

Indian Academy of Pediatrics (IAP)



GUIDELINES FOR PARENTS

How Do I Prepare for Arrival of My Newborn Baby?

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10 FAQs on HOW DO I PREPARE FOR ARRIVAL OF MY NEWBORN BABY?

1. What should I carry to the hospital for the baby when I get admitted for delivery?
2. How do we prepare our home for arrival of the baby?
3. When does the baby pass his/her first stool and urine after birth? How many times should my baby urinate and pass stool in a day? Are disposable diapers better than the cloth diapers?
4. Where should my baby sleep? Do mother-baby share the same bed or we keep a separate cot for the baby? What is the sleep pattern of my baby in the first few days after birth?
5. When can I bathe my baby? How do I sponge my baby? How should I take care of the baby's cord?
6. How to take care of the eyes of my baby? Can I apply kajal/kohl?
7. Is it normal for the baby to have jaundice in the first few days after birth?
8. What are the signs of illness for which I should contact my doctor immediately, during the first 3 days of life?
9. Can we allow visitors at home?
10. We have pets in our house. Do we need to restrict their entry in the baby's rooms?

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How Do I Prepare for Arrival of My Newborn Baby?

Q1

What should I carry to the hospital for the baby when I get admitted for delivery?

You should keep a bag ready to carry to the hospital at least 3–4 weeks before the expected date of delivery. You may have to rush to the hospital. Keep soft clothes for the baby which have been washed at least once. Woolens and blankets should also be kept in the winter season. Clothes which open in the front should be preferred. Also carry socks, caps, mittens (for hands), towels, sheets, and diapers. Both cloth (cotton) and disposable diapers can be used. Soft cotton clothes or wipes should also be kept for cleaning and sponging purpose (**Fig. 1**).



Fig. 1: This picture shows an example of a set of clothes for a newborn baby.

Q2

How do we prepare our home for arrival of the baby?

You must select a room which is warm, well-ventilated, quiet, and comfortable for the mother-baby duo. It should be relatively quiet and the light should not be bright. Room should be thoroughly cleaned before the arrival of the baby. Wet mopping or vacuum cleaning is a better method of cleaning the room than dry dusting. Baby's room should be smoke-free. Thorough pest control measures should be undertaken in the house before baby's arrival.

Keep the mother-baby bed away from window and door, and also not directly in front of cooler or under fan. During summer, if using an air conditioner, ensure that temperature is set at least 25°C or above and the baby is clothed adequately with two to three layers of clothing, cap, socks, and mittens. In winter, keep the room warm with radiant heater or oil-filled room heater. Try to avoid the use of hot blower, as it would make the atmosphere dry and uncomfortable. Arrange for alternate power source, as a back-up.

Make room for keeping baby's belongings, easily reachable for the mother. Arrange for extra domestic help to allow the mother to take care of the baby.

Q3

When does the baby pass his/her first stool and urine after birth? How many times should my baby urinate and pass stool in a day? Are disposable diapers better than the cloth diapers?

Your baby may take up to 48 hours to pass his/her first stool and up to 24 hours to pass urine for the first time. For the first 3 days, the baby may only urinate two to three times in 24 hours, but this will increase to seven to eight times in 24 hours by 1 week of life. A newborn's stool is first dark-colored and sticky (**Fig. 2**), and then slowly changes to yellow seedy stools after the first few days. Most babies will also pass stool several times a day. Both cloth and disposable diapers are equally safe for a newborn baby (**Figs. 3A and B**). Diapers may need to be changed every 3–4 hours in the first week of life.



Fig. 2: The picture on the left shows a newborn's first stool called "meconium".



Figs. 3A and B: Disposable diapers (left) and cloth diapers (right) can both be used for a newborn baby.

Q4

Where should my baby sleep? Do mother-baby share the same bed or we keep a separate cot for the baby? What is the sleep pattern of my baby in the first few days after birth?

The bed of the baby should be clean, dust-free, and the mattress should be firm, not fluffy. Place your baby on her back, not on the stomach or side. Cover the mattress with a snugly-fitting clean sheet. Use mosquito curtain, if needed. Keep toys, pillows, blankets, and other things out of your baby's area of sleep. Dress your infant suitable for the room temperature at night. Hands and feet should be just warm to touch. Change diapers at night, if wet or soiled.

