



# BRIGHT FUTURES HANDOUT ► PARENT FIRST WEEK VISIT (3 TO 5 DAYS)

Here are some suggestions from Bright Futures experts that may be of value to your family.

## ✓ HOW YOUR FAMILY IS DOING

- If you are worried about your living or food situation, talk with us. Community agencies and programs such as WIC and SNAP can also provide information and assistance.
- Tobacco-free spaces keep children healthy. Don't smoke or use e-cigarettes. Keep your home and car smoke-free.
- Take help from family and friends.

## ✓ HOW YOU ARE FEELING

- Try to sleep or rest when your baby sleeps.
- Spend time with your other children.
- Keep up routines to help your family adjust to the new baby.

## ✓ FEEDING YOUR BABY

- Feed your baby only breast milk or iron-fortified formula until he is about 6 months old.
- Feed your baby when he is hungry. Look for him to
  - Put his hand to his mouth.
  - Suck or root.
  - Fuss.
- Stop feeding when you see your baby is full. You can tell when he
  - Turns away
  - Closes his mouth
  - Relaxes his arms and hands
- Know that your baby is getting enough to eat if he has more than 5 wet diapers and at least 3 soft stools per day and is gaining weight appropriately.
- Hold your baby so you can look at each other while you feed him.
- Always hold the bottle. Never prop it.

### If Breastfeeding

- Feed your baby on demand. Expect at least 8 to 12 feedings per day.
- A lactation consultant can give you information and support on how to breastfeed your baby and make you more comfortable.
- Begin giving your baby vitamin D drops (400 IU a day).
- Continue your prenatal vitamin with iron.
- Eat a healthy diet; avoid fish high in mercury.

### If Formula Feeding

- Offer your baby 2 oz of formula every 2 to 3 hours. If he is still hungry, offer him more.

## ✓ BABY CARE

- Sing, talk, and read to your baby; avoid TV and digital media.
- Help your baby wake for feeding by patting her, changing her diaper, and undressing her.
- Calm your baby by stroking her head or gently rocking her.
- *Never hit or shake your baby.*
- Take your baby's temperature with a rectal thermometer, not by ear or skin; a fever is a rectal temperature of 100.4°F/38.0°C or higher. Call us anytime if you have questions or concerns.
- Plan for emergencies: have a first aid kit, take first aid and infant CPR classes, and make a list of phone numbers.
- Wash your hands often.
- Avoid crowds and keep others from touching your baby without clean hands.
- Avoid sun exposure.

**Helpful Resources:** Smoking Quit Line: 800-784-8669 | Poison Help Line: 800-222-1222

Information About Car Safety Seats: [www.safercar.gov/parents](http://www.safercar.gov/parents) | Toll-free Auto Safety Hotline: 888-327-4236

# FIRST WEEK VISIT (3 TO 5 DAYS)—PARENT



## SAFETY

- Use a rear-facing-only car safety seat in the back seat of all vehicles.
- Make sure your baby always stays in his car safety seat during travel. If he becomes fussy or needs to feed, stop the vehicle and take him out of his seat.
- Your baby's safety depends on you. Always wear your lap and shoulder seat belt. Never drive after drinking alcohol or using drugs. Never text or use a cell phone while driving.
- Never leave your baby in the car alone. Start habits that prevent you from ever forgetting your baby in the car, such as putting your cell phone in the back seat.
- Always put your baby to sleep on his back in his own crib, not your bed.
  - Your baby should sleep in your room until he is at least 6 months old.
  - Make sure your baby's crib or sleep surface meets the most recent safety guidelines.
- If you choose to use a mesh playpen, get one made after February 28, 2013.
- Swaddling is not safe for sleeping. It may be used to calm your baby when he is awake.
- Prevent scalds or burns. Don't drink hot liquids while holding your baby.
- Prevent tap water burns. Set the water heater so the temperature at the faucet is at or below 120°F /49°C.

