**The ultimate guide to your newborn's first week at home**

<http://www.kidspot.com.au/familyhealth/Baby-Health-The-ultimate-guide-to-your-newborns-first-week-at-home+3026+183+article.htm>

There simply aren't words to describe the elation - or exhaustion - you will feel once you have left the hospital and are holding the baby you've been feeling move inside your belly. But how to you bathe the baby? Or feed it? Or know what to do with all that poo?

**The lowdown on newborn baby poo**

Bet you never thought you'd be so obsessed with human poo before, right? All of a sudden, mothers need to know the colour, consistency and frequency of every poo - as if looking into a nappy will give us the answers to the universe. To be fair, it's one way to make sure our baby is well fed and healthy. Seeing an off-putting bowel movement can send us into panic mode but here's what you need to know about the poo:

* If your baby is eating normally and doesn't seem sick, changes in the colour (even green or grey) and consistency of the stool is most likely normal.
* Expect six to eight stools a day.
* A newborn's first stools (known as meconium) are a thick, sticky, tar-like substance, which will then transition into a grainy yellow or brown by day three or four.
* Formula-fed babies tend to have a slightly formed, yellow or tan coloured stool, while breastfed babies often have a more liquid or creamy mustard-colored bowel movement.
* If the stool is very frequent, watery and green looking, chances are the baby is having diarrhea.

Worried that your little one is constipated because you haven't seen a bowel movement lately?

* Constipated stools will be pebble-sized and firm, sometimes with bloody streaks.
* The frequency has nothing to do with constipation, as it does with adults.
* It's normal for babies to grunt and strain during a normal, healthy bowel movement. In fact, they can be downright vaudevillian during a poo.

**All you need to know about newborn skin rashes and blotches**

Your baby's skin might be virginal and pure but don't expect it to look perfect on a newborn. Here are just some of the blips and bumps likely to afflict your precious bundle:

* Newborn acne is very common and, just like their future bouts as teenagers, is caused by hormones - your hormones, that is. Don't worry, this is in no way an indication of future problems to come, and it should look better in the first few weeks. The best way to treat it is to do nothing - don't pick, scrub or treat them.
* Dry and peeling skin is simply the shedding of dead skin, and using lotions won't speed up this process.
* Nappy rash is largely preventable. Change your baby's nappy as soon as possible after it's soiled. Then after wiping the area clean, use a warm wet washcloth to clean the area and perhaps apply a barrier or rash cream. There's not much more you can do. If disposable nappies are giving your baby a rash, try switching to cloth and vice versa.
* Erythema Toxicum is a scary sounding name for a simple and short-lived skin condition: Blotchy red patches with pale centers. Before you know it, the marks will disappear on its own.
* Birthmarks are another common skin imperfection that comes in all shapes and colors, and even the most alarming looking marks might fade with time. Check with your doctor if you have any concerns.

**Caring for the umbilical cord**

The umbilical cord will most likely fall off by itself in anywhere from a few days to a couple of weeks, and you shouldn't touch or pick the scab-like stump.

* Wash the umbilical cord three to five times a day with plain water or rubbing alcohol, depending on your doctor's instructions.
* Discharge (which might contain a small amount of blood) is normal, but if oozing is accompanied with a foul odor, redness surrounding the cord, or fever, call your doctor immediately.

**Penis care**

Whether to circumcise a baby boy's penis - which means removing the foreskin that surrounds the head of the penis - is personal, often rooted in religious or cultural norms. Parents should follow their gut and do what they feel is best for their child.

**Circumcised penises**

During the recovery period, dab petroleum jelly on the penis and cover in sterilised gauze with each nappy change until the site heals, usually in the first couple of days.

* A little oozing and crusting is normal, as is soreness and a small amount of bleeding. Be gentle and let his body heal on its own.
* If there is any unusual swelling, odor or excessive bleeding, call your doctor.
* Avoid submerging the penis in water during this recovery period, which won't be difficult considering his umbilical cord can't get wet either.
* Once the wound heals, simply wash the penis with soap and water.

**Uncircumcised penises**

* There's no special care needed for an uncircumcised penis beyond washing the outside with soap and water.
* Until the foreskin is retractable (usually not until puberty), don't try to clean under it.

