



All About Your Newborn



Congratulations on the arrival of your new baby!

The day you take your newborn home is exciting – and probably a little scary. You'll have lots of questions during the days and months ahead. This booklet contains a lot of information, but it is not meant as a substitute for professional medical care. **If you have questions or concerns, please talk with your health care provider.**

Important phone numbers

**St. Patrick Hospital
Family Maternity Center**
406-329-5300

**St. Patrick
Lactation Consultant**
406-329-5340

**St. Patrick Family and
Birth Educator**
406-329-5348

**American Association of
Poison Control Centers**
800-222-1222

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When to call your baby's health care provider

Call your baby's health care provider if your baby refuses to eat for more than six hours or if he or she has any of the following symptoms:

- Temperature less than 97 F or more than 100.4 F
- Persistent vomiting (not just spitting up), projectile vomiting, green vomit, swollen tummy
- Fewer than four wet diapers in 24 hours
- No stool for 48 hours in full-term newborns; no stool for 24 hours if born before 37 weeks gestation
- Blood in stools or black stools after fifth day of life
- Frequent bowel movements with excess fluid, mucous or foul odor (diarrhea)
- Lethargy (unusual sleepiness, floppy arms or legs, or less activity)
- Irritability, inconsolable crying, apparent pain
- Swollen, red, draining or foul-smelling umbilical cord
- Jaundice (yellow skin, yellow eyes)
- Persistent coughing, runny eyes or runny nose
- Signs of ear infection: fever, irritability, pulling at ears
- White patches in mouth (thrush)
- Diaper rash that looks very red, raw or has white patches
- Swollen or red eyes, excessive tearing, discharge
- Any injury or fall

Bottom line: Call your baby's health care provider any time you feel something is not right with your baby. You know your baby better than anyone else does. Trust your instinct.

Call 911

for immediate assistance if your baby has:

- Difficulty breathing or wheezing
- Blue or pale skin color or blue lips

Name of baby's health care provider:

Phone number of baby's health care provider:



Before you go home

We'll check your baby's health

Newborn screenings identify conditions that can affect a child's long-term health. Before you go home, we will test your baby for some serious but treatable conditions as well as jaundice (yellowing of the skin), hearing loss and congenital heart disease.

Metabolic screening

The state of Montana requires that all newborns complete a metabolic screening blood test between 24 and 48 hours after delivery. Most babies are healthy when they are born; however, we test all babies because some babies who appear healthy have rare health problems. If we find these problems early, we can help prevent serious outcomes such as mental retardation or death. A few drops of blood are safely collected from the baby's heel on a special card. The Montana State Public Health Laboratory receives the blood cards, does the testing and reports the results to the pediatrician.

Hearing screening

State law requires that all newborns be given a hearing screening soon after birth. When tested, your baby will receive a "pass" or "refer" result. If your baby receives a refer result, the hospital will retest before discharge. If your baby does not pass the hearing screening a second time, you will be referred to a diagnostic audiology clinic for further evaluation.

Your baby needs a birth certificate

Montana's Department of Public Health and Human Services requires that a certificate of birth for every child born in Montana must be completed and filed within 10 calendar days after the date of birth. Once you've completed a birth certificate worksheet, the hospital will file a final birth certificate for you with the county of Missoula. Through the worksheet, you can also request a Social Security card. It may take up to five weeks to receive your child's Social Security card.

- **Missoula County Courthouse**
200 W. Broadway St.
Missoula, MT 59802
406-258-4752
recording@co.missoula.mt.us
- **U.S. Social Security Administration**
3701 American Way
Missoula, MT 59808
866-931-9029

Safe haven

In the state of Montana, no one has to abandon an infant. You can leave your baby, up to 30 days old, with an employee at any hospital, fire department or law enforcement agency in Montana under the state's Safe Haven Law. Visit safehaven.tv/states/montana to learn more.

