

Newborn Basics

What's Normal & When to Call

CONFIDENCE TODAY. A HEALTHY TOMORROW.

Newborns do many things that can surprise parents. This guide helps you know what is usually normal, how to care for your baby, and when to call the pediatrician. It is not a diagnosis tool.

*Small beginnings.
Big love.*

Common Newborn Things

OFTEN NORMAL IN THE FIRST WEEKS



Lots of sleep

Most newborns sleep much of the day. They still wake regularly to feed and have periods of alertness.



Sneezing & congestion

Sneezing, snorting and mild stuffiness can be common. Use a bulb syringe if needed.



Spit-up

Small amounts can be common and may look like more than they are.



Skin changes

Mild peeling, dry skin, baby acne or blotchy skin can occur and often resolve on their own.



Crying & Soothing

CRYING IS COMMUNICATION.

Crying often increases in the first few weeks, usually peaking around 2–10 weeks. It does not mean you are doing something wrong, and responding to your baby does not spoil them.

First check:

Your baby may be crying because they are:

- Hungry
- Wet or soiled diaper
- Too warm or too cold
- Tired
- Overstimulated
- Needs closeness
- May need burping

Try one calming approach at a time:

- Hold baby close or skin-to-skin
- Gently rock or walk
- Swaddle safely (if appropriate)
- Make a steady, gentle "shhh" sound
- Soft white noise (at a safe volume)
- Quietly sing or talk
- Offer a pacifier (if desired)
- Gently pat or rub baby's back
- Reduce lights, noise, and stimulation



When you need a break

If you're feeling overwhelmed, place your baby on their back in an empty safe sleep space and step away for a few minutes while you calm down or get help. **Never shake a baby.**



Bathing & Diaper Care

SIMPLE CARE KEEPS THEM COMFORTABLE.

- You do not need to give a full bath until the umbilical cord falls off and the area is healed. Sponge baths are enough until then.
- Use a mild, fragrance-free cleanser if desired.
- Keep the diaper area clean and dry. Change diapers often.
- Use a barrier ointment if needed for redness.
- Keep the umbilical cord clean and dry. No tub baths until it falls off and is fully healed. Fold the diaper below the cord.
- Trim nails carefully or use a soft nail file.



Trust your instincts.

Parents do not need to decide alone whether something is serious. It is always okay to call your pediatric healthcare provider with questions.



Call Your Pediatrician

SEEK CARE PROMPTLY IF YOUR BABY HAS:

- Rectal temperature 100.4°F (38°C) or higher in a baby younger than 3 months.
- Repeated vomiting (more than ordinary small spit-up).
- Ongoing unusual or inconsolable crying.
- Very hard to wake or lethargic.
- Poor feeding.
- Worsening or spreading jaundice (yellowing of the skin or eyes).
- Redness, swelling, foul-smelling yellow discharge, active bleeding, or pain/crying when the umbilical cord or base is touched.
- Any behavior significantly different from usual that worries you.



Call 911 or Seek Emergency Care

IF YOUR BABY HAS:

- Severe trouble breathing (such as persistent fast breathing, chest pulling in, nostril flaring, or grunting).
- Persistent blue or gray color.
- Unresponsiveness or not waking.
- Any life-threatening emergency.

Rest easy. I've got tonight covered.