

# **The Newborn Manual**

**A practical guide  
for new parents**



# Congratulations on your new baby!

As your child's pediatrics office, we would like to share some information that we believe will be helpful when caring for your newborn. The good news is that, in general, common sense is the most important factor in infant care.

Remember that every baby is an individual with his or her own personality, and each will react differently to the same situation. Try not to compare babies or their reactions, as there are wide ranges of standards for weight, growth and development for infants, just as there are for adults. This is why we can only offer general thoughts and advice in this book.

We encourage you not to worry about trivial matters or allow well-meaning family members or friends concern you with their advice. The best way to safeguard your baby's health is to have regular examinations in our office.

Throughout the first year, we will provide detailed instructions on how to care for your baby, but please reach out to our office whenever you have a question or need advice. Sometimes, we can provide a definitive answer to a puzzling problem. Other times, just talking about the problem will help you to come to your own solution.

We want you to depend on us as child specialists. Together, we can help you develop your own parenting style.

—Your UCLA Health pediatrics team

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## 1

## About Your Baby

Although the early days of parenthood can be challenging, it is important to remember that your newborn only has two basic needs: eating and sleeping. Once these needs are met, you can pretty much leave them alone.

This chapter covers newborn behavior and newborn bodies. The main takeaway is that most things new parents worry about are totally normal and not a cause for concern. But as always, please call us with any questions.





## Newborn Behavior

**S**OME THINGS NEWBORN BABIES commonly do may concern parents, but they are not signs of illness. Most are harmless reflexes caused by an immature nervous system that disappear in two to three months, including:

- Chin trembling
- Lower lip quivering
- Frequent yawning
- Hiccups
- Passing gas
- Periodic breathing: rapid non-labored breathing followed by a brief pause of less than 10 seconds and then normal breathing
- Noises caused by breathing or movement during sleep
- Sneezing
- Spitting up (small amounts) or burping
- Startle reflex: a brief stiffening of the body with arms in an “embracing” position in response to noise or movement, also called the “moro” reflex
- Straining with bowel movements
- Throat clearing or gurgling sounds caused by secretions in the throat. These are not a cause for concern unless your baby is having difficulty breathing.
- Trembling or jitteriness of arms and legs during crying. While jitters are common in infants, convulsions are rare. During convulsions, babies may make jerking movements, blink their eyes and suck rhythmically with their mouths while not crying. If your baby is trembling but isn't crying, give him or her something to suck on. If the trembling doesn't stop during sucking, call your doctor's office immediately.

## What Do I Do if My Infant is...?



### Colicky

The definition of colic is crying that occurs for more than three hours per day, more than three days per week and lasts for more than three weeks. It affects at least 20 percent of all babies. Infants with colic can have multiple episodes of crying, fussing and irritability that may develop into agonizing screaming. Symptoms of colic usually occur in the evenings and begin in the second week of life. Colic typically peaks at six weeks and resolves by four months. While there are few medical interventions that are helpful for colic, feel free to ask your pediatrician for suggestions.



### Crying

Crying is normal in all infants for up to three hours a day. Babies cry when they are hungry, need their diaper changed, are too hot or too cold, are sleepy, or need to be burped. If you cannot determine the cause of crying, check your baby's temperature and make sure he or she does not have a fever. If he is still crying despite checking all of the above, try soothing your baby by swaddling him tightly in a blanket, rocking him, and singing or “shushing” him. You can also try using a pacifier.



### Hot



A newborn's temperature is normally higher than those of older children, averaging approximately 99.5 degrees Fahrenheit (37.5 degrees Celsius) during the first six months of life. The most accurate way to take a newborn's temperature is to use a digital rectal thermometer. If a newborn's temperature is over 100.4 F (38.0 C), you must call your doctor's office immediately. To take your child's temperature rectally, place him or her belly-down across your lap. Coat the tip of the thermometer with petroleum jelly (Vaseline), and then insert the tip into the rectum. Stop if you feel any resistance. When the thermometer beeps, remove it and check the digital reading.





## Newborn Bodies

Even after your doctor assures you that your baby is normal, you may still think that he or she looks a bit odd. Be patient and know that most newborns look slightly peculiar to their parents. Fortunately, the peculiarities are temporary and your baby will begin to look “normal” by one to two weeks of age.

The following pages describe some common physical characteristics of newborn babies. Most are temporary, but a few are harmless congenital defects that may be permanent. Call your doctor’s office if you have questions about your baby’s appearance.

## Heads

### 1 FONTANEL

The fontanel is the diamond-shaped soft spot found on the top front part of the newborn skull. It is covered by a thick, fibrous layer of tissue and is safe to touch. The purpose of the fontanel is to allow rapid growth of the brain. It normally closes over with bone when your baby is between 9 and 24 months old.

### 2 MOLDING OF THE HEAD

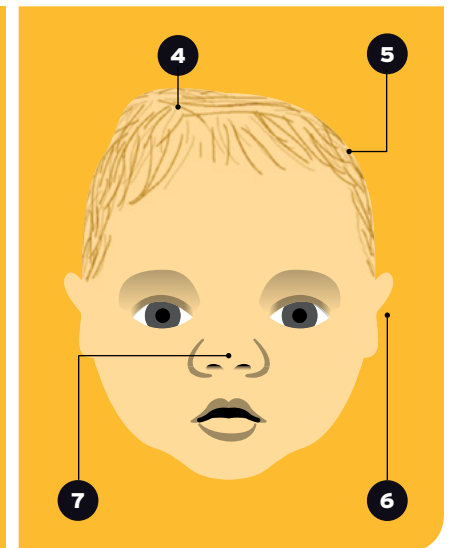
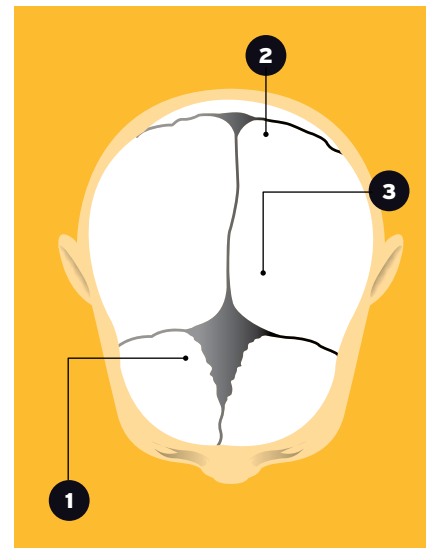
Molding refers to the long, narrow, cone-shaped head that results from passage through a tight birth canal. This compression can temporarily hide the fontanel. The head should return to a normal shape in a few days.

### 3 CAPUT

The term caput refers to swelling on top of the newborn head or throughout the scalp that occurs when fluid is squeezed into the scalp during birth. It typically clears within a few days.

### 4 CEPHALOHEMATOMA

Cephalohematoma is a lump on the newborn head that occurs when blood collects under the skin. It is caused by friction between the infant’s skull and the mother’s pelvic bones during birth. It typically appears on the second day of life and may grow larger for up to five days. The boundaries of the cephalohematoma are the individual skull bones. It should disappear completely by the time the baby is 2 to 3 months old.



## 5 SCALP HAIR

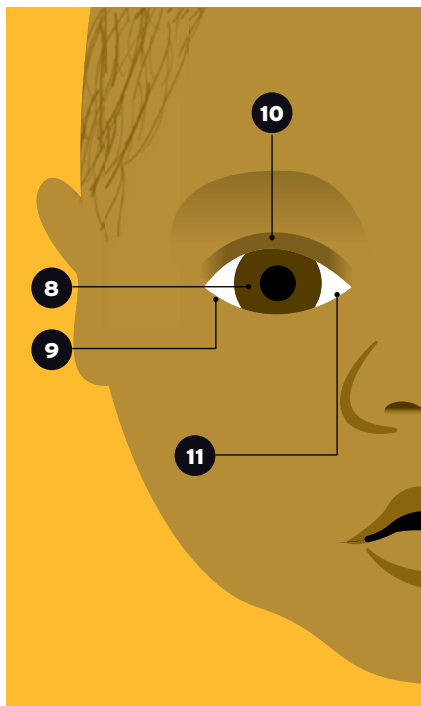
Most hair is dark at birth. This hair is temporary and begins to fall out by 1 month of age. The rate of hair loss varies in infants. Some will lose hair rapidly and become bald, while others will lose temporary hair as new permanent hair appears. Permanent hair may be an entirely different color from newborn hair.

