence they are susceptible to infection. Make sure that everyone who handles the baby also has clean hands.
- Be careful to **support head and neck:** Support the head of the baby when you are holding him/ her upright or when you lay him or her down.

Position of baby during sleep



Although this baby looks very comfortable but that is not ideal position to sleep

- Healthy infants should be **placed on their backs for sleep**, as this is the safest position for an infant to sleep.
- A firm crib mattress covered by a sheet is the safest bedding. Keep baby besides mothers bed. Avoid keeping baby on bed during sleep.
- Keep all soft toys and stuffed animals out of your child's crib throughout infancy.

- Keep the temperature in baby's room comfortable (**if using AC temp should be set at 27- 29) and do not place her near air-conditioning vents or heating vents**, open windows.
- Use sleep clothing (such as a one-piece sleeper), you can use baby blanket to wrap the baby but do not keep them loose.

Changing the diapers:

A baby dirties the diaper about 10 times in a day. So, it is going to be a hectic task for you to change the diaper every time. **You have to change the diaper immediately if baby pass stool. Otherwise change it either if it is heavy or after 4- 6 hrs.** Before beginning the process of changing the diaper make sure that you have all the supplies within your reach..

Bathing basics:

You give only sponge bath to your baby until at least up to umbilicus has fallen off, clean and dry. Give him or her bath at least three times in a week. Frequent bathing may cause skin dryness. For bath use a soft clean washcloth or sponge, unscented soap and shampoo, warm water (and not hot water) and soft clean towel or blanket.

Oil massage :

In our culture, many babies are given oil massage daily. Little bit of oil that is massaged on the skin can get absorbed, however it is not necessary for the baby's well being, as the baby will get its full nutrition from the breast milk that the mother gives to her baby.

Oil can cause rash to any baby so you can put oil in small area for 1 st 3 days to check whether baby is sensitive to it.

Which oil to use :

In different parts of India different types of oil is used, for example in East India and U.P., mustard oil is used, in South India coconut oil is used, and in Punjab Ghee is used. All these oils are fine, and it does not make any difference as to which oil is used. Olive oil can also be used. **Any of this will be fine if does not cause rash. Musterd oil has the maximum chance of rash.**

Taking care of the umbilicus (navel)

It takes 7 to 14 days before the umbilicus dries up and falls off. **You have to take care that it remains clean and dry** otherwise there is a chance that germs may collect over it and it may get infected. The best way to take care of the umbilicus is to dry it with soft cloth and then **apply surgical spirit (with alcohol swabs) 3 to 4 times a day.** However, some doctors may advice ointment or antiseptic powder to be applied over it.

How do I know if it is infected or not? If the base is red, some pus is oozing out of it and has bad smell then it may be infected. Contact your doctor in such a case. He may take a swab from this for testing and prescribe antibiotic if necessary.

Diaper and diaper dermatitis



You can use either cloth diapers (nappies) or disposable nappies. Cloth diapers are cheaper and do not pollute the environment but they are inconvenient as compared to the disposable ones.

Diaper rash

Babies get this commonly because of the use of the diaper. This is due to the irritation of the skin by the contact of stool and urine. Typically, there will be red colored rash at the diaper area and at times, in a severe case, there will be peeling of skin.

Prevention and treatment of the nappy rash

Change the diapers as often as possible. Before putting on the diaper, clean the skin with cotton soaked in lukewarm water, tap dry it and then apply a layer of nappy rash cream. It is better to use a zinc based one, but any other cream or coconut oil can be used. The idea is to create a barrier between the skin and the diaper. Do not use powder as it forms a paste with the moisture and this irritates the skin. If the rash is very severe, you will have to contact your doctor.

Prevention of infection in a newborn baby

Newborn babies can get infection very easily as they have very low immunity. Therefore, to prevent this, the caregivers should wash their **hands or use hand sanitizers before touching the baby and, as far as possible, those who have cold and cough should not come near the baby.** Difficulty arises when many visitors with their children come to visit your baby.

Clean the hands with hand sanitizers before touching your baby when visitors handling the baby or even after back from toilet for anybody including mom.

Feeding your newborn baby

Feeding – Breast or bottle?

Breast milk is the best milk made for babies by God. No manufacturing company can make milk as good as breast milk.

- Breast milk contains the perfect proportion of nutrients that your baby needs, including protein, carbohydrates, fat and much more.
- It is easily digestible.
- It may protect against allergies and asthma in the future.
- It may decrease a baby's risk of obesity in the future.
- It may contain some fatty acids that promote brain development.
- Breastfeeding can help new mothers lose weight more easily.



Breastfeeding: How Much and How Often?

Babies should be demand feeding after 1st 3-4 days (when there is enough supply of breast milk ie. when feeding one side, other side is leaking). That means, when babies cry – feed them. Babies should be fed **on demand** — whenever they seem hungry. Your baby may cue you by crying, putting fingers in his or her mouth, or making sucking noises. That could be 2,3,4 hourly. If baby does not wake up for feed after 4th hr then you should wake him up and offer feed.