Newborn vaccinations and medications

While in the hospital, your baby will receive essential medications and vaccinations. These are given routinely, but it is a good idea to make sure your baby receives the following:

Hepatitis B vaccination

Hepatitis B can cause serious liver damage. Your baby will receive the first of three hepatitis B vaccinations while in the hospital.

Vitamin K injections

All newborns receive a dose of vitamin K, which is essential to blood clotting. Some babies do not have enough vitamin K and, as a result, could develop abnormal bleeding if they do not receive the vitamin at birth.

Erythromycin eye ointment

Montana state law requires all newborns receive erythromycin eye ointment. To avoid the possibility of serious eye infection from multiple types of bacteria, erythromycin ointment is placed in your newborn's eyes within a few hours of birth.

Protect the family

Infants are at a greater risk of hospitalization and death from pertussis (whooping cough) and influenza than older children or adults. The Tdap vaccine protects against tetanus, diphtheria and pertussis. Families should make sure that everyone involved in child care is fully vaccinated against both pertussis and flu.



Things you'll need at home

The following supplies will help make your baby's homecoming comfortable and safe:

- Appropriate car seat (see page 18)
- Blankets (for crib and swaddling)
- Crib, bassinet or cradle that meets safety standards
- Diapers (disposable or cloth) and diaper wraps or plastic pants if cloth diapers are used

Clothing:

- T-shirts or onesies
- Sleepers
- Booties and socks
- Receiving blankets

Bathing supplies:

- Soft washcloths, towels, hooded towels
- Mild, nonperfumed soap or commercial baby wash
- Baby hairbrush
- Small plastic tub or clean sink
- Bathtub thermometer

Medicine cabinet supplies:

- Infant thermometer
- Diaper rash ointment
- Bulb syringe to suction the nose or mouth

Recommended (but not necessary):

- Changing table
- Baby intercom





Getting to know your baby

Bonding with your newborn

Babies are born with their own unique bodies and very quickly begin to show their own personalities. You and your baby can begin bonding as soon as you both are ready. Holding your baby skin-to-skin after birth will benefit both you and your baby. Touch, hold and cuddle your baby skin-to-skin as often as you can.

Normal newborn behavior

Babies make lots of sounds. Sneezing, coughing, passing gas, hiccuping and occasionally spitting up are all normal behaviors. Newborns often breathe loudly and alternate rapid and slow breathing.

Babies startle easily. Sudden loud noises, such as the telephone or a siren, may make them cry. Before you gently pick up your baby, make your presence known by talking softly and touching your baby.

Babies are born with many involuntary reflexes. When the palms of their hands are touched, they grasp firmly. When they are startled, they stretch out all their limbs, then curl up. When their lower lips are rubbed, they turn their heads and open their mouths. This is called rooting. They also have a strong desire to suck, whether or not they are hungry. Most of these reflexes disappear a few months after birth.

Crying and fussiness

Crying is the only way a newborn can communicate. Most newborns cry two or three hours a day, but some cry more. It is never a mistake to pick up your baby and comfort him or her. When your baby cries, check for these possible causes of distress:

- Hunger
- Dirty diapers
- Diaper rash

- Gas (needs to burp)
- Colic
- A need to suck on something (try your clean finger or his or her thumb)
- Being too hot or too cold

If none of these is the problem, try rocking, holding your baby skin to skin, singing or playing soothing music, or taking your baby for a walk or a ride in the car.

It is normal to feel frustrated if you cannot calm your baby. Once you have checked the obvious reasons for discomfort, it's OK to put your baby in the crib and let him or her cry while you leave the room for a few minutes. This is especially important if you are exhausted or frustrated. A baby must never be shaken. Serious brain injury or death may result. If you need a longer break, ask someone to watch the baby or take turns being "on duty" with your spouse or partner. If you become concerned about how often your baby cries, contact your child's health care provider.

Colic

Colic is the name for intense, inconsolable crying in an otherwise healthy, well-fed baby. Colic affects 10 to 15 percent of all babies. The bouts of crying may last hours or longer. If colic develops, it generally does so during the second or third week of life, and babies usually outgrow it by 3 months of age. This fussy crying is harmless for your baby, but can be very frustrating for caregivers.

