Caring for Your Newborn
Congratulations — you have a new baby! No matter how much over the past months and years you have anticipated becoming a parent, nothing can really prepare you for how you will feel when your baby arrives. Caring for a newborn is one of the greatest challenges a parent or caregiver faces, because an infant is completely dependent on loved ones for care and survival.

Caring for a new baby can be a source of great joy as well as great stress. Regardless of how much you think you have prepared beforehand, it probably will not be enough to prevent you from feeling overwhelmed at first. Don’t worry, that’s perfectly normal. All parents must work hard to understand and care for their babies.

The Children’s Hospital of Philadelphia provides this booklet to help you cope during your first experience at parenting. Inside, you will find useful information on things like feeding and bathing your baby, safety tips, sleep problems and child development.

Your most important job right now is to take care of yourself and your newborn. That will be easier if you have an idea of what to expect in the first few months of your baby’s life, take an active role in your infant’s healthcare and development, and build close ties with a supportive network made up of your child’s doctor and your family and friends.

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The Children's Hospital of Philadelphia provides this booklet to guide you during your first experience at parenting.
Normal Newborn Features and Behaviors

Newborns usually don’t look like the plump, cuddly infants you see in magazine ads — those infants actually are several weeks or months old. In fact, babies often look unattractive immediately after birth, even to proud parents. They may appear wet, wrinkled and reddish, and their skin may appear thin, with their veins showing through it.

Here are some of the things you may notice:

**Eyes**
- You may see blood spots on the white part of your baby’s eyes. These are from the pressure of delivery, and they are harmless and temporary.
- Eyes may seem to be crossed. This is normal in newborns. The eyes should look normal when the baby is about 4 months old.
- Your baby can see clearly only a few inches in front of him, and his vision gradually will improve. Hold your baby close to you so he can see you well.
- Your baby may not produce tears right away.
- Most Caucasian newborns have blue eyes, and it may take a year for a baby’s permanent eye color to emerge. Infants of other races usually have brown eyes at birth and keep that color throughout their lives.

**Head**
- The pressure from a vaginal delivery may make your baby’s head appear cone-shaped, flattened or lopsided, and it may cause swelling on the scalp. This will go away within a few weeks.
- All babies have two soft spots on their heads where the skull bones haven’t yet grown together. These should close at 9 to 18 months.

**Skin**
- Your baby’s skin will look delicate. If he was born early or right around your due date, his skin may peel or crack a little bit because of the exposure to air. This is normal. He also might have flakes on his scalp that look like dandruff. Don’t use lotion, oils or Vaseline™ on your baby’s peeling skin or flaky scalp; it could make the condition worse. The peeling should go away soon without treatment.
- You might notice tiny white dots (these are called milia), on or around the nose. These are oil glands that eventually will get smaller; don’t pop them.
- A blotch of color called “stork bite” and “angel’s kiss” may be seen in lighter-skinned infants. They will fade gradually over the first few months.
- “Newborn rash,” also known as erythema toxicum, are red raised bumps with a central tiny white dot. They usually go away within the first week or so.
- “Mongolian spots” are large, flat, bluish areas that look like bruises. These commonly appear on darker-skinned babies and will fade in time.

**Hearing**
- Most infants have normal hearing, but they can’t tell where a particular sound is coming from until about 4 months.
- Most Pennsylvania hospitals test newborns’ hearing before they leave the hospital.

**Body**
- After the umbilical cord is cut, about a one-inch piece of it remains. This stump will begin to dry up and turn black, and it will drop off within one to two weeks.
- Both newborn boys’ and girls’ breasts may be swollen or have a discharge; this is a result of the large amount of hormones their mothers produced during pregnancy. The swelling should disappear within a few weeks.
- Your baby may have areas of fine hair on his body. This is called “lanugo” and helped protect him while he was in the womb; it will fall out within a few weeks.
- Newborns’ genitals often appear reddish and may seem large; and girls may have a whirler or bloody discharge. This, again, is caused by the mother’s hormones and should stop within a few weeks.