## 6 FOLDED EARS

Newborn ears are commonly soft and floppy. The ear will assume its normal shape as the cartilage becomes firmer over the first few weeks of life.

## 7 FLATTENED NOSE

A newborn's nose may be flattened or pushed to one side during birth. It will look normal by 1 week of age.



# Eyes

## 8 EYE COLOR

The eye color of your infant is often uncertain until your baby reaches 6 months. In rare cases, eye color has been known to change at around 2 years of age.

## 9 HEMORRHAGES OF THE EYE

Some babies have a flame-shaped hemorrhage on the side of the eye that is caused when blood vessels on the surface of the eye break during birth. These hemorrhages are harmless, and the blood should be reabsorbed within two to three weeks.

## 10 SWOLLEN EYELIDS

Your baby's eyelids may be puffy when he or she is born because of pressure on the face during delivery. This usually resolves within one week.

## 11 BLOCKED TEAR DUCT

If your baby's eyes water continuously, he or she may have a blocked tear duct. This means that the channel that normally carries tears from the eye to the nose is blocked. This is a common condition that often clears up by the time the child is 1 year old. If your baby's eyes get dry and there is yellow discharge, you can wipe it away with a clean wet washcloth. Call your doctor's office if this persists.

# Mouth

## 1 TEETH

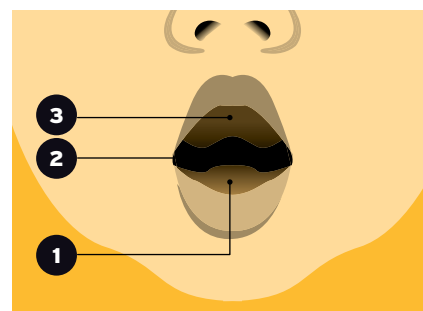
The presence of a tooth at birth is rare. When this happens, about 10 percent of cases are extra teeth without a root structure. The other 90 percent are prematurely erupted normal teeth. The distinction between the two can be made with an x-ray. A dentist may need to remove the extra teeth because they can fall out and lead to choking. Normal teeth only need to be removed if they become loose and are a choking hazard or if they cause sores on your baby's tongue.

## 2 TONGUE-TIE

The newborn tongue can have a short, tight band on its underside that connects to the floor of the mouth. This band usually stretches with time, movement and growth. Tongue-tie or tight tongue is a condition in which the band keeps the top of the tongue from protruding beyond the teeth or gum line. If an infant has a significant tongue-tie, it may impact the way he or she is able to nurse. If you feel your child is tongue-tied, please let us know.

## 3 EPITHELIAL PEARLS

Your newborn may have little cysts containing clear fluid or shallow, white cysts along the gum line or on the roof of the mouth. These result from the blockage of normal mucous glands, and usually disappear after one to two months.



## 4 SUCKING CALLUS OR BLISTER

A sucking callus occurs in the center of the upper lip from constant friction during bottle or breastfeeding. It will disappear when your child begins cup feedings. If your baby sucks his or her thumb or wrist, a callus may develop there too. A baby may be born with a sucking callus if he or she was sucking inside the womb.

# Feet

## 5 FOOT DIRECTION

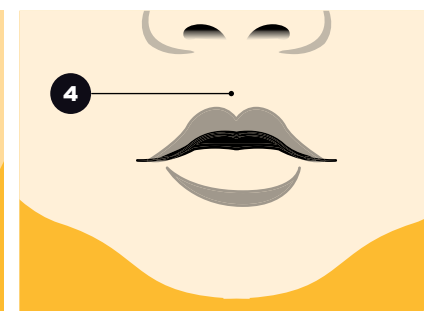
Your newborn's feet may have been turned in any direction inside the cramped quarters of the womb. As long as your child's feet are flexible and can be moved easily to a normal position, there is no need to be concerned if they turn up, in or out. The direction of the feet will naturally straighten between 1 and 6 months of age.

## 6 LONG SECOND TOE

The second toe may be longer than the great toe as a result of heredity.

## 7 INGROWN TOENAILS

Many newborns have soft nails that bend and curve easily. The nails are not truly ingrown because they don't curve into the flesh or cause irritation.



## Legs and Torso

### 8 TIGHT HIPs

When we examine your baby, we will spread his or her legs apart to make sure the hips are not too tight. As long as the legs can be bent outward symmetrically to 60 degrees and both hips are equally flexible, they are fine. The most common cause of tight hips is a dislocation, which can be corrected with a harness.

### 9 TIBIAL TORSION

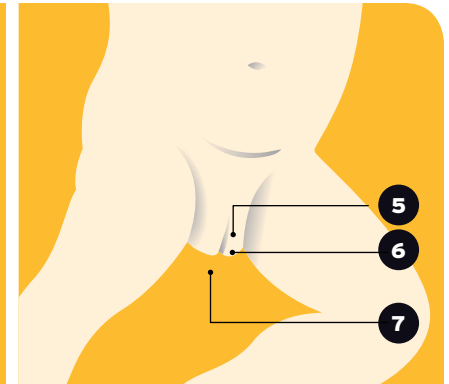
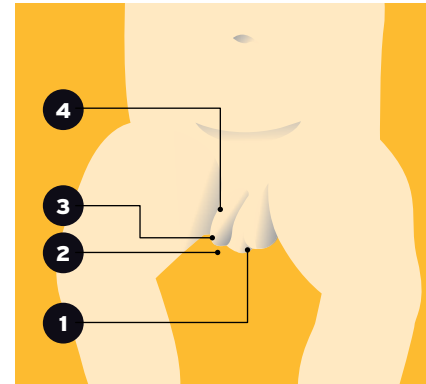
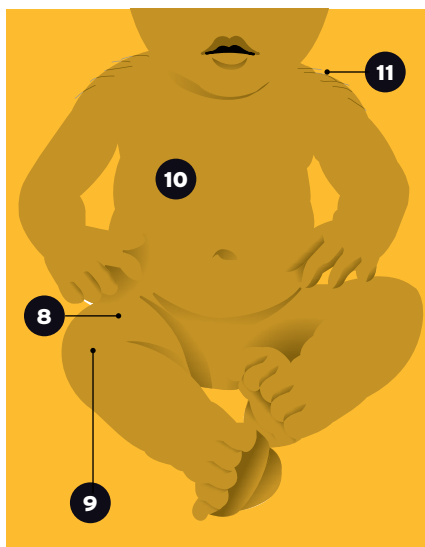
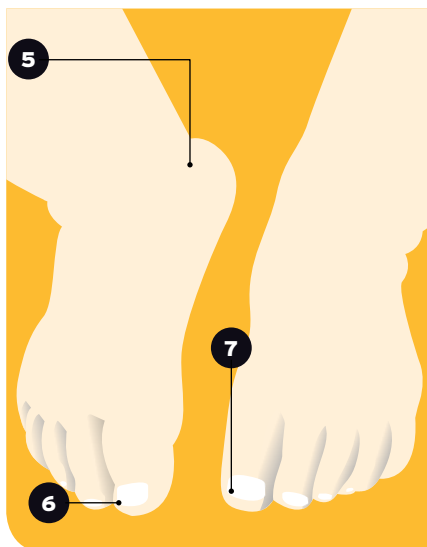
The lower leg bone, called the tibia, normally curves inward in newborns because the baby was confined to a cross-legged position in the womb. If you stand your baby up, you will notice that the legs are bowed and the feet are pigeon-toed. Both of these curves are normal and will usually straighten out after your child has been walking for six to 12 months.

### 10 SWOLLEN BREASTS

Many babies, both male and female, develop swollen breasts during the first few weeks of life. This swelling is caused by the passage of female hormones from the mother across the placenta during pregnancy. It generally persists for four to six months, but may last longer in breastfed and female babies. Swelling may go down in one breast before the other. Never squeeze the breast, as this can cause infection. Be sure to call your doctor's office if a swollen breast develops signs of infection, such as redness, red streaks or tenderness.

### 11 BODY HAIR (LANUGO)

Lanugo is the fine downy hair that is sometimes present on the back and shoulders of newborn babies. It is more common in premature infants. It should rub off with normal friction by the time your newborn is 2 to 4 weeks old.



