

Bottles, burps, boo boos

Your baby care guide



Baby's name _____

Birthdate _____

Weight _____

Length _____

Head circumference _____

Doctor name _____

Office phone _____

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Congratulations!

This is a very exciting time for your family! It also may raise many questions. We know parenting can be a challenge and we're here to help. At Cook Children's, everything we do centers around giving your child the best care possible.

This booklet includes common questions you may have about your baby's care. If you have more questions or concerns, call your baby's doctor.

A pediatrician should see your baby a few days after you leave the hospital. Regular visits are important to check your baby's health and development. Talk to your doctor about your baby's checkups during the first year of life. Remember to write down any questions you have between visits.

From routine checkups to more serious issues, our team is here for your family. Because childhood should be simple.

Note: All information in this booklet is general. For medical advice, diagnoses and treatment, ask your doctor.



**Find a pediatrician
near you.**

Emergencies

When it comes to kids, anything can happen. Call your pediatrician if you're concerned about your baby's health. Signs of illness in early infancy may be very subtle. A doctor visit can be helpful. Call your child's doctor if your baby has any of these symptoms:

- Fever of 100.4 degrees Fahrenheit or higher. Refusing to nurse 3 times in a row.
- Persistent vomiting.
- Diarrhea – more frequent or large amount of stool. Major change in color or consistency. Yellow, seedy stools are normal.
- Any drastic change in the baby's behavior, such as convulsions, excessive crying or sleepiness.
- Sudden color change. Keep in mind that it's normal for newborns' hands and feet to look purple or blue sometimes. Many have a yellow color (jaundice) in the first week.

If your baby is having a life-threatening emergency, call 911 or go to the nearest hospital or emergency department.

You can get emergency services 24 hours a day, 7 days a week. Teddy Bear Transport supports Cook Children's. It is one of the largest pediatric transport programs in the country. We also have Cook Children's urgent care centers located throughout our region for symptoms that happen when your pediatrician's office is closed. Visit cookchildrensurgentcare.com to find a location near you.

Cook Children's Emergency Departments

801 7th Ave.
Fort Worth, TX 76104
682-885-4095 phone

4100 W. University Drive
Prosper, TX 75078
945-204-4100 phone

Other emergency phone numbers:



Find urgent care
near you.

Hospital care

Shortly after birth, a pediatrician will check your newborn to ensure the baby is healthy. The doctor will provide routine newborn care to prepare your baby to go home. Tests and screenings your baby will receive may include:

- **Apgar score** – The test measures the heart rate, breathing, muscle tone, reflex response and color. The doctor or nurse takes the scores at 1 minute and 5 minutes after delivery.
- **Eye care** – Every newborn receives a dose of antibiotic eye ointment because bacteria in the birth canal can cause infection. Any swelling and yellow discharge should disappear in a few days.
- **Hearing screen** – All hospitals must check newborn hearing with a test called the auditory brain, or ABR. This is a general measurement of the infant's hearing.
- **Hepatitis B vaccine** – We recommend this vaccine to prevent hepatitis B. This is a series of 3 shots. Your pediatrician will complete the series in the following months.
- **Newborn screening tests (including PKU)** – This is a blood test to check for congenital diseases. Your baby is born with these conditions. When doctors can identify these conditions early, they can treat them better. Your pediatrician will screen your baby again at age 2 weeks.
- **Vitamin K** – Newborns are slightly low in vitamin K. Shortly after birth, babies get an injection of vitamin K to help with blood clotting.
- **Congenital heart screen test** – This tool, along with prenatal diagnosis and physical exams after birth, helps find any problems with the heart right away. Catching and treating early can improve outcomes later in life.

Visits with your pediatrician

Childhood should be simple, and, whenever possible, free of illness and injury. Vaccines are the safest, easiest way to protect your kids from avoidable, and sometimes fatal, childhood diseases. Check with your baby's doctor for a vaccine schedule.

Age	Vaccine or test
_____	_____
_____	_____
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At Cook Children's, we want you to have all the information you need at your fingertips. We created a health care notebook to help you keep your child's health information in one place and up to date. See the notebook at [cookchildrens.org/health-resources/health-care-notebook](https://www.cookchildrens.org/health-resources/health-care-notebook). You can print this document in English, Spanish, Arabic or Vietnamese. You can fill in your child's information and put it in a binder. Bring the binder to clinic or hospital visits and share the information with your child's caregivers.