## WHAT TO EXPECT AT YOUR BABY'S 1 MONTH VISIT

### We will talk about

- Taking care of your baby, your family, and yourself
- Promoting your health and recovery
- Feeding your baby and watching her grow
- Caring for and protecting your baby
- Keeping your baby safe at home and in the car

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition

For more information, go to <https://brightfutures.aap.org>.

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The information contained in this handout should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Original handout included as part of the *Bright Futures Tool and Resource Kit*, 2nd Edition.

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# Breastfeeding Your Baby: Getting Started



Getting ready for the birth of your baby is an exciting and busy time. One of the most important decisions you will make is how to feed your baby.

Deciding to breastfeed can give your baby the best possible start in life. Breastfeeding benefits you and your baby in many ways. It also is a proud tradition of many cultures.

The following are excerpts from the American Academy of Pediatrics' (AAP) booklet *Breastfeeding Your Baby: Answers to Common Questions*.

## Benefits of Breastfeeding

In general, the longer you breastfeed, the greater the benefits you and your baby will get, and the longer these benefits will last.

### Why is breastfeeding so good for my baby?

Breastfeeding is good for your baby because

1. **Breastfeeding provides warmth and closeness.** The physical contact helps create a special bond between you and your baby.
2. **Human milk has many benefits.**
  - It's easier for your baby to digest.
  - It doesn't need to be prepared.
  - It's always available.
  - It has all the nutrients, calories, and fluids your baby needs to be healthy.
  - It has growth factors that ensure the best development of your baby's organs.
  - It has many substances that formulas don't have that help protect your baby from many diseases and infections. In fact, breastfed babies are less likely to have
    - Ear infections
    - Diarrhea
    - Pneumonia, wheezing, and bronchiolitis
    - Other bacterial and viral infections, such as meningitis
  - Research also suggests that breastfeeding may help protect against obesity, diabetes, sudden infant death syndrome (SIDS), asthma, eczema, colitis, and some cancers.

### Why is breastfeeding good for me?

Breastfeeding is good for your health because it helps

- Release hormones in your body that promote mothering behavior.
- Return your uterus to the size it was before pregnancy more quickly.
- Burn more calories, which may help you lose the weight you gained during pregnancy.
- Delay the return of your menstrual period to help keep iron in your body.
- Provide contraception, but only if these 3 conditions are met: (1) you are exclusively breastfeeding at daytime and nighttime and not giving your baby any other supplements, (2) it is within the first 6 months after birth, (3) your period has not returned.
- Reduce the risk of ovarian cancer and breast cancer.
- Keep bones strong, which helps protect against bone fractures in older age.

## How Breastfeeding Works

When you become pregnant, your body begins to prepare for breastfeeding. Your breasts become larger and after your fourth or fifth month of pregnancy, your body is able to produce milk.

### What is colostrum?

Colostrum is the first milk your body makes. It's thick with a yellow or orange tint. Colostrum is filled with all the nutrients your newborn needs. It also contains many substances to protect your baby against diseases and infections. It's very important for your baby's health to get this early milk, though it may seem like a small amount. Your baby only needs less than 1 tablespoon per feeding on the first day and about 2 tablespoons per feeding on the second day.

### What's the difference between milk coming in (increase in milk production) and let-down?

*Milk coming in* and *let-down* mean different things, but both are important.

- *Milk comes in* 2 to 5 days after your baby is born. This is when colostrum increases quickly in volume and becomes milky-white transitional milk.

Signs that your milk is coming in include

- Full and tender breasts
- Leaking of milk
- Seeing milk around your baby's mouth
- Hearing your baby swallow when fed

Breast milk changes daily and will adjust to your baby's needs for the rest of the time you breastfeed. Because the color or creaminess of the milk can change daily, don't worry about how your milk looks.

- *Let-down* is the reflex that creates the flow of milk from the back of the breast to the nipple. *Let-down* occurs each time the baby suckles. It is triggered when you are relaxed and your baby is latched on to your breast properly. *Let-down* may also happen between feedings, such as when the breasts are somewhat full or when you hear a baby's cry. The first few times you breastfeed, the *let-down* reflex may take a few minutes. Afterward, *let-down* occurs faster, usually within a few seconds. *Let-down* occurs in both breasts at the same time. It may occur several times during each feeding.

