

ABOUT COHEN CHILDREN'S MEDICAL CENTER

Our 202-bed hospital is dedicated exclusively to the care of children—with medical, surgical, and dental needs provided in both inpatient and outpatient settings. We are the largest provider of pediatric health services in New York state, serving 1.8 million children in Nassau, Suffolk, Queens, Brooklyn, Manhattan, Staten Island and Westchester. Our national and international programs cover an entire range of specialties. And our facility has been ranked among the nation's top children's hospitals by *U.S. News & World Report* for 15 consecutive years.

To learn more about our services or find a pediatric specialist, visit CohenChildrens.com.

YOUR GUIDE TO NEWBORN CARE



WELCOMING YOUR NEW BABY

Congratulations on the birth of your new baby! You've made it through pregnancy, labor and delivery—and now you're ready to begin life at home with your new bundle of joy.

Consider this your go-to guide on everything from breastfeeding to baby-proofing, along with plenty of information on all the little things that make you ask, "Is this normal?" Because one thing that's very normal is having a lot of questions. There are also some great tips on keeping yourself happy and healthy while enjoying parenthood.



Convenient general pediatric locations across Queens, Long Island, Brooklyn, Staten Island and Westchester:

Brooklyn

Mill Basin - (718) 531-4600

Queens

Astoria - (718) 721-6166

Bayside - (718) 224-3000

Glendale - (718) 821-4200

Howard Beach - (718) 322-3463

Kew Gardens Hills - (718) 880-2050

Long Island City - (929) 233-7920

Rego Park - (718) 925-6565

Nassau

East Rockaway - (516) 599-7353

Franklin Square - (516) 488-8830

Garden City - (516) 745-5621

Glen Cove - (516) 676-7116

Hewlett - (516) 374-0555

Levittown - (516) 735-4949

Massapequa - (516) 798-3090

Mineola - (516) 741-4082

New Hyde Park - (516) 465-4377

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Rockville Centre - (516) 277-2060

Suffolk

East Patchogue - (631) 475-0332

Huntington - (631) 824-6683

Islandia - (631) 434-1770

Mt. Sinai - (631) 331-8350

North Babylon - (631) 422-2325

Staten Island

Dongan Hills - (718) 351-9389

Westchester

Mount Kisco

- Lexington Avenue - (914) 666-4742

- Smith Avenue - (914) 666-6655

Sleepy Hollow - (914) 425-7590

Somers - (914) 277-3360

Tuckahoe - (914) 337-7474

White Plains - (914) 946-2277

Yorktown - (914) 962-5556



Handling your baby

Basic rules to remember:

Wash your hands - newborns are still building their immune systems, so they are susceptible to infection.

Support the head and neck - cradle your baby's head when carrying or laying him or her down.

Never shake your baby - shaking a baby is extremely dangerous. If you need to wake a sleeping baby, tickle the feet or blow gently on the cheek.

Buckle up! - infants and toddlers should ride in rear-facing car seat until height and weight limit are reached. Children should then use a forward-facing car seat with a harness up to its allowed weight/height limit. Belted booster seats should later be used (until they are 8-12 years old).

Need help with your car seat?

To find the nearest certified car seat technician, call the National Traffic Safety Administration at **(888) 327-4236** or visit **Cert.safekids.org**.

Swaddling should be stopped when your child is 2 months old.

Swaddling made simple

Here's how to swaddle your baby:

- Spread out a blanket in a diamond shape with one corner folded over slightly.
- Lay the baby face-up on the blanket with his or her neck on the folded corner.
- Wrap the left corner over the baby's body and tuck it under the baby's back, going under the arm.
- Bring the bottom corner up over the feet and pull it toward the head, folding the fabric down if it gets close to the face. **Don't wrap too tightly around the hips.**
- Wrap the right corner around the baby, and tuck it under the baby's back, leaving only the neck and head exposed. Make sure you can slip a hand between the blanket and your baby's chest, which will allow for comfortable breathing.



Your changing table

To diaper your baby, you'll need a clean diaper, petroleum jelly/diaper rash ointment, diaper wipes (or cotton balls with warm water) and possibly a change of clothes.