## Genitals: Male

### 1 HYDROCELE

The scrotum of newborn boys may be filled with clear fluid that has been squeezed into that area during birth. This common and painless collection of fluid is called a hydrocele. Hydrocele may take six to 12 months to clear completely. It is harmless, but should be checked during regular doctor's visits. If the swelling frequently changes size, a hernia may be present, and you should call your doctor's office for an appointment.

### 2 UN-DESCENDED TESTICLE

The testicles have not descended into the scrotum in about 4 percent of full-term newborn boys. Many of these testicles gradually move into a normal position during the following months. Only 0.2 percent of all testicles are un-descended in 1-year-old boys and need to be brought down with medication or surgery.

### 3 TIGHT FORESKIN

Most uncircumcised infant boys have a tight foreskin that doesn't allow you to see the head of the penis. This is normal, and the foreskin should not be retracted. The foreskin separates from the head of the penis naturally by 5 to 10 years of age.

### 4 ERECTIONS

Erections occur in newborn boys, as they do in boys of all ages. They are usually triggered by a full bladder and demonstrate that the nerves to the penis are normal.

## Genitals: Female

### 5 SWOLLEN LABIA

The labia minora may be quite swollen in newborn girls because of the passage of female hormones across the placenta. The swelling will go down in two to four weeks.

### 6 HYMENAL TAGS

The hymen also may be swollen because of maternal hormones and may have a smooth, half-inch projection of pink tissue, called a tag. Tags are harmless and occur in 10 percent of newborn girls. They slowly shrink within two to four weeks.

### 7 VAGINAL DISCHARGE

A clear or white discharge may flow from the vagina during the later part of the first week of life as maternal hormones in the baby's blood decline. Occasionally, the discharge will become pink or blood-tinged, which is called false menstruation. This is normal and should not recur once it stops.

# 2

## Feeding Your Baby

The vast majority of women are physically capable of nursing their babies, and nature has seen to it that the production of mother's milk is closely related to a newborn's needs. However, some women choose to bottle-feed their infant, which is also a healthy option. The following is what you need to know about feeding your newborn in the first weeks of his or her life.







# Breastfeeding Basics

Breast milk is a natural food for babies that comes with many advantages for both mother and child. While there are other healthy options, we encourage breastfeeding whenever it is possible.

- Breastfeeding develops a special closeness between a mother and her baby that is beneficial to both.
- Breastfeeding benefits your baby by providing added protection against disease and infection.
- Breast milk is the perfect food for your baby, ideally suited to his or her nutritional needs and bodily development.



## Breastfeeding: Days 1 to 3

For the first few days of life, a newborn sleeps much of the time and is content with a breast milk precursor found in the mother's breasts, called colostrum.

Colostrum is a thick, yellow-orange fluid that is rich in protein. It benefits the baby by giving him or her immediate protection against disease and infection. Colostrum also has a laxative effect and readies your baby's digestive tract for the milk she will be getting in a few days.

During the first few days of life, it is normal for babies to lose weight. It may take at least 10 days for a baby to regain her birth weight. Offering the breast frequently during the early days helps to bring milk in sooner and may help prevent severe engorgement.



## Breastfeeding: Days 2 to 6

Milk comes in between days two and six of the newborn's life. As this happens, the colostrum increases 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, and hearing your baby swallow when feeding.

As this occurs, you may be aware of only mild breast changes or your breasts may become engorged, which means they will be swollen, hot, lumpy and painful. The best treatment for engorgement is frequent feeds every two to three hours for at least 10 minutes per breast.

Don't be surprised if you have a lot of middle-of-the-night feedings during the first weeks of your baby's life. These 2 a.m. feedings help bring in your milk and build up your milk supply. The more frequently you nurse, the less swelling you will have.

For a few days, warm compresses, warm showers, breast massage or hand-expressing a few drops of milk prior to the feeding may help soften the nipple and the dark area surrounding the nipple, called the areola. Applying ice packs to the breast after a feeding can also be soothing.

## Breastfeeding:

# General Guidelines and Information

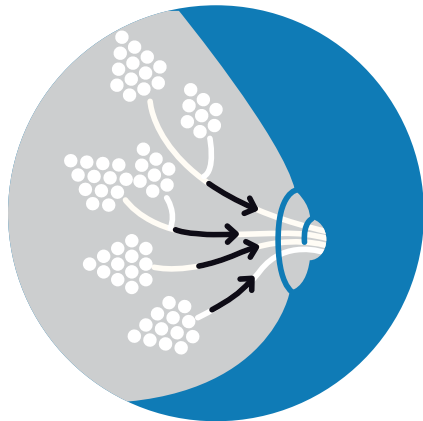
## Before You Breastfeed

- Wash your hands. This helps protect your baby from infections.
- Make yourself comfortable in a relaxed and quiet atmosphere.
- Before you start nursing, you may experience what is known as “the let-down.” This is the reflex that creates the flow of milk from the back of the breast to the nipple. The let-down occurs each time the baby suckles. Signs of the let-down are different for each woman and may include cramping in the uterus, a tingle or even slight pain in the breast, a sudden feeling that the breasts are heavier, or milk dripping from the breast that’s not being used.

## Breastfeeding Positions



- When your baby is ready to nurse, hold him so that his head is a little higher than his tummy. This applies whether you nurse lying on your side or sitting up. If you sit up to nurse, it helps to put a pillow on your lap under your baby and position your baby with his entire body facing you.
- Try different positions to breastfeed. Have a nurse or lactation consultant at the hospital help you with the proper positioning and latching of your baby.



# While Feeding

- Many newborns don’t nurse vigorously the first few days of life. Help your baby get started nursing by holding her close so that her lips touch your breast. This will prompt her to open her mouth and search for your nipple. Give her time to find it, as she is learning too. If your breast is very full and firm, press it away from your baby’s nose so that she can breathe easily.
- The rooting reflex is initiated by touching your nipple to the center of your baby’s lower lip. This causes the baby to latch onto the nipple and areola.
- Be sure your baby takes as much of the areola as possible into her mouth and not just the nipple. You can help your baby latch by holding the top of your breast with your thumb and keeping your fingers out of the way.
- Never pull the nipple from your baby’s mouth, as this can hurt the nipple.
- To break your baby’s suction, insert a clean finger into the corner of her mouth.
- Nursing time ranges from five to 30 minutes per breast. Try to alternate the side you begin with before each feeding.

## Breastfeeding:

# Common Questions

### HOW MUCH MILK DOES MY BABY NEED?

Your baby needs less than 1 tablespoon (15cc or ½ oz) per feeding on the first day of life and about 2 tablespoons (30cc or 1 oz) per feeding on the second day of life.

### HOW LONG SHOULD MY BABY NURSE?

In the first day or two of life, some newborns are sleepy and only nurse for a few minutes at each breast or refuse

the second breast entirely. This is normal. Gradually increasing feedings up to 10 to 15 minutes per breast will help your milk supply develop and contribute to a good feeding routine.

### HOW CAN I TELL THAT MY BABY IS HUNGRY?

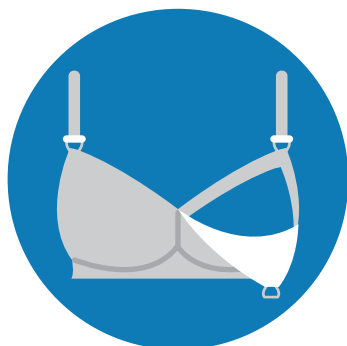
Early signs of hunger may include small movements as your baby wakes up, such as whimpering or lip smacking; pulling up her arms or legs toward her middle; stretching or yawning; waking and looking alert; putting her hands toward her mouth; making sucking motions; moving her fists to her mouth; becoming more active, and nuzzling against your breast.

## After and Between Feedings



- Make sure to burp your baby after feedings. It is sometimes helpful to burp him or her during the feeding too. Either hold him upright over your shoulder or sit him on your lap by supporting him with one hand in front, and gently pat or rub his back with your other hand.
- Uterine cramps frequently occur during breastfeeding as hormones are released in response to your baby's suckling. One hormone, called prolactin, causes you to produce milk, and the other, called oxytocin, causes you to release milk and also causes uterine contractions. These contractions are nature's way of returning your uterus to its normal size and controlling bleeding.