The signs of *let-down* are different for each woman. Some women feel nothing, even though breastfeeding is going fine. Other women feel

- Cramping in the uterus. This can be strong for the first few days after delivery but often goes away after breastfeeding is well-established.
- A brief prickle, tingle, or even slight pain in the breast.
- A sudden feeling that breasts are heavier.
- Milk dripping from the breast that's not being used.
- Their baby swallowing or gulping when fed.

## What is demand and supply?

The more milk your baby takes from your breast, the more milk you make. This is called *demand and supply* because the more milk your baby demands the more you will supply. Many women with small breasts worry that they won't be able to make enough milk. However, because of demand and supply, there's no relationship between breast size and how much milk is produced.

## Getting Started

Babies are very alert after they are born and ready to find the breast! The more relaxed and confident you feel, the faster your milk will flow to your baby. Getting comfortable will help you and your baby get started toward a better latch-on.

## How soon can I breastfeed?

You can and should breastfeed within the first hour after birth if you and your baby are physically able to do so. After delivery, your baby should be placed on your chest or stomach, skin to skin. The early smell and taste of your milk helps your baby learn to nurse. Your breast milk is all your baby needs if your baby is healthy. Other liquids, including water, sugar water and formula, will only lessen the benefits your baby receives from the early breast milk. Try to stay with your baby as much as you can. Rooming in with your baby day and night during your hospital stay has been shown to help start breastfeeding and keep it going longer.

## What are different breastfeeding positions?

Always take time to get comfortable. Don't be shy about asking for help during the first feedings. It may take a few tries but with a little patience, you and your baby will succeed. The following are 3 breastfeeding positions:

**Cradle hold**—the traditional breastfeeding position. Firmly support your baby's back and bottom. When feeding this way, make sure your baby's entire body is facing your body, not the ceiling.



**Clutch hold or football hold**—may be more comfortable if you've had a cesarean delivery because it keeps the baby's weight off of the stitches.

**Reclining**—feeding your baby while lying down

lets you relax and can be helpful if you've had a cesarean delivery or are tired.



## How can I get comfortable while breastfeeding?

A few simple things can help you feel comfortable and relaxed.

- Sit on a comfortable chair with good back and arm support.
- Lie on your side in bed with your baby facing you. Place pillows to support your back and neck.
- Take deep breaths and picture yourself in a peaceful place.
- Listen to soothing music while sipping a healthy drink.
- Apply moist heat (such as warm, wet washcloths) to your breast several minutes before each feeding.
- If your home is very busy, find a quiet place where you won't be disturbed during feedings.
- If you had a cesarean delivery, use extra pillows to help position your baby.
- Try different breastfeeding positions.
- Make sure the baby is latched on correctly. (See next question.)

## Early Signs of Hunger

Your baby starts to let you know when she's hungry by the following early signs or cues:

- Small movements as she starts to awaken
- Whimpering or lip-smacking
- Pulling up arms or legs toward her middle
- Stretching or yawning
- Waking and looking alert
- Putting hands toward her mouth
- Making sucking motions
- Moving fists to her mouth
- Becoming more active
- Nuzzling against your breast

## Why is latch-on so important, and how is it done?

A good latch-on means that your baby has opened his mouth wide and is well back on the breast, taking both the areola and nipple far back into his mouth. Correct latch-on is very important because it

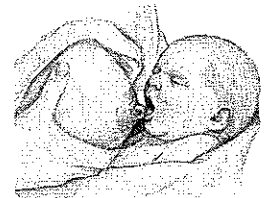
- Makes milk flow better
- Prevents sore nipples
- Keeps your baby satisfied
- Stimulates a good milk supply for baby's weight gain
- Helps to prevent engorged (overly full) breasts

You can help your baby latch on by holding your breast with your free hand. Place your fingers under your breast and with your thumb on top. Move your fingers well back from the areola so they don't get in the way. Position your baby with his entire body facing you.

