

Pre-discharge Parent/Caregiver Anticipatory Guidance

General Guidance

- Adjust this talk to parental needs and questions.
- Always establish rapport and parental engagement before initiating anticipatory guidance.
- Give anticipatory guidance in increments throughout the hospital stay; avoid giving too much at once as this can be overwhelming and impair retention of information.
- In general, follow this schedule:
 - Day 0: expectations for feeding/elimination; normal newborn behavior; crying/soothing; safe sleep.
 - Day 1-2: Reiterate Day 0 info; umbilical cord/bathing, handling baby and visitors; car seat safety; call baby's doctor if; post-partum depression.
 - Every family needs to know the "call baby's doctor if" information.

Breast feeding

- Encourage breastfeeding and review benefits of BF for baby and mom.
- Review breastfeeding expectations for first days of life.
 - Baby's stomach is initially the size of a cherry (5-7mL).
 - Baby should be fed on demand; review feeding cues and encourage parents to look for them.
 - After first 24 hours, newborns typically feed q 1-3 hours.
 - No longer than 4 hours between feedings.
 - Feed 8-12 times/day to encourage good milk production and satisfy baby.
 - Milk typically comes in on days 3-5.
 - Stay hydrated to encourage milk supply.
 - Skin-to-skin contact with baby will help with bonding and milk supply.
 - Cramping is normal when baby latches and will gradually decrease over time.
 - Encourage mother to ask for help if she needs/wants it.
- 400 IU of liquid vitamin D (1 mL or 1 drop depending on formulation) per day is recommended.
- Do not give anything other than breastmilk or formula.

Formula feeding

- Mixing: 1 scoop to 2oz of water; put water in the bottle first.
- 5-7mL q2-3hrs on day 1, then gradually increase to ~20-30mL by day 3. Later in first week volume may increase.
- Baby should be fed on demand; review feeding cues and encourage parents to look for them.
- No longer than 4 hours between feedings.
- 400 IU of liquid vitamin D (1 mL or 1 drop depending on formulation) per day is recommended.
- Do not give anything other than breastmilk or formula.

Elimination

- Urine
 - Minimum 1 wet diaper per day of life, e.g., minimum 3 wet diapers on day 3 of life, up until 7 days of life.
 - May see orange/tan "sand" in diaper in first few days. These are urate crystals and they are normal.
- Stool
 - Gradually transitions from dark brown meconium → green → seedy yellow over 5 days.
 - May stool with each feeding or once a day.
 - Normal stools are soft/mushy.
 - It is normal for a baby to appear to be straining their whole body to have a bowel movement.

Bathing and skin care

- Do not submerge baby in water until umbilical cord falls off and circumcision healed (if circumcised) - use sponge or wash cloth to bathe.
- Never leave the baby unattended in a bath for any reason.
- Avoid powders (e.g., baby powder). Fragrance-free cream/ointment for diaper area once skin is air dried is ok.

Umbilical cord care

- Do not apply anything to the cord.
- Wipe it clean if it gets soiled, just like any other body part.
- The cord stump is not tender – the baby cannot feel it. The cord stump will fall off in 1-2 weeks.
- Do not immerse the belly button under water until cord stump falls off.
- Call PCP if fluid draining from the cord/umbilicus or there is redness of the skin around the umbilicus.

Normal Newborn Behavior

- Sneezes, hiccups, startle reflex, jaw tremor, periodic breathing, withdrawal vaginal bleeding, and straining with stools are all normal newborn behavior.

Crying/Soothing

- It is normal for your baby to want to be held. You will not “spoil” your baby by holding them too much in the first few months of life. Skin-to-skin contact is soothing to baby and a great way to bond.
- Crying is normal. Assess for hunger, cold/hot, lonely, dirty diaper or tired.
- Learn how to read your baby’s cues and soothe your baby (5 S’s: side-stomach position, shush, swing, suck, swaddle).
- If you are frustrated with your baby it is ok to leave the baby on their back in a crib/bassinet and walk away or call for help.
- Never shake your baby.

Handling baby and visitors

- Avoid exposure to direct sun to prevent sunburn.
- 1 more layer of clothing than adults are wearing to be comfortable. A hat is considered a layer of clothing for baby.
- Never leave the baby unattended in a bath for any reason.
- In general people with acute illnesses or fever should not visit the baby.
- Anyone who is going to handle the baby should wash their hands or use hand sanitizer first.
- Nobody with a cold sore or a history of cold sores should kiss the baby.
- Recommend influenza, Tdap and Covid vaccination for anyone handling/caring for the baby.
- Smokers should ideally wash hands, rinse mouth and change clothes prior to handling the baby.

Safe Sleep

- Back-to-sleep for all sleep. Face down or side sleeping increase risk of suffocation and SIDS.
- Firm, flat, non-inclined surface. Avoid heavy blankets, pillows, stuffed animals, bumper pads, etc. in bassinet.
- Do not put a hat on baby when they sleep.
- Home cardiorespiratory monitors not recommended as a strategy to reduce risk of SIDS.
- Recommended to sleep in parents’ room, but on separate surface for infants. Co-sleeping is potentially dangerous.

Car seat safety

- Rear-facing infant car seat in middle of back seat.
- Recommend a reminder method when baby is in the back seat so they will never forget baby is in the car.

Call Baby's Doctor if...

- Baby is limp, poorly responsive OR very agitated and inconsolable.
- Baby is feeding poorly, not feeding for > 6-8 hours, or vomiting all feeds.
- Mother's breast milk is not in by day 5.
- Wet diapers less often than expected, stool does not transition, or stool is hard.
- Rectal temperature over 100.4°F (38°C).
- You are feeling frustrated or angry with your baby.
- Your intuition tells you something is not right with your baby.

Post-partum depression vs. normal adjustment

- The newborn period can be a time of heightened emotions for new parents and this is normal. If you are experiencing a lot of negative emotions, if your emotions are making it difficult to care for your baby or deal with daily tasks, or this is noticed by family members, it is important to share how you are feeling, ask for help from other caregivers, and seek help from your PCP or baby's PCP.

Tell the parents when to follow-up with PCP for first check-up