If the mother is comfortable, there is no need to use a separate cot/crib/bassinet for the baby. It is better that the mother-baby duo shares the same bed. It helps in keeping the baby warm, and breastfeeding becomes easier for the mother. It also ensures better emotional bonding between the baby and the mother. However, the mother should remain alert that the face of the baby does not get covered.

There is no set schedule of sleep in the initial few days. Generally, newborns sleep for a total of about 8–9 hours in the daytime and about 8 hours at night. The sleep cycles of a baby are shorter than adults and they tend to wake or stir about every 40 minutes in both day and night. Every 2 or 3 hours, they would need a feed and attention. You can help your baby sleep by recognizing signs of sleep readiness (yawning, fussing, crying, or becoming quiet) and provide the right environment for safe and comfortable sleep (**Fig. 4**).



Fig. 4: This picture shows the safe sleep position for a newborn baby, on his back, facing upward, without any pillows, loose clothing or bedding around.

Q5

**When can I bathe my baby? How do I sponge my baby?
How should I take care of the baby's cord?**

There should be no hurry in bathing the baby. If your baby is healthy and weighs >2.5 kg, first bath can be given after discharge. In the hospital, you can sponge the baby daily using a soft cloth/towel and warm water. Clean the baby gently especially the folds in the body like armpits and the genital area. Once the baby is discharged, you can give bath to the baby in a closed room with soap (any soap can be used) and warm water. Make sure the baby's head and body are well supported. Clean the baby from head to toe, wipe immediately with a soft towel and then dress the baby. In winter, the clothes can be prewarmed in front of the blower or heater. The frequency of bathing will depend on the weather and can be from a daily bath to once in 2–3 days (**Fig. 5**).

Nothing should be applied on the cord and the practice of applying oil, gentian violet paint, ointments, antibiotic powder or spirit is strongly discouraged. It is very important to keep the cord clean and dry (**Figs. 6A and B**).



Fig. 5: The picture shows a newborn baby being bathed.



Figs. 6A and B: (A) Keep umbilical cord clean and dry; (B) Do not apply gentian violet.

Q6

How to take care of the eyes of my baby? Can I apply kajal/kohl?

You should clean the eyes of your baby once a day by using a soft cloth/cotton swab soaked in warm water (**Fig. 7**). Gently wipe from the inner corner to the outer corner of the eye. Use separate swab for each eye. If the baby has some discharge or they are sticky, then the eyes should be cleaned more often. Nothing should be applied to the eyes. Application of kajal or kohl may lead to infection and injury.

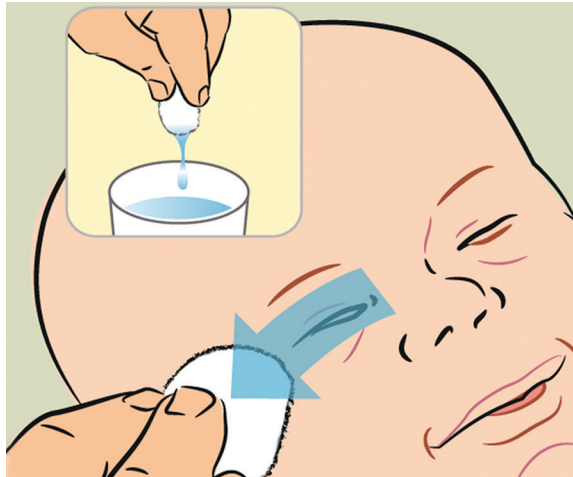
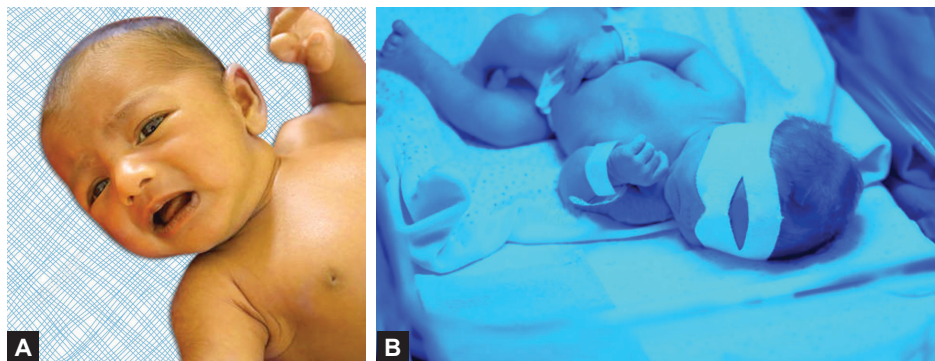


Fig. 7: Clean baby's eyes with a piece of cotton soaked in warm water, clean from inside outward.

