



OGDEN
CLINIC

1 MONTH



**WELL-CHILD
CHECK-UP**

Well-Child Checkup: Up to 1 Month

After your first newborn visit, your baby will likely have a checkup within his or her first month of life. At this checkup, the healthcare provider will examine the baby and ask how things are going at home. This sheet describes some of what you can expect.

Development and milestones

The healthcare provider will ask questions about your baby. He or she will observe the baby to get an idea of your child's development. By this visit, your baby is likely doing some of the following:

- Smiling for no apparent reason (called a “spontaneous smile”)
- Making eye contact, especially during feeding
- Making random sounds (also called “vocalizing”)
- Trying to lift his or her head
- Wiggling and squirming. Each arm and leg should move about the same amount. If not, tell the healthcare provider.
- Becoming startled when hearing a loud noise

Feeding tips

At around 2 weeks of age, your baby should be back to his or her birth weight. Continue to feed your baby either breastmilk or formula. To help your baby eat well:

- Feed your baby as often and as long as he or she wants. Make sure you’re nursing at least 8 to 12 times per day. Some of these feedings might be close together (cluster feeding), and then your baby might rest for several hours. Let your baby nurse as long as he or she would like. When done, he or she will stop swallowing, relax his or her hands and fall asleep.
- At night, feed when the baby wakes, often every 3 to 4 hours. You may choose not to wake the baby for nighttime feedings. Discuss this with the healthcare provider.
- Breastfeed for about 15 to 20 minutes each time. With a bottle, slowly increase the amount of formula or breastmilk you give your baby. By 1 month of age, most babies eat about 4 ounces per feeding, but this can vary.

- If you're concerned about how much or how often your baby eats, discuss this with the healthcare provider.
- Ask the healthcare provider if your baby should take vitamin D.
- Don't give the baby anything to eat besides breastmilk or formula. Your baby is too young for solid foods ("solids") or other liquids. An infant this age does not need to be given water.
- Be aware that many babies begin to spit up around 1 month of age. In most cases, this is normal. Call the healthcare provider right away if the baby spits up often and forcefully, or spits up anything besides milk or formula.

Hygiene tips

- Some babies poop (have a bowel movement) a few times a day. Others poop as little as once every 2 to 3 days. Anything in this range is normal. Change the baby's diaper when it becomes wet or dirty.
- It's fine if your baby poops even less often than every 2 to 3 days if the baby is otherwise healthy. But if the baby also becomes fussy, spits up more than normal, eats less than normal, or has very hard stool, tell the healthcare provider. The baby may be constipated. This means the baby is unable to have a bowel movement.
- Stool may range in color from mustard yellow to brown to green. If the stools are another color, tell the healthcare provider.
- Bathe your baby a few times per week. You may give baths more often if the baby enjoys it. But because you're cleaning the baby during diaper changes, a daily bath often isn't needed.
- It's OK to use mild (hypoallergenic) creams or lotions on the baby's skin. Don't put lotion on the baby's hands.

Sleeping tips

At this age, your baby may sleep up to 18 to 20 hours each day. It's common for babies to sleep for short spurts throughout the day, rather than for hours at a time. The baby may be fussy before going to bed for the night (around 6 p.m. to 9 p.m.). This is normal. To help your baby sleep safely and soundly:

- Put your baby on his or her back for naps and sleeping until your child is 1 year old. This can lower the risk for SIDS (sudden infant death syndrome), aspiration, and choking. Never put your baby on his or her side or stomach for sleep or naps. When your baby is

awake, let your child spend time on his or her tummy as long as you are watching your child. This helps your child build strong tummy and neck muscles. This will also help keep your baby's head from flattening. This problem can happen when babies spend so much time on their back.

- Ask the healthcare provider if you should let your baby sleep with a pacifier. Sleeping with a pacifier has been shown to lower the risk for SIDS. But don't offer one until after breastfeeding has been established. If your baby doesn't want the pacifier, don't try to force him or her to take one.
- Don't put a crib bumper, pillow, loose blankets, or stuffed animals in the crib. These could suffocate the baby.
- Don't put your baby on a couch or armchair for sleep. Sleeping on a couch or armchair puts the baby at a much higher risk for death, including SIDS.
- Don't use infant seats, car seats, strollers, infant carriers, or infant swings for routine sleep and daily naps. These may cause a baby's airway to become blocked or the baby to suffocate.
- Wrapping the baby in a blanket (swaddling) can help the baby feel safe and fall asleep. Make sure your baby can easily move his or her legs. Stop swaddling once the baby starts to learn how to roll over.
- It's OK to put the baby to bed awake. It's also OK to let the baby cry in bed, but only for a few minutes. At this age, babies aren't ready to "cry themselves to sleep."
- If you have trouble getting your baby to sleep, ask the healthcare provider for tips.
- Don't share a bed (co-sleep) with your baby. Bed-sharing has been shown to increase the risk for SIDS. The American Academy of Pediatrics says that babies should sleep in the same room as their parents. They should be close to their parents' bed, but in a separate bed or crib. This sleeping setup should be done for the baby's first year, if possible. But you should do it for at least the first 6 months.
- Always put cribs, bassinets, and play yards in areas with no hazards. This means no dangling cords, wires, or window coverings. This will lower the risk for strangulation.
- Don't use baby heart rate and monitors or special devices to help lower the risk for SIDS. These devices include wedges, positioners, and special mattresses. These devices have not been shown to prevent SIDS. In rare cases, they have caused the death of a baby.
- Talk with your baby's healthcare provider about these and other health and safety issues.

