



Welcome home, baby!

When you have a newborn to care for, it's natural to feel a mix of emotions... joy in the long-awaited arrival, pride in your beautiful new addition to the family, and maybe some apprehension about caring for this tiny person.

Mercy wants what's best for you and your baby. This guide provides helpful advice to help keep your newborn safe, healthy and comfortable.

Wishing you blessings at this joyful time,

— Your Mercy Team

Mercy Kids

At Mercy, our whole focus is your child's health – body, mind and spirit. It's part of our nearly 200-year legacy of faith-based care.

To see a list of Mercy Kids pediatricians near you, visit mercy.net/KidDocs



Caring for Baby



Holding

Your new baby is a precious gift, and you may feel like you could hold them for hours. When you're ready to cradle your newborn in your arms, keep these tips in mind.

Clean Hands

Your baby's immune system is still developing, so it's important to hold them with clean hands. Wash your hands with soap and water before picking up your baby, and before and after feedings and diaper changes. Keep hand sanitizer nearby for yourself and other family members.

Positions

You may need to try several holding positions to find out which are most comfortable for feeding, comforting, burping and resting. In each position, maintain support of your baby's head and neck.

Holding Positions



Shoulder hold: Lift your baby to your shoulder and let their head rest on your shoulder or chest.



Cradle hold: Position baby's head at the crook of your elbow and use the opposite hand to support their bottom.



Belly hold: Lay your baby stomach down across your forearm, with their head toward your elbow.



Lap hold: Sit in a chair with your feet firmly on the floor and lay your baby face-up in your lap, with their head toward your knees.





Bonding

The first days and weeks of your baby's life are a vital time for bonding. Spend time just being physically close to your baby in loving reassurance.

- **Use skin-to-skin contact** – Remove your baby's clothing down to the diaper and cradle them against your bare chest; for safety, make sure you're alert and upright, and your baby can breathe easily
- **Give a gentle massage** – Stroke the baby's belly, chest, back, arms and legs with light pressure
- **Talk to your baby** – Interact with your newborn by cooing, singing or reading to them
- **Engage all the senses** – Use sight, sound, smell and touch to engage your baby; show them bright-colored toys, shake a rattle, apply baby lotion and rock your baby



Benefits of Skin-to-Skin Contact



Keeps baby warm and maintains blood sugar levels



Helps baby begin breastfeeding



Promotes parent-baby bonding



Reduces mom's stress level and calms baby's heartbeat and breathing





Approximate milk volume in the newborn stomach size



Day 1
Size of a grape
5-7 ml
1-1½ teaspoons



Day 3
Size of a cherry tomato
22-27 ml
1½ - 2 tablespoons



Day 7
Size of an apricot
45-60 ml
1½ - 2 ounces

At 1 month, newborn tummies hold about 80-150 ml (3-5 ounces).

Feeding

Your baby's feeding needs change as they grow.

They'll work up to bigger meals at about two to four months and may start sleeping through the night.



Opening mouth



Hands in mouth



Rooting

Feeding Cues

Watch for feeding cues before crying starts. Crying is a late sign of hunger that makes it hard for babies to settle down and eat.

Other feeding cues include:

- Licking lips
- Opening mouth
- Putting hands to mouth
- Rooting (moving head in search of breast)
- Sticking tongue out
- Sucking



Remember that when your baby cries or sucks, it's not necessarily from hunger. They may just need to be changed or cuddled.



Never feed your baby animal milk or other liquids without consulting their pediatrician.

Breastfeeding

Breastfeeding gives your new baby the best source of nutrition. For the first six months, the American Academy of Pediatrics recommends exclusive breastfeeding — feeding your baby breast milk only and no other foods or liquids, including water or supplemental formula.



Breastfeeding Reduces Your Baby's Risk of:

- Asthma & allergies
- Childhood cancer
- Diarrheal disease
- Ear infections
- Obesity
- Respiratory illnesses
- Sudden Infant Death Syndrome (SIDS)
- Type 1 diabetes



Breastfeeding Reduces Your Risk of:

- Breast, uterine, endometrial and ovarian cancer
- Osteoporosis
- Type 2 diabetes
- Anemia
- Infection



How to Feed

Start each feeding with the **three Cs**:

- **Calm** – Hold your baby skin-to-skin to keep them calm and ready to feed
- **Comfortable** – Find a comfortable place to sit