**Nose**
- Sneezing is normal; it is your baby’s way of clearing dust from the nose.

**Mouth**
- “Epstein’s pearls” are normal, tiny white bumps on the roof of your baby’s mouth.
- A sucking callus is the thick skin on your baby’s upper lip caused from repeated sucking. It is normal; don’t peel it off.
- A quivering chin is normal newborn behavior.

Handling and Holding Your Newborn

Even if you have never before held or handled a baby, you will soon get used to it. Babies enjoy physical contact, and your baby needs you to hold and soothe him in order to feel safe and loved.

A newborn can’t hold his head up by himself for several months, so support his head and remind others who may be holding your baby to do so also.

Your newborn will like to be nestled against your shoulder or chest, where he can hear your heartbeat. In this position, use one arm to support his buttocks and the other to support his neck and head. You may also hold your baby in a cradle position in your arms.
Breastfeeding

Benefits of breastfeeding

Deciding to breastfeed is a wonderful decision for you and your baby. Breast milk is the healthiest food for babies and provides all the nutrition your infant needs. It also promotes bonding between mother and infant and protects your baby against illness. Babies that breastfeed have fewer ear infections and get diarrhea less often — that means fewer trips to the pediatrician.

Breastfed babies do not have as many allergies as formula-fed babies, and mothers who breastfeed are less likely to get breast and ovarian cancer than those who do not.

Breast milk is different from formula because it is always changing to meet the nutritional needs of your child as he grows. Human milk also provides special fats that promote brain development. For all these reasons, the American Academy of Pediatrics recommends infants be fed only breast milk for their first 6 months of life. Babies do not need additional water, juice or formula. At 6 months, you may offer your baby solid foods, but it is best for babies to continue to breastfeed until they are at least 1 year old.

Getting started

Your baby should be nursing at least eight times in 24 hours. The key to successful breastfeeding is the way your baby “latches onto” the breast. While holding your breast, stroke the baby’s cheek from nose to chin to encourage him to open his mouth wide enough to take both the nipple and approximately one inch of the areola into the mouth. Positioned this way, your baby will get the most milk and you will be less likely to have sore nipples.

Positions for breastfeeding

There are different positions you can use while breastfeeding: choose the one that makes you and your baby most comfortable. Hold him or her close to your body. For most positions, your baby should be on his side with the entire body facing you and his mouth near your nipple. Your baby shouldn’t have to turn his head in order to reach your breast.

Signs of a poor latch

• Your nipples are sore during the whole feeding or become sore as the feeding continues.
• When the baby sucks, you hear clicking or smacking sounds.
• The baby is coming off the breast repeatedly after only a few sucks.
• The baby’s cheeks are dimpling in with each suck.
• The baby acts hungry all the time after nursing.

Do I have enough milk for my baby?

This is probably the greatest concern for all new breastfeeding mothers. After the first few days of life, many infants seem to nurse more often and may be a little fussy. Many parents think this means their baby is not getting enough milk. This is a normal stage of breastfeeding when the infant’s demand increases the mother’s milk supply. However, sometimes the baby’s fussy causes mothers to offer bottles of formula instead. These bottles cause problems in two ways. They fill your baby up, delaying his desire to nurse, which can decrease your milk supply. Bottle-feeding also causes problems with breastfeeding because the infant’s sucking is different for breast and bottle.

Even though you can’t see the amount of breast milk that goes into your baby, there are other ways to know if he is getting enough milk. Your baby is getting a sufficient supply if he:
• Nurses at least eight times in a 24-hour period.
• Nurses for 10 minutes or more in a rhythmic suck/swallow/pause/suck pattern.
• Is satisfied and not displaying feeding cues (mewing, sucking on fingers) after a feed.
• Has one wet diaper on the first day of life, three on days two and three and more wet diapers on days four and five. By day six, your baby should have at least six to eight wet diapers a day.
• Is producing yellow, seedy, runny stools at around day three or four. If your baby is not passing any stools, call your pediatrician.
• Is gaining weight. Your baby should be weighed during the first week of life and may lose a little weight first — this is normal. Breastfed babies should stop losing weight around day four or five and then begin gaining weight and return to birth weight by 2 weeks of age. Normal weight gain after the second week is about one ounce per day.
• Once your milk comes in, your breasts will feel softer after a feeding. This tells you that your baby is getting enough milk.

