

Baby care



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[Click here to visit the Web page with access to the rest of the Legacy guide to pregnancy, childbirth and the newborn](#)

Your new baby

Initial care after your baby's birth

"Baby, mom and dad or partner remain together and are cared for together."

Baby, mom and dad or partner remain together and are cared for together until you go home. This section describes aspects of that care.

Skin-to-skin contact. Depending on your baby's condition, he may immediately be placed skin-to-skin with you with a warm blanket placed over both of you to prevent your baby from getting cold. Skin-to-skin helps baby's temperature, breathing and blood sugar adjust to being born.

Apgar score. At one minute and five minutes, your baby will be scored on heart rate, color, breathing, muscle tone and reflexes to determine how well he is adjusting to life outside the uterus.

Because of the amount of time it takes most babies to "pink up," a perfect score of 10 is unusual. Feel free to ask your nurse for your baby's scores and what they mean.

Identification. Matching identification bands will be placed on mom and dad/partner and your baby. Footprints may also be done at this time.



Vital signs. Your nurse will be checking your baby's temperature, breathing and heart rate regularly. Sometimes it is necessary to observe the baby for a period of time on a warmed bed that has extra lighting.

Measurements and weight. During the first hours of life, your baby will be weighed, and her length and head will be measured.

Newborn eye medication. The baby's eyes are treated with an antibiotic ointment shortly after birth. This medicine is given to prevent eye infection that can cause permanent damage and even blindness. If parents opt to refuse administration of eye medication, they will be asked to sign a release form.

Vitamin K. Newborns lack adequate amounts of vitamin K. It is needed to prevent and treat bleeding diseases and we are required by law to give it to all newborns. If the parent(s) refuse the administration of vitamin K for their baby, a release form must be signed.

Feeding. If you choose to breastfeed your baby, you will be encouraged to put your baby to breast within the first hours after birth. Your nurse will be there to help you. Whether you breast or formula feed, you will be encouraged to feed your baby at least every two to four hours.

Bathing. The first bath is done on a warmed bed once your baby can maintain his temperature (usually by four hours of age). We encourage family participation or observation as this is an excellent opportunity to get to know your baby. Many dads/partners decide ahead of time that bathing will be their own special connecting time with their baby, both at the Birth Center and at home.

Rooming in. We believe that mothers rest and sleep more comfortably when their babies are close by them, so we encourage you to keep your baby with you in your room. If there is a time when you would like us to care for your infant in our nursery, please let your nurse know.

Your newborn's appearance

While each baby is a unique individual, there are certain characteristics and behaviors that are common to newborns. This section will describe some of the physical traits you may notice in your baby during the first minutes and hours of life.



Normal head shape usually returns by the end of the first week.

Head

- May be temporarily misshapen but usually returns to normal by end of first week
- There are two soft spots called fontanelles; with normal handling and care you can't damage the soft spots because they are covered by a tough membrane

Eyes

- Babies can see most clearly at a distance of eight to 12 inches
- An infant's true eye color may not appear for several months
- Tears are not usually noticeable for one to two months
- Puffy and/or red-looking eyes are from pressure during birth. It usually goes away in a few days

Ears

- Call baby's care provider if there is any discharge other than wax
- **Never** use cotton swabs in your baby's ears.
- Clean with corner of clean, damp washcloth
- Hearing is very sensitive
- Your infant may look in the direction of familiar voices.
- Your infant's hearing will be screened before discharge.

Breasts

- May be swollen for a few days due to hormones transferred during pregnancy, which can happen in girls or boys
- Occasionally a baby may produce a small amount of milk. Do not try to squeeze out the milk; that might cause an infection.

Skin

- Skin is thin and dry
- Hands and feet may be bluish during the first days of life
- Babies may have dark bluish spots on lower back or buttocks



Milia

- These are immature oil glands
- Tiny white spots on nose and chin
- Disappear in several weeks

Peeling

- Generalized peeling is normal
- Oils and lotions are not necessary

Rashes

- May have “newborn rash,” small areas of redness with raised yellow-white centers
- On different places at different times
- Does not need to be treated

Red blotches

- Reddened areas called stork bites sometimes appear on upper eyelids, forehead and nape of the neck
- They usually fade with time



Vernix

- Thick, white, creamy substance, especially in skin folds
- Does not need to be washed off, it will be gradually absorbed

Lanugo

- Fine, soft hair all over baby’s body
- It provided protection in the uterus and it thins with time

Vernix coats and protects the skin while baby is in the womb. Once born, vernix can be wiped off and any remaining will slowly absorb into the skin.