**Recognising jaundice**

A yellow glow to your child's skin might not look normal, but it's actually quite common in newborn babies. Jaundice is not as scary as it sounds - here's why:

* Your baby's body has more red blood cells than needed in reserve for the birthing process, and those extra blood cells break down into a chemical called bilirubin.
* Because the liver isn't completely up and running quite yet, the excess bilirubin is stored in the skin until the liver can break it down - usually within the first week - giving the skin an almost orange hue.
* However, doctors will watch your baby's bilirubin levels carefully because too much can cause permanent brain damage, but the majority of jaundice newborns will be completely fine sooner rather than later.
* Jaundice is sometimes treated by putting the baby under special lights which help the body break down the bilirubin more easily.

**Preventing SIDS**

Sudden Infant Death Syndrome, or SIDS, is one of the biggest fears amongst parents, causing normally sane individuals to randomly jolt out of bed and lean over the baby's cot to check that he or she is still breathing. SIDS is the mysterious sudden death of an infant. While there are theories and countless studies done on what exactly causes SIDS, experts have found tips to reduce the risk:

* Place the baby to sleep on his or her back at night and naptime.
* Make sure the cot mattress is firm and free of pillows, comforters or other fluffy, loose bedding.
* If you do choose to co-sleep with the baby, make sure the baby sleeps above the quilt or bedding.
* Place the baby with his feet at the end of the cot rather than his head at the top.
* Do not smoke anywhere near the baby.
* Keep the baby's room temperature stable, and don't overwrap, as overheating can a risk factor for SIDS.

**Preventing Shaken Baby Syndrome**

This might seem obvious, especially in today's day and age, but as every new parent will find uncontrollable crying can make a person go crazy. However, no matter how frustrated and exhausted you might be, never shake your baby.  
Shaken Baby Syndrome is when your baby is forcibly shook so hard that his or her brain can actually bleed from moving back and forth in the skull, causing:

* Difficulty or stopped breathing
* Seizures and vomiting
* Tremors
* Difficulty keeping eyes open/lifelessness, and/or
* Death

**If you feel yourself about to lose it:**

* Put your baby somewhere safe (in a cot or pram) and walk away.
* Take a deep breath and count to 10.
* Ask someone else to come and take over.
* Do not pick up the baby again until you've calmed down.

**When to call the doctor**

Even experienced parents might have an “Is this normal?” adjustment period to their new baby, and question whether or not something needs medical attention or will clear up in a day or so. If you see any of the following, give your doctor a urgently:

* Blue lips. Call an ambulance immediately.
* Blue, yellow or pale skin.
* Yellow eyes.
* Patches of white in the baby's mouth, which is most likely a contagious fungal infection called thrush.
* A red, pusy or smelly umbilical cord.
* An extreme temperature or fever
* Less than six wet nappies a day.
* Frequent bowel movements, especially with liquid or mucous.
* Repeated vomiting.
* Several refusals to feed in a row.
* Excessive sleepiness or any other drastic behavior change.

**What to expect of a newborn baby (Hint: it's not much)**

At this point, your baby is still getting acclimated to his or her brand new environment - with sounds, sights and smells completely foreign, and at times, utterly overwhelming. You'll notice that while they might not sleep [link to sleep] for large chunks of time, those tiny eyes tend to flutter closed more than they're awake. Video footage might be a bit of a yawn fest, but give them a break - they've only been here a couple of days. The first week, your baby will probably:

* Focus on objects only within 20cm to 40cm of her face, so snuggle up close.
* Be able to move both arms and legs equally.
* Briefly lift head during supervised tummy time, working those tiny neck and back muscles.
* For more detail on what babies can do each week as they develop, subscribe to our [Baby's First Year](http://www.kidspot.com.au/BabyFirstYear.asp)email.

**How to bathe your newborn without freaking out**

**What you need**

* A baby bath tub with a sling or mat to prevent the baby from being immersed in water. (Not necessary for sponge bathing, but useful.)
* A baby bath towel washed in appropriate baby detergent.
* Sterile cotton balls to clean his or her eyes.
* Two soft washcloths - one for soaping, one for rinsing.
* Baby body soap.
* Baby shampoo.
* Fresh nappies and ointment for nappy rash if necessary.
* Rubbing alcohol and cotton swabs if needed for umbilical cord.
* Access to warm water or a filled bucket.
* Clean clothes.