Cleaning and diapering baby

Lay your baby on the changing table. With one hand, hold your little one gently near the ankles and lift up the legs to clean his or her bottom. When removing a boy's diaper, use a cover cloth because exposure to the air may make him urinate. When wiping a girl, wipe her bottom from front to back to avoid a urinary tract infection. Be sure to check that all folds in the skin are clean.

Diaper rash is very common (usually red and bumpy) and will go away in a few days with warm baths and some cream or ointment. If your baby is sensitive to wipes, use cotton balls or squares dipped in warm water.

Here's how to change a disposable diaper:

- After cleaning your baby's bottom, let the skin air dry or pat it with a clean cloth. **The best way to prevent diaper rash is to keep the area dry.** Use a liberal amount of petroleum jelly to protect baby's skin. If your baby has been circumcised, apply to the site after each diaper change for one week.
- Open a new diaper and place the back half (the one with tabs) under your baby. Bring the flap with tabs forward and the front side inward (toward the baby). Tape each side together around the waist.
- Make sure that the sides are not too tight, and that any diaper ruffles are facing out around the leg to prevent leaks (which can lead to chafing and diaper rash).

Bath time

Here's what you'll need to bathe your baby:

- Infant tub (if baby is ready for tub bath)
- Soft, clean washcloth
- Mild, unscented baby soap and shampoo
- Towels or blankets
- A soft brush to stimulate the baby's scalp (optional)
- Clean diaper
- Change of clothes

Newborns should be given sponge baths until the umbilical cord falls off and the navel heals completely (1-4 weeks). Also, if your baby is circumcised, give sponge baths until the circumcision heals (1-2 weeks).

To give a sponge bath, wipe your baby's eyes, nose and ears with a damp washcloth (water only). Then wet the cloth again using a little unscented baby soap, washing baby's face gently and pat dry. Next, gently wash your baby's head with baby shampoo and rinse. Then gently wash the rest of the baby with a wet cloth and soap, paying special attention to creases under the arms, behind the ears, around the neck and in the genital area. Once you have washed those areas, make sure they are dry before diapering and dressing your baby.

To give a tub bath, place your baby in an infant tub with 2 to 3 inches of warm water, using one hand to support the baby's head and the other to guide the baby into the tub feet first. Use a washcloth on the baby's face and hair, gently massaging the scalp with your fingers or a soft baby hairbrush, including the fontanelles (soft spots on top of the head). When you rinse the shampoo, cup your hand across the forehead so the soap runs down the sides away from the baby's eyes. Gently wash the rest of the body with water and a little soap. Gently pour water over your baby throughout the bath. When finished, wrap your baby in a towel, covering the head.



Giving your baby a bath 2-3 times a week in the first year is fine. More frequent bathing may dry your baby's skin.

Clipping newborn fingernails

Your baby's fingernails have been growing since before birth, so your little one may need a trim every few days during the first 3 weeks until the nails harden and stop growing so fast. Use only an emery board to file baby's nails during this time. And though baby's nails are soft, they are very sharp! Baby mittens are helpful to avoid any scratches on the face.

Clip baby's nails when he or she is sleeping or after a bath when the nails are softest. Make sure you have enough light to see what you're doing.

How to clip baby's fingernails:

- Using a pair of baby scissors with rounded tips or clippers made for use on tiny fingers, press the finger pad away from the nail. Keep a firm grip on your baby's hand as you clip the nails.
- Cut fingernails along the curve of the finger (cut toenails straight across). Then use an emery board to smooth out any jagged edges. Do not bite your baby's nails instead of cutting them—it can introduce germs from your mouth to your baby's fingers.

What to do if you cut baby's finger:

Don't panic—it happens to many parents! Just rinse the cut under cool water, then wrap a tissue around your baby's finger and hold it with just a little pressure. The bleeding should stop within a couple of minutes.

If your baby has a cut that will not stop bleeding, see your pediatrician or the infant care experts at Cohen Children's.

Bedtime for baby

When putting baby to bed, **remember no bed-sharing, and always put your newborn to sleep on his or her back.** This is the safest sleeping position for babies and decreases the risk of sudden infant death syndrome (SIDS). Your baby's crib should have a firm, safety-approved mattress with a fitted sheet—and nothing else. Don't put blankets, pillows, stuffed animals or crib bumpers in your baby's crib during the first year.