- If your baby is not latching correctly or is not positioned properly, you may end up with cracked or sore nipples. To prevent this, try changing your baby's position at each feeding so that you are not applying pressure to the same area each time. Also, you may apply ointments containing pure lanolin to the nipples after you allow your nipples to air-dry. You do not need to clean off the lanolin prior to the next feeding. If nipple soreness is severe, you may need to see a lactation specialist.
- Wearing a nursing bra will provide support while allowing you to nurse easily. Place nursing pads inside your bra to prevent your nipples from sticking to the bra. Always air-dry your nipples after nursing, before you replace the bra flap.



## Formula-Feeding Basics

Some women aren't able to breastfeed or decide that they prefer to use formula to feed their baby. It is important to remember that formula-fed babies grow up healthy and strong. Let us know if you have questions about using formula.

### There are three standard types of formula:



**1. Milk-based:** made from cow's milk protein



**2. Soy-based:** made from soybean protein



**3. Simple protein formula:** intended for infants with gastrointestinal issues

### More formula information:

- Baby formula comes in three forms: powder, liquid concentrate and ready-to-feed.
- Iron-fortified infant formula is the recommended substitute for the first year of life. Cow's milk, goat's milk, soy drinks (not soy formula) and low iron formulas should not be used.
- Your baby does not need any additional water, as formula supplies adequate calories and fluids simultaneously.



## Formula Feeding:

# General Guidelines and Information

## Before you feed your baby

- Always wash your hands with soap and water before handling the items required for formula preparation.
- When preparing formula, always use clean drinking water. There is a lot of discussion about the type of water that should be used when mixing powder formulas. The American Academy of Pediatrics suggests boiling water for the first month or two of life, and in most cases, tap water is acceptable.
- If you do decide to boil the water when preparing your baby's formula, the U.S. Food and Drug Administration recommends that you bring it to a bubbly boil for a minute or two and then let it cool. Once it has cooled, you will be ready to add it to your baby's formula.
- Boiling, hot or warm water should not be used directly when reconstituting infant formula because it can lead to clumping or separation, or cause nutrient degradation.



## While feeding

- You should be comfortable and relaxed, and cradle your baby in a semi-reclined position. As your newborn is feeding, you can look into his or her eyes and sense behavioral cues of hunger, satiation, comfort or distress.



- The holes in the nipples should be large enough to allow a steady drip but not a full stream of formula. The nipple and neck of the bottle should always be filled with milk so that air is not swallowed.



- When the baby sucks, there should be a steady stream of air bubbles entering the bottle. If there is not a steady stream of bubbles, the cap may be on too tightly or the holes in the nipple may be too small.

## Safety Information

Published guidelines on the handling and storage of infant formula state that it is unsafe to feed an infant prepared formula that:

- Has been stored at room temperature longer than one hour or longer than recommended by the manufacturer.
- Has been stored in the refrigerator longer than 48 hours for concentrated or ready-to-feed formula, or 24 hours for powdered formula.
- Remains in a bottle one hour after the start of feeding and/or remains in a bottle from an earlier feeding.

- Some babies will empty a bottle in five minutes while other babies will take half an hour.
- Burp your baby about halfway through the feeding and again at the end of the feeding.
- Avoid propping the bottle or letting your baby feed alone. This will minimize the risk of choking, ear infections and insufficient intake.
- Do not put your baby to bed with a bottle.



# 3

## Pee & Poop

Since newborns spend so much of their day eating, they also spend a lot of time peeing and pooping. You can expect your newborn's bowel habits to change drastically in the first days of life and for them to produce more and more dirty diapers. The following covers everything you need to know about your newborn's bodily functions.



Pee & Poop:

# What to Expect the First Week

**O**VER THE FIRST WEEK OF LIFE your newborn will gradually increase the number of bowel movements and wet diapers as he or she consumes more breast milk or formula.

You should keep track of the number of wet diapers and poop diapers for the first few days, and also track how often your baby is nursing or having a bottle.

After the newborn stage, breastfed babies may go four to five days without having a stool. You should not be concerned about this, and should not give enemas or suppositories unless your pediatrician provides that advice.

BIRTH

DAY 2

DAY 3

DAY 4

DAY 5

DAY 6

DAY 7

**DAY 1**  
Your baby should have at least one wet diaper and one meconium diaper. It is not uncommon at this time to see red or salmon-colored dust in the diaper, which can be mistaken for blood and cause undue worry. This “red dust” is actually uric acid crystals, which are caused by concentrated urine.

**DAY 2-3**  
As your baby starts to nurse or receive formula, her stool and urine should increase. Your baby should have at least two wet and dirty diapers on day two and three wet and dirty diapers on day three.

**DAY 4-7 AND ONWARD**  
Within the first few days, your baby will have roughly five to 10 bowel movements and five to six wet diapers every 24 hours.

# Types of Newborn Poop

Please note: The consistency and color of newborn stool varies, but if it is ever very hard or looks white or red, give your doctor a call.

TYPE	COLOR	CONSISTENCY
MECONIUM	Black tar poop	Sticky
TRANSITIONAL STOOL STAGE 1	Greenish black	Less sticky
TRANSITIONAL STOOL STAGE 2	Greenish yellow	More watery
TRANSITIONAL STOOL STAGE 3	Mostly mustard yellow with some green	Slightly chunky
NORMAL NEWBORN STOOL	Mustard yellow	Clumpy, chunky or watery

# Diapering Basics



- Diapering occurs frequently in the first weeks of life as some babies will have as many as 10 stools per day.



- At night, diapers should only be changed when the baby is woken up to feed, unless the diaper is soiled.

- A baby should never be left in a diaper soiled with stool, as the stool may cause a diaper rash.

- You may occasionally notice a strong odor of ammonia after a good night's sleep. If this causes any irritation, wash your baby's buttocks with soap and water before putting on a new diaper.



- You can choose to use disposable diapers or cloth diapers. Disposable diapers are easier to use, but cloth diapers are more environmentally friendly. Either is a good option.



- Your baby's diaper should be changed as soon as it is wet or soiled to prevent irritation.



- The first sign of a diaper rash is usually redness or small bumps on the buttocks or genitals. If you notice any irritation, use generous amounts of diaper rash ointment. If the rash doesn't improve in two to three days, call your pediatrician.



## Cloth Diapers

- There are many types of cloth diapers on the market. If you go this route, take the time to find the right option for your family.

- Since cloth diapers can't keep wetness away from your baby's skin as effectively as disposable diapers, it is especially important to change cloth diapers as soon as they become wet or soiled.

- After changing a soiled diaper, dump the stool in the toilet and then flush cold water over the soiled area before you place it in the covered pail with other soiled diapers. Be sure to keep your wet and soiled diapers separate from other clothes.

- Diapers should be soft, absorbent, lightweight and not bulky.

- The shape of the diaper depends mainly on your preference.

- The size depends on the size of the baby, as a diaper that is too large will be bulky and uncomfortable.

- Wet diapers should be removed and placed in a covered pail until they can be washed.

- To wash your diapers, use hot water with a mild detergent. Avoid fabric softener, which can coat the fabric and reduce absorbency. You can dry them in the dryer or hang dry.

# 4

## Bathing & Body Care

It is important to keep your newborn's body clean and dry. That means giving your baby a sponge bath until his or her umbilical cord stump heals. After the cord is fully healed, you can move bath time into a sink or tub. There are also specific ways to safely and gently clean your newborn's eyes, nose, mouth and genitals. The following covers what you need to know about bathing and body care in the first weeks of your newborn's life.





# Bathing

**Y**OUR BABY SHOULD BE SPONGE bathed until his or her umbilical cord stump heals, which can take three weeks. Be sure to gather all of the items you will need, including a washcloth, soap, cotton, safety Q-tips and a towel before you start bathing your infant in a warm room.

## Sponge bath directions



**1** Wash your baby's eyes gently with water and a damp washcloth or sponge, followed by the nose and face.



**2** Wash the ears gently one at a time. You want to make sure that you do not pull on the ears. The wax should be removed once a week with the edge of a washcloth. Do not use any sharp or hard objects to clean the ears. You may use Q-tips to clean the outer part of the ears.



**3** Wash the arms, legs and body with soap and water. Try not to get the cord stump wet. As each body part is washed and rinsed, cover that area with a towel as soon as possible.