Schedule regular checkups starting at 3 to 5 days old. Your next visits will take place at 2 to 4 weeks and months 2, 4, 6, 9, 12, 15 or 18. Afterward, you will schedule visits yearly. At Cook Children's, we can take care of a cough, keep vaccinations current and generally make sure kids, and their parents, feel their best.



Download the health care notebook.

Behavior

Your baby is an individual, and they will have a personality from day one. As you spend more time with your baby, you'll learn more about their personality. Here are some things that all babies do:

- **Sneeze and cough** — These are usually not a cause for concern in a newborn infant. These are the ways that a baby clears his nose and throat of mucus and dust. It's not a sign of a cold if no nasal discharge is present.
- **Hiccups** — These are very common for infants after nursing.
- **Spitting up** — Small amounts of spit-up are normal from time to time. Call your pediatrician if your baby often spits up a large amount or it comes out forcefully and it seems painful.
- **Crying** — Babies cry for many reasons, such as being hungry, wet or anxious. You will learn what your infant's various cries mean and how to comfort your baby. Crying itself is not harmful. Remember this period will end, and crying is normal. It's OK to walk away and take a break from the crying if you are feeling frustrated. Ask your pediatrician for more information about the Period of PURPLE Crying®.
- **Passing gas** — This happens after a baby swallows air. It does not usually cause discomfort for baby.
- **Breathing irregularly** — Sometimes babies will breathe very fast for a few seconds and then very slowly.
- **Congestion** — Babies' nostrils are tiny and they don't know how to breathe through their mouths. Even a little mucus in the nose can cause congestion. Use a bulb syringe to remove extra mucus that blocks your baby's airways.
- **Sleeping** — Newborn babies sleep up to 20 hours a day and usually wake up every 2-4 hours for feedings. They may begin sleeping through the night at 1 to 2 months of age. Some babies take longer.

Physical characteristics of a newborn

Umbilical cord

- Fold the diaper down to expose the cord to air.
- If the cord becomes red, swollen or tender, call your pediatrician.
- The cord falls off in 1-4 weeks. After the cord falls off the belly button may bleed a little.

Skin

- Peeling or cracking skin around the wrists or ankles is common. As new skin cells grow, this condition will clear up without treatment.
- Newborns often have a lot of downy fuzz on their backs, arms and ears. This will soon rub off and disappear. Newborns also have a white, waxy skin coating that eases their passage through the birth canal. This washes off during the baby's first bath.
- Hormones from the mother may cause your baby to have swollen nipples. This swelling goes away a few days after birth. There may be an infection if the area around the breast is red, warm or tender. Call your pediatrician if you are concerned.

Nasal

- Remove extra mucus with a bulb syringe.

Rashes

- Newborns often have rashes. These may look like red areas with a yellow or white raised center. These can come and go during the first month or two of life.
- Baby may have milia on the nose. These are little whiteheads and will soon disappear.
- You may see a raised pimple-like rash around the umbilical cord or genital area. This rash often clears up with normal bathing or exposure to air. If the rash does not go away or gets worse, see your pediatrician.
- Overdressing or laundry soaps can also cause skin rashes. As the baby becomes warm and sweats, skin irritation develops in the skin folds. Keep the areas clean and dry and avoid overdressing. Try a laundry soap for sensitive skin and rinse twice.

Sneezing

- Babies clear their noses by sneezing. Hormones from the mother cause mucus membranes to swell. This makes the nose stuffy. Breathing may be noisy and irregular at first.

Eyes

- Your newborn may have swelling around the eyes. This will disappear a few days after birth. Some babies have a red area in the white part of the eye. This is from the pressure during birth. This does not need treatment. It will disappear within several weeks.
- A newborn can only see as far as about 8 to 12 inches. Your baby's eyes will wander and may appear crossed if an object is too far to see. Your baby will be able to focus both eyes on an object at the same time as the eye muscles mature.

Head

- Your infant will have a very large head compared to the rest of the body. An infant's head may be melon-shaped following birth. It will return to its normal shape a few days after birth.
- A soft spot, called the fontanel, is on the top of a baby's head where the bones are still growing together. A second fontanel is on the back of the skull. A thick membrane covers these spots to protect the head and brain. Protect your baby from falling on or bumping the head, as this could cause serious injury or death.