Newborns usually sleep up to 16-17 hours a day, though most don't stay asleep for more than 2-4 hours at a time during the first few weeks of life. By 6-8 weeks, most babies begin to sleep for shorter periods during the day and longer periods at night, though most continue to wake up to feed during the night. And somewhere between 4 and 6 months old, most babies can sleep through the night.

New parents learn quickly that one of their biggest challenges is coping with interrupted sleep from their baby's feeding and sleep schedule. Your baby will eventually settle into a pattern of sleeping through the night if he or she is used to a familiar routine.



If your baby is having trouble sleeping:

- **Establish consistent daytime/nighttime routines.** As bedtime approaches, slow down any activities with your baby and dim the lights. You can also introduce bedtime rituals such as reading bedtime stories or singing lullabies.
- **Bathe and massage baby.** A warm bath before bedtime may help. Gentle massages before bedtime can also make babies sleepy.
- **Give baby a bottle.** Babies may sleep for longer stretches at night if their stomachs are full. You can also try a pacifier.
- **Keep it quiet.** Keep lights out, avoid making noise and avoid moving the baby around.

When to call the doctor

It's not easy to know what's normal and what's not when caring for a brand-new baby. Here are symptoms that may signal a problem if seen within the first couple of days at home from the hospital.

Poor appetite

- Baby is feeding fewer than 6 times in a 24-hour period
- Sucking becomes noticeably weaker

Bowel movement problems

- No bowel movement in the first 48 hours
- Whitish mucus or blood in the stool

Dehydration

- Fewer than 3 wet diapers a day
- Baby is excessively sleepy (will not wake for feedings)
- Dry mouth and lips

Respiratory problems

- Grunting sounds
- Flaring of nostrils
- Consistently fast breathing
- Heavy, noisy breathing (wheezing, whistling sounds)

Umbilical cord stump issues

- Odor, pus or persistent bleeding from the umbilical cord stump
- Redness or swelling around the navel (possible infection)

Prolonged crying

- Persistent crying (longer than 30 minutes)

Signs of illness

- Coughing, diarrhea or paleness
- Forceful vomiting at more than 2 feedings in a row
- Temperature of 100.4 degrees (F) or higher or 97.7 degrees (F) or lower (get reading rectally)

Breast milk or formula?

Cohen Children's recommends breastfeeding your baby exclusively for the first 6 months before gradually introducing solid food along with breast milk. Breastfeeding can help fight infections, prevent allergies and lower the risk for conditions including heart disease, diabetes, obesity and SIDS. It helps mom too, lowering the risk of certain cancers and many other conditions.

If you choose to feed your baby formula, be sure to use commercially produced infant formulas, which are made to duplicate the nutrients in breast milk.

How much to feed your baby

Your baby will feed 8-12 times a day, which is about every 2-3 hours. Don't wait until your baby cries to offer a feeding. Look for suckling lip movements, baby bringing his or her fist to the mouth or turning toward you with an open mouth as if searching for a nipple.

Until your baby reaches about 10 pounds, he or she will probably take 1-3 ounces per feeding. You'll know you're giving enough breast milk by your baby's weight gain, which should be 4-7 ounces a week. And remember—don't force more than your baby seems ready to eat.



BREASTFEEDING TIPS

If you choose to breastfeed, understand that while it's very natural, it takes some practice. If you're having problems, be patient with yourself. You will find the position and technique that is most comfortable for you and your baby.

It's important to have your baby latch on to your breast correctly, and here's how you do it:

- Position your baby on his or her side directly facing you, with baby's belly touching yours.
- Prop your baby up with a pillow if necessary, and hold him or her to your breast without leaning over toward the baby.

- Place your thumb and fingers around your areola (dark ring around your nipple).
- Tilt your baby's head back slightly and tickle the lips with your nipple until the baby opens his or her mouth wide. Scoop the breast into the baby's mouth by placing his or her lower jaw on first, well below the nipple.
- Tilt the head forward, placing the baby's upper jaw on the breast. Be sure the baby takes the entire nipple and much of the areola into the mouth.