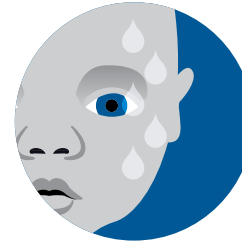


**4** Wash the scalp and hair with baby shampoo. Do this last so that your baby's head is not wet for too long.



**5** Do not wash the inside of your baby's mouth. If there are thick white patches that do not come off easily by gently scraping them with a clean fingernail, this may be thrush, and you should speak to your doctor.

## Tub bath directions



**1** Wash the face, nose and eyes, just as was done in the sponge bath.



**2** Lower your baby into the water feet first. Be careful so you don't frighten her. Stand or kneel at her right side, supporting her with your left forearm under her head, neck and shoulders, with your left hand spread out under her hips, supporting her back. Hold her feet and legs with your right hand with one finger between her ankles. If she appears frightened, you can try covering her body with a warm washcloth before lowering her into the water.



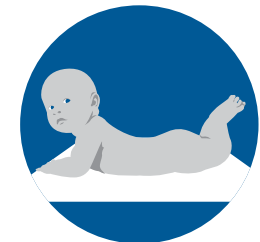
**3** Wash her entire body with soap and water.



**4** Wash her scalp and hair with baby shampoo two or three times a week. The soft spot is well protected, so don't be afraid to wash it.



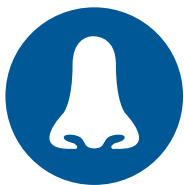
**5** Lift your baby out of the water, holding her in the same manner as when she was put in the tub.



**6** Lie her down on her stomach on a soft, warm, dry towel and cover her.

**7** Dry her skin thoroughly and gently by patting with a soft, clean towel. Do not rub her skin roughly. Dry her back first and then turn her over and finish drying her body, paying special attention to the creases or folds behind her ears and in her neck, armpits, elbows, groin, buttocks, knees, toes and fingers to prevent chafing.

## Newborn Body Care



### The nose

Babies need to be able to breathe freely through their nose at all times. Since a baby cannot blow his nose, you can clean it out with a bit of clean cotton or a Q-tip dipped in water. Wash the nose by gently turning the cotton in the opening of the nose. If your baby has mucus in his nose, you can get it out with a nasal bulb syringe and saline drops. The best time to do this is after a bath, when the inside of the nose is moist. No sharp or hard objects should ever be used to clean either the nose or ears.



### The eyes

You should gently remove any secretions from your baby's eyes with cotton balls and water. By turning the head from one side to the other while cleaning the eyes, the secretions will not run into the opposite eye. If there is a thick pus secretion in the eyes, call your pediatrician for instructions.



### The genitals

In both sexes, the genitals should be gently cleaned. Girls should be washed from front to back using a soft washcloth with mild soap and water. If a boy is uncircumcised, it is not necessary to retract the foreskin at this time.



### The nails

The fingernails and toenails should be filed and cleaned regularly. By keeping the nails clean, you can prevent infections of the skin that might occur if the baby accidentally scratches himself. The fingernails should be filed slightly rounded and the toenails should be filed straight across and not rounded at the corners to prevent ingrown toenails. It is normal for babies to have thin or brittle toenails.



## Circumcision Care

**A**FTER YOUR SON'S CIRCUMCISION, there will be either a visible incision or small plastic ring placed around the head of the penis, called a Plastibell. At each diaper change, pull the skin back gently and place a piece of gauze with petroleum jelly on it on top of the circumcision site. This keeps the wound from sticking to the diaper. Make sure that the petroleum jelly is pure, without perfumes or other additives. You can also apply petroleum jelly directly to the inside of the diaper.

It takes about five days for the moist, raw skin to dry and become

light pink. If a Plastibell has been used, it takes about five to seven days for it to fall off. Be sure not to pull on the Plastibell, as it can cause soreness and bleeding. No additional care is needed other than good hygiene at this juncture.

If the Plastibell does not fall off after two weeks or if your baby has a fever or difficulty urinating and you notice swelling, foul-smelling discharge, more than a drop or two of blood, black or blue discoloration, or consistent redness that appears suddenly and does not disappear after a few days, call your doctor's office.

# 5

## Home & Travel

Kindness, consideration for others, love and cleanliness create an atmosphere of peace and serenity in the home. A baby absorbs this from his or her parents and will thrive in this environment. Here is what you need to know about bringing your baby home, including how to create a safe sleep environment, introduce your newborn to siblings, and safely travel with your baby in a car and an airplane.





# Home Life



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## The Newborn's Room

**A** NEWBORN NEEDS A WARMER room than an older baby. For the first few weeks, the temperature of the room should be kept around 68 to 72 degrees, both during the day and at night. For older babies, the daytime temperature may be kept between 65 and 70 degrees. In California, the temperature of the baby's room is rarely a problem.

The baby's room also needs fresh air, but be careful of drafts. Indirect

ventilation, achieved by keeping the door and windows open in an adjacent room, is often best for the first few weeks of life or if the baby has cold symptoms.

An open gas heater should never be used in a baby's room. Electric heat or a ventilated gas heater is better. If an open gas heater is all that is available, direct ventilation is advised by opening at least one window in the room.

## Dealing with Older Siblings

**C** HILDREN OVER 6 YEARS OLD should join the adults in welcoming their newborn brother or sister, and should be allowed to help care for the baby. If they want to hold and cuddle their new sibling, you can seat them in the middle of your bed and allow them to safely hold the baby under supervision. Younger children, especially those under 3 years old, are

too immature to share much "pride of ownership" in the new baby since they are really only babies themselves. They naturally tend to feel a little jealous when a tiny (but popular) stranger takes over as the center of attention. Be sure these brothers and sisters are not left out, and introduce them as the "big brother" or "big sister" to family and friends.



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# Safe Sleep

**T**HE AMERICAN ACADEMY OF Pediatrics updated its safe sleep recommendations in 2016 to protect infants against sleep-related deaths, including Sudden Infant Death Syndrome (SIDS). The following is what you need to know:



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**1** Babies should be put to sleep on their backs for the first year of life. As your baby gets older, she may roll from her back to her stomach, which is OK.



**2** It is recommended that all infants sleep in the same room as their parents until they are at least 6 months old, and preferably 1 year old.

**3** Avoid these items in the crib



Blankets



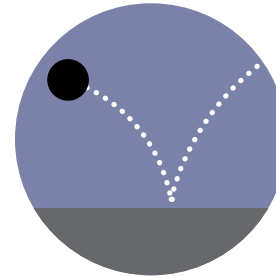
Bumpers



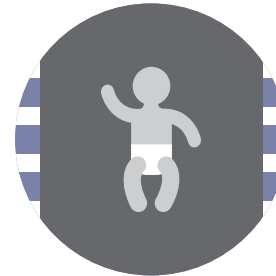
Pillows



Stuffed toys



**4** Babies should always sleep on a firm mattress that fits snugly in the crib, covered with a fitted sheet.



**5** The crib or bassinet should meet current safety standards. There should never be any loose or soft objects in it.



**6** Using a pacifier at nap and bedtime helps reduce the risk of sleep-related death, including Sudden Infant Death Syndrome (SIDS).

**7** Your infants can be brought into your bed for feeding or comfort, but should be returned to their own crib or bassinet before you go to sleep.

**8** Do not put your baby down to nap or sleep in:



Your bed



A sibling's bed



A car seat



A reclining sleeper



A stroller



A couch or armchair



An infant swing

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# Traveling With Your Newborn



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When going out with your newborn, try to avoid crowds for the first month and plan outings between feedings. Always have a bottle with breast milk or formula and extra diapers with you in case you are delayed.

# Child Safety on Airplanes

**A**IR TRAVEL IS GENERALLY OK IF your baby is in good health starting around 1 month of age. Be sure to talk to your doctor prior to any international travel.

To help relieve pressure in the ears during takeoff and landing, have your infant either nurse or take a bottle.

The safest place for an infant if there is turbulence or an emergency is in a child restraint system (CRS).

A CRS is a hard-backed child safety seat approved for use in both motor vehicles and airplanes. The CRS must be government approved and have the following message on it or you may be asked to check it as baggage: "This restraint is certified for use in motor vehicles and aircraft." The CRS should be no wider than 16 inches. It must be placed in a window seat and cannot be placed in an emergency row.