Basic care

Taking your baby's temperature

Take your baby's temperature when he seems unusually warm, perspiring, fussy, not eating or very sleepy. Axillary (under arm) temperatures are generally recommended:

How to take an axillary (under arm) temperature:

- Place the thermometer under your baby's arm so the tip rests in the center of the armpit against his skin. Hold your baby's arm firmly against his body.
- Follow thermometer instructions on how long to keep the thermometer in place.
- Remove thermometer and read.
- A normal axillary temperature is 97–99.4 F or 36.1–37 C.
- Call your baby's doctor if your baby's temperature is not within the normal range.

Bathing your baby

There are a variety of safe ways to bathe your baby. No single method is known to be superior. This describes suggestions for both sponge bath and tub bath for a newborn.

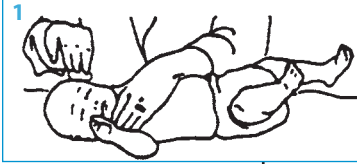


Have these items within reach

- Soft washcloths
- Two towels
- Clean clothes
- Cotton balls and swabs
- Bar of mild soap or liquid baby soap
- Disposable diapers or cloth diapers and a wrap
- Tub with three inches of comfortably warm water and a washcloth or liner to keep baby from slipping
- Baby brush or comb

Pointers for parents

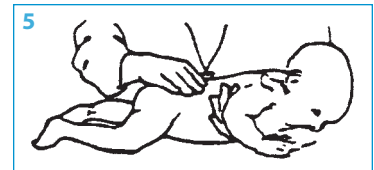
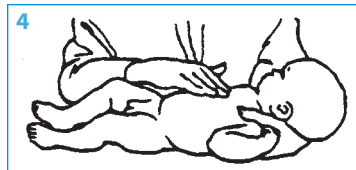
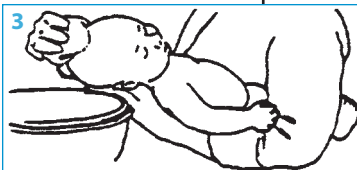
- Choose a place that is safe, warm and free from drafts.
- If your baby cries when totally undressed, undress and wash one area at a time.
- Stay with your baby every second during a bath and when dressing.
- Keep your water heater set at 120 F. Always test the bath water with your elbow. It should feel lukewarm.
- Avoid cotton-tipped swabs for ears or nose — they may be used for cleaning around the cord.
- Avoid using powder — it irritates your baby's lungs.

For both a sponge bath and tub bath

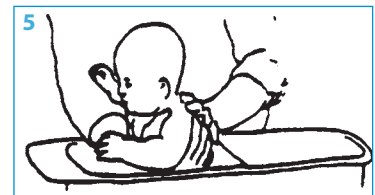
1. Use a soft cloth or cotton ball dipped in warm water. Wipe around the eyes. Then, wipe the outside of the nose and ears.
2. Wipe the rest of the face with plain, warm water and a washcloth (no soap).

**Continue for a sponge bath**

3. Shampoo the head and squeeze water over it from the washcloth to rinse. If your baby cries when you wash the head, wash it last, but use clean water.
4. Wash the front of your baby with your free hand lathered with soap. Go from front to back between the legs, rinse well with the wet washcloth.
5. Wash the back of your baby with your hand lathered with soap. Rinse well with the wet washcloth.

**Continue for a tub bath**

3. Hold your baby safely. Have your fingers under your baby's armpit, with your thumb around the shoulder. Your other hand supports your baby's bottom and legs.
4. Shampoo the head and squeeze water from the washcloth to rinse. Wash the front of your baby. Go from front to back between the legs. Rinse with the wet washcloth.
5. Wash the back of your baby with your free hand lathered with soap. Rinse well with the wet washcloth.



Bowel movements and urination

Breastfed babies

- Stools are yellow to golden, have curds in them and are loose
- Your baby may have a bowel movement with every feeding for several weeks.

Formula-fed babies

- Stools are pale yellow to green and are more formed.
- Your baby may have stool with each feeding for the first week, then from one to four per day.