If you are having trouble breastfeeding, ask your pediatrician to arrange a consultation with a lactation specialist.

Breastfeeding positions

See which one of these is right for you.

Cradle

- Cradle your baby's head with the crook of your arm.
- Rest your feet on a stool or other raised surface and hold the baby in your lap (or on a pillow on your lap) so that baby is lying on his or her side directly facing you. Tuck the baby's lower arm under your arm.
- Extend your arm down baby's back to support the neck and spine. Secure the knees against your body, across or just below your left breast. The baby should lie horizontally or at a slight angle.



This position is often best for full-term babies who were delivered vaginally.

Football

- Tuck your baby under your arm (on the side that you're nursing from) like a football. The baby should be facing you with his or her nose at nipple level.
- Rest your arm on a pillow in your lap or right beside you, and support your baby's shoulders, neck and head with your hand. Guide baby to your nipple, chin first. This position is often best for moms who've had a cesarean section (C-section). It also works well for moms with large breasts or flat nipples, and for mothers of twins.

Side-lying or reclining

- Lie on the side you will be breastfeeding on.
- Place your head on a pillow and pull your baby in close to you, using your arm to support baby's bottom. Use your other hand to bring your breast up to your baby's mouth.



Choosing a formula

If you need to choose a formula, it comes in three main forms:

Ready to feed - this is the easiest type of formula to prepare but is also the most expensive. You might want to have a few cans on hand for when you don't have the time to mix another bottle.

Concentrate - this liquid form needs to be mixed with equal parts water. It's easier to prepare than powdered formula, but also is more expensive.

Powdered - this is the least expensive option. It's also very easy to transport and store, although it takes longer to prepare. And you can also mix exactly as much as you need. Always follow the instructions for mixing the formula exactly as written. There are many different types of formula available in grocery

stores (soy-based, lactose-free, etc.). Generally, a cow's-milk based formula is safe to start with unless your doctor says otherwise.

Common bottle feeding questions

What kind of bottle should I buy?

Baby bottles range from very simple—just a bottle and a nipple—to more complicated ones that are designed to minimize air bubbles and help with reflux (spitting up). Buy a single bottle of a few types and see which your baby likes.

Should I sterilize the bottles?

Sterilization is necessary only before the first use of bottles, nipples and rings. Submerge them in a pot of boiling water for 5 minutes, then air dry them or use a clean towel. After that, cleaning them in hot, soapy water or the dishwasher is fine.

What's the best way to warm a bottle?

You can warm your baby's bottle in a bowl of warm—not hot or boiling—water or by running it under the tap. You can also buy a bottle warmer. Your baby may prefer bottles at room temperature or slightly cold. Also, never use a microwave to heat a bottle of breast milk or formula. A microwave oven heats unevenly, so it can create hot pockets and lead to burns. It can also cause nutrients to break down.

Can I mix breast milk and formula?

Yes, you can, but it's not recommended. If you are using both, feed your baby whatever breast milk you have first and follow up with an ounce or two of formula if needed.

Is it OK to let my baby sleep with a bottle?

No. You should never put your baby to bed with a bottle. It can cause choking, ear infections and tooth decay.

How will I know if my baby has an allergy?

Some babies are allergic to the protein in cow's milk formula. Symptoms of an allergic reaction may include vomiting, diarrhea, rash and possibly some blood in the baby's stool. Report any of these symptoms to your doctor, and follow his or her advice on switching to a special hypoallergenic formula.

Is it normal for my baby to spit up after feedings?

Many infants spit up a little after eating too much, while drooling or burping because their digestive tracts are immature. However, spitting up isn't the same as vomiting all or most of the feeding. Call your doctor if you have any concerns about too much spitting up.

Burping baby

Burping your baby helps get rid of air swallowed during feeding and keeps them from spitting up (and becoming cranky and gassy). If bottle feeding, burp baby after every 1-2 ounces and at the end of the feeding. Breastfed babies don't swallow as much air, so burp baby only if he or she cries or shows discomfort.