Offering your baby an extra feeding from a bottle after nursing to “see if he is still hungry” is not a reliable way to tell if he has had enough. Many babies will still take a bottle even if they have had enough from the breast.

Feeding frequency

Your baby’s stomach is small and he digests breast milk easily, so it will leave the stomach in one to two hours. This means you should feed your baby often in the first few weeks, but the time between feedings will get longer.

Always feed your baby when he is showing signs of hunger, even if the baby just ate an hour ago. This is normal in the first few weeks and before naps. Your baby is doing well if he nurses eight to 12 times in a 24-hour period.

Feeding length

Your baby should nurse long enough to get a good flow of milk and to be full. In the beginning of the feeding, the milk is more watery, and as nursing continues, the fat content increases until your baby reaches the rich, high-fat hindmilk. It is best to allow your baby to nurse as long as he wants (at least 15 minutes) on the first breast so the baby is reaching the hindmilk, which is important for his growth. When your baby has had enough, he will let go of the breast and seem satisfied. Try burping your baby, and then offer the second breast. Your baby’s strongest suck is at the beginning of the feeding. Don’t always start the feeding on the same breast — switch back and forth at the start of each feeding.
Pumping, Handling and Storing Breast Milk

There may be times when you can’t be with your baby to breastfeed, but you still want him to have breast milk. You can express milk ahead of time with a breast pump. Children’s Hospital’s lactation specialists can help you learn how to use a breast pump properly.

Tips for pumping
- If you are having problems producing milk, try putting warm washcloths on your breasts and massaging both breasts for five minutes before pumping.
- Think about your baby, look at photos of him, think happy thoughts and relax (try a warm drink, listening to music, watching TV or reading). Stress can interfere with milk production.
- Try not to focus on pumping or on the amount of milk in the collection bottles.
- Drink plenty of fluids and make sure you are eating three healthy meals a day.
- High-calorie, healthy snacks are good if you can’t fit in scheduled meals. Try dried fruits, nuts, cheese and crackers, granola bars, peanut butter and dried cereal.
- If your supply is low, pumping more often will help to increase it. You can pump every two to three hours during the day and at least once at night. If your supply is low, you may consider renting a hospital-grade pump to help completely empty your breasts and increase your milk supply.
- It may take several days for your supply to increase. Don’t worry, it will happen.

Tips for storing milk
- Use as many bottles as you need, but start with clean ones each time you pump.
- Do not add new milk to previously collected milk, even if there is room in the freezer. This increases the risk of germs entering the milk you already pumped.
- Use fresh milk when possible. You may store fresh milk for as long as five days in the refrigerator if your baby is at home. If your baby is in the hospital, store milk for no longer than 48 hours in the refrigerator. Breast milk may be stored in the freezer for three to six months.
- Milk that will not be used within 48 hours should be frozen. Thawed milk must be used within 24 hours.

Pumping at home
If you will be spending a lot of time at home pumping, you will probably want to rent an electric pump to keep there. An electric pump works better than a small hand or battery-powered pump. Children’s Hospital recommends electric pumps for maintaining your milk supply if your baby is not breastfeeding yet. If your baby is breastfeeding and you plan to pump only occasionally, then one of the hand or battery-powered pumps is fine.

Formula Feeding

Infant formula meets all your baby’s nutritional needs for the first 4 to 6 months of life. You don’t need to feed the baby extra water, juice or cow’s milk. There are two major types of infant formula: cow milk-based (Similac® or Enfamil®) and soy-based formulas (Isomil® or Prosobee®). Your doctor or nurse practitioner can help you decide which formula is best for your baby. Both types contain all the vitamins necessary for your baby’s growth.