Constipation

- Babies that receive exclusively breast milk rarely become constipated.
- Occurs more with formula fed infants
- Stool is hard, difficult to pass and may resemble pebbles
- Consult your baby's care provider before using enema, suppository or laxative.

Diarrhea

- Frequent stool that is watery, possibly greenish with mucus or blood
- Call your baby's physician right away if there are any other signs of illness such as fever, fussiness, poor appetite or floppiness.
- Normal breast milk stools are very loose and sometimes mistaken for diarrhea.

Urinating

- Clear to light yellow
- Pink or salmon colored flecks called "brick dust" sometimes occur if your baby is dehydrated and will go away when he is getting more milk.
- Number of wet diapers should equal number of days old until day five; then he should have six to eight wet diapers per day.



Frequent diaper changes, help prevent diaper rash.

Diaper rash

- Caused by irritants in the urine or stool
- Prevented by changing your baby's diaper every two or three hours
- If occurs change diapers more frequently and expose area to air several times a day
- Apply diaper rash ointment after air-drying

Vaginal discharge

- Sometimes baby girls have a small amount of vaginal blood-tinged mucous caused by hormones from her mother. This should disappear after a couple of days.

Care of the uncircumcised infant



If your son is not circumcised, there is no special care necessary.

If your son is not circumcised, there is no special care necessary. Do not attempt to forcibly retract the foreskin. As the penis grows, the foreskin loosens. There may be a whitish discharge, called smegma, around the tip of the penis. Gently clean and wash as usual.

Circumcision care

- If you choose to have your son circumcised, you will be given instructions on how to care for his penis as it heals.
- Avoid diaper wipes with alcohol or fragrance; they can irritate the skin.

Spitting up and vomiting

Spitting up

- Most babies spit up during the first week, usually about a teaspoon of milk.

Vomiting

- Spitting up in a forceful way, causing milk to hit the floor several feet away is called projectile vomiting.
- Notify your baby's physician if this occurs, or if she has a fever, diarrhea, seems listless or unusually irritable.

Care of the umbilical cord

- Wash your hands before touching the umbilical cord.
- Look at it every day; if infected or bleeding call your pediatrician
- Call your baby's doctor if the cord continues to bleed, has a yellow-green discharge or a foul odor, the surrounding skin is red or your baby has a fever.

Initial sleeping habits

- Frequent awakenings and feedings ensure your baby receives all of the calories she needs to keep up with the rapid growth of her body.
- Trust your baby to know how much sleep she needs.
- Many parents find that babies sleep best when near their parents.
- When your baby is ready, she will sleep through the night. Every baby is different and this milestone usually takes many months to reach.

Fingernail care —

Babies can scratch themselves if their nails are too long.

- The best time to cut your baby's nails is when he is asleep.
- Use scissors specially designed for babies.
- Nail clippers are not recommended.
- A soft emery board can be used to smooth rough edges.

Newborn screening tests

Infant hearing screening

- This screening will be done on your baby before discharge.
- If hearing loss is detected before six months of age, educational intervention provides a better chance of developing normal language skills.

Newborn blood screening

- Required by law for all newborns
- Detects diseases that can cause brain damage and even death if they are not treated early
- Your infant's heel will be pricked before discharge and again at your two week well-baby visit

Jaundice

Jaundice is the yellow color seen in the skin of many newborns. It happens when a chemical called bilirubin builds up in the baby's blood. Jaundice can occur in babies of any race or color. Call your baby's doctor if:

- Your baby's skin turns more yellow or the yellow color is down to the legs
- The whites of your baby's eyes are yellow
- Your baby is jaundiced and is hard to wake, fussy or not feeding well

Formula feeding your baby

Feeding time is a special time for you and your baby, a time to relax and get to know one another. Cuddling your baby during feedings and even holding the baby "skin to skin" will give your baby the closeness to you that she needs. Always hold your baby for feedings. Never prop the bottle. Your baby needs more than just calories from the milk. Both you and your baby will benefit from this special time, which promotes bonding and provides you with some wonderful memories.



Formula based on cow's milk is iron-fortified

The American Academy of Pediatrics is very clear in their recommendation that babies receive an iron-fortified formula for the whole first year of life. A cow's milk-based formula is best, unless your baby has an allergy to cow's milk.