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## Child Safety in the Car

**Y**OUR CHILD MUST ALWAYS RIDE in a car seat when in the car. The following are details about the types of car seats that are safe for newborns and infants.

- All infants and toddlers should ride in a rear-facing car safety seat until they are 2 years old.
- Infant only car seats are small and have carrying handles. They may come with a base that can be left in the car.
- Convertible car seats can also be placed in a rear-facing position, but they have higher height and weight limits (up to 30 to 40 pounds), which make them ideal for bigger babies. Convertible seats usually have a



five-point harness that attaches at the shoulders, at the hips, and between the legs.

- 3-in-1 car seats can be used rear-facing, forward-facing, or as a belt-positioning booster. These seats are

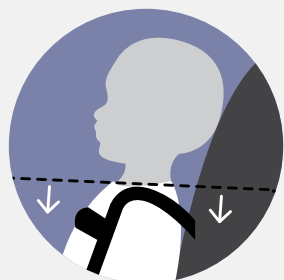
bigger in size, so adequate space in the vehicle is required. They may have higher rear-facing height and weight limits (35 to 40 pounds) than infant-only seats, which make them ideal for bigger babies.

### Common Car Seat Concerns

**Baby slouches down or to the side in his car seat:** You can place blanket rolls on both sides of your baby and place a diaper or small blanket between him and the car seat's crotch strap. Do not place padding under or behind him or use a car seat insert unless it came with the seat or was made by the seat's manufacturer.

**Child's feet touch the seat when in a rear-facing position:** Don't worry if your child's feet touch the vehicle seat. He can easily bend his legs to keep comfortable. Also, it is rare for there to be leg injuries in the event of an accident.

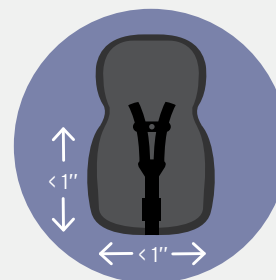
### Installation Tips for Rear-Facing Seats



- 1 Place the harness in your rear-facing seat in the slots that are at or below your baby's shoulders.



- 2 Ensure that the harness is snug and that the harness clip is positioned at the mid-chest level.



- 3 Make sure the car safety seat is installed tightly in the vehicle. If you can move the seat at the belt path more than an inch side-to-side or front-to-back, it's not tight enough.



- 4 Make sure that the seat is at the correct angle so your infant's head does not flop forward. Many seats have angle indicators or adjusters that can help prevent this.

# 6

## Preventive Care

Our goal as pediatricians is to prevent disease in children. Fortunately, we have vaccines to protect kids from many contagious diseases that took a terrible toll in the past. This section includes information on vaccinations, the well-child exam, the standard healthcare schedule for children, and over-the-counter medications.





Healthcare Schedule

Birth to 18 months

THE FOLLOWING IS A GENERAL healthcare schedule from birth to 18 months that includes when we'll want to see your infant in the office for a well-child exam.

During many of these visits, we will administer vaccinations. Please ask your child's pediatrician about the vaccine schedule that their office follows from birth to 18 years.

If you're looking for more detailed information, the Centers for Disease Control and Prevention (CDC) has charts that cover recommended immunizations by age for both children and adults.

CDC website: [cdc.gov/vaccines/vpd/vaccines-age.html](https://www.cdc.gov/vaccines/vpd/vaccines-age.html)



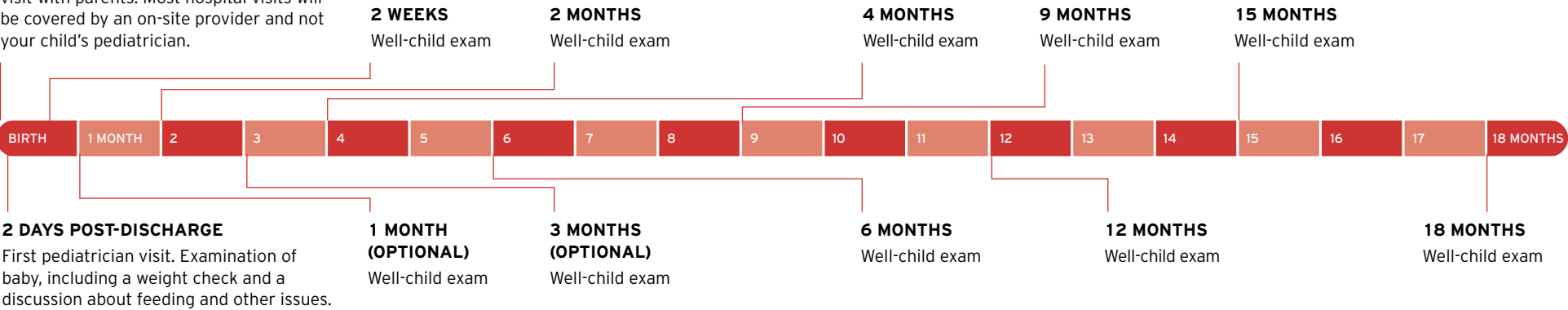
The well-child exam

A well-child exam will always include a history of events since the last visit, a complete exam, a discussion of findings and suggested recommendations, and information on feeding and development. Problems of a more serious or special nature will be dealt with as necessary in separate visits.

Regular well-child exams and vaccinations continue at regular intervals until 18 years of age. Your doctor is always available for appointments related to acute illnesses and injuries, or to discuss your child's development, social-emotional growth or any other factor related to their health and wellness.

BIRTH

Hospital visit. Examination of baby and visit with parents. Most hospital visits will be covered by an on-site provider and not your child's pediatrician.



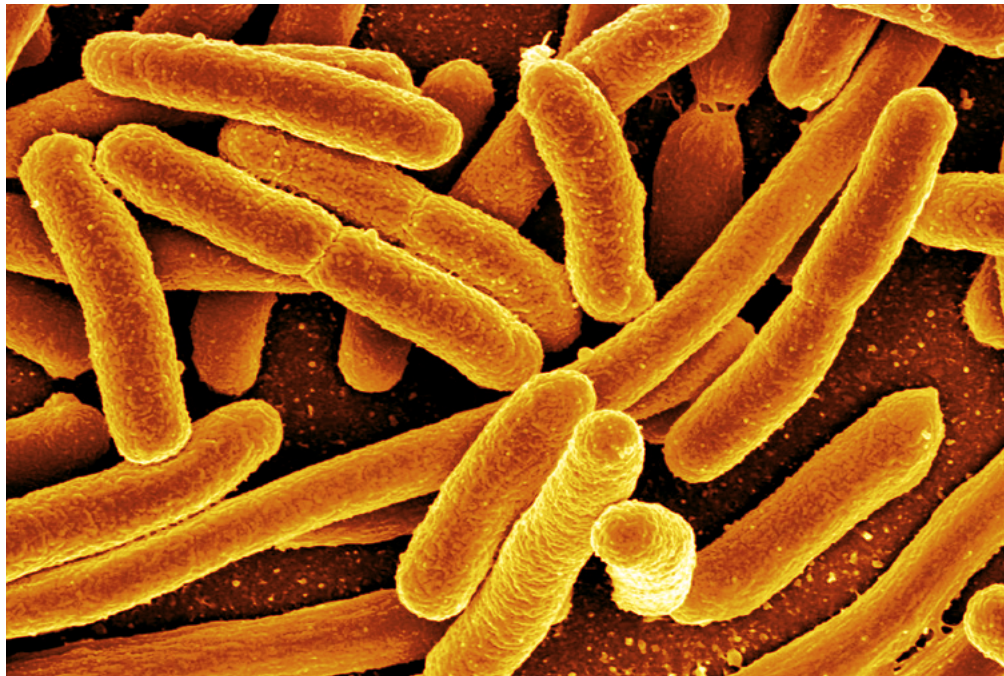
# Vaccines

**S**IX ROUTINE VACCINES ARE recommended for children between birth and 6 months of age. These first vaccines protect your child from eight serious diseases that are caused by viruses and bacteria. These diseases include: diphtheria, tetanus (lock jaw), pertussis (whooping cough), Haemophilus influenzae type b, hepatitis B, polio, pneumococcus and rotavirus.