**How to bathe**

Sponge bathe your newborn for the first couple of weeks until the umbilical cord and possible circumcision has healed. While newborns only need to be cleaned three or four times a week (really, how dirty can they possibly get?), a nighttime bath is a good bedtime ritual to start.

* Place the baby's bathtub anywhere that's convenient for you (and especially somewhere that's draught free), whether that's on the countertop in the kitchen, the baby's changing table, or even your bed. If you choose to not use a tub, simply lay out a towel for the baby on a comfortable surface.
* Have all aforementioned necessary items ready and within arm’s reach.
* Keep the baby in his nappy (especially boys who are known to shoot urine well across the room when uncovered) until you're ready to wash that area.
* If the room is chilly, keep the baby covered in a towel and only expose the body parts one at a time as you wash.
* Start with the face. First, use one sterile cotton ball for each eye, gently wiping from the inner eye outward. For the rest of the face, wash clean with just water.
* Then move to the chest and neck, where you can continue to use only water unless the baby is particularly dirty for some reason. Do the same for the arms, legs and back. Make sure you clean in all of those adorable folds.
* The hands and feet will need a small dab of baby soap, but make sure to rinse thoroughly as they'll most likely be in your baby's mouth in no time.
* Lastly, wash the baby's genitals.
* To wash the hair, wrap your baby in a dry towel and hold him in a football hold over a sink. Use a cup to pour warm water over the scalp, and then wash the hair with a small amount of shampoo.
* Dry the baby well and apply any needed ointment before dressing.

**Everything you need to know about feeding your newborn: breast and bottle**

**Bottle feeding know-how**

While it's important for mothers to at least try to breastfeed - there's no shame or failure in not being able to produce enough milk or make the brave decision to save your emotional health and give it up for bottle feeding. Believe it or not, formula is not poison and it's a great way for your partner to help with the work of feeding. Your baby will still be getting vital nutrients to develop and grow on par with his breastfed peers, so let's leave the judgment and guilt right here.

There are some general similarities between the two options:

* Feed skin to skin whenever you can. Not only does close physical contact benefit your newborn's development, but feeding time creates a deep emotional bond, whether it's coming from a breast or a bottle, a man or a woman. Being skin to skin is an intimate way to connect with your child.
* Let the baby call the shots. Sure they were only born the other day, but don't underestimate your baby's internal signals. Unless he or she is consistently refusing to eat, a newborn doesn't need much milk to thrive.
* Allow them to linger. Just because your baby isn't actively eating doesn't mean he or she is ready to leave the table. Suckling on a breast or bottle is comforting for them, especially when it's in your arms.
* Burp them. Although breastfed babies don't need to burp as much as those fed formula, still attempt to burp between breasts and after the feeding. Every baby has a particular burping preference, so try it with the baby:

- Over your shoulder  
- Lying belly down across your lap; and/or  
- Sitting in your lap while supporting his or her chin.

**Formula feeding**

While formula doesn't pass on the infection-fighting antibodies that breast milk contains, scientific advances has made it so pretty much any iron-rich formula on the shelf will provide your baby with the needed nutrients found in breast milk. And while formula feeding doesn't come with the physical demands and weeks of practice, there are some things you'll need to keep in mind when feeding your baby with formula:

* Always check the expiration date and the labels of the formula, as some are “ready to feed” and others are “concentrate.”
* Ask your doctor or nurse which formula might be best for your baby. Cow milk-based formula is the most common, but in certain cases soy-based formula might be better.
* Wash the top of the container with soap and water to remove any dirt from the lid, and then wash your hands before preparing the formula.
* Read the instructions on the formula container carefully, as not following the diluting directions can be dangerous.
* Cover any unused milk in the refrigerator, but make sure you use it within 48 hours. If you don't, toss it.
* If your baby prefers, warm the bottle in hot water or in a purchased bottle warmer, but never in the microwave because hot spots could burn your baby's mouth.
* Throw out any formula your baby doesn't eat, as bacteria will grow quickly in the bottle.
* You don't need to sterilise the bottles, nipples or water with any special equipment. You might want to submerge the bottles in boiling water before the first use, but other than that, soap and water is all that's needed.