The cause of colic is unknown. It is not usually caused by abdominal pain or excessive gas. A "colicky" baby can sometimes be soothed by motion (such as riding in an infant swing or in a soft front pack, or going for a ride in a car or a stroller), warmth, being held securely, being massaged or having a warm bath.

If the baby has been fed and changed and you have tried to console the baby using the methods listed above, you may

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place the baby in the crib and allow him or her to cry for 15 minutes. If the crying persists after 15 minutes, pick up the baby and try the consoling methods again. It may take several 15-minute sessions before the baby falls asleep.

Notify your baby's health care provider if:

- The cry seems to become a more painful one
- The crying lasts more than three hours
- The colic begins after your baby is 1 month old
- Diarrhea, vomiting or constipation occurs
- The baby is inconsolable
- You or the baby's caretaker is exhausted or frustrated

Sleeping

Always lay your baby on his or her back to sleep, not on the stomach or side.

This "back to sleep" practice has been associated with lower rates of sudden infant death syndrome (SIDS).

For the first few weeks, your newborn may seem to sleep constantly, waking only when he or she is hungry. As weeks pass, your baby will gradually spend more time awake. Newborns have no regular pattern to their sleeping periods, but they become more predictable as they get older.

This happens naturally – you needn't force your baby to adjust to a regular schedule, although you can help by establishing a bedtime routine.

Feed your baby, sing a lullaby and read the same story to settle him or her for sleep. By keeping night feedings quiet and low-lit, you can help your baby learn the difference between night and day.



Reducing the risk of SIDS

Always place your baby on his or her back to sleep, not on the stomach or side. The "back to sleep" practice has helped reduce the incidence of sudden infant death syndrome (SIDS). The American Academy of Pediatrics also recommends the following:

- Use a firm sleep surface with no soft materials or objects, such as pillows, quilts, comforters or sheepskins, placed under the sleeping newborn. Keep soft objects and loose bedding out of the crib.
- Avoid exposing the baby to smoke.
- Provide a sleeping space that is separate from but close to the mother. When the baby sleeps in the same room as the mother, the risk of SIDS is reduced. A crib, bassinet or cradle that meets safety standards is recommended.
- Do not let the newborn become too warm.
- Encourage tummy time only when the baby is awake and continuously observed by an adult.



Caring for your baby

Holding, carrying and positioning

Newborns are relaxed and content when they feel secure in their surroundings.

Sudden noises, movements or the sensation of not being held securely can easily startle or upset babies.

To avoid startling your baby, talk for a second or two before picking him or her up. To support your newborn's weak neck and heavy head, place the palm of your hand under the baby's neck and back. Cradle the head with your fingers. Support the baby's body on your lower arm, which should be braced securely against your body. Or, you can carry your baby securely

braced against your shoulder with your hand supporting his or her head. This gives you one hand free to manage doors, hold onto handrails and so on.

Feeding

Feeding time is an important time for you and your baby. It is one of your newborn's most pleasant experiences. It gives you an opportunity to bond with each other. Newborns typically eat eight to 12 times per day. Feed your baby any time he or she shows signs of hunger.

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Breast-feeding

Mothers often have questions and concerns about breast-feeding. To help mothers provide the best nutrition for their newborns, we offer breast-feeding (lactation) services.

Bottle feeding

If you are bottle feeding, talk to your baby's health care provider about formula choices. Formulas come ready-to-serve or as liquid or powder that you mix with water. Carefully follow the package instructions. Always discard any formula left in the bottle at the end of a feeding. Never reuse leftover formula.

Wash bottles, nipples and anything used to prepare formula in hot, soapy water. Check the nipple to make sure the flow of formula is not too slow or too fast. Keep the nipple full of formula while your baby is feeding.