Burping positions:

- Lay baby belly-down on your lap, with the head above the chest, and gently pat his or her back.
- Hold baby facing your chest, with his or her chin on your shoulder. Use one hand to support the head and the other to rub baby's back.
- If baby can hold his or her head up, try standing and holding the baby against your body, facing outward. Then apply gentle pressure on the baby's stomach as you walk around the room.

Common newborn conditions

Your baby may experience some common conditions—most are no cause for worry, but knowing what to expect can help you determine when to seek medical attention.

Common conditions in babies:

Baby acne - these are harmless pimples on the face, usually at 4-5 weeks old. It is likely caused by pregnancy hormones stimulating the oil glands in the skin. To treat, gently wash baby's face with mild baby soap once a day and avoid using harsh detergents on crib sheets.

Colic - this is excessive crying in an otherwise healthy baby that isn't harmful to your infant, and does not mean you aren't doing a great job! Make sure your baby isn't hungry, tired or in need of a diaper change. Try a pacifier or gentle rocking. If you're feeling overwhelmed, call Cohen Children's specialists for additional advice.

Common cold - colds in infants usually begin with congestion, cough and changes in eating/sleeping patterns. Treatment includes plenty of fluids, a humidifier to keep the air moist and a bulb syringe to clear nasal congestion if necessary.

Constipation - this is a very common condition that makes it difficult for your baby to pass stool. Causes can include something in the baby's formula, the introduction of solid

foods and dehydration. Try one of the following to relieve your baby's constipation:

- Place your baby lying on his or her back, gently moving the legs in a forward, circular motion as if pedaling a bicycle.
- With three fingers, press below the baby's navel, applying gentle but firm pressure until you feel a firmness or mass. Maintain gentle but constant pressure for about 3 minutes.
- If your baby is eating solid foods, cut down on constipating foods like rice, bananas and cooked carrots. Apples, prune juice (or pureed prunes), apricots and pears can help loosen bowel movements.

If the constipation continues, talk to your doctor before switching to a different brand of formula.



Cough - coughing in babies can be caused by many things, including the common cold, allergies/asthma and the croup, a deep cough that sounds like a bark and is often worse at night. Always talk with your doctor if you are concerned about your baby's cough.

Cradle cap - this is caused by the buildup of oil and the shedding of skin cells. Signs include redness, greasy scales and heavy flaking on your baby's scalp—none of which are harmful to your baby. It can be treated by frequent washes with baby shampoo. Soft brushing can also help remove the scales.

Diarrhea - these are more frequent bowel movements that are very loose or watery. Give your baby plenty of liquids to prevent dehydration. If you see signs of dehydration (dry diapers for 6 or more hours, few or no tears, dry mouth, sunken eyes, sluggishness), call your doctor.

Ear infection - these are extremely common. Signs include fever, tugging at ears, crying more than usual, reduced appetite, difficulty sleeping and an unpleasant odor coming from the baby's ear. Call your doctor at the first sign of an ear infection.

Jaundice - this is caused by an excess of a chemical in our blood that newborns have in higher levels. You will see a yellowish tint to your baby's skin that often appears first on the face, then on the chest, abdomen and legs. It usually corrects itself in a few days, but if it doesn't, see your doctor.

Thrush - this is a common yeast infection that causes white patches in the mouth. Your doctor will likely prescribe an oral antifungal medication.

Your baby should be vaccinated regularly to protect against various diseases. Your pediatrician will explain the immunization schedule to you, as well as the benefits of vaccinations.

BABY GEAR ESSENTIALS

What you'll need to care for baby:



Feeding

- Bibs
- Formula (if you choose to bottle feed)
- Burp cloths
- Nursing pillow/nursing bra
- Nipple cream
- Breast pump
- Bottles and nipples



Diapering

- Changing table/mat
- Plenty of diapers
- Diaper wipes
- Diaper cream/petroleum jelly
- "Onesies" (lots of them)
- Diaper bag



Bedding

- Crib
- Bassinet
- Mattress
- Bedding/padding



Bathing

- Baby bathtub
- Hooded towels
- Baby wash/shampoo
- Baby scissors
- Baby hair brush