Movements

- Your baby may make sudden movements of arms or legs. These reflexive movements are normal and will go away as the baby grows.

Safe infant sleep

Your baby begins learning how to sleep from the very first day at home. Babies should be put in their bed drowsy but still awake, if possible, so that they learn to fall asleep there. If baby is asleep when you place them in bed, they will not know how to get back to sleep without help. When you rock or nurse a baby to sleep, you are establishing a ritual. These can be hard to break as baby gets older.

Accidental suffocation is the leading cause of injury-related death among children less than 1 year old. Unsafe sleep environments for infants are the main cause of infant suffocation. Put baby to bed on their back. They don't need pillows. They should sleep in a crib on a flat, firm mattress with a tight fitted sheet.

Keep your baby safe with these guidelines on safe infant sleep:

DO:

- ✓ Baby's sleep space only needs a tight, fitted sheet. No blankets, toys or loose bedding. A pacifier is okay as long as there are no clips, strings or toys attached. Always put baby to sleep on their back. Once they can roll to their tummy, it's okay to leave them there. Babies should always sleep in their own crib, bassinet or pack-and-play.
- ✓ Keep newborns warm while sleeping. Use a sleep sack or long-sleeved onesie. We do not recommend swaddling.

DON'T:

- ✗ Keep soft objects or loose bedding in the crib. This includes pillows, blankets, stuffed toys and bumper pads.
- ✗ Use car seats, infant swings and other sitting devices for routine sleep.
- ✗ Let baby overheat with blankets or swaddling.
- ✗ Share a bed with your baby. Room sharing is OK.

Cribs

A crib must have slats that are no more than 2 3/8 inches apart. It must have a firm, snug-fitting mattress. Don't put a baby to sleep on a pillow, soft mattress or waterbed. Sudden infant death syndrome (SIDS) has been associated with babies sleeping on their stomachs. The American Academy of Pediatrics recommends that babies go to sleep on their backs. Keep soft objects or loose bedding out of the crib to avoid unintentional injury or suffocation.

Safety

Car seats

Texas law requires all children ride in federally approved car seats or booster seats made for their weight and height until they are 8 years old or taller than 4 feet 9 inches. In addition, all passengers (including adults) above this age or height must use a seat belt, no matter where they sit in the vehicle.

Begin the habit of riding in the appropriate car seat on your baby's first car ride. The safest place to install the car seat is in the middle rear seat, facing backward. Holding a baby provides no protection. Replace car seats after 5 years.

Did you know that 4 out of 5 car seats are not installed correctly? Safe Kids North Texas Fort Worth has several car seat fitting stations around the Dallas-Fort Worth metroplex. You can make an appointment with a certified technician for a FREE car seat fitting. Please call 682-885-2634 to learn more. If you are an expectant parent, please schedule your car seat check 4-6 weeks before your delivery date.

Clothing

Infants only need one extra layer of clothing to stay warm. Overdressing your infant may cause discomfort, heat rash or mild fever. Wash new clothes before your baby wears them. You can take your baby outside after 1 week of age.

When you take the baby out, dress him or her appropriately for the weather. Limit exposure to sunlight. Talk to your doctor before using sunscreen on your baby.



Home safety

- Cover all electrical outlets with safety shields/plugs.
- Use childproof latches on all cabinets that hold cleaners, chemicals or medicine.
- Never leave a baby alone on a changing table, bed, couch or countertop to avoid falls.
- Place infant carriers on the floor to avoid falls.
- Never leave your baby alone in the car or house.
- Avoid strings or chains on your baby, clothes or toys. This includes necklaces, strings or ribbons for pacifiers and religious medals.
- Be sure electrical cords, telephone cords or drapery/blinds cords are out of your baby's reach. All of these can cause accidental strangulation.

Second-hand smoke

Smoking is hazardous to your health and the health of your baby. Studies show that exposure to smoke before and after birth increases an infant's risk for sudden infant death syndrome (SIDS) by 5 times. Exposure to smoke increases an infant's risk of recurrent colds and ear infections. If you must smoke, do it outside.

Water temperature

Turn the thermostat on your water heater down to 120 degrees Fahrenheit to avoid the risk of scalding. Always check the temperature before putting your baby in a bath. Many stores sell bath toys with temperature-checking capability to let you know when the water is too hot. Stay with your baby at all times.