Never prop up the bottle to feed your newborn. Never put a baby to bed with a bottle. These are unsafe practices, and your baby needs the security and pleasure of being held at feeding time.

Weight loss

Newborns often lose seven to 10 percent of their birth weight during the first few days of life. With frequent feedings, they usually regain the weight by the time they are 2 weeks old.

Burping

After feeding, always burp your baby to help remove swallowed air. Hold the baby upright over your shoulder or face down over your lap. Pat or rub his or her back gently. Don't be alarmed if the baby spits up a small amount while burping, and don't worry if he or she doesn't burp every time.

Spitting up and vomiting

Spitting up is very common for newborns. It is not a cause for concern unless your baby frequently spits up a large amount. Projectile vomiting or green or yellow vomit is not normal. Call your baby's health care provider if you are concerned.

Occasionally babies will gag and appear to be choking on mucus or other fluid. If this happens, use a bulb syringe to suction your baby's mouth. To use, place the tip of the bulb syringe inside the baby's cheek on the side and toward the back of the mouth. Suction the baby's nose only when mucus is visible, or you may cause swelling inside the nostril.

Bathing

Bath time gives you another opportunity to hold, cuddle and get to know your newborn. A few words of caution:

- NEVER leave your baby unattended in or near the bath, not even for a few seconds.
- Gather all necessary items before starting the bath so you won't have to carry your wet baby around looking for things.

Newborns do not need to be bathed every day. A bath every two or three days is fine. When preparing to bathe your baby, make sure the room and the water are warm. You may bathe your baby by using a small plastic tub or the sink lined with a sponge or towel. The warm water should be deep enough to cover the newborn's shoulders.

Test the water temperature with your elbow before putting your baby in the water. Gently wash your baby's face without soap, and then use a soapy washcloth on his or her body.





Wash the diaper area last, and then rinse your baby with clean water.

To wash your baby's hair, apply a small amount of gentle soap and warm water. Tip your baby's head back to avoid getting soap in the face or eyes. Gently pour clean water over the hair. You can wash the hair either at bath time or when the baby is clothed. Wrap your baby in a warm towel and dry. To avoid skin irritation, be sure to dry in the folds and creases of the skin.

Preventing drowning

A newborn can drown in less than an inch of water in just a few minutes. Never leave your baby alone in a tub of any size. If you must leave to get something, take the baby with you. Leaving your baby alone in the bath while you answer the phone is not worth the risk.

Care of the navel

The stump of the umbilical cord attached to your baby's navel should fall off in one to three weeks. Fold the front of the diaper below the navel so it won't cause irritation.

Use a soft cloth to clean around the cord during the baby's bath and as needed during diaper changes. No special care is necessary. If the area around the cord becomes red, if pus develops or if you notice a strong, foul odor, call the baby's health care provider. When the cord falls off, you may see a small amount of blood or discharge from the navel. This is no cause for alarm.

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Care of the penis

It is best not to use alcohol, powders, lotions or pre-moistened towelettes on newborn boys as they can irritate the penis. If your little boy has not been circumcised, his penis requires no special care. Simply wash the penis with soap and warm water. Do not attempt to retract the foreskin; it will retract naturally in a few years.

If your baby has been circumcised, the tip of the penis may seem inflamed, yellowish or swollen. For the first 24 hours after the procedure, the penis should be covered with a gauze dressing with petroleum jelly to prevent the gauze from sticking. Change the gauze dressing with each diaper change. After the first 24 hours, you can use petroleum jelly alone to prevent the diaper from sticking to the penis.

If the PlastiBell circumcision method is used, a plastic ring will be left on the tip of the penis instead of a gauze and petroleum jelly dressing. Your nurse

will give you care instructions for the PlastiBell, which usually drops off five to eight days after the circumcision.

If Surgicel is applied to the site to control bleeding, do not forcibly remove this special dressing. The Surgicel will fall off on its own. If it is forcibly removed, bleeding may start again.

Note: Do not use petroleum jelly with PlastiBell or Surgicel.