How to prepare infant formula

Infant formula comes in three forms:
- Ready-to-feed: This is the most convenient but most expensive way to buy your formula. All you have to do is open the can and pour it into a bottle (or attach a nipple if you are using the kind that comes in a bottle).
**Important Feeding Information**

Do not feed your baby more often than every two to three hours and do not let him sleep longer than four hours at a time during the day as a young infant. Unless your baby has special needs, you do not need to awaken him during the night to eat.

**Spitting up**

- More babies spit up a small amount after feedings. This can be very normal, but your baby will outgrow it by 9 months of age.
- You can reduce the spitting up by burping your baby often (after every one to two ounces).
- Avoid swings or bouncing activities after feedings.
- Try offering smaller feedings, more often.
- Try keeping the baby upright for 30 minutes after each feeding.

**Call your doctor or nurse practitioner if**

- Your baby does not seem to be gaining weight.
- Your baby seems to be vomiting most or all of the food after a feeding.
- Your baby is having very watery stools more than eight times a day.
- Your baby is having fewer than six wet diapers per day.

- Do not use a microwave to warm formula — it causes uneven heating and can burn your baby’s mouth.
- Burp your baby often, after every one to two ounces.
- Don’t put your baby to bed with a bottle — it can cause tooth decay.
- Feed your baby only formula, no water. Do not feed him cereal or other foods until your pediatrician says it is okay (usually at 4 to 6 months of age).
- Never prop up a bottle while your baby is feeding; it can cause choking and lead to ear infections.

Diapers and Diaper Changing

**Diapering**

At first, it may seem a frightening task to change a diaper — particularly if your baby is screaming and wriggling his arms and legs around while you’re trying to do it. Don’t worry; with a little practice, you will soon get used to this routine. You will need about 10 diapers a day for your baby. Disposable diapers are more popular than cloth ones because they are convenient and easy to use. However, they can be expensive to buy. Disposable diapers come in several sizes; be sure they fit securely, but not too tightly, around your baby’s thighs.

Before diapering your baby, make sure you have all supplies within reach. Do not leave your baby alone on the changing table, even for a moment, and even if he hasn’t yet begun to roll over by himself.

**Schedules**

Most formula-fed babies will want to eat every three to five hours, but feed your baby when he is hungry. At first, your new baby may only drink one to two ounces at each feeding. At most, a baby can usually drink his weight in pounds divided by two (for example, a 12-pound baby should not be drinking more than six ounces at a time).
2. Wipe and wash the entire diaper area each time you change your baby.
3. Pat your baby dry using a towel or washcloth — any moisture that remains on the skin can cause diaper rash. Do not use baby powder. The dust can cause breathing problems. If your baby has a rash, apply ointment.
4. To put on a new diaper, open it up, lift your baby’s legs up by his feet and slide the clean diaper under his buttocks. Release his feet and bring the front of the diaper up between his legs, smoothing it over his stomach. Fasten the sticky tabs, angling them downward so the top corners of the tabs don’t irritate your baby’s stomach.
5. Always wash your hands well after changing a diaper.

Diaper Rash
Diaper rash appears as a flat, pink or bright red rash on the diapered area. For treatment:
• Change your child's diaper often.
• Make sure the diapers aren’t too tight.

Bathing Your Baby

Bath time can be enjoyable for both you and your infant. It is a time when you can talk to and play with him. Also, it gives you a chance to watch his behavior and examine his skin.

Newborns do not need a full bath at first. Do not use soap on your baby’s face. Using cotton balls squeezed in warm water, wipe your newborn’s eyes from the nose outward, using a separate cotton ball for each eye to prevent infection. Wash the outside of the nose and the ears with a damp cloth. Do not use cotton swabs to clean inside your baby’s ears or nose. Wipe into the cranes in his neck and armpits, and clean his hands and feet. Clean the diaper area according to the “Diapers and Diaper Changing” section, above.