General medical supplies

- Bulb syringe (to clear baby's nose)
- First aid kit



Traveling

- Stroller
- Car seat
- Front sling
- Portable playpen



Soothing baby

- Swaddling blankets
- Baby swing
- Bouncy seat
- Mobile
- Night light
- Noise machine



Baby-proofing your home

Baby-proofing basics:

- Move all potentially poisonous things (medicines, cleaning products, etc.) and sharp objects into high or locked cabinets. You can also purchase childproof safety latches for cabinets.
- As soon as baby starts pulling himself or herself up, move the crib mattress to its lowest position. There should not be toys or objects for babies to climb on in the crib.
- Keep all drawers closed and move any electrical cords out of baby's reach.
- Put safety plugs over all electrical outlets within baby's reach.
- Make sure area rugs are secured with nonskid backing, and fix any loose tiles to prevent tripping.
- Make sure all furniture is stable and fix any that are wobbly.
- Make sure your fire detectors work (with new batteries), and that you have a carbon monoxide monitor.
- Have the Poison Control Center number handy at all times: (800) 222-1222.

FREQUENTLY ASKED QUESTIONS

When can I start pumping breast milk?

Wait a few weeks before pumping your breast milk because your baby may begin to expect a bottle rather than the breast. It may take your body some time to respond to the pump, so be patient with yourself and take time to adjust to it.

When will my baby's teeth come in?

Infants typically get their first tooth when they are 5 - 12 months old. Your baby will produce more saliva, and this drooling can go on for several weeks. To ease the pain of teething for your baby, use a cold teething ring along with a proper dose of acetaminophen if necessary.

How much spit up is normal?

It is completely normal for your baby to spit up after a feeding. As long as your baby is gaining weight, there is usually no reason to worry. If you notice that the amount your baby is spitting up is increasing or forceful, contact your doctor.

How will I know if my baby is gaining enough weight?

It is normal for babies to lose a little weight within the first few days of life. By the time they are 2 weeks old they should have regained the lost weight and be very close to their

birth weight. Your pediatrician will be checking your baby's weight in the first few weeks of life to ensure weight gain. Most babies will double their birth weight by the time they are 4 months old and should triple their birth weight by their first birthday.

I'm not bonding with my baby right away. Is this OK?

Don't worry if you and your baby aren't immediately bonding—you are both making adjustments. In order to promote bonding, spend time with baby by holding him or her close to your chest (skin to skin). You can also talk (and sing) to your baby, as well as look into his or her eyes. Your baby will soon start to copy your expressions.

When should my baby be able to roll over?

Some babies can kick themselves from front to back as early as 3 months old, but most won't be able to flip from back to front until they are about 4 months old.

Is it normal for my baby to hiccup all the time?

Hiccups are totally normal, sudden contractions of the diaphragm caused by irritation or stimulation of the muscle while feeding. If your baby hiccups often, especially if he or she spits up a lot or coughs, speak with your doctor.

When should my baby start crawling?

Most babies crawl at about 8 months, but some babies wait until later to crawl, or may skip this stage entirely. You likely have nothing to worry about if your baby has had no problems sitting without support, grabbing objects with both hands, rolling over both ways and standing on legs (if supported).

Why am I losing so much hair?

Pregnancy changes your hormone levels, preventing you from losing as much hair as you normally would (about 100 to 125 hairs a day). After delivery, your hormones begin to go back to normal. You may be alarmed to find hair coming out by the handful, but it's nothing to worry about. Shampooing less frequently or letting your hair dry naturally instead of brushing and blow-drying helps slow the hair loss.

What other physical conditions can I expect after I give birth?

Every woman is different, but you may experience skin discoloration or dryness, back pain, incontinence, constipation, vaginal pain and discharge, excessive sweating and/or changes in energy levels (either higher or lower). Know that your body is readjusting to all the changes from pregnancy and you will feel like yourself soon enough. Be sure to eat well, drink lots of water and get plenty of rest.

I feel overwhelmed by this new responsibility. Is this normal?

Yes, it is absolutely normal to feel this way. You've undergone physical and emotional changes and have increased responsibility. As you become more comfortable caring for your baby, you'll feel more confident and in control. If you need help or are feeling down or blue, talk with your doctor or pediatrician.