For more information on how to keep your child safe, visit [cookchildrens.org/health-resources/safety](https://www.cookchildrens.org/health-resources/safety).



**Learn more about keeping
your child safe.**

Crying

Crying is how babies communicate. You will quickly learn whether your baby is crying from hunger, boredom, pain, anger or something else.

There are several ways to comfort your baby when he or she cries, including:

- Checking to see if your baby is hungry, tired or wet.
- Increasing your activities with your baby.
- Going for a walk, riding in the car or dancing with your baby.
- Playing calm sounds like music, lullabies, white noise, dripping water, etc.
- Giving your baby a warm bath, skin-to-skin contact or a massage.

Some babies will be fussy at various times throughout the day. This is normal.

Between 2 and 6 weeks of age, a baby's crying steadily increases and can put strain on parents. Remember this period will end. It is OK to take a break if you feel frustrated. If you become frustrated, it is best to leave your baby in the crib or some other safe place and take a break. If possible, call someone to relieve you. It is harmful, even fatal, to shake your baby. Ask your pediatrician for information about the Period of PURPLE Crying®.

Some babies have colic. Colic is if your baby screams non-stop for several hours a day, for several days in a row. The causes of colic are unknown. Your baby should outgrow colic by 3 to 4 months of age. If you're concerned that your baby's crying is abnormal, check with your doctor.



[Learn about PURPLE Crying®](#)

Illness

Your baby's immune system is still developing. Your baby can catch illnesses from other people. It is important to limit your baby's exposure to groups of people or those who may be sick. Avoid daycare until your baby begins vaccines at 2 months of age.

Remember to wash your hands before you or anyone else handles your baby.

Colds

Occasional colds are unavoidable in babies and children. They often involve a runny nose or coughing. You can usually treat colds at home. Newborn babies often have nasal mucus in the first month or two that can cause sneezing and noisy breathing. Use a bulb syringe to remove mucus.

Common signs of illness in the newborn and young infant include:

- Fever of 100.4 degrees Fahrenheit or higher, taken rectally (if younger than 3 months).
- Frequent, large watery stools.
- Forceful vomiting.
- No wet diaper every 6-8 hours.
- Repeat refusals to feed.
- Paleness, sleepiness or irritability.

Please call your pediatrician if your baby has any of the symptoms listed above.

Acetaminophen and ibuprofen dosing chart

Dosing is based on child's weight. Do not measure with teaspoons. Always use the measuring syringe, spoon or cup that comes in the box. Use this chart only as a guide. Keep all medicine out of reach of children.

Acetaminophen (Tylenol®)

Can give every 4 to 6 hours. Do not give more than 5 doses in 24 hours. **Do not give to babies younger than 2 months.**

Weight (pounds)	Infant's liquid	Children's liquid	Children's soft chewable tablet	Junior strength chewable tablet	Adult regular strength tablet
	160 mg/5 mL	160 mg/5 mL	80 mg each	160 mg each	325 mg each
6 to 11	1.25 mL				
12 to 17	2.5 mL	2.5 mL			
18 to 23	3.75 mL	3.75 mL			
24 to 35	5 mL	5 mL	2 tablets	1 tablet	
36 to 47		7.5 mL	3 tablets	1.5 tablets	
48 to 59		10 mL	4 tablets	2 tablets	
60 to 71		12.5 mL	5 tablets	2.5 tablets	1 tablet
72 to 95		15 mL	6 tablets	3 tablets	1.5 tablets
96 or more		20 mL	8 tablets	4 tablets	2 tablets

Ibuprofen (Motrin®, Advil®)

Can give every 6 to 8 hours. Do not give more than 4 doses in 24 hours. **Do not give to babies younger than 6 months.** If your child is 11 pounds or less, talk to your child's doctor for dose.

Weight (pounds)	Infant's drops	Children's liquid	Children's soft chewable tablet	Junior strength chewable tablet	Adult regular strength tablet
	50 mg/1.25mL	100 mg/5 mL	50 mg each	100 mg each	200 mg each
12 to 17	1.25 mL				
18 to 23	1.875 mL	3.75 mL			
24 to 35		5 mL	2 tablets		
36 to 47		7.5 mL	3 tablets		
48 to 59		10 mL	4 tablets	2 tablets	
60 to 71		12.5 mL	5 tablets	2.5 tablets	
72 to 95		15 mL	6 tablets	3 tablets	
96 or more			8 tablets	4 tablets	2 tablets

These instructions are general guidelines. Your health care provider may give you special instructions. If you have questions or concerns, please call your health care provider.