The most important rule about bathing your baby is never leave him alone in the tub or turn your back, even for a moment, and never let go of your baby while he is in the water. If you need to leave, put the baby back in his crib.

Choose a convenient time before feeding time for bathing. Many parents prefer either the morning or evening. You do not need to bathe your baby every day — in fact, frequent bathing can cause overdrying of his skin. Bathing your baby two to three times a week is enough. Wash your baby’s face every day and clean your baby’s diaper area with every diaper change.

Gather everything you need before you undress the baby:
• Clean bath tub (there are many baby models from which to choose)
• Mild soap (such as Dove™ or unscented)
• Two soft towels (put one in the tub to prevent the baby from slipping)
• Diaper and undershirt
• Soft washcloth
• Banket
• Padded surface on which to lay the baby

1. Always wash your hands before handling your infant. Bathe him in a warm room, away from drafts. Your baby’s skin is sensitive, so make sure the bath water is warm, but not hot. Check the temperature by using your elbow or the inner side of your wrists.
2. Do not use soap on your baby’s face. Clean around his eyes with cotton balls, a different one for each eye to prevent infection. Wipe with plain water from the inner corner (nearest the nose) to the outer corner. Wash the outside of the nose and the ears with a damp cloth. Do not use cotton swabs to clean inside your baby’s ears or nose.
3. It is not necessary to clean inside your baby’s mouth. The tongue, gums and cheeks should be smooth, clean and pink, and the baby’s breath should smell good.

4. To wash your baby’s hair, use baby shampoo or lather from soap. Hold the baby securely, supporting both the neck and the back. Rub your baby’s head gently, in a circular motion, from front to back. Rinse well and pat dry. Be careful not to get soap in the baby’s eyes. Washing your baby’s hair prevents cradle cap, a scaly rash on the scalps of healthy babies.
5. When bathing the body, wash in the folds and creases of the neck, arms, thighs and buttocks. Dry these skin folds carefully.
6. When bathing a girl, open the labial lips (folds in the genital area) and wipe from front to back to prevent infections. Don’t try to remove the sticky white substance in the folds all at once — it will work its way out gradually. This is vernix, the material that covered your baby in the womb.
When bathing a boy, wash the diaper area well. Gently wash the skin folds around the scrotum. For boys with an uncircumcised penis: never pull the foreskin back. This can cause severe swelling and may block urine flow. Penis growth over the first several years will gradually stretch the foreskin. If the baby has been circumcised, follow the directions from your doctor.

Rinse the diaper area and dry well (see “Diapers and Diaper Changing.”)

Bath tips

- Give your baby a sponge bath until his umbilical cord stump falls off. The navel, or belly button, needs time to heal.
- It is safe to wash over the soft spot on your baby’s head.
- Do not use bubble bath. It can be irritating to both girls and boys, and it may also cause urinary tract infections in girls.

Daily Baby Care

Umbilical cord care

Keep the cord dry — don’t give your baby a tub bath until it has fallen off. Keep the diaper away from the cord. Watch for signs of infection: a foul odor, pus discharge or red skin around the cord. Call your doctor or nurse practitioner if the cord isn’t drying up. Infection of the cord is an emergency.

Nail care

To prevent your baby from scratching himself, keep his nails short and clean. Cut nails straight across, do not round them. Use an emery board to file the nails. You may find it easier to cut the nails while the baby is sleeping.

You do not need to use oil. Vaseline” or lotion on the baby’s skin or hair.

- Do not use baby powder. The dust can cause breathing problems for you and your baby.

Call your doctor or nurse practitioner if:

- You notice a rash anywhere on your baby’s body.
- You notice any changes in skin color or texture.
- You see any drainage from eyes, ears or nose.
- You notice that the navel is not healing, there is more drainage or the color is different.
- You see white patches or color changes inside the mouth.

Genital care

For girls, wipe front to back to prevent infections.

