

Newborn Care Guide

DOULA AT THE GATE • Feeding, sleeping, soothing, and caring for your new baby

Newborns really need only a few things: to be fed, kept warm and clean, helped to sleep, and held close. Everything else is learning as you go. This guide covers the daily basics — with a full section on feeding — plus the signs that mean it's time to call your pediatrician.

Feeding Your Newborn

How often: Newborns eat 8–12 times in 24 hours — roughly every 2–3 hours, including overnight. Feed on demand rather than strictly by the clock, and don't let a sleepy newborn go longer than about 4 hours between feeds in the early weeks.

Hunger cues: Watch for early signs — rooting, hands to mouth, lip-smacking, stirring and turning the head. Crying is a late cue; a calm baby latches more easily.

If breastfeeding / chestfeeding:

- Aim for a deep latch: baby's mouth wide, lips flanged out, chin into the breast, more of the lower areola in the mouth than the upper.
- A good latch feels like tugging, not pinching. Persistent pain means break the seal (slip a finger in the corner) and try again.
- Listen for rhythmic suck-swallow and watch for relaxed hands and a satisfied, sleepy baby afterward.
- Offer both sides; let baby finish the first before switching so they get the richer hindmilk.
- Connect with a lactation consultant early — it's far easier to fix latch issues in week one than week four.

If bottle / formula feeding:

- Follow the formula label exactly; always add water first, then powder, and never dilute or over-concentrate.
- Start with about 1.5–2 oz per feed in the first days, increasing as baby shows hunger; let baby decide when they're done.
- Use paced bottle feeding: bottle near-horizontal, frequent pauses, so baby controls the flow.
- Discard formula left out over an hour or any milk left in the bottle after a feed.
- Hold baby semi-upright and switch sides partway to mimic breastfeeding and support eye development.

Burping: Pause mid-feed and after, upright against your shoulder or sitting with chin supported, patting gently. Some spit-up is normal; forceful or projectile vomiting is not.

Is baby getting enough? The diaper count tells the story (see below), plus steady weight gain after the normal early dip, and a baby who settles after most feeds. By 10–14 days most babies are back to birth weight.

Diapers: What's Normal

Wet diapers: Day 1: at least 1. By day 5 and beyond: 6+ heavy wet diapers every 24 hours is a reassuring sign of enough intake.

Stools: Black, tarry meconium for the first 1–2 days, transitioning to green, then to yellow and seedy (breastfed) or tan and pasty (formula-fed) by about day 5. Several a day early on is normal.

Call if: No wet diaper in 6+ hours, no stool in 24 hours in a young newborn, or dark 'brick dust' urate beyond day 3.

Sleep & Safe Sleep

Newborns sleep 14–17 hours a day in short stretches, day and night — their clocks haven't sorted out yet. Follow the ABCs of safe sleep every single time:

- ☐ **ALONE** — baby sleeps on their own surface, no adults, siblings, pillows, blankets, bumpers, or stuffed animals
- ☐ **BACK** — always place baby on their back to sleep, for naps and at night
- ☐ **CRIB** — a firm, flat crib, bassinet, or play-yard mattress with only a fitted sheet
- ☐ Room-share without bed-sharing for the first 6 months; keep baby's space close to yours
- ☐ Keep the room comfortably cool; use a sleep sack instead of loose blankets
- ☐ Offer a pacifier at sleep once feeding is established; keep the space smoke-free

Soothing & Daily Care

The 5 S's: Swaddle, side/stomach hold (while awake), shush, swing/sway, and suck. Combined, they recreate the womb and calm most fussing.

Crying: Run the checklist — hungry, wet, tired, too hot/cold, needs to burp, or just wants closeness. Crying that won't settle in the late afternoon/evening is common in the early weeks.

Cord care: Keep the stump clean and dry, fold the diaper below it, and let it fall off on its own in 1–2 weeks. Sponge baths until then.

Bathing: 2–3 times a week is plenty; daily washing dries the skin. Never leave baby unattended in or near water, even for a second.

Skin & nails: Peeling skin is normal the first weeks. File or trim nails when baby is calm or asleep to avoid scratches.

Call Your Pediatrician Right Away If

Rectal temperature of 100.4°F (38°C) or higher in a baby under 3 months • Poor feeding or refusing several feeds • Far fewer wet diapers than usual or signs of dehydration • Yellowing of the skin or eyes that's spreading or deepening • Trouble breathing, persistent grunting, or bluish color • Inconsolable crying or unusual floppiness/lethargy • Vomiting that's forceful or green • Any time your gut says something is wrong — trust it and call.

Helpful Resources

- **Your pediatrician's nurse line**

Your first call for any newborn question — save it in your phone now.

- **La Leche League (lalli.org)**

Free breastfeeding support and local meetings.

- **Postpartum Support International**

1-800-944-4773 for parent mental-health support during the adjustment.

- **Doula at the Gate**

Newborn care coaching, feeding support, and overnight help. www.doulaatthegate.com

YOU'VE GOT THIS

No one is born knowing how to do this. You learn your baby a little more with every single day.

This guide is for general information and does not replace medical advice from your pediatrician.