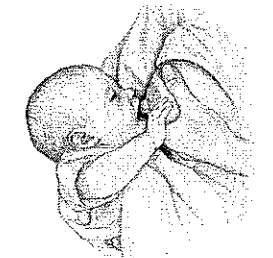
Touch your nipple to the center of your baby's lower lip. This will cause your baby to open his mouth widely. This is called the *rooting reflex*. As this occurs, pull your baby onto the nipple and areola. Keep in mind that when your baby is correctly positioned, or latched on, your nipple and much of the areola are pulled well into his mouth. Your baby's lips and gums should be around the areola and not just on the nipple. Your baby's chin should be touching your breast and his nose should be close to the breast.

At first you will feel a tugging sensation. You also may feel a brief period of pain. If breastfeeding continues to hurt, pinch, or burn, your baby may not be latched on properly. Break the latch by slipping your finger into the corner of your baby's mouth, reposition, and try again. It can take several tries.

Hospital staff should watch a feeding and make suggestions. If breastfeeding continues to hurt, you may need the help of a lactation specialist. Let your pediatrician know if there's a problem.



Support your breast and tickle your baby's lower lip with your nipple to stimulate his rooting reflex.



When your baby's mouth is wide open, bring him quickly, but gently, toward your breast.

## Beyond the First Feedings

### How often should I nurse?

Newborns feed often and will give cues or signs when they are ready to feed. The length of each feeding varies and your baby will show signs when she is finished. Newborns are hungry at different times, with a long cluster of feedings in the late afternoon or night. Most breastfed newborns feed 8 to 12 or more times per 24 hours (once the milk has come in). If your baby isn't waking on her own during the first few weeks, wake her if more than 4 hours have passed since the last feeding. If you are having a hard time waking up your baby for feedings, let your pediatrician know.

### What's the best feeding schedule for a breastfed baby?

Feeding schedules are different for every baby, but it's best to start nursing your baby before crying starts. Crying is a late sign of hunger. Whenever possible, use your baby's cues instead of the clock to decide when to nurse. It can be less frustrating for you and your baby if you learn your baby's early hunger cues. Frequent feedings help stimulate the breasts to produce milk more efficiently.

During a growth spurt (rapid growth), babies will want to nurse all the time. Remember, this is normal and temporary, usually lasting about 4 to 5 days. Keep on breastfeeding, and don't give any other liquids or foods.

### How long does breastfeeding take?

Each baby feeds differently: some slower, some faster. Some feedings may be longer than others depending on your baby's appetite and the time of day. Some babies may be nursing even though they appear to be sleeping. While some infants nurse for only 10 minutes on one breast, it's quite common for others to stay on one side for much longer. It's generally good to allow your baby to decide when the feeding is over—he will let go and pull back when he is done.

If your baby has fallen asleep at your breast, or if you need to stop a feeding before your baby is done, gently break the suction with your finger. Do this by slipping a finger into the corner of your baby's mouth and cheek while he is still latched on. Never pull the baby off the breast without releasing the suction.

To stimulate both breasts, alternate which breast you offer first. Some women like to keep a safety pin on their bra strap to help remember. While you should try to breastfeed evenly on both sides, many babies seem to prefer one side over the other and nurse longer on that side. When this happens, the breast adapts its milk production to your baby's feedings.

### How can I tell if my baby is hungry?

You will soon get to know your baby's feeding patterns. In addition, babies may want to breastfeed for reasons other than hunger. It's OK for you to offer these "comfort feedings" as another way of meeting your baby's needs.

Nearly all newborns are alert for about 2 hours after delivery and show interest in feeding right away. Let the hospital staff know that you plan to take advantage of this opportunity—it's very important to the breastfeeding process. After 2 hours, many newborns are sleepy and hard to wake for the next day or so.

While in the hospital keeping your baby with you skin to skin will make it easier for you to recognize hunger cues and also will make it easier for your baby to be alert and feed often. Watch for the early signs of hunger. This is the

time to pick your baby up, gently awaken her, check her diaper, and try to feed her. (See "Early Signs of Hunger".)