For boys with an uncircumcised penis, never pull the foreskin back. This can cause severe swelling and may obstruct urine flow. Penis growth over the first several years will gradually stretch the foreskin. If your baby is circumcised, you will receive a separate sheet about his care.

Dressing

New clothing should be washed in a mild detergent before wearing the first time, and buy only baby clothing that’s flame-retardant.

When dressing the baby, use yourself as a guide. If you are warm, your baby will be warm. If you need a sweater, your baby needs a sweater. Don’t overdress your baby. Dress warmly to go out in cold weather, but unbundle your baby as soon as you go inside.

Sleep and Crying

Sleep

Each infant has his own sleep pattern. It is normal for infants to sleep 12 to 20 hours a day in one- to three-hour stretches, waking for feedings and diaper changes. Be sure to play and talk with your baby when he is alert. He will not know the difference between night and day at first, but most babies sleep through the night by 4 months.

About 20 to 30 percent of infants and young children have a hard time falling asleep or wake up at night. In most cases, sleep problems are not a part of a larger medical problem. The ways in which infants learn to fall asleep can start a pattern for the next few years. While there is no magic cure for sleep problems, most will go away if parents are able to stick with a program over time.

Newborn to 6 months

- Babies should always sleep on their backs.
- Babies at this age rarely sleep through the night without waking.

- Babies need to be fed throughout the day and night.
- Feeding a baby cereal will not make him sleep through the night.

7 Months to 1 Year

Baby's at this age may still wake at night. Usually, they do not need a nighttime feeding. Babies do need a routine pattern of getting ready for bedtime each night. Here are some tips for getting your baby to sleep:

- Try to put your baby to bed at the same time each night.
- If possible, your baby should sleep in the same place each night.
- Keep the room quiet and dark.
- Rock, hold, read to or feed your baby to help him get ready for sleep.
- Put your baby down to sleep while he is still awake.
- Cribs should be empty of toys.

Walks and crowds

Avoid going for walks outside during temperature extremes (below freezing or above 85 degrees Fahrenheit). Avoid direct sunlight — babies under 6 months of age can’t wear sunblock. Walks outside in open spaces and nice weather are fine. The more people to whom the baby is exposed, the more likely he will get sick, so avoid anyone with respiratory problems, gastrointestinal symptoms or a rash. Have visitors wash their hands with soap before they touch the baby, and wash your own hands before touching your baby.
Swaddling

Swaddling, or wrapping your baby snugly in a blanket, is a soothing technique that may help him sleep. The goal is to keep your baby warm and give him a sense of security. This may resemble how babies felt when they were in the womb. Here is how to swaddle a baby:

- Use a large blanket or sheet. Spread it out and fold one corner over slightly.
- Lay the baby face-up on the blanket with his neck at the folded corner.
- Bring the right corner downward and tuck it snugly underneath him.
- Bring the bottom corner up and over his feet.
- Finally, bring the left corner downward and across your baby's body and tuck it securely underneath him, leaving only his head exposed. Make sure the material isn't too tight against the neck.

Colic

Many doctors define colic as long periods of screaming without a clear cause. It's common for infants to suffer from colic—at about one in 10 babies has it. The good news for sleepless parents is that most doctors consider colic a normal part of an infant’s development, and it generally stops by 3 months of age.

Colic usually begins when babies are less than 2 weeks old. Symptoms include crying if an infant isn’t hungry or sick and doesn’t have a fever. Fits of crying last for one to two hours or more, though a colicky baby acts fine between bouts and when one holds him.

To treat your colicky baby:
- Cuddle and rock him when he cries.
- Offer him your little finger to suck.
- Place him in a pouch or front-held carrying pack.
- Place him in a windup swing or vibrating chair.
- Take him for a stroller ride.
- Avoid excessive bouncing.
If none of the above works after 30 minutes:
• Wrap your baby and place him in a crib, and minimize noise and activity while he is trying to fall asleep.
• If your baby cries for more than 15 minutes in the crib, pick him up and try the soothing activities again.
• If your baby is tired but not crying, place him in a crib, and he will eventually fall asleep.