Warning: Do not give your baby any plain cow's milk or other dairy products as a substitute for formula for the first 12 months of life. Cow's milk contains large amounts of certain vitamins and minerals that a baby's kidneys cannot handle. Cow's milk does not contain enough other vitamins such as vitamin C to keep your baby's gums and teeth healthy.

- As much as formula manufacturers advertise differences in formulas, they are all regulated by the Infant Formula Act and are relatively the same.
- Choose a formula you like and stay with it so your baby can become used to it.
- Low iron formulas are not recommended. They increase the risk of babies becoming anemic. Studies have shown that babies fed an iron-fortified formula have no more gassiness, fussiness or constipation than infants fed low iron formulas.

Other formula

If you feel that your baby has any problems related to the formula, consult with your baby's doctor regarding other formula choices.

Preparing and storing formula

Preparing formula

Formula is available in three different preparations: ready-to-feed, liquid concentrate and powder.

- It is essential to follow the directions for mixing the liquid concentrate and the powder varieties of formula.
- A solution that is too concentrated will be difficult for the baby's kidneys and digestive system to handle.
- A formula that is too dilute or weak will not provide the nutrition that babies need to grow.

Ready-to-feed formula — This formula can be poured from a can directly into a baby bottle. No mixing is necessary. However, you must clean the lid and shake the can of formula thoroughly before opening. Ready-to-feed formulas are easy to use but are the most expensive type of formula.

Liquid concentrate — This liquid formula must be mixed with the proper amount of water before it is fed to the baby.

- Before opening, wash the lid and shake the can thoroughly.
- Carefully follow the instructions to mix the formula properly.

Powdered formula — This formula is the least expensive type of formula. The powder as well as the water must be measured accurately so that your baby gets enough nutrition.

- Always use the scoop that comes with that particular can of formula. Using different scoops from different brands of formula may result in too many or too few nutrients.
- It is very important that you follow the instructions on the can or package.

Storing formula

- If you are mixing formula for one day's feedings, the mixed formula can be stored in the refrigerator for 24 hours.
- Once you begin to feed your baby, you can keep the formula in that bottle for one hour.

- Do not save formula left in the bottle at the end of a feeding. Throw away any left over formula that your baby has not used.

Temperature of formula

Although it is not necessary to warm formula, it is a nurturing thing to do for your newborn.

- If you are mixing formula from concentrate or powder, use only cold water from the tap to mix your formula. This reduces the exposure to lead from household plumbing. Warm or hot water may leach metals from your pipes.
- To warm formula, you can set the bottle in a pan of warm water or run warm water over the bottle.
- Always test the temperature of the formula before giving it to your baby. Sprinkle a few drops of formula on the inside of your wrist to be sure it is not too hot. The temperature should be slightly warm and comfortable to your skin. It should not be hot.
- **Never** microwave formula. A microwave oven overheats the formula in the center of the bottle. Even if the formula feels comfortably warm when you test it, the formula in the center of the bottle may be very hot. The baby's mouth can get burned from hot spots in the milk.

Bottles and nipples

Choosing bottles and nipples

Bottles — You can choose plastic bottles, glass bottles or use a feeding bag system. The type of bottles and nipples you use is a personal choice.

Nipples — Some babies show a preference for one nipple type over another. You may need to experiment to find just the right one.

- Do check the nipple before feeding by holding the full bottle upside-down. The milk should come out of the nipple in a slow drip.
- If the milk does not drip out, check to see if the nipple is clean by forcing hot water through the opening.
- If the milk comes out in a stream, the nipple needs to be discarded, as the milk will come too fast for your baby.

Cleaning bottles and nipples

You do not have to sterilize the equipment used to make formula. You should however make sure bottles, nipples and anything else used to make the formula are very clean. Bottles and equipment used to make formula can be washed in the dishwasher or by hand in hot soapy water. Nipples should be washed by hand using a nipple brush and hot, soapy water followed by a hot water rinse.

Is my baby getting enough to eat?

Babies do not always take the same number of ounces at each feeding. How much formula your baby drinks may change from feeding to feeding and from day to day. The amount of formula your baby drinks also depends upon his weight, how fast he is growing and how hungry he is. Let your baby tell you

when he has had enough formula. Do not expect your baby to empty the formula from the bottle at every feeding. If your baby falls asleep near the end of a feeding, do not wake him to finish the formula. The following information will provide you with a guideline as you learn how much formula your baby should drink each day.