### How can I tell if my baby is getting enough milk?

There are several ways you can tell whether your baby is getting enough milk. They include the following:

- Your baby has frequent wet and dirty diapers.
- Your baby appears satisfied after feeding.
- Milk is visible during feedings (leaking or dripping).
- Your baby is gaining weight after the first 4 to 5 days of life.

Your baby should have several wet or dirty diapers each day for the first few days after delivery. Beginning around the time that your milk comes in, the wet diapers should increase to 6 or more per day. At the same time, stools should start turning green, then yellow. There should be 3 or more stools per 24 hours. Typically, once breastfeeding is going well, breastfed babies have a yellow stool during or after each feeding. As your baby gets older, stools may occur less often, and after a month, may even skip a number of days. If stools are soft, and your baby is feeding and acting well, this is quite normal.

Your baby's feeding patterns are an important sign that he is feeding enough. If you add up all the feedings over the course of the day, your baby should feed at least 8 to 12 times a day. Remember, newborns feed often and will give cues or signs when they are ready to feed. The length of each feeding varies and your baby will show signs when she is finished.

When feeding well with good latch-on, the infant will suckle deeply, you will hear some swallowing, and the feeding won't be painful. The baby should appear satisfied and/or sleep until time for the next feeding. If your baby sleeps for stretches of longer than 4 hours in the first 2 weeks, wake him for a feeding. If your baby will not waken enough to eat at least 8 times per day, call your pediatrician.

Your child will be weighed at each doctor's visit. This is one of the best ways to tell how much milk your baby is getting. The AAP recommends that babies be seen for an office visit (or home visit) between 3 to 5 days of age to check on breastfeeding and baby's weight. During the first week, most infants lose several ounces of weight, but they should be back up to their birth weight by the end of the second week. Once your milk supply is established, your baby should gain between ½ and 1 ounce per day during the first 3 months.

## Breastfeeding: A Natural Gift

Breast milk gives your baby more than just good nutrition. It also provides important substances to fight infection. Breastfeeding has medical and psychological benefits for both of you. For many mothers and babies, breastfeeding goes smoothly from the start. For others, it takes a little time and several attempts to get the process going effectively. Like anything new, breastfeeding takes some practice. This is perfectly normal. If you need help, ask the doctors and nurses while you are still in the hospital, your pediatrician, a lactation specialist, or a breastfeeding support group.

For more information about breastfeeding, read the AAP book *New Mother's Guide to Breastfeeding*.

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Illustrations by Anthony Alex LeTourneau.

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# Safe Sleep and Your Baby:

## How Parents Can Reduce the Risk of SIDS and Suffocation

About 3,500 babies die each year in the United States during sleep because of unsafe sleep environments.

Some of these deaths are caused by entrapment, suffocation, or strangulation. Some infants die of sudden infant death syndrome (SIDS). However, there are ways for parents to keep their sleeping baby safe.

Read on for more information from the American Academy of Pediatrics (AAP) on how parents can create a safe sleep environment for their babies. This information should also be shared with anyone who cares for babies, including grandparents, family, friends, babysitters, and child care center staff.

**NOTE:** These recommendations are for healthy babies up to 1 year of age. A very small number of babies with certain medical conditions may need to be placed to sleep on their stomach. Your baby's doctor can tell you what is best for your baby.

### What You Can Do

#### • Place your baby to sleep on his back for every sleep.

- ° Babies up to 1 year of age should always be placed on their back to sleep during naps and at night. However, if your baby has rolled from his back to his side or stomach on his own, he can be left in that position if he is already able to roll from tummy to back and back to tummy.
- ° If your baby falls asleep in a car safety seat, stroller, swing, infant carrier, or infant sling, he should be moved to a firm sleep surface as soon as possible.
- ° Swaddling (wrapping a light blanket snugly around a baby) may help calm a crying baby. However, if you swaddle your baby before placing him on his back to sleep, stop swaddling him as soon as he starts trying to roll.