**Other tips for bottle-feeding include:**

* Tilt the bottle so formula fills the nipple. This way your baby won't have a belly full of gas and a night full of pain. However, there are bottles on the market that eliminate this, like disposable bottle liners that deflate and eliminate air pockets, as well as angled bottles that automatically keep the nipple filled with formula.
* Don't be concerned if your baby doesn't eat much. If you were breastfeeding, the baby might only be getting a couple teaspoons of colostrum right now. If he or she seems full, call it quits.
* Since you don't have the nighttime convenience of simply lifting up your shirt to feed, invest in a portable bottle holder to keep by your bed, preferably one that keeps bottles cold and then has a compartment to heat them. This way you don't have to trudge out to the kitchen every couple of hours.
* Never leave the baby with a propped bottle. Not only does this take away from the emotional bonding feeding provides, but it can make the baby more susceptible to ear infections and choking.

**Breastfeeding know-how**

As natural as breastfeeding is for our bodies, it certainly doesn't feel natural in the beginning. Believe it or not, we aren't born instinctively knowing how to do this, so having an abundance of knowledge, practice and support is crucial for long-term success. We strongly suggest contacting a local lactation consultant, as even experienced mothers encounter problems. Please understand that it will most likely be a bumpy start, but it will soon feel like second nature.

The way breastfeeding works is when the baby suckles on the nipple, the pituitary gland secretes a hormone known as prolactin, which then stimulates milk gland cells to produce milk in the breast.

Then the hormone oxytocin is released, causing the cells around the milk gland to squeeze milk out of the nipples, causing a “let-down,” often characterised by:

* Tingling
* Feeling of fullness in the breasts
* Warm upper body sensation

Let-downs can also be caused by:

* Hearing your baby - or any baby! - cry
* Thinking of your baby when you're away
* Seeing and/or smelling other babies
* Manual expression or a breast pump
* Warm water, almost exclusively in the beginning of breastfeeding

The most amazing thing about breast milk (besides the fact that your body automatically produces it) is that it contains the exact nutrients your baby needs when he or she needs it.

**Colostrum**

* Colostrum is the beginner milk that is produced before your milk officially comes in
* Often a yellow or clear color, this type of milk is extremely high in protein, easy to digest and loosens the mucous in your baby.
* It also serves as a laxative to clear the intestinal tract and contains infection-fighting antibodies.

**Foremilk**

* Once your breast milk comes in, the initial milk your baby will get at each feeding is called foremilk.
* It's thin, watery and often has a blue hue to it.
* Composed of mostly water, foremilk is designed to quench your baby's thirst before the hearty hindmilk comes in.

**Hindmilk**

* Hindmilk automatically starts flowing several minutes after the foremilk, providing your baby with the fat and nutrients needed for adequate weight gain.
* Thicker and creamier, hindmilk will help your baby feel full, satisfied and calm.

**Correct position and latch**

* First and foremost, make sure you're sitting in a comfortable chair with a glass of water. Also, keep a pen and paper to record which side you fed on and for how long each. You'll want to make sure you feed equally from both sides to even out milk production.
* Find a comfortable position for the baby, with one hand, support your breast by cupping underneath. Keep your fingers away from your nipple.
* Hold your baby by putting the heel of your other hand between your baby's shoulders, holding him or her with the palm of your hand. Let the baby's head fall between your thumb and forefinger.
* Make sure the baby's neck is in extension, with his or her chin pointing at the breast and eyes looking up.
* Point your nipple at his or her nose and quickly bring the baby to your breast. Do not bring your breast to the baby.
* The baby's bottom lip should take in about an inch of your breast below the nipple and his or her chin should be buried in your breast.
* We strongly recommend seeing a lactation consultant to make sure you have the latch correct, since an incorrect latch or unlatch is the main reason for nipple pain.