When the swelling goes down (about 24 hours after circumcision), push the skin on the penis gently toward the baby's body and clean the area where the skin meets the head of the penis with warm water. This prevents adhesions from forming. It is important to continue this for seven to 14 days or until the newborn is seen by his health care provider.

It is normal to have a little yellow discharge or coating around the head of the penis. This should not last longer than a week. At home, gently clean the penis with plain water until it is healed.

It generally takes seven to 10 days for the penis to heal fully after circumcision.

Problems after a circumcision are rare. However, call your newborn's health care provider if:

- Your baby does not urinate within 24 hours after the circumcision
- There is persistent bleeding
- Redness around the tip of the penis worsens after three to five days

Diapers

Your newborn will use about 70 diapers per week. If you use cloth diapers, you'll also need diaper wraps or plastic pants. Whenever possible, air-dry the baby without a diaper on. Powder is not recommended because it may irritate your baby's lungs.

To prevent diaper rash, change diapers frequently – whenever they are wet or soiled, or every one to two hours during the day. Clean the diaper area with disposable wipes or with water and mild soap. (Soap can irritate, so don't use it every time.) Wipe your baby girl from front to back to prevent infection.

At the first sign of redness, apply a thick coating of commercially available diaper ointment. Sometimes babies can develop a yeast infection in the diaper area. A yeast infection can appear as an inflamed red rash or as a white cheesy film. It can usually be treated with an over-the-counter antifungal cream. Consult with your child's health care provider or pharmacist.

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Skin care

The skin of newborns will often peel, especially on the hands and feet. Most infants do not need special skin care other than on the diaper area.

Nail care

Keep your baby's fingernails and toenails short to prevent scratching. File nails with a soft emery board or cover your baby's hands. Be careful: The nails are very soft, and it may be difficult to distinguish the nail from the tip of the finger or toe. It may be easier to file the nails when your baby is sleeping.

Swaddling and dressing

Wrapping your newborn securely can make him or her feel safe and relaxed. A wrapped baby is also easier to lift and carry. To swaddle, wrap your baby snugly in a soft blanket with the edge tucked under smoothly.

Don't overdress your baby. Layer the clothing so you can add or remove layers as room or outdoor temperatures change. Babies lose a lot of body heat from their heads. Keeping a hat on the baby in cold weather will help maintain the baby's body temperature.

Colds and coughs

Mild cold symptoms include runny nose, sneezing and congestion. Stuffy noses make it hard for newborns to breathe and eat. To help your baby breathe, put a few drops of saline in his or her nose, wait a minute, place the bulb syringe gently at the entrance of the nostril and suction out the saline. You can also use a cool water vaporizer in the baby's room. If you use a cool water vaporizer, be sure to keep your baby warm. Call the health care provider if fever, coughing or breathing difficulties develop.

If breathing becomes labored or if the baby turns blue or drools, keep the baby upright and call the health care provider or 911 immediately.

Ear infections

Newborns' ears are highly susceptible to infections caused by bacteria or viruses. Symptoms include slight fever, irritability, crying and loss of appetite. Call the baby's health care provider immediately if you think your child has an ear infection.

Fever

Take your baby's temperature under his or her arm unless the health care provider instructs you differently. In a newborn, a temperature less than 97 F or more than 100.4 F is cause for concern. With lower fevers, watch for signs of ear infections or other serious illnesses. Call the baby's health care provider immediately and follow his or her directions.

Your baby's body

Sensory stimulation

Babies need lots of opportunities to see, hear and learn. A crib with open slats will let your baby look around the room. Give him or her plenty of things to look at, such as pictures, mobiles, stuffed animals and nonbreakable mirrors. Your baby will also enjoy gazing at the faces of family members.

What your newborn hears is equally important. Sing, read and talk often to your baby. Play music and introduce other soothing sounds.

Give your baby tactile stimulation by cuddling, rubbing and exercising his or her body.