#### • Place your baby to sleep on a firm sleep surface.

- ° The crib, bassinet, portable crib, or play yard should meet current safety standards. Check to make sure the product has not been recalled. Do not use a crib that is broken or missing parts or that has drop-side rails. For more information about crib safety standards, visit the Consumer Product Safety Commission Web site at [www.cpsc.gov](http://www.cpsc.gov).
- ° Cover the mattress with a fitted sheet.
- ° Do not put blankets or pillows between the mattress and fitted sheet.
- ° Never put your baby to sleep on an armchair, a sofa, a water bed, a cushion, or a sheepskin. (Parents should also make sure not to fall asleep on an armchair or a sofa while holding a baby.)

#### • Keep soft objects, loose bedding, or any objects that could increase the risk of entrapment, suffocation, or strangulation out of the crib.

- ° Pillows, quilts, comforters, sheepskins, bumper pads, and stuffed toys can cause your baby to suffocate.

**NOTE:** Research has not shown us when it's 100% safe to have these objects in the crib; however, most experts agree that these objects pose little risk to healthy babies after 12 months of age.

#### • Place your baby to sleep in the same room where you sleep but not the same bed.

- ° Keep the crib or bassinet within an arm's reach of your bed. You can easily watch or breastfeed your baby by having your baby nearby.
- ° The AAP cannot make a recommendation for or against the use of bedside sleepers or in-bed sleepers until more studies are done.
- ° Babies who sleep in the same bed as their parents are at risk of SIDS, suffocation, or strangulation. Parents can roll onto babies during sleep, or babies can get tangled in the sheets or blankets.

#### • Breastfeed as much and for as long as you can. This helps reduce the risk of SIDS.

- ° The AAP recommends breastfeeding as the sole source of nutrition for your baby for about 6 months. When you add solid foods to your baby's diet, continue breastfeeding until at least 12 months. You can continue to breastfeed after 12 months if you and your baby desire.

#### • Schedule and go to all well-child visits. Your baby will receive important immunizations.

- ° Recent evidence suggests that immunizations may have a protective effect against SIDS.

#### • Keep your baby away from smokers and places where people smoke. This helps reduce the risk of SIDS.

- ° If you smoke, try to quit. However, until you can quit, keep your car and home smoke-free. Don't smoke inside your home or car, and don't smoke anywhere near your baby, even if you are outside.

#### • Do not let your baby get too hot. This helps reduce the risk of SIDS.

- ° Keep the room where your baby sleeps at a comfortable temperature.
- ° In general, dress your baby in no more than one extra layer than you would wear. Your baby may be too hot if she is sweating or if her chest feels hot.
- ° If you are worried that your baby is cold, use a wearable blanket, such as a sleeping sack, or warm sleeper that is the right size for your baby. These are made to cover the body and not the head.

#### • Offer a pacifier at nap time and bedtime. This helps reduce the risk of SIDS.

- ° If you are breastfeeding, wait until breastfeeding is going well before offering a pacifier. This usually takes 3 to 4 weeks. If you are not breastfeeding, you can start a pacifier as soon as you like.

- ° It's OK if your baby doesn't want to use a pacifier. You can try offering a pacifier again, but some babies don't like to use pacifiers.
- ° If the pacifier falls out after your baby falls asleep, you don't have to put it back in.
- ° Do not use pacifiers that attach to infant clothing.
- ° Do not use pacifiers that are attached to objects, such as stuffed toys and other items that may be a suffocation or choking risk.
- **Do not use home cardiorespiratory monitors to help reduce the risk of SIDS.**
  - ° Home cardiorespiratory monitors can be helpful for babies with breathing or heart problems, but they have not been found to reduce the risk of SIDS.
- **Use caution when using products that claim to reduce the risk of SIDS.**
  - ° Products such as wedges, positioners, special mattresses, and specialized sleep surfaces have not been shown to reduce the risk of SIDS.

- ° Remember to hold your newborn skin to skin while breastfeeding. If you can, do this as soon as you can after birth. Skin-to-skin contact is also beneficial for bottle-fed newborns.