Safety tips

It's fine to take the baby out. Avoid prolonged sun exposure and crowds where germs can spread.

- To prevent burns, don't carry or drink hot liquids, such as coffee, near the baby. Turn the water heater down to a temperature of 120°F (49°C) or below.
- Don't smoke or let others smoke near the baby. If you or other family members smoke, do so outdoors while wearing a jacket, and then remove the jacket before holding the baby. Never smoke around the baby.
- It's usually fine to take a newborn out of the house. But stay away from confined, crowded places where germs can spread.
- When you take the baby outside, don't stay too long in direct sunlight. Keep the baby covered, or seek out the shade.
- In the car, always put the baby in a rear-facing car seat. This should be secured in the back seat according to the car seat's directions. Never leave the baby alone in the car.
- Don't leave the baby on a high surface such as a table, bed, or couch. He or she could fall and get hurt.
- Older siblings will likely want to hold, play with, and get to know the baby. This is fine as long as an adult supervises.
- Call the healthcare provider right away if the baby has a fever (see Fever and children, below).

Vaccines

Based on recommendations from the CDC, your baby may get the hepatitis B vaccine if he or she did not already get it in the hospital after birth. Having your baby fully vaccinated will also help lower your baby's risk for SIDS.

Fever and children

Use a digital thermometer to check your child's temperature. Don't use a mercury thermometer. There are different kinds and uses of digital thermometers. They include:

- Rectal. For children younger than 3 years, a rectal temperature is the most accurate.

- Forehead (temporal). This works for children age 3 months and older. If a child under 3 months old has signs of illness, this can be used for a first pass. The provider may want to confirm with a rectal temperature.
- Ear (tympanic). Ear temperatures are accurate after 6 months of age, but not before.
- Armpit (axillary). This is the least reliable but may be used for a first pass to check a child of any age with signs of illness. The provider may want to confirm with a rectal temperature.
- Mouth (oral). Don't use a thermometer in your child's mouth until he or she is at least 4 years old.

Use the rectal thermometer with care. Follow the product maker's directions for correct use. Insert it gently. Label it and make sure it's not used in the mouth. It may pass on germs from the stool. If you don't feel OK using a rectal thermometer, ask the healthcare provider what type to use instead. When you talk with any healthcare provider about your child's fever, tell him or her which type you used.

Below are guidelines to know if your young child has a fever. Your child's healthcare provider may give you different numbers for your child. Follow your provider's specific instructions.

Fever readings for a baby under 3 months old:

- First, ask your child's healthcare provider how you should take the temperature.
- Rectal or forehead: 100.4°F (38°C) or higher
- Armpit: 99°F (37.2°C) or higher

Fever readings for a child age 3 months to 36 months (3 years):

- Rectal, forehead, or ear: 102°F (38.9°C) or higher
- Armpit: 101°F (38.3°C) or higher

Call the healthcare provider in these cases:

- Repeated temperature of 104°F (40°C) or higher in a child of any age
- Fever of 100.4° (38°C) or higher in baby younger than 3 months
- Fever that lasts more than 24 hours in a child under age 2
- Fever that lasts for 3 days in a child age 2 or older

Signs of postpartum depression



It's normal to be weepy and tired right after having a baby. These feelings should go away in about a week. If you're still feeling this way, it may be a sign of postpartum depression, a more serious problem. Symptoms may include:

- Feelings of deep sadness
- Gaining or losing a lot of weight
- Sleeping too much or too little
- Feeling tired all the time
- Feeling restless
- Feeling worthless or guilty
- Fearing that your baby will be harmed
- Worrying that you're a bad parent
- Having trouble thinking clearly or making decisions
- Thinking about death or suicide

If you have any of these symptoms, talk to your OB/GYN or another healthcare provider. Treatment can help you feel better.

Parent Notes:

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