More questions answered

Enroll in Northwell Health Cohen Children's Chats, an easy to use, automated chat feature. From day one, you can receive personalized information on feeding, developmental milestones, baby-proofing, sleep safety, wellness visits and more.

Learn more



Our experts at The Well offer tips about relationships, taking care of yourself and caring for a new baby.

Learn more



Take time for yourself

You know that taking care of your baby is your most important new role, but don't forget to take care of yourself. Here are some ways you can lower your stress levels and take some much-deserved time out for you.

Rest - during the first few weeks, try to focus on just feeding the baby and taking care of yourself. Ask your spouse or partner, as well as family and friends, for help with the household chores. Also, try to sleep when the baby sleeps.

Save time and energy - have your baby's bed near yours for nighttime feedings.

Take a break - new parents often enjoy visits from friends and family, but don't feel obligated to entertain. Feel free to excuse yourself for a nap or to feed your baby.

Step out - get outside for a few minutes each day. Walking is great for your health and helps relieve stress.

Break out the bottle - the baby bottle, that is. After the first few weeks, introduce a bottle with pumped breast milk to your baby for some nighttime feedings. Someone else can feed the baby, giving you a longer period of uninterrupted sleep.



Wellness after baby

Your body has done a lot of work bringing baby into the world. Take small steps to stay healthy, boost your energy and feel more like yourself again.

Breastfeeding - it is not only the best nutritional choice for your baby, but it also increases your bonding time, saves money and helps your uterus shrink back to normal size. Added bonus: It burns about 500 calories a day!

Wearing a front sling - putting your baby in a front sling is a great way to bond. Try doing some lunges, squats and rotation movements while carrying baby. You'll get great exercise and your baby will enjoy the motion.

Drink lots of water - it helps keep you full and flushes out toxins from your body.

Get walking - get some use out of your new baby stroller. Look at it as a way to get baby around safely and comfortably and as a way to get out in the fresh air.

Eat more fiber - foods rich in fiber keep you feeling fuller for longer, and they also tend to be lower in fat and sugar, which will keep your diet healthy.

Staying connected

Constant fatigue and all the demands of parenthood can make it difficult to maintain a healthy relationship with your spouse or partner. Be sure to set aside time for each other whenever possible.

If you're looking for quality day care, start with referrals from family or friends. You can also check the official websites for [The National Association for the Education of Young Children \(NAEYC\)](#) or the [National Association of Family Child Care \(NAFCC\)](#).



CHILDREN ARE THE ONLY PATIENTS WE TREAT

Cohen Children's is not just a hospital wing or floor dedicated to pediatrics. We are far more. We are a complete system of care that combines a pediatric hospital with outpatient care and a wide range of specialty pediatric practices for infants, children and adolescents.

Caring for kids is what we do best. After all, we treat more children than any other pediatric specialists in New York state, and we have the region's only stand-alone kids' emergency department.

We're Cohen Children's. And we're here when you need us.

Pediatric specialties at Cohen Children's include:

- Adolescent Medicine
- Allergy and Immunology
- Asthma
- Cancer and Blood Disorders
- Cardiac Surgery
- Cardiology
- Comprehensive Airway Respiratory and Esophageal Team (CARE Team)
- Critical Care
- Cystic Fibrosis
- Dental Services
- Developmental and Behavioral Pediatrics
- Emergency Medicine
- Endocrinology and Diabetes
- Epilepsy
- Gastroenterology
- General Pediatrics
- Gynecology for Children
- Head and Neck Surgery Program
- Hospital Medicine
- Infectious Diseases
- Medical Genetics
- Neonatology
- Nephrology (Kidney Disorders)
- Neurology
- Neurosurgery
- Nutritional Disorders
- Ophthalmology
- Orthopedics
- Otolaryngology (ENT)
- Pediatric Surgery
- Plastic and Craniofacial Surgery
- Psychiatry (Child and Adolescent)
- Pulmonology (Lung Disease)
- Pediatric Urogenital Reproductive Endocrine Disorder Program (PURE Program)
- Radiology
- Rheumatology
- Sleep Study Center
- Trauma
- Urology