- **Newborn** — In the first few days of life, full term babies will eat about eight to 12 times in 24 hours. At first, babies only take ½ to 1 ounce of formula at each feeding.
- **First three weeks** — When the baby is three or more days old, the amount that the baby eats at each feeding will increase. Generally, the amount he drinks will vary between 2 and 3 ounces per feeding, approximately every three to four hours.
- **One month** — Your baby should get five to six feedings every day. He will usually drink at least 4 ounces of formula each feeding. He will probably want to eat every four hours.
- **Two to six months** — Your baby should get about four to five feedings every day. He will drink 4–6 ounces of formula at each feeding.

Signs that your baby is getting enough to eat

- Four to six wet diapers each day
- Steady weight gain over time
- One or more bowel movements daily (some babies may not stool every day)

Sometimes there is a tendency to give a baby too much formula. A baby's need to suck may be misinterpreted as a need to eat more. Your baby should not drink more than 32 ounces (1 quart) of formula in a day. Talk to your baby's doctor if your baby always wants more than this amount of formula. You also may be giving your baby too much formula if you feed him every time he cries. Babies cry for many reasons, hunger is one reason. Your baby may be crying because he wants to be comforted or held. He may want his diaper changed or would like someone to talk and play with him. If your baby has just eaten and is crying, try to comfort him first before feeding him again.

Holding your baby during feedings

- Gently wrap your arm around your baby's upper body and support his head with your arm. Raise your baby's upper body and head slightly.
- Cradle the baby's head, sometimes in your left arm and sometimes in your right. This is thought to aid in the development of your baby's eyes.
- You may need to encourage your baby to open his mouth to grasp the nipple. Do this by stroking the nipple against his cheek, near his mouth. To prevent the swallowing of air hold the bottle so that the formula fills the bottle neck and covers the nipple.
- Look into your baby's eyes, talk and smile to him during feedings. This will help him learn to look forward to feedings because feeding time is so special.
- Do not prop a bottle in your baby's mouth. Propping a bottle in your baby's mouth is not safe because he could choke.
- Do not let your baby lie down while feeding himself with a bottle. This is very unsafe because your baby may choke and not have anyone to help him.

Your baby is also at a higher risk of getting an ear infection if he is lying down while drinking because the liquid can flow into his middle ear.

- Do not let your baby sleep with milk or juice in his bottle. If he falls asleep while feeding, milk or juice pools around his teeth. This may cause your baby's teeth to decay.

Burping your baby

When your baby is little, burping halfway through a feeding, during a feeding pause may be helpful. Babies can swallow air during feedings, which may cause them to be fussy. The air in their stomach makes them feel full before they are really done eating. If you do not get a burp easily, finish the feeding and try again.

- On your shoulder — Put a clean cloth on one of your shoulders to catch spit-up from your baby's burp. Hold your baby against your shoulder. Put one of your hands under your baby's bottom. Gently rub or pat his back with your other hand.
- Sitting up — Sit the baby on your lap with her head leaning forward. Support her chest and head with your hand. Gently rub or pat her with your other hand. Do not let your baby's head flop backwards.

Beyond basic care

Crying: When your baby cries, have a plan



All parents expect that their new baby will cry, but many don't expect just how much they may cry!

All parents expect that their new baby will cry, but many don't expect just how much they may cry! All parents expect that this will be a stressful part of caring for the baby, but many don't expect just how stressful! What do you need to know?

Understand infant crying

- Increases around two weeks of age
- Peaks around two months
- Babies can cry anywhere from five minutes to five hours or more a day
- May not stop crying no matter what you try
- Your frustration level may increase along with the amount of crying your infant does
- Crying will gradually decrease between the third and fifth month.

Have a plan — share your plan

- Share your plan with everyone taking care of your infant, including relatives, friends and paid caregivers.
- Make sure basic needs are met (hunger, needs burping, wet/soiled diaper, too hot or cold, needs holding).

- Make sure your baby's care provider has ruled out illness or injury.
- Increase soothing techniques.

Preventing head flattening

Because babies are on their backs to sleep, we are seeing an increase in “flat head” (positional plagiocephaly).