## Remember Tummy Time

Give your baby plenty of "tummy time" when she is awake. This will help strengthen neck muscles and help prevent flat spots on the head. Always stay with your baby during tummy time, and make sure she is awake.

## From Your Doctor

## What Expectant Moms Can Do

- ° Schedule and go to all prenatal doctor visits.
- ° Do not smoke, drink alcohol, or use drugs while pregnant or after the birth of your newborn. Stay away from smokers and places where people smoke.

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# Jaundice and Your Newborn

Congratulations on the birth of your new baby!

To make sure your baby's first week is safe and healthy, it is important that

1. You find a primary care provider, such as a pediatrician you are comfortable with, for your baby's ongoing care.
2. Your baby is checked for jaundice in the hospital.
3. If you are breastfeeding, you get the help you need to make sure it is going well.
4. You make sure your baby is seen by a doctor or nurse at 3 to 5 days of age.
5. If your baby is discharged before age 72 hours, your baby should be seen by a doctor or nurse within 2 days of discharge from the hospital.

## Q: What is jaundice?

A: 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.

## Q: Why is jaundice common in newborns?

A: Everyone's blood contains bilirubin, which comes from red blood cells and is removed by the liver. Before birth, the mother's liver does this for the baby. Most babies develop jaundice in the first few days after birth because it takes a few days for the baby's liver to get better at removing bilirubin.

## Q: How can I tell if my baby is jaundiced?

A: The skin of a baby with jaundice usually appears yellow. The best way to see jaundice is in good light, such as daylight or under fluorescent lights. Jaundice usually appears first in the face and then moves to the chest, abdomen, arms, and legs as the bilirubin level increases. The whites of the eyes may also be yellow. Jaundice may be harder to see in babies with darker skin color.

## Q: Can jaundice hurt my baby?

A: Most babies have mild jaundice that is harmless, but in unusual situations the bilirubin level can get very high and might cause brain damage. This is why newborns should be checked carefully for jaundice and treated to prevent a high bilirubin level.

## Q: How should my baby be checked for jaundice?

A: If your baby looks jaundiced in the first few days after birth, your baby's doctor or nurse may use a skin or blood test to check your baby's bilirubin level. However, because estimating the bilirubin level based on the baby's appearance can be difficult, most experts recommend that a skin or blood test be done in the first 2 days even if your baby does not appear jaundiced. A bilirubin level is always needed if jaundice develops before the baby is 24 hours old. Whether a test is needed after that depends on the baby's age, the amount of jaundice, and whether the baby has other factors that make jaundice more likely or harder to see.

## Q: Does breastfeeding affect jaundice?

A: Breast milk (human milk) is the ideal food for your baby. Jaundice is more common in babies who are breastfed than babies who are formula-fed. However, this occurs more often in newborns

who are not getting enough breast milk because their mothers are not producing enough milk (especially if the milk comes in late) or if breastfeeding is not going well, such as babies not latching on properly.

For the first 24 hours after birth, normal breastfed newborns receive only about 1 teaspoon of milk with each feeding. The amount of breast milk provided increases with each day. If you are breastfeeding, you should breastfeed your baby at least 8 to 12 times a day for the first few days. This will help you produce enough milk and will help keep the baby's bilirubin level down. If you are having trouble breastfeeding, ask your baby's doctor or nurse or a lactation specialist for help.

## Q: When should my baby get checked after leaving the hospital?

A: It is important for your baby to be seen by a nurse or doctor when the baby is between 3 and 5 days old, because this is usually when a baby's bilirubin level is highest. This is why, if your baby is discharged before age 72 hours, your baby should be seen within 2 days of discharge. The timing of this visit may vary depending on your baby's age when released from the hospital and other factors.