You can be reassured that your breastfed infant probably is getting enough milk if he or she:

- is steadily gaining weight
- feeds at least six to eight times per day
- is wetting diapers on a regular basis (at least 6-8 urination per day in newborn stage)

Your baby might not be eating enough if he or she doesn't appear satisfied, even after feeding, and cries constantly or is irritable – call your doc.

When to start Breast-feeding

A baby should be put on breast as soon as she is born and is crying vigorously. Offer breast within 1 st hour of birth is best. Mom keep on lying down, while someone else holds the baby and let the baby suck from the breast.

For the first 1 or 2 days, milk secretion is very little in quantity and yellowish in color. This is known as colostrum. If the baby sucks well on the breast, then this amount of milk is enough for her. Initially she will probably demand it frequently, but very soon, you will find that enough milk will be secreted and your baby will sleep well in between the feeds. **Actually the more the baby sucks on the breast, more milk will be secreted, as when the baby sucks, mother's body gets the signal that milk is needed and therefore more milk will be produced.**

Breast Feeding Position

Breastfeeding, one of the most natural acts in the world, takes practice. Learning how to hold and support your baby in a comfortable position is important and need to learn from nurses. Here are some time-tested positions to try.



How often will a baby pass urine and stool?

In the first week of life baby may pass urine 6 to 8 times a day but after that the number of times increases and baby will be passing urine 15 to 20 times a day.

However, when one is using disposable nappies it is difficult to count the number of times baby passes urine. If you are not sure whether the baby is passing enough urine or not you may use cloth nappies to check.

As far as stool is concerned, the number of times the baby will pass stool varies a lot. A **breast fed baby usually passes yellow semi liquid stools.** Usually in the first week of life the number of stool passing may be 5 to 10 a day or sometimes more. **At times the baby will pass small amount of stool when she passes gas.** Usually the number of times that baby passes stool

decreases as the baby grows. By 1 month to 2 months of age, baby may pass stool once a day or at times she may not pass stool for 3 to 5 days and after that she will pass large amount of soft formed stool. This is normal and not constipation.

What should be the diet of a mother, who is breastfeeding her baby?

A mother who breast-feeds her baby should eat a well balanced diet; which means she should be drinking plenty of milk or eating milk products, eating meat, beans and dals, vegetables and fruits. She should be taking more than what she takes normally.

Should she avoid certain food items? Does anything she eat cause "cold" or "gas" in the baby?

Unfortunately, even nowadays, mothers are blamed for the colds or stomach pain that the baby gets. Mothers come to me with the guilt that they ate ice-cream or some other cold food item and probably because of that, their baby has caught a cold. **If the mother has a cold and cough, baby may get this not through the milk but through the droplets when she coughs. Therefore, when she has cold and cough and she wants to prevent her baby getting the cold, she can wear a mask while handling the baby and wash her hands or use a hand sanitizer after touching her nose, so that the germs are not transferred via hands.**

Burping Your Baby

- Burping in babies is caused by trapped air in the stomach. As babies feed they gulp air as well. The air takes space in the stomach so there is less room for the milk. The trapped air (also known as wind) has to be released - so burped out - to make space for the milk. **In effective burping cause tummy pain which also called infant colic.**



- Always burp your baby when feeding time is over, then keep him or her in an upright position for at least 10-15 minutes to avoid spitting up.

What is Newborn Jaundice

- A common condition in newborns, jaundice refers to the yellow color of the skin and whites of the eyes caused by excess bilirubin in the blood. Bilirubin is produced by the normal breakdown of red blood cells.

- **Physiological (normal) jaundice:** occurring in most newborns, this mild jaundice is due to the immaturity of the baby's liver, which leads to a slow processing of Bilirubin. **It generally appears at 2 to 4 days of age and disappears by 1 to 2 weeks of age. If it is too high then they need phototherapy.** The baby is placed under a special light which brings the jaundice down.



When to call your doctor or what are the danger signs of newborn babies.

Babies can get very sick very quickly as their body reserve is very less.

Following are some signs which needs immediate medical attention –

Not feeding well, excessive drowsiness, excessive jaundice, bleeding from umbilicus, too much watery stool, fever (More than 98.4), hypothermia or baby felt cold on touch, extreme floppiness or jitters or convulsion(abnormal involuntary body movements) rapid breathing or breathing difficulties etc.

Some normal behavior of babies where you should not get worried

Hiccough

A few sneezing

Passing stool after feed



Infrequent small amount vomiting after feed specially during burping

2-3 drops of blood in female genital track/vagina

Small blanching reddish rash in body (erythema toxicam)

Hearing Screening



Why Baby need hearing screening at birth

The **Newborn Hearing Screening Program** aims to identify moderate, severe and profound hearing impairment in newborn babies. The program offers all parents the opportunity to have their baby's hearing tested shortly after birth. Early identification, via the programme, gives babies a better 'life chance' of developing speech and language skills and of making the most of social and emotional interaction from an early age.