- This also impacts their brain development
- Your infant needs supervised tummy time. Minimum of five times per day.
- Start with 1–2 minute sessions and build up to 15 minutes.
- “Wear” your baby using front packs or slings as much as you can.
- Your baby needs tummy time on a hard surface to build his neck, arm and chest muscles so he can learn to crawl.

Bottom line — back-to-sleep, tummy-to-play, wear-your-baby

Bonding and brain development

- Studies show us that babies' experiences and interactions affect their brain structure, shaping how they learn, think, behave and regulate emotions for the rest of their lives!
- Our babies not only want, but need to be held, rocked, snuggled, kissed and sung to — a lot!
- Suggested bonding activities:
 - Touch, hold, carry, rock and wear your baby in a sling or front pack.
 - Limit use of car seat to car travel only.
 - Talk to, sing to, read to your baby starting at or even before birth.
 - Babies love movement: dance, dip and turn around with your baby.
 - Choose the highest quality childcare possible.

Remember:

- Take care of yourself!
- Take care of your couple relationship!
- Trust yourself, trust your baby!
- Let yourself fall head-over-heels-in-love with and intensely bonded and attached to your baby!
- Surround yourself with people who inspire your highest parenting aspirations!
- Remind yourself that you're doing the most important and hardest job in the world!
- Have the time of your life — babies grow up so fast!

Safety guidelines

Keeping your baby safe

No. 1 threat to your baby: ACCIDENTS

Injury is the number one cause of death for all children under the age of 15.

No. 1 protection for your baby: PREVENTION

No parent can provide 100 percent protection 100 percent of the time. But every parent can take steps to dramatically reduce their baby's risk of injury. You needn't be fearful and anxious, just knowledgeable, alert and proactive.

No. 1 threat to your baby: Injury is predictable

From birth, babies are hard-wired and pre-programmed to explore, experiment with and experience everything in their environment.

Sometimes this exploration leads to injuries. In fact, injury is the No. 1 threat to your baby's health. The top injury risks for babies before age 1 are:

- Falls
- Suffocating/choking
- Car crashes
- Poisoning
- Burns

Injuries are preventable

The good news is that childhood injuries are preventable. While no parent can provide 100 percent protection 100 percent of the time, every parent can dramatically reduce the risks.

Child safety practices have changed dramatically

Today's child safety practices include more than installing gates and latches. Twenty years of research has taught us newer and better ways to protect our children. Today's proven child safety practices are saving lives: Since 1997, we have seen a 45 percent reduction in childhood deaths due to injuries.

Boost your child safety IQ

The higher your child safety IQ, the safer your child will be. The Safety Store, part of Randall Children's Hospital at Legacy Emanuel, can help. Test your safety IQ online at www.legacyhealth.org/safetystore. For information, call 503-413-4600.

The Safety Store and Resource Center



Designed to resemble a typical home, the store features interactive hands-on displays. Safety specialists provide one-on-one education. More than 100 safety products are available for purchase at below-retail prices.

Inside The Safety Store you will find a variety of child safety products at below-retail cost, including:

- Smoke detectors
- Bike helmets
- Appliance locks
- Gun locks
- Window guards
- Tub spout covers

- Baby safety gates
- Fireplace guards
- Carbon monoxide detectors
- and more

Where to find it

The Safety Store is located in the atrium at Legacy Emanuel Medical Center, just inside the accessible ground-level entrance at 501 N. Graham St. Free curbside valet parking is available.

For more information about The Safety Store and available safety products and classes, call 503-413-4600, or visit www.legacyhealth.org/safetystore.

Other safety resources

- American Academy of Pediatrics' parent site: www.healthychildren.org
- Safe Kids USA, www.safekids.org
- Crib safety standards
 - Consumer Product Safety Commission, www.cpsc.gov
 - Crib Safety Standards, [English](#)
 - Crib Safety Standards, [Spanish](#)

Safe sleep for healthy infants



Make sure your baby is as safe as possible when sleeping by following these guidelines. Please discuss your concerns with your baby's doctor. Please share this information with others!

Safe sleep environment

- Place your baby in a safety-approved crib with a firm mattress and a well-fitting sheet.
- Cradles and bassinets may provide safe sleeping enclosures, but safety standards have not been established for these items.
- Avoid the regular use of your baby's car seat as a bed. Car seats are specially designed to protect your baby in the car.
- Place the crib in an area that is always smoke-free.
- Don't put babies to sleep on chairs, sofas, waterbeds or cushions.
- Toys and other soft bedding, including fluffy blankets, comforters, pillows, stuffed animals and wedges, should not be placed in the crib. These items can impair an infant's ability to breathe if the face is covered.
- If bumper pads are used, they should be thin, firm, well-secured and not pillow-like.