Q7

Is it normal for the baby to have jaundice in the first few days after birth?

Yes, it is normal for newborns to have some jaundice (increased bilirubin in the blood) in the first few days after birth. This can make the eyes and skin appear yellow in color. However, some babies can have excessive jaundice for the following reasons—sometimes, there can be an interaction between the mother’s and baby’s blood groups causing excessive jaundice. Other newborn babies with increased risk of having excessive jaundice are preterm babies (that is, babies born 3 or more weeks before their due date), babies that are born with low birthweight and babies that are not feeding well (especially if not breastfeeding well). Your doctor may check for the level of jaundice in the hospital before discharge, and when you go for a check-up with the baby. If you are concerned about the yellowish discoloration of eyes and skin—especially if there is yellowish discoloration of hands and feet, or the baby is not feeding well, is sleepy or irritable—please reach out to your doctor for a blood test to detect the severity of jaundice. When the bilirubin levels are high, this can usually be treated by keeping baby under a special blue light called “phototherapy” (**Figs. 8A and B**).



Figs. 8A and B: (A) This picture shows a baby with yellowish-colored skin, which is a sign of jaundice in the newborn; (B) This picture shows a baby receiving treatment for newborn jaundice with blue light called “phototherapy”.

Q8

What are the signs of illness for which I should contact my doctor immediately, during the first 3 days of life?

For a newborn baby in the first month of life, these should be the signs to call your doctor immediately.

- When your baby is not feeding well and has not made at least one diaper with urine in first 24 hours, two diapers with urine on second day and three diapers of urine on third day.
- Not passing of stool even after first 48 hours of life should be investigated.
- If your baby is very sleepy and not waking up for feeds every 2–4 hours.
- If your baby has a fever, with a temperature $>100.4^{\circ}\text{F}$ or 38°C ; or, if baby is too cold with a temperature of $<36^{\circ}\text{C}$ (**Fig. 9**).
- If your baby is having fast breathing or troubled breathing.
- If you notice a bluish discoloration around the baby's lips.
- If you notice a severe skin rash with blisters, red and warm skin swelling, or pus.
- If baby has a bad smelling discharge from the umbilicus with redness around the umbilicus.
- If your baby has excessive vomiting of feeds, especially if the vomit contains a dark green liquid called bile, or if the baby's belly appears swollen.

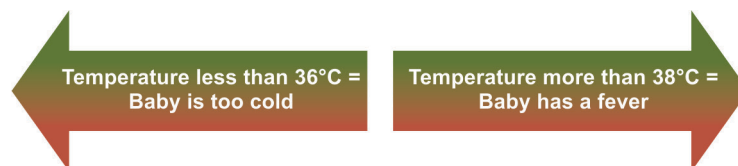


Fig. 9: Temperature measurement.

Q9

Can we allow visitors at home?

With the arrival of the baby, there are bound to be visitors and friends visiting your home to share the happiness. They can be allowed to cuddle the baby after they have washed their hands, but not too many people should handle the baby. People suffering from vomiting, diarrhea, cough and cold, or skin infections should not hold the baby. This should not interfere with baby's feeding and you should have enough privacy to be able to breastfeed the baby, whenever he/she is hungry.

Q10

We have pets in our house. Do we need to restrict their entry in the baby's rooms?

Yes, you have to restrict the entry of your pets into baby's room. You may use a self-closing netted door that you can monitor easily (**Fig. 10**). Dogs can be trained not to enter the baby's room. Baby-gate at the entry of the room and a stair base are helpful for small dogs. You can also use an ultrasonic sound barrier. Be careful of the shedded hairs if you have a particularly hairy pet.



Fig. 10: This is a picture of a gate to restricting the entry of pets into baby's room.