Caring for a baby with colic is hard work and tiring. Be sure to ask a family member or a friend for help with other children and chores while you are tending to a colicky baby.

Call your doctor or nurse practitioner immediately if:
• Your baby's cry sounds as if he is in pain, rather than merely fussing.

Infant Development and Stimulation

From birth, a newborn can interact with people and things. Cuddle your baby. Sing and talk to him. Even though your baby cannot understand words yet, the development of language begins now. Touch, sound and sight are newborn's most important senses.

Touch
This is the most important stimulation for a newborn. Good ways to touch your baby include breastfeeding, holding, rocking, massaging and bathing.

Sight
Newborns can focus their vision only a few inches in front of them. They close their eyes in bright light. They prefer to look at patterns more than at solids, and they enjoy looking at things that move more than things that are still. Bright, bold colors are easier for them to see than pastel colors.

Playing with Your Baby: birth to 4 months old

Your baby needs your love and help to grow and develop. Here are some activities you can do with your baby from birth to about 4 months old:
• Cuddle your baby and talk to him. Even though he can't understand the words yet, the beginnings of language are being formed now.
• Let your baby look at black-and-white and brightly colored objects/toys.
• Change his position: on his back, in an infant seat, on his belly (except for sleep), in your arms.
• Call your baby's name and tell him you are coming wherever you approach him.
• Talk to your baby as you feed, dress, or change him. Use a soft, calming, friendly voice. Tell your baby what you are doing.
• Sing, whistle or hum to your baby.
• Repeat the sounds your baby makes.
• Pick up your baby gently and slowly. Hold your baby close to your body and cuddle him.
• While your baby is awake, place him tummy-down so he can play and learn.

Hold your baby in different positions while supporting your baby's head:
• In front facing you
• In front facing outward
• Against your chest with his head over your left or right shoulder

Gently stroke your baby's head, arm or back, or hold your baby's hand while you cuddle.
Playing with Your Baby: 5 to 8 months old

In addition to the activities above, here are some you can do with your 5- to 8-month-old:

• Laugh when your baby laughs; smile when your baby smiles.
• Make interesting noises to encourage your baby to make sounds and imitate you.
• Show your baby new and different safe toys. Play simple movement games with him using your and his hands, fingers, and toes (Dfly-Baby Spider, Peek-a-Boo, the Wheel on the Bus, This Little Piggy Went to Market, Pat-a-Cake).
• Place a toy or rattle out of your baby’s reach so he can try to reach or grasp for it. Hide a toy behind you or under your hands with part of it showing. Attract your baby’s attention to it and encourage him to pull it out.
• Help your baby notice the different things a toy can do by putting his hand on it and helping him touch, shake or mouth it.

Infant Safety

Nearly 300 children under the age of 4 die every month in the United States, and injuries are the most common cause of death in children ages 1 to 4. Often, these deaths are from accidents that could have been prevented. Following the tips below is a good way to start a lifetime of safety.

• Place your baby on his back to go to sleep.
• Do not place pillows, comforters, or stuffed toys in the crib with your baby; they can cause suffocation.

While your baby is in the crib, you can:

• Let your baby listen to different sounds, including:
  • Quiet sounds, such as the ticking of a clock or whispering
  • Water running in the sink
  • A light switch running on and off
  • A door opening and closing
  • The wind or rain

Place your baby in different sitting positions and support him. Encourage your baby to look upward by lifting a toy over his head.