Safe sleep practices

- Always place your healthy baby to sleep on their back. Side sleeping is no longer recommended.
- The safest place for your baby to sleep is in the room where you sleep.
- Place the baby's crib near your bed, within arm's reach, to ease breastfeeding and to bond with your baby.
- Avoid letting the baby get too hot.
- Signs of overheating: sweating, damp hair, flushed cheeks, heat rash and rapid breathing.
- Dress your baby lightly for sleep.
- Set the room temperature in a range that is comfortable for a lightly clothed adult, approximately 68–70 F.
- Before leaving your baby with anyone, be sure that person agrees that **all** these safe sleep practices will be followed **all** the time.

It is unsafe to share a bed with your baby if you or your partner:

- Smoke
- Have consumed alcohol
- Have taken any drugs, legal or illegal, which could make you extra sleepy
- Are extremely exhausted and might not be able to respond to your baby
- Sleep on a soft surface
- Share a bed with older children or pets

Sudden infant death syndrome (SIDS)

After 30 years of research, scientists still cannot find one definite cause for SIDS. There is no way to prevent SIDS, but research has shown there are many things you can do to reduce your baby's risk.

The American Academy of Pediatrics released an updated SIDS prevention guideline in October 2005. Recommendations include:

- Infants should be placed on their backs to sleep.
- Use a firm sleep surface. Don't use cushions, sofas or chairs.
- Keep soft objects and loose bedding out of crib
- Do not smoke during pregnancy. Call the Tobacco Quit Line at 800-784-8669 or visit www.quitnow.net/oregon.
- Do not expose infant to second-hand smoke.
- A separate but close sleeping environment is recommended.
- Consider offering a pacifier at nap time and bed time after 1 month old
- Avoid overheating. Use light clothing for sleep.
- Do not use home heart and breathing monitors as a strategy to reduce the risk of SIDS.
- Encourage tummy time when awake to avoid flat back of head.
- Ensure that **all** infant caregivers (relatives, friends or paid caregivers) are aware of these recommendations.
- Breastfeed your infant through the first year of life.

The most important sleep tips for baby are:

- Face up
- Face clear
- Smoke-free
- Baby near!

For more information, visit "Babies First, Safe Sleep for Babies" at www.healthoregon.org/safesleep or call 503-673-0262.

Keep a smoke-free home

Secondhand smoke can be dangerous to your baby's health. The greater the exposure, the higher the incidence of:

- Asthma
- Bronchitis
- Ear infections
- Sinus infections
- Pneumonia
- Croup
- Colic

When one or both parents smoke, babies experience:

- Seven times greater risk of dying from SIDS
- Two to three times more visits to the doctor
- More serious and longer lasting illness
- More frequent hospitalizations
- Increased likelihood of becoming a smoker
- Two times the risk of lung cancer later in life

Keep your home smoke-free!

- Ask family and friends not to smoke in your home or around your baby.
- If they must smoke, take it outside and keep away from windows and doors
- While outside wear a jacket or clothing just for smoking and remove before holding your baby.
- Wash hands after smoking, especially before feeding your baby.
- Don't smoke in the car.

— Adapted from "A Prenatal and Newborn Resource Guide for Oregon Families" 2005

Child passenger safety: Safely transporting your child

'Best Practice' — Best protection for your child

Legacy Health recommends the American Academy of Pediatrics (AAP) "Best Practice" Guidelines for the safe transportation of your child in a vehicle. These guidelines meet or exceed state child passenger safety laws.