Before there were vaccines, these diseases injured and killed many children and adults. For instance, polio paralyzed 37,000 people and killed about 1,700 people per year in the 1950s; Haemophilus influenzae type b was the leading cause of bacterial meningitis in children under 5 in the 1980s; and about 15,000 people used to die each year from diphtheria. Without vaccinations, these diseases will come back, which has happened in other parts of the world.

## FIRST-YEAR-OF-LIFE VACCINES

- **DTaP:** Diphtheria, tetanus and pertussis
- **IPV:** Polio
- **HIB:** Haemophilus influenzae type b
- **Prevnar:** Pneumococcal 13
- **Rotarix:** Rotavirus
- **MMR:** Measles, mumps and rubella
- **Varicella (VZV):** Chickenpox
- **Hepatitis A**
- **Hepatitis B**



## Vaccine Risks

**V**ACCINES CAN CAUSE SIDE effects, like any other medicine. These are mostly mild “local” reactions, such as tenderness, redness or swelling where the shot was given or a mild fever. Side effects typically occur in up to one in four children. They appear soon after the vaccine is administered and go away within a day or two.

More severe reactions can also occur, but this happens much less often. Some of these reactions are so uncommon that experts can’t tell whether they are caused by vaccines or not. Among the most serious reactions to vaccines are severe allergic reactions to a substance in a vaccine. These reactions happen in less than

one in a million shots and usually occur soon after the shot is given, when medical staff can deal with them.

The risk of any vaccine causing serious harm or death is extremely small. Getting a disease is much more likely to cause harm than getting a vaccine.

## Vaccine Precautions

If your child is sick on the date vaccinations are scheduled, we may want to put them off until he or she recovers. A child with a mild cold or a low fever can usually be vaccinated that day, but with a more serious illness, it may be better to wait.

## How Vaccines Work

### IMMUNITY FROM DISEASE

When a child gets sick with one of these diseases, their immune system keeps them from getting the same disease again, which is known as immunity. But getting sick is unpleasant and can be dangerous.

### IMMUNITY FROM VACCINES

Vaccines are made with the same bacteria or viruses that cause a disease, but they have been weakened or killed to make them safe. A child’s immune system responds to a vaccine the same way it would if the child had the disease. This means he will develop immunity without having to get sick first.

## Signs of a reaction to a vaccination include:

- high fever
- weakness
- paleness
- unusual behavior
- non-stop crying for three or more hours
- difficulty breathing
- hoarseness or wheezing
- swelling of the throat
- fast heartbeat
- hives
- dizziness
- a seizure or collapse

If any of these symptoms occur, call your doctor’s office or 911. Keep track of what happened, the date and time it happened, and when the shot was given. You can file a report online at [vaers.hhs.gov](https://vaers.hhs.gov) or by calling 1-800-822-7967.

# Other Reactions

**T**HE FOLLOWING PROBLEMS HAVE been associated with routine childhood vaccines. By “associated,” we mean that they appear more often in children who have been recently vaccinated than in those who have not. An association doesn’t prove that a vaccine caused a reaction, but does mean it is probable.



## DTaP Vaccine

### MILD PROBLEMS

Fussiness (up to 1 in 3 children); tiredness or poor appetite (up to 1 in 10); vomiting (up to 1 in 50); swelling of the entire arm or leg for one to seven days, usually after the fourth or fifth dose (up to 1 in 30).

### MODERATE PROBLEMS

Seizure (jerking or staring)(1 in 14,000); non-stop crying for three hours or more (up to 1 in 1,000); fever above 105 degrees Fahrenheit (1 in 16,000).

### SERIOUS PROBLEMS

Long-term seizures, coma, lowered consciousness and permanent brain damage have been reported very rarely after the DTaP vaccination. These cases are so rare we can’t be sure they are caused by the vaccine.



## Rotavirus Vaccine

### MILD PROBLEMS

Children who get the rotavirus vaccine are slightly more likely than other children to be irritable or to have mild, temporary diarrhea or vomiting. This happens within the first week of getting a dose of the vaccine. Rotavirus vaccine does not appear to cause any serious side effects.



## Pneumococcal Vaccine

### MILD PROBLEMS

During studies of the vaccine, some children became fussy or drowsy or lost their appetite.



## Polio, Hepatitis B, and Hib Vaccines

These vaccines have not been associated with any problems other than local reactions.

# Fever and Pain-Reducing Medications

The following chart details dosing information for fever and pain-reducing medications that are safe for infants. Regardless of their weight, children under 6 months old should not be given ibuprofen.

CHILD'S WEIGHT	ACETAMINOPHEN (160 MG/5 ML)	IBUPROFEN INFANT DROPS (50 MG/1.25 ML)	IBUPROFEN CHILDREN'S LIQUID (100 MG/5 ML)
	Give every 4 hours	Give every 6 hours	
6-11 lbs	1.25 mL	Not safe	Not safe
12-17 lbs	2.5 mL	1.25 mL	2.5 mL
18-23 lbs	3.75 mL	1.875 mL	4 mL
24-35 lbs	5 mL	2.5 mL	5 mL

# Over-the-Counter Medications & Vitamins

## DIPHENHYDRAMINE (BENADRYL OR GENERIC)

Medication for itching, allergies or hives that can be given every 6 hours. Follow dosing instructions on label.

## COLD AND COUGH MEDICINE

Avoid in children under 6 years old.

## NON-MEDICATED SALINE NASAL DROPS OR SPRAY

Use 2 to 3 drops in each nostril to treat nasal congestion, as needed. Use a suction bulb to clear mucus.

## HYDROCORTISONE 1% CREAM

Use as directed by your physician to treat eczema or itchy skin.

## EARWAX REMOVAL DROPS (DEBROX OR OTHER)

Use 3 drops to affected ear, or as recommended by your physician.

## VITAMIN D (POLYVISOL, TRIVISOL, DVISOL)

The American Academy of Pediatrics recommends that all infants and children take at least 400 IU of vitamin D per day starting soon after birth.

**CALIFORNIA POISON CONTROL**  
(800) 876-4766

**NATIONAL POISON CONTROL**  
(800) 222-1222



## 7

## For Mothers

The postpartum period begins immediately after delivering your baby and lasts six to eight weeks. It is during this time that you and your newborn will get to know each other. While your body undergoes many physical and emotional changes during pregnancy and after delivery, reach out to your obstetrician if you develop physical issues, such as difficulty urinating, problems breathing, constipation or hemorrhoids, or if you show signs of infection or postpartum depression.







## Postpartum Depression

**P**OSTPARTUM DEPRESSION, OR more broadly, perinatal mood and anxiety disorders, are common. In fact, data suggests that one in seven moms, or 10 to 15 percent of women, suffer from postpartum depression. Early identification and treatment of postpartum depression is essential to the well-being of both mother and child.

The most obvious difference between what is known as the “baby blues” and postpartum depression is that while the baby blues should resolve on its own within one to two weeks, postpartum depression does not go away on its own, and may intensify with time if a woman is not being treated by a health care professional.

### Signs of postpartum depression include:

- Ongoing and intensifying anxiety or depression
- Crying a lot over an extended period of time
- Trouble bonding with your baby
- Intense guilt about not feeling happier
- Feelings of helplessness or inadequacy
- Loss of interest in usual activities
- Suicidal thoughts

Other perinatal mood and anxiety disorders, including panic disorder, obsessive compulsive disorder and generalized anxiety, may present with symptoms including heart palpitations, hyperventilation, trouble sleeping, loss of appetite, trouble focusing, or repeated thoughts or images of frightening things happening to your baby.

In rare cases, women may experience a serious and life threatening condition called postpartum psychosis, which requires immediate medical attention. Symptoms of postpartum psychosis include delusions, hallucinations and disorganized thinking.

New moms may be at an increased risk for postpartum depression if they have a personal or family history of depression or anxiety; a history of postpartum depression after a previous pregnancy; stressful or traumatic life events; poor social support; poor partner support; a baby who is sick, premature or difficult to console; or low self-esteem.

If you are experiencing any symptoms associated with postpartum depression or another perinatal mood or anxiety disorder, let your obstetrician and pediatrician know so that they can connect you with the support and the services you need. Treatment for postpartum depression usually includes medication along with some form of counseling or therapy. When appropriately treated, women can recover and move forward as healthy, engaged mothers.