Why screen my baby's hearing?

One to two babies in every 1,000 born are born with a hearing loss in one or both ears. It is not easy to identify that a young baby has a hearing loss. The hearing screening test will allow those babies who do have a hearing loss to be identified early. **Early identification is known to be important for the development of the child.** It also means that support and information can be provided to parents at an early stage. It is important to screen all babies, even if no one in your family has a hearing loss. Most babies born with a hearing loss are born into families with no history of hearing loss.

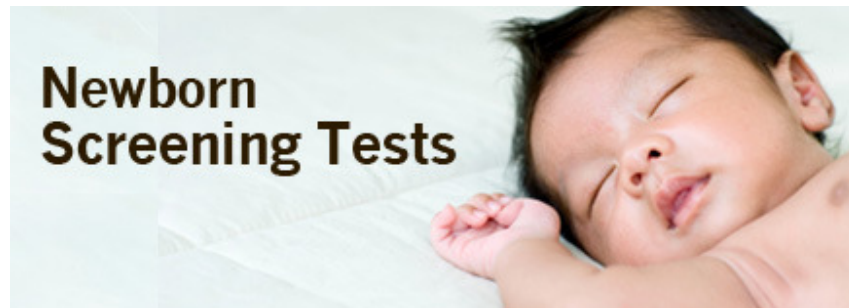
What does the newborn hearing screening test involve?

This type of test is called an **Otoacoustic Emission (OAE) screening test.**

The OAE screening test only takes a few minutes and does not hurt your baby. The hearing screening test will usually be done while your baby is asleep or settled.

You can stay with your baby while the screening test is done.

Metabolic Screening for newborn



Newborn screening is some test of newborn for certain harmful or potentially fatal disorders that aren't otherwise apparent at birth. Many of these are **metabolic disorders**.

In general, metabolic and other inherited disorders can hinder an infant's normal physical and mental development in a variety of ways. These babies even if they look healthy, because some medical conditions cannot be seen by just looking at the baby. Finding these conditions soon after birth can help prevent some serious problems, such as brain damage, organ damage, and even death.

With a simple blood test, doctors often can tell whether newborns have certain conditions that eventually could cause problems. Although these conditions are considered rare and most babies are given a clean bill of health, early diagnosis and proper treatment can make the difference between lifelong impairment and healthy development.

Recent data suggest that the overall incidence of metabolic disorder around the world 1:1350.

Universal screening for metabolic disorders is mandatory in US, Europe, Japan, Australia and many other countries across the world. In our country, It is upto parents choice but it is strongly recommended.

Basic information about commonest 3 conditions

Congenital Hypothyroidism

This is the disorder most commonly identified by routine screening.

Affected babies don't have enough thyroid hormone and so develop retarded growth and brain development.

If the disorder is detected early, a baby can be treated with oral doses of thyroid hormone to permit normal development. Incidence: 1 in 4,000.



Congenital Adrenal Hyperplasia

This is actually a group of disorders involving a deficiency of certain hormones produced by the adrenal gland. It can affect the development of the genitals and may cause death due to loss of salt from the kidneys. Lifelong treatment through supplementation of the missing hormones manages the condition. Incidence: 1 in 12,000.

Glucose-6-Phosphate Dehydrogenase (G6PD) deficiency

G6PD deficiency is the most common known human enzyme disease, affecting about 10% of the world's population. G6PD deficiency causes neonatal jaundice and acute hemolytic anemia. If it is not prevented or treated properly, neonatal jaundice may lead to kernicterus and cause death or permanent neurological damage.

Natioanal Neonatology Forum of India's Recommendation:

• **Group A (all newborns): Congenital hypothyroidism, Congenital Adrenal Hyperplasia, G 6 PD Deficiency disorder** are the disorders that can be strongly recommended in the **routine newborn** metabolic screening in our country due to following reasons (High incidence, easily missed at birth, definitive treatment available, definitive test available to diagnose the conditions,

• **Group B (Screening In the High Risk Population):** The following disorders can be screened in the **high risk population** (Previous children with unexplained mental retardation, seizure disorder, previous unexplained sibling deaths with features suggestive of IEM, critically ill neonates, newborns/ children with symptoms/signs/ investigations suggestive of IEM and consanguinity)

- Phenylketonuria
- Homocystinuria
- Alkaptonuria
- Galactosemia
- Sickle-cell anemia and other hemoglobinopathies,
- Cystic fibrosis*
- Biotinidase deficiency
- Maple syrup urine disease
- Medium-Chain Acyl-Coenzyme A Dehydrogenase Deficiency (MCAD)
- Tyrosinemia
- Fatty Acid Oxidation Defects

Group C (Screening in Resource Rich Settings): 'Expanded Newborn screening' for 40 inherited IEM's done by TMS can be offered to the 'well to do' especially in urban settings where facilities for sending samples to the TMS laboratory are available. Following tests are available.

How Screening Is Done

In the first 2 or 7 days of life, your baby's heel will be pricked to obtain a small blood sample in a



filter paper for testing.