Feeding

Breast milk is the best source of nutrition you can give your baby. It gives the best protection against infection. Experts agree that breastfeeding for any length of time is good for you and your baby. If you choose not to breastfeed or are unable to breastfeed, infant formula is the best alternative to breast milk. We recommend formulas that contain iron.

Keep your baby on breast milk or formula until their first birthday. Don't give cow's milk to your children until they are 1 year old. It doesn't provide the nutrition your baby needs to develop, and it's hard for the baby to digest.

When to feed

Allow your baby to set the feeding schedule during the first two months of life. Most breastfed babies feed every two to three hours. Begin with five minutes on each breast and increase the feeding time by 1 minute each day. Eventually, your baby will nurse for 10 to 20 minutes on each breast.

Formula-fed babies usually feed every 3-4 hours. Give 2 to 3 ounces per feeding during the first two weeks. Give 4 to 5 ounces during the third and fourth weeks. Babies having trouble gaining weight may need feeds more often.

Babies may cry when they are hungry. Before you offer food, check for a wet diaper, or interact with your baby. You usually don't need to wake your baby to feed.

How much to feed

You can tell if your baby is getting enough to eat by his or her growth. Your pediatrician will weigh and measure your baby at every visit.

During the first days of life, infants generally lose 4 to 10 ounces; breastfed babies lose a little more. Don't worry - by day 10, most babies gain back what they have lost.

A baby who is getting enough to eat:

- Is content.
- Sleeps well between feedings.
- Has 6-8 wet diapers per day.
- Is gaining weight.

Burping

Burping your baby during or after feeding helps remove air swallowed. It's normal for your baby to spit up in small amounts. Burping your baby more often or for a longer period may reduce spit up.

Breastfeeding

Babies may take time learning to nurse. The first few days of nursing are a time of learning for both mother and child.

As you begin nursing your baby, clear or yellowish fluid called colostrum will come from your breasts. It's rich in nutrients and although the amount is small, it's enough for your newborn.

You should nurse from both breasts at each feeding. You can pump breast milk and store it in the refrigerator up to 24 hours or store in the freezer. A nursing mother should continue to take a prenatal vitamin. Some medicines pass to the baby through your breast milk. If you're on any medicine, prescription or over-the-counter, talk with your doctor if you plan to breastfeed.

At Cook Children's, we have full-time lactation specialists who help mothers with pumping and breastfeeding. They also help families understand the benefits of breast milk for their newborn. We have many resources for moms that have trouble with nursing or pumping. Ask your pediatrician for more information.



**Connect with our virtual
lactation specialist.**

Formula

Refrigerate all open or mixed formula. Throw away any unused formula after 48 hours. Here are a few formula options:

- You can buy ready-to-feed formula in bottles or 32-ounce cans. Pour the formula directly into bottles or nursers for feeding. These can be expensive. They don't mix with tap water, which has necessary fluoride.
- Mix concentrated formula with water. Keep in a clean container in the refrigerator. Pour into bottles or nursers for feeding after mixing well.

- Powder formula needs 1 scoop of powder to each 2 ounces of water. Mix until smooth. You can mix the formula in larger amounts and keep in the refrigerator. Always follow the mixing instructions on the package.

When feeding with a bottle, never prop the bottle and leave your baby to feed. The bottle can slip into the wrong position. Nursing is an important bonding time with your baby.

Solid foods

Your baby's digestive system is not ready for solid foods until 4-6 months of age. Adding solid foods too soon may lead to food allergies. Never give your baby honey. Honey can contain *Clostridium botulinum* spores (botulism), which can cause severe illness in infants. Your pediatrician will help you decide when to start solid foods. Prepare for a little mess at first!

Bowel movements

Your baby's stools will probably change in color, softness and frequency over time. Breastfed infants have liquid, yellow stools. Formula-fed infants will have a yellowish-tan stool. Minor changes in stools are normal.

Some babies have a bowel movement with every feeding; others may have one stool every 36 to 48 hours. Others may go 7 days without a stool. There are no normal stool patterns. All baby's first stools are black and tar-like; this is called meconium. If your baby's stool is consistently very hard and dry, call your pediatrician.