The newborn's head

Your baby's head may be odd-shaped because of the birth process. The head will regain its rounded, smooth look within a few weeks. Babies are born with two soft spots on their heads, one on top and one at the back. These soft spots are areas where the bones of the skull have not yet grown together. They will close by the time your infant is 12 to 18 months old. It is not dangerous to gently touch the soft spots or to gently shampoo and brush your baby's hair.

The back of your baby's head may gradually become flattened due to sleeping on his or her back. This is normal, and most baby's heads will return to a more rounded shape once the baby is old enough to change positions while sleeping. If you are concerned, please talk with your baby's health care provider.

Eyes, nose and ears

Newborns often have eye drainage during the first few weeks. Wipe it away with a moist, clean washcloth. Always wipe eyes from the inside corner out, using a clean area of the washcloth each time. If the drainage is unusually thick or if the eyelids are swollen or red, call the baby's health care provider.

Gently clean the nose and outer ears with a damp, clean cloth or a cotton swab. Never insert cotton swabs or any other object inside the nose or ears.

Crossed or puffy eyes

The birth process and the medication used in your newborn's eyes to fight infection may cause the eyelids to look puffy. This should improve within a few days. Your baby may look cross-eyed because of undeveloped muscles. As the muscles strengthen, the eyes will begin to look normal.

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Flaky scalp (cradle cap)

Scaly flakes, called cradle cap, may develop on your baby's scalp. Remove the flakes by gently scrubbing the scalp with a mild shampoo and soft brush every few days. Repeat until the flaking disappears.

Infected mouth (thrush)

If your baby has white, cottage cheese-like patches in his or her mouth, it is probably a yeast infection called thrush. This can be painful, so call your baby's health care provider as soon as possible. If you are breast-feeding, you may need treatment as well.

Genitals

The mother's hormones can cause conditions in the baby that are normal and will go away without treatment. Babies of both sexes are sometimes born with swollen nipples, which may ooze small amounts of white liquid. Their genitalia are often swollen as well. You may see a red-orange ("brick dust") spot on a wet diaper. If your baby is a boy, he may have a swollen scrotum. It will return to normal in a few days.

Baby girls might have a white coating on their genitals. This is normal and does not need to be washed off. They may also have a clear mucous-like discharge, again a result of the mother's hormones. When you bathe your baby and change her diapers, gently clean the vaginal area by spreading the labia and wiping from front to back.

If any of these conditions continue or if you are concerned, talk with your baby's health care provider.

Bowel movements

Your newborn will pass a dark, sticky substance called meconium for the first few days. Gradually the stools will become yellow with a green or brown tinge. Breast-fed babies usually have loose, seedy stools (up to 10 per day). Bottle-fed babies usually have fewer stools with a more pasty appearance.

As your baby gets older, bowel movements will become less frequent (as seldom as every few days). This is normal as long as the stool is soft and the baby is not straining too hard. It's common for infants to grunt and turn red when they are having a bowel movement.

Constipation is uncommon with breast-fed babies but more common with bottle-fed babies. Signs of constipation include hard, pebbly stools and abdominal pain. Diarrhea consists of frequent, watery stools often accompanied by a foul odor.

If your baby has diarrhea or constipation, let your child's health care provider know.

Skin problems

Skin abnormalities occur commonly in newborns. Most should cause no concern, require no special treatment and disappear by themselves. They include:

- Milia: small white spots on the face due to blocked sweat and oil glands
- Slightly transparent skin with purplish blotches (most common in newborns with fair skin)
- Mongolian spots: a greenish-blue coloring on the lower back (present at birth and most common in infants with dark skin)
- Baby acne: a red, pimply rash
- Stork bites: visible blood vessels close to the skin on the eyelids, forehead or back of the neck

- Vernix: a white, creamy substance that protects the skin before birth and remains in the creases of the skin even after bathing
- Newborn rash: small yellowish spots surrounded by red blotches, most commonly on the face, trunk and limbs; appears and disappears over various parts of the body over several days

Skin problems that may require more attention include:

- Heat rash: tiny red bumps around the shoulders and neck that occur during hot weather or when babies get too warm. Keep your baby warm and dry, but don't overdress.
- Any other skin condition not listed above that concerns you. Call your baby's health care provider.