## Sleep and Nutrition For Mom

**I**N THE FIRST FEW WEEKS OF A baby's life, a mother's primary responsibility is to feed the baby and take care of herself. It is important that caregivers and other family members handle other household responsibilities during this time.

It is helpful for new moms to try and sleep when the baby is sleeping, and never feel obligated during this transition period to entertain family or

friends. When possible, a walk outside will help your body recover from childbirth and also give you a break.

It is also important for new moms to eat a healthy and balanced diet while their bodies are recovering from childbirth. Many mothers find it difficult to find the time to eat, so other caregivers and family members should help plan and prepare simple, healthy meals. In addition to



### Medications While Breastfeeding

Most medications and immunizations are safe during lactation and breastfeeding. If you have a question about a specific medication, you should consult your doctor or your child's pediatrician, or check the National Institutes of Health's public Drugs and Lactation Database, called LactMed: [ncbi.nlm.nih.gov/books/NBK501922](https://ncbi.nlm.nih.gov/books/NBK501922). Information in this database is regularly updated.

balanced meals, new mothers must drink plenty of fluids, especially if they are breastfeeding.

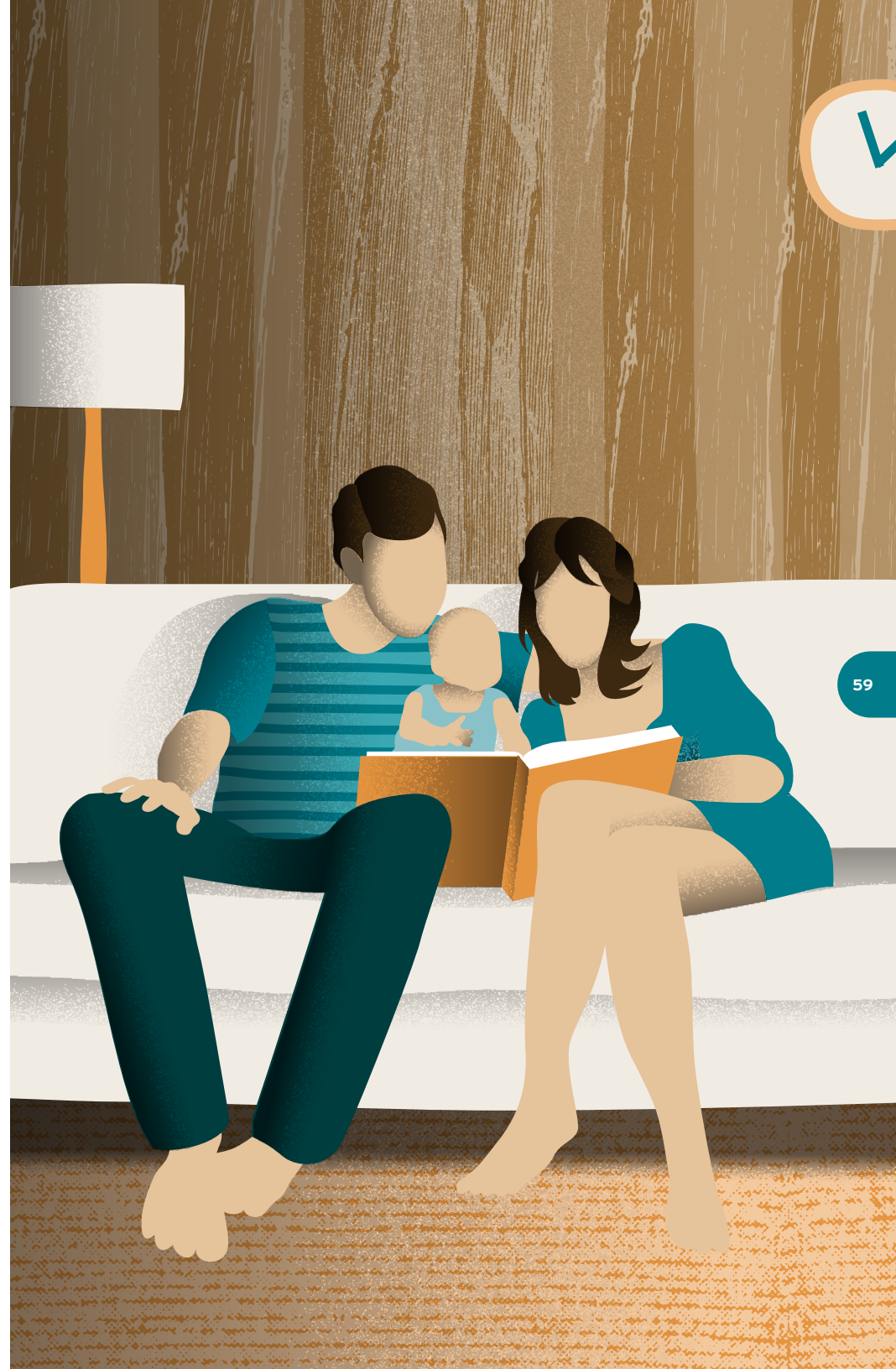
Remember that as a new mom, you must take care of yourself so that you can take care of your baby. Prioritize getting ample sleep and eating healthy and nutritious meals from the start so that you can keep your energy up and start your journey in motherhood on the right track.



# 8

## Additional Resources

In the early days of parenthood, you'll likely want to do some additional reading on what to expect when it comes to newborn sleep, feeding, and general health and wellness. The following pages include resources recommended by UCLA Health pediatricians.



## Books You Might Find Helpful



**"Caring for Your Baby and Young Child, 7th Edition: Birth to Age 5"**  
American Academy of Pediatrics



**"The Happiest Baby on the Block"**  
Harvey Karp



**"The Nursing Mother's Companion, 7th Edition"**  
Kathleen Huggins



**"What to Expect the First Year"**  
Heidi Murkoff



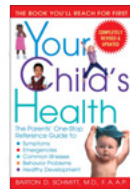
**"Heading Home with Your Newborn: From Birth to Reality"**  
Laura A. Jana MD FAAP and Jennifer Shu MD FAAP



**"Touchpoints: Birth to Three"**  
T. Berry Brazelton and Joshua D. Sparrow



**"Baby 411: Clear Answers & Smart Advice For Your Baby's First Year"**  
Denise Fields and Ari Brown M.D.



**"Your Child's Health: The Parents' One-Stop Reference Guide to: Symptoms, Emergencies, Common Illnesses, Behavior Problems, and Healthy Development"**  
Barton D. Schmitt



**"Healthy Sleep Habits, Happy Child"**  
Marc Weissbluth

## Websites You Might Find Helpful



### PARENTING RESOURCES

- American Academy of Pediatrics parenting website  
[healthychildren.org](http://healthychildren.org)



### HEALTH INFORMATION

- Centers for Disease Control and Prevention: Vaccine information  
[cdc.gov/vaccines](http://cdc.gov/vaccines)
- American Academy of Pediatrics  
[aap.org](http://aap.org)
- The National Institutes of Health  
[nih.gov](http://nih.gov)
- Shot by Shot: Vaccine stories  
[shotbyshot.org](http://shotbyshot.org)



### EXPECTANT AND POSTPARTUM MOTHERS

- What to Expect  
[whattoexpect.com](http://whattoexpect.com)
- Postpartum Support International  
[postpartum.net](http://postpartum.net)
- NIH Drugs and Lactation Database (LactMed)  
[ncbi.nlm.nih.gov/books/NBK501922](http://ncbi.nlm.nih.gov/books/NBK501922)



### GENERAL BABY WEBSITES

- Baby Center  
[babycenter.com](http://babycenter.com)
- Kidsource  
[kidsource.com](http://kidsource.com)
- Kids Health  
[kidshealth.org](http://kidshealth.org)



### SAFETY WEBSITES

- Poison Control  
[aapcc.org](http://aapcc.org)
- Safe Kids Worldwide  
[safekids.org](http://safekids.org)
- SafetyBeltSafe U.S.A.  
[carseat.org](http://carseat.org)
- U.S. Consumer Product Safety Commission  
[cpsc.gov](http://cpsc.gov)



### SPECIALTY GROUPS

- Parents of kids with infectious diseases  
[pkids.org](http://pkids.org)
- An orthopedic website created by a pediatric orthopedic surgeon  
[orthoseek.com](http://orthoseek.com)





**COO, AMBULATORY AND COMMUNITY PRACTICES**

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