As your baby grows and begins eating solid food, bowel movements can happen less often. Don't give your baby an enema, suppository or laxative. Constipation is not possible for babies that are nursing. Expect consistency changes as you add food to baby's diet.

Diaper rash

Change dirty diapers right away to prevent most cases of diaper rash. If your baby develops a rash, bathe the diaper area gently with mild soap and water, and let air dry completely. Baby wipes may irritate a rash. When you change the diaper, use Balmex[®], Desitin[®] or A&D[®] ointment to protect your baby's skin from further irritation. If blisters form or the rash does not improve after 3 days, call your pediatrician.

Bathing

Your baby does not need a daily bath. Spot clean at diaper changes and after feedings. A complete bath 2-3 times each week is enough until your child is old enough to truly get dirty.

A baby is ready for his or her first bath as soon as the umbilical cord comes off and the circumcision is healed. You can bathe your baby any time of the day, although pre-bedtime baths may help your baby sleep. Keep all supplies handy and stay with your baby the whole time. A washcloth at the bottom of the tub prevents slipping.

Here are some tips for washing various parts of your baby:

- **Face** – Wash with plain water. No soap is needed.
- **Eyes** – Use a cotton ball dipped in warm water, moving from the nose downward.
- **Nose and ears** – Cleanse only the outer areas with a moist cotton swab.
- **Mouth** – Wipe the baby's gums twice a day with a clean, wet cloth.
- **Head** – Work from front to back to keep soap out of the eyes. Lather gently. The soft spot is not especially delicate, but don't scrub with a lot of force.
- **Body** – Use a mild soap such as unscented Dove®, Baby Magic® or JOHNSON'S® baby wash. Be sure to wash creases in the skin and rinse well.
- **Skin protection** – Small amounts of baby lotions are fine, but avoid oils and talcum powder.
- **Circumcision** – With circumcised babies, the head of the penis may look red and raw and may have a white-yellowish discharge for several days. Watch for swelling or bleeding. Use only warm water to clean the penis until the healing is complete. If you have specific questions, call your pediatrician.
- **Uncircumcised penis** – No special care is required. Do not try to retract the foreskin.
- **Vaginal care** – It is normal for baby girls to have a small amount of vaginal discharge or bleeding. Normal bathing will cleanse the vaginal area.
- **Diaper area care** – Change your baby's diaper as soon as possible after each bowel movement or urination. Wash the area with a soft cloth or cotton ball and water. Make sure the baby's bottom

is completely dry before putting on a new diaper. If you use cloth diapers, avoid plastic or rubber pants over the diaper because they hold moisture in and may cause a rash. If you use store-bought baby wipes, we recommend alcohol-free wipes.

Oral health

You can start keeping your child's mouth healthy right away.

- Start early – wipe baby's gums after feeding with a soft, wet cloth.
- Use a baby toothbrush when the first tooth comes in.
- Brush for 2 minutes in the morning and at bedtime. Use a toothbrush made for their age.
- Don't share cups, straws or spoons or lick pacifiers. Germs that cause cavities can be passed to the child's mouth.
- Take your child to a dentist by age 1 or when the first tooth comes in.

Practical parenting advice

Being a parent is tough. We want you to know that you're not alone. Cook Children's pediatricians offer more resources and practical advice about many safety and development topics. We're here to help you with well-child visits, vaccines, illnesses, behavior problems and learning disorders. We want to help with questions all parents have. We can give your child a medical home and make sure they get the attention and care they need. Our doctors have direct access to pediatric specialists and services at Cook Children's Medical Center and specialty clinics.

The most effective health care is preventive. This includes:

- Good nutrition, including breastfeeding when possible
- Prevention of illness through vaccines
- Avoiding known hazards such as tobacco smoke
- Preventing accidents and poisonings

These are all important to raise a healthy child.

Ideas, opinions, information and medical knowledge can change. All parents get a lot of advice, some good and some questionable. Your instincts will help you through life with a newborn. The information in this booklet is for reference only. Call your pediatrician for up-to-date information and when you have questions.

Notes

Important phone numbers

Sometimes it can be difficult to know when you should call your child's doctor, or go to urgent care or the emergency department. Download this handy chart to help you decide if your child needs primary, urgent or emergency care.



Know where to go.



Access our newborn care resources online.