## Q: Why do some babies need an earlier follow-up visit after leaving the hospital?

A: Some babies have a greater risk for high levels of bilirubin and may need to be seen sooner after discharge from the hospital. Ask your doctor about an early follow-up visit if your baby has any of the following symptoms:

- A high bilirubin level before leaving the hospital
- Early birth (more than 2 weeks before the due date)
- Jaundice in the first 24 hours after birth
- Breastfeeding that is not going well
- A lot of bruising or bleeding under the scalp related to labor and delivery
- A parent, brother, or sister who had a high bilirubin level and received light therapy

## Q: When should I call my baby's doctor?

A: Call your baby's doctor if

- Your baby's skin turns more yellow.
- Your baby's abdomen, arms, or legs are yellow.
- The whites of your baby's eyes are yellow.
- Your baby is jaundiced and is hard to wake, fussy, or not nursing or taking formula well.

## Q: How is harmful jaundice prevented?

A: Most jaundice requires no treatment. When treatment is necessary, placing your baby under special lights while he or she is undressed will lower the bilirubin level. Depending on your baby's bilirubin level, this can be done in the hospital or at home. Jaundice is treated at levels that are much lower than those at which brain damage is a concern. In some babies, supplementing breast milk with formula



can also help to lower the bilirubin level and prevent the need for phototherapy. Treatment can prevent the harmful effects of jaundice.

## From Your Doctor

**Note:** Exposing your baby to sunlight through a window might help lower the bilirubin level, but this will only work if the baby is undressed. Make sure the temperature in your home is comfortable and not too cold for your baby. Newborns should never be put in direct sunlight outside because they might get sunburned.

### Q: When does jaundice go away?

A: In breastfed babies, it is common for jaundice to last 1 month or occasionally longer. In formula-fed babies, most jaundice goes away by 2 weeks. However, if your baby is jaundiced for more than 3 weeks, see your baby's doctor.

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## Cowlitz County Resources for Postpartum Depression

Contact your medical provider, and ask to speak with their advice nurse.

Cowlitz County Crisis Hot Line – 24 Hour Crisis Line: 1-800-803-8833 and/or 360-425-6064

Perinatal Support – 888-404-7763

Baby Blues Connection – 800-557-8375 for 24 hour information/message line for one-on-one phone support, support groups, information and resources. For ongoing email support, send a message to [support@babybluesconnection.org](mailto:support@babybluesconnection.org) . There is also a BBC support group on Facebook.

Parent Trust Help Line 800-932-4673

Postpartum Support International – 800-944-4773

Speak Up When You're Down: PPD, support hotline – 888-404-7763

### Websites for Postpartum Depression:

[www.ppdmsupport.net](http://www.ppdmsupport.net)

[www.parenttrust.org](http://www.parenttrust.org)

[www.perinatalsupport.org](http://www.perinatalsupport.org)

[www.ppdsupportpage.com](http://www.ppdsupportpage.com)

[www.postpartumstress.com](http://www.postpartumstress.com)

[www.babybluesconnection.org](http://www.babybluesconnection.org)



## Clark County Resources for Postpartum Depression

Contact your medical provider, and ask to speak with their advice nurse.

Clark County Crisis Hot Line – 800-626-8137

Perinatal Support – 888-404-7763

Maternity Support Services – 360-852-9092, 5411 E. Mill Plain Suite 28, Vancouver, Washington

Baby Blues Connection – 800-557-8375 for 24 hour information/message line for one-on-one phone support, support groups, information and resources. For ongoing email support, send a message to [support@babybluesconnection.org](mailto:support@babybluesconnection.org). There is also a BBC support group on Facebook.

Children's Home Society – 360-835-7802

Parent Trust Help Line – 800-932-4673

Postpartum Rehabilitation/Support Services – 503-830-8995

Postpartum Support International – 800-944-4773

Speak Up When You're Down: PPD, support hotline – 888-404-7763

### Websites for Postpartum Depression:

[www.ppdmsupport.net](http://www.ppdmsupport.net)

[www.parenttrust.org](http://www.parenttrust.org)

[www.perinatalsupport.org](http://www.perinatalsupport.org)

[www.ppdsupportpage.com](http://www.ppdsupportpage.com)

[www.postpartumstress.com](http://www.postpartumstress.com)

[www.babybluesconnection.org](http://www.babybluesconnection.org)