• Once the baby can pull himself up, keep the crib mattress at the lowest level and the crib rails all the way up to prevent falls.
• Never turn your back or leave while your baby is on a changing table or bed, even if the baby is in an infant seat and even if he hasn’t yet begun to roll over by himself.
• Keep all plastic bags away from your baby — if he puts it on his head, he could suffocate. Plastic that makes a loud rustling sound, such as ady-cleaning bags, often attracts babies.
• To prevent choking, never leave small objects (such as coins, Lego™ pieces and buttons) within your baby’s reach. Babies have a natural impulse to put things in their mouths.
• When your baby is old enough for solid foods, never feed him hard items such as carrots, apples, hot dogs, hard candy or grapes. Always supervise your child eating and drinking, and cut food into tiny pieces. Never give peanuts to a child under 4, because he can choke on them or inhale them into his lungs. Be extra careful when you are at parties or visiting other people’s homes.
• Place childproof covers on all electrical outlets.
• Set the temperature on your hot water heater below 120 degrees to prevent scalds.
• Never carry your baby at the same time you are carrying hot foods or liquids.
• Stay away from crowds (malls, restaurants) during your baby’s first 2 months when he is most sensitive to germs.
• Wash your hands before touching your baby and have visitors do the same. People who are sick shouldn’t hold or touch the baby.

If you must smoke, don’t do it in the same room as the baby. Never smoke while holding the baby (See "Secondhand Smoke" section).
• Make sure your baby can’t get anything pulled tightly around his neck. Do not hang a pacifier on a string or ribbon around his neck. Watch out for hanging cords or ropes, such as those from window blind and curtains.
• Bow a set of open-weave sweaters and blankets in which your baby could get his finger caught.
• Make sure smoke detectors and fire extinguishers work on every floor in your house. Plan escape routes in case of fire.
• Keep poison control, police, fire, and ambulance numbers by your phone.
• Do not warm baby food or formula in the microwave.
• When riding in a car, your infant must ride in a rear-facing car seat. Read and follow the instructions that come with the car safety seat and the section in the owner’s manual of your car on how to install and use the car seat correctly. Never put an infant in the front seat of a car that has a passenger-side air bag, or in any front seat.
• Use gates on stairways and close doors to rooms where your baby might get hurt.
• Put window guards on all windows above the first floor.
• Do not use a baby walker.
• Take classes in baby first aid and CPR.
Secondhand Smoke

What is it?
Secondhand smoke is the smoke released from a burning cigarette and that a smoker exhales. It has more than 4,800 chemicals in it, including nicotine. Some of these chemicals cause cancer.

Why is it bad for children?
Infants and children breathe in second-hand smoke whenever someone smokes around them. The level of nicotine in an infant’s blood may be as high — or higher — than in the blood of the smoker. If you smoke around your child, it is as if he is smoking too!

Children who breathe in secondhand smoke are not as healthy nor as strong as children in smoke-free homes.

Secondhand smoke can contribute to many childhood illnesses, including:
- Asthma
- Ear infections and hearing problems
- Upper-respiratory infections
- Respiratory problems, such as bronchitis and pneumonia
- SIDS (Sudden Infant Death Syndrome)
- Colic

Secondhand smoke can cause problems for children later in life, including:
- Heart disease
- Lung cancer and other cancers, including leukemia and lymphoma
- Cataracts (eye disease)
- Becoming smokers themselves

What can I do?
- Talk with others in your home about making your home a smoke-free environment.
- If you must smoke, do it only outside and away from your children.
- Smoke lingers in clothing. Change your outer clothes after smoking.
- Wash your hands after smoking and before touching your infant.
- If your child is 1 month to 2 years old, call Philadelphia Fresh at 215-746-7158. It is a free program at the University of Pennsylvania that gives advice and information about how to limit your child’s exposure to tobacco smoke.
- The best, safest option for you and your child is for you to quit smoking.

Millions of people have done it. Talk to your doctor or nurse practitioner, or call the free 24-hour Pennsylvania Quitline for help at 877-724-1090.

DEDICATION

We dedicate this booklet to the memory of Liz Lopez, R.N., B.S.N., who worked for Children’s Hospital for 17 years in the Newborn/Infant Center, Connelly Resource Center for Families and Lactation Program. The patients and families she served as well as her colleagues benefited from her compassion, her devotion and her generous spirit.

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