



NEWBORN CARE: WHAT MOST PARENTS WORRY ABOUT (AND WHAT'S NORMAL)

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WELCOMING A NEWBORN CAN FEEL OVERWHELMING —ESPECIALLY WHEN ADVICE COMES FROM EVERYWHERE AND OFTEN CONFLICTS. THIS HANDOUT COVERS THE **7 TOPICS PARENTS ASK ABOUT MOST**, WITH A FOCUS ON **SAFETY, NORMAL NEWBORN BEHAVIOR, AND CONFIDENCE.**



1. NEWBORN SLEEP: WHAT'S NORMAL

NEWBORNS WAKE OFTEN. SHORT SLEEP STRETCHES AND FREQUENT NIGHT WAKING ARE NORMAL IN THE EARLY WEEKS. BABIES ARE WAKING TO EAT, REGULATE, AND FEEL SECURE—NOT BECAUSE THEY'VE LEARNED “BAD HABITS.”

HELPFUL TIPS:

- FOCUS ON DAY/NIGHT CUES (BRIGHT DAYS, DIM NIGHTS)
- DON'T WORRY ABOUT SCHEDULES YET—WATCH PATTERNS INSTEAD
- FEEDING OR SOOTHING YOUR NEWBORN TO SLEEP IS NORMAL AND APPROPRIATE

2. FEEDING: “IS MY BABY GETTING ENOUGH?”

FEEDING CAN LOOK VERY DIFFERENT FROM BABY TO BABY.

- BREASTFED AND FORMULA-FED BABIES OFTEN EAT FREQUENTLY
- CLUSTER FEEDING CAN BE NORMAL
- HUNGER CUES MATTER MORE THAN THE CLOCK

SIGNS FEEDING IS GOING WELL:

- BABY WAKES TO FEED
- BABY FEEDS ACTIVELY
- DIAPERS ARE WET/DIRTY AS EXPECTED FOR AGE
- BABY SETTLES AT LEAST SOME OF THE TIME BETWEEN FEEDS

FORMULA SAFETY NOTE:

POWDERED FORMULA IS NOT STERILE. SOME BABIES (UNDER 2 MONTHS, PREMATURE, OR IMMUNOCOMPROMISED) MAY NEED EXTRA PRECAUTIONS OR READY-TO-FEED FORMULA. YOUR PEDIATRICIAN CAN GUIDE YOU ON THE SAFEST OPTION FOR YOUR BABY.

SAFE PREPARATION OF POWDERED FORMULA



3. CRYING: COMMUNICATION, NOT FAILURE

CRYING INCREASES IN THE EARLY WEEKS AND IS OFTEN WORSE IN THE LATE AFTERNOON OR EVENING. NOT EVERY CRY HAS A FIX—AND THAT DOESN'T MEAN YOU'RE DOING SOMETHING WRONG.

THINGS TO TRY:

- FEED OR OFFER A FEED
- BURP OR REPOSITION
- CHECK DIAPER
- REDUCE STIMULATION
- ADD STEADY SOOTHING (ROCKING, WHITE NOISE)

IF YOU FEEL OVERWHELMED, IT'S OKAY TO PLACE YOUR BABY SAFELY IN A CRIB AND STEP AWAY BRIEFLY. A CRYING BABY IN A SAFE SPACE IS SAFER THAN A CAREGIVER AT THEIR LIMIT

4. SAFE SLEEP: THE BASICS

SAFE SLEEP REDUCES THE RISK OF SLEEP-RELATED INFANT DEATHS. REMEMBER:

BACK. FIRM. FLAT. EMPTY.

- BABY SLEEPS ON THEIR BACK
- ON A FIRM, FLAT SLEEP SURFACE
- IN A CRIB, BASSINET, OR PLAY YARD
- WITH NO LOOSE BLANKETS, PILLOWS, OR SOFT ITEMS

CAR SEATS, SWINGS, AND LOUNGERS ARE NOT SAFE FOR ROUTINE SLEEP OUTSIDE OF TRAVEL.



5. UMBILICAL CORD, DIAPERS & SKIN

NEWBORN BODIES GO THROUGH MANY NORMAL CHANGES.

- KEEP THE UMBILICAL CORD CLEAN AND DRY
- NO ROUTINE ALCOHOL NEEDED
- DIAPER RASH IS COMMON—FREQUENT CHANGES HELP
- BABY ACNE, PEELING SKIN, AND REDNESS ARE OFTEN TEMPORARY

CALL YOUR PEDIATRICIAN IF YOU NOTICE REDNESS SPREADING, SWELLING, FOUL ODOR, OR SIGNS OF INFECTION.

6. GAS, REFLUX & SPIT-UP

SPIT-UP IS COMMON IN INFANCY AND USUALLY IMPROVES WITH TIME. HELPFUL STRATEGIES MAY INCLUDE:

- AVOIDING OVERFEEDING
- GENTLE BURPING
- HOLDING BABY UPRIGHT BRIEFLY AFTER FEEDS

CALL YOUR PEDIATRICIAN IF THERE IS POOR WEIGHT GAIN, BREATHING DIFFICULTY, BLOOD IN VOMIT OR STOOL, OR SIGNS OF DEHYDRATION.



7. “AM I DOING THIS RIGHT?”

MANY PARENTS EXPERIENCE SELF-DOUBT, ANXIETY, OR SADNESS AFTER BIRTH. THIS IS COMMON—AND HELP WORKS.

- BABY BLUES ARE COMMON
- ONGOING SADNESS OR ANXIETY DESERVES SUPPORT
- YOU MATTER JUST AS MUCH AS YOUR BABY

TALK TO YOUR OB, PEDIATRICIAN, OR HEALTHCARE PROVIDER IF YOU'RE STRUGGLING.

**YOU DON'T NEED TO BE PERFECT.
YOU NEED SUPPORT, SAFETY, AND INFORMATION YOU CAN TRUST.**





Let's Connect!

WE WOULD LOVE THE OPPORTUNITY TO
CONNECT AND LEARN MORE ABOUT YOUR
FAMILY.

WE INVITE YOU TO FILL OUT THE FORM
BELOW AND OUR TEAM WILL BE REACHING
OUT SOON TO PERSONALLY CONNECT AND
GUIDE YOU THROUGH NEXT STEPS.

[FIND A NEWBORN CARE SPECIALIST](#)