Yellow skin

Jaundice is the yellowing of the skin in newborns. It happens when a chemical called bilirubin builds up in the baby's blood. If not treated, high levels of

bilirubin can cause brain damage and a lifelong condition called kernicterus. Early detection and management of jaundice can prevent kernicterus. At a minimum, babies should be assessed for jaundice every 8 to 12 hours in the first 48 hours of life and again before 5 days of age. If you have concerns, call your child's health care provider immediately.

Body hair (lanugo)

Your baby may be born with fine, downy hair covering his or her back, shoulders, forehead, ears and face. This condition is more common in premature babies. The lanugo will disappear within a few weeks.

Blue feet and hands

Newborns commonly have blue feet and hands because of immature circulation.

This is a normal condition as long as the rest of your baby is warm.





Keeping your baby safe

Car travel

When traveling, always put your baby in a rear-facing, approved car seat. Follow the manufacturer's instructions completely when you install it. Make sure your child is strapped securely into the car seat before placing blankets on your baby. Never hold your baby in your arms in a moving car, even if you are only going a short distance. For more information, visit safekids.org or iis.org.

Preventing falls

Babies wiggle, move and push against things with their feet soon after they are born. These simple movements can cause a fall. Never leave your baby alone on a changing table, bed, sofa or chair.

When you need to step away – even for a second – put him or her in a safe place, such as a crib or playpen.

Preventing burns

Never carry your baby and hot liquids or hot food at the same time. Prevent burns from scalding tap water by reducing the temperature of the hot water heater. If your baby gets burned, immediately put the burned area in cold water. Keep it there until he or she stops crying. Cover the burn loosely with a bandage or clean cloth, and call the baby's health care provider.

Preventing suffocation

Never put your baby on a waterbed, beanbag chair, pillow or anything soft enough to cover the baby's face and block air to his or her nose and mouth. Keep pillows, quilted bedding, bumpers and stuffed animals out of the crib.

Smoking

Always keep your baby in a smoke-free environment. Environmental smoke can lead to ear infections, colds, respiratory disease and an increased risk of asthma and SIDS. If adults in your home smoke, insist that they smoke outdoors. If you smoke and need help quitting, call the Montana Tobacco Quit Line, 800-QUIT-NOW (784-8669) or visit QuitNowMontana.com.

Child care and shaken baby syndrome

Be very selective about the people who care for your baby. People who are careless, easily angered or frustrated in

other situations may behave the same way with a crying baby.

A baby must never be shaken. Serious brain injury or death may result. If you or anyone who spends time with your baby is easily angered or frustrated, seek help.

Caring for your child

Vaccination schedule

Vaccines prevent serious diseases by helping children build defenses. Most babies and children have only mild reactions to vaccines, which can include slight fever and soreness.

Your child's health care provider will make recommendations according to what he or she thinks is best for your child. You may also want to check with your health insurance company to see what it covers.

What is the Period of Purple Crying?

- P** Peak of crying. Your baby may cry more each week. The most at 2 months, then less at 3 to 5 months.
- U** Unexpected. Crying can come and go and you do not know why.
- R** Resists soothing. Your baby may not stop crying no matter what you try.
- P** Pain-like face. A crying baby may look like they are in pain, even when they are not.
- L** Long lasting. Crying can last as long as five hours or more a day.
- E** Evening. Your baby may cry more in the late afternoon and evening.

For more information, visit purplecrying.info.



OUR MISSION

As people of Providence,
we reveal God's love for all,
especially the poor and vulnerable,
through our compassionate service.

OUR CORE VALUES

Respect, Compassion, Justice,
Excellence, Stewardship

providence.org/stpatsbabies

 **PROVIDENCE**
St. Patrick Hospital
Family Maternity Center