- All infants and toddlers should ride in a rear-facing car safety seat until they are two years of age or until they reach the highest weight or height allowed by the manufacturer of their car safety seat.
- All children 2 years or older, or those younger than 2 years who have outgrown the rear-facing weight or height limit for car safety seat, should use a forward-facing car safety seat with a harness for as long as possible, up to the highest weight or height allowed by the manufacturer of their car safety seat.
- All children whose weight or height is above the forward-facing limit for their car safety seat should use a belt-positioning booster seat until the vehicle lap-and-shoulder seat belt fits properly, typically when they have reached 4'9" in height and are between 8 and 12 years of age.
- When children are old enough and large enough to use the vehicle seat belt alone, they should always use lap-and-shoulder seat belts for optimal protection.
- The back seat is the safety place for all children under 13 years of age.
- A child should never be left unattended in a car safety seat in or out of the vehicle.
- Car safety seats are for transportation purposes only and are not recommended for routine sleep in the home.
- Use car safety seats should be avoided, especially if the seat's history is unknown.
- Seat belts should be worn by all of the remaining passengers and the driver.

Car safety seat check-up events

A car safety seat check-up event is the best way to find out if your child is riding as safely as possible. Trained child passenger safety technicians will review your car safety seat selection, check its recall status, and provide hands-on installation education. These services are provided free of charge.

For more information about check-up events

- Child Passenger Safety, Randall Children's Hospital — 503-413-4005
- Oregon — Child Safety Seat Resource Center, www.childsafetyseat.org, 503-643-5620 or 877-793-2608
- Washington — Safety Restraint Coalition, www.800buckleup.org, 425-828-8975, 800-282-5587 or 877-788-8432 (Spanish line)

For more information about car safety seat recalls

- Car safety seat manufacturer
- National Highway Traffic Safety Administration:
www.odi.nhtsa.dot.gov/cars/problems/recalls/childseat.cfm

Oregon law

(ORS 811.210)

- All children who weigh 40 pounds or less must ride in a child safety seat designed for children their size. Infants must ride in rear-facing seats until they are 1 year old and weigh more than 20 pounds.
- Children over 40 pounds or who have received the upper weight limit of their car safety seat's harness system must use a booster seat until they are 4'9" tall or age 8.
- Vehicles equipped with lap-only seat belts are exempt from the requirement to use a booster seat.
- Children taller than 4'9" or age 8 or older must be properly secured with the vehicle's safety belt. A child is properly secured if the lap belt is positioned low across the thighs and the shoulder belt is positioned over the collarbone and away from the neck.

Note: Current as of January 2012. It is possible that this law has changed. Check the current version of the law at www.oregon.gov/ODOT/TS/safetybelts.shtml.

Washington law

(RCW 46.61.687)

- Children under 13 years old must be transported in the back seat where it is practical to do so.
- Children up to their eighth birthday, unless they are 4'9" tall (which ever comes first), must ride in a child restraint.
- The restraint system must be used correctly according to the child restraint *and* vehicle manufacturer's instructions.
- Vehicles equipped with lap-only seat belts are exempt from the requirement to use a booster seat.
- Children 8 years of age or at least 4'9" tall who wear a seat belt *must* use it correctly (never under the arm or behind the back), or continue to use a booster.

Note: The information above is current as of January 2012. It is possible that this law has changed. Check the current version of the law at apps.leg.wa.gov/rcw/default.aspx?cite=46.61.687

Danger signs for the newborn infant

Call your baby's doctor if any of the following occur.

For all babies

- Any axillary (under arm) temperature above 99.4 F or below 97 F
- Any yellow or yellow-green discharge from the eye
- Concerns about jaundice — whites of the eyes or the whole body turns yellow
- Concerns about the circumcision including bright red bleeding (more than one spot)
- Concerns about the cord including bright red bleeding (more than a spot), a foul odor to the cord, or redness spreading onto the skin around the cord
- Baby is shaking and irritable
- Baby vomits forcefully, projecting several inches. More than one ounce per episode, more than five episodes a day. (Spitting up and dribbling with burps is normal in a newborn.)
- If your infant's behavior changes or your baby is very drowsy and difficult to awaken
- If the urine is a dark color, foul smelling or there is only a small amount
- Baby is crying all the time without calm periods
- Persistent moaning or super shrill crying

For breastfeeding babies

Call your baby's doctor or Legacy Lactation Services if your breastfed newborn:

- Feeds fewer than 7–8 times in 24 hours
- Does not have a bowel movement in 24 hours or has fewer wet diapers than he is days old. (For instance, we expect that a three-day-old infant will have three wet diapers.) By the time your milk is in, we expect 6–8 wet diapers in 24 hours.

If you have concerns or something 'just doesn't feel right'

Part of becoming a new parent means having many questions. Always feel free to call your baby's doctor for information, guidance and support.