**Frequency and duration of feeding**

* Feed every two to three hours, with one four or five hour stretch at night if possible.
* Encourage your baby to nurse eight to 12 times in a 24-hour period.
* Feed on demand rather than on a strict hourly schedule. This is a trial period where your body is getting used to the needs of your baby, not the other way around.
* Try to feed for at least 10 minutes per side.
* When you record the length of nursing, time the feeding from the beginning of one feed to the beginning of the next. So in reality, “eating every two hours” means that if one session lasts 45 minutes, the next session will start in an hour and 15 minutes.
* Even if your baby stops and rests for five minutes, count it as part of the total nursing time. It's unlikely that your baby will continuously suck for 30 straight minutes.
* Encourage your baby to feed on each breast, but the most important factor is the baby's contentment. If only one breast was served, start the next feeding on the other side.
* To release the latch, insert your finger into the corner of the baby's mouth between the gums to break the suction. Attempting to pull the nipple out while the baby is still latched on will most definitely traumatise the nipple, causing scabbing, cracking and pain.

**The newborn growth spurt**

* Your baby will have occasional growth spurts, when the baby will want to nurse more often.
* Expect this at seven to 10 days, three to six weeks, and  three to six months.
* It's important to listen to your baby's needs and feed as often as he or she wants. Don't worry, your baby will return to a normal pattern in a few days.

**How do I know the baby is getting enough to eat?**

This is one of the most common concerns, especially considering our breasts aren't equipped with measuring markers. There are many indications that should put your mind at ease, so make sure the baby:

* Eats every one to three hours and sleeps no more than three hours between feedings during the day.
* Has five to six wet disposable diapers or six to eight wet cloth diapers of urine that is light yellow.
* Has two to four loose, grainy, mustard-colored stools a day.
* Is audibly swallowing.
* Is emptying each breast, in which you'll feel the breast become softer.
* The baby is satisfied at the end of each feeding and generally content in between.

**How to dress and undress a newborn (without feeling like you will break them)**

Dressing a newborn baby can be tougher than wrangling cats. It can be quite a battle, especially with their tiny, curled up limbs and aversion to being naked.

* Find clothes with wide openings for the neck with snap or zip closures. Now is not the time to be fumbling with buttons. Also, onesies with built-in mittens are great to protect your baby from razor sharp fingernails.
* Take the opportunity to sing and talk to your little one, both for distraction and bonding. Explain what color the shirt and pants are, count how many snaps you're fastening, and label each body part as you kiss them.
* Instead of trying to shimmy sleeves and pants over uncooperative limbs, try reaching into the openings and pulling his or her extremities through.
* As hard as this sounds with frequent spit-up and bowel explosions, try to keep the wardrobe changes to an absolute minimum. The laundry will pile up fast enough as it is.
* Don't over-bundle babies at night, as instinctive as that seems. Believe it or not, babies are comfortable in 18-21 degree temperatures, dressed in light pajamas and a muslin wrap.

It's also a good idea to try wrapping your baby in a blanket, which provides womb-like comfort and security, keeps them from being awaken by their startle reflex, and gives them a little extra warmth. While they make special blankets especially for swaddling, you can achieve the same affect with a regular lightweight blanket by rolling it like a burrito:

* Lay the blanket flat on a bed or other flat surface. Fold the top right corner down about six inches.
* Place the baby on his or her back, angled so his or her neck is on the fold. It should look like a diamond with the baby's head as the top point.
* Pull the corner to your baby's right across his or her body, and then tuck it under the left side of his or her back.
* Pull the bottom corner up over his or her feet, and tuck in under the baby's chin.
* Bring the last corner across your baby's body and tuck under the right side.

Some babies are instantly soothed by a swaddle, while other babies resist the lack of freedom. If your baby doesn't seem happy, try wrapping the baby with his or her arms outside of the blanket.

**The newborn baby sleep patterns**

Right now, sleep is a luxury that was once taken for granted. Just to have five hours of uninterrupted rest probably sounds as close to bliss as you can imagine, yet it seems as though that will never happen - ever again. Don't worry, it will, but we're sorry to admit that most babies still wake to feed every two to three hours (sometimes stretching it to four hours at night if you have an exceptionally considerate baby) for the first six to eight weeks - give or take. And then it will most likely be another few months before the baby is sleeping through the night. We know it sounds impossible to get through this when you're in week one, but before you know it you'll be looking back at this fuzzy, sleep deprived time and hardly remember it. (Probably because you've been half asleep this whole time.) Here are some other tips about your baby's current sleep pattern:

* There's not much parents have to do to encourage or schedule their baby's sleep patterns during the first week. As you've probably noticed, they'll sleep anywhere, anytime - whether it's in the middle of a feeding or just as the family comes over to visit.
* Newborn babies need to sleep between 14 hours and 18 hours a day right now, which seems as though you'd have plenty of time to sleep yourself, right? However, their irregular short naps (one or two hours at a time) doesn't leave nearly enough time to feel rejuvenated.
* It's assumed that babies need these short naps in rapid eye movement (REM) sleep to aid in their development.

If your baby passes out as soon as the suckling starts, you might want to wake him or her - especially if you're trying to boost your milk supply.

* Undress the baby. First try simply unswaddling. If that doesn't work, strip the baby down to his or her diaper (if it's not too cold), which should awaken the baby from a light slumber.
* If breastfeeding, hold your baby upright for a few seconds and then switch nursing positions.
* Try gently burping him or her.
* Rub your nipple or the bottle's nipple on the baby's lips, or gently stroke the outside corner of the mouth to stimulate sucking.
* Make sure the lights aren't too bright (where your baby would want to shield his or her eyes) or too dark.

**NOTE!**

Don't let your baby go three hours without nursing or four hours without drinking formula at this stage.

**How much should my newborn cry?**

If you think your baby's incessant crying is frustrating, imagine not being able to communicate what's wrong. Since babies usually won't develop colic within the first week or so of life (a dreaded condition where the baby cries inconsolably for no apparent reason), it's just a matter of finding what's wrong:

* **Hunger**

This is one of the most common and easiest cries to distinguish, especially considering babies usually give other signals as well, such as sucking on their hand, smacking their lips, and turning their mouth toward you as you stroke their cheek. The sooner you recognise your baby's particular signs, the less wailing you'll have to endure.

* **Pain**

This is usually a loud, panicked shriek or an uncomfortable whine, depending on what's wrong. First search for something simple like a strand of your hair wrapped around his or her finger or toe, and then check to make sure the baby isn't too cold or hot. If not, try to relieve any wind that might be upsetting your baby's tummy. If burping doesn't work, lay the baby flat and move his or her legs in a bicycle motion.

In need of some lovin'. If all else fails, your baby might be one of those little bundles that likes plenty of soothing and comfort. Try some of these ideas:

* Shushing or whispering
* Singing
* Swinging or bouncing
* Sucking, perhaps with a dummy if they'll take it
* Patting their backs
* Carrying them in a sling
* Using white noise
* Rocking

Of course every baby is different, so this first week is largely a trial-and-error period to see what works and what doesn't.

**What can I do to stimulate my newborn?**

While you might have a desire to keep your baby entertained and stimulated, this isn't a bored houseguest we're talking about. Your baby has enough on his or her plate - like making sense of this strange environment and taking yet another nap - without worrying about having a dull parent. However, there are some activities you can encourage that will help her develop, including these:

* **Get close**

Since babies can only focus on objects 15 to 45cm away, your face makes the perfect object to study - and really, the only thing they'll want to look at.

* **Black and white**

Babies can only see strong contrasting colors at this point, so black and white toys and mobiles will be the most stimulating for them.

* **Tummy time**

Once upon a time, babies were put to sleep on their stomachs. While this tends to be the most natural and comfortable way for many babies to sleep, it's also the riskiest when dealing with SIDS [link to baby's health and development]. We now know that it's safer for babies to sleep on their backs, but there is a minor drawback: Babies spend much less time developing their back and arm muscles as they did when the majority of their day was spent lying on their stomachs. It's important to spend about 10 minutes a day supervising them while they play on their tummies. A newborn is unlikely to enjoy this, but it doesn't hurt to try it and see how they react to the sensation.

* **Story time**

Okay, so they probably can't even focus on the book in your hand, but it's never too early to make a habit out of reading. Besides, hearing the voice that's been comforting them for so many months is always soothing and it's likely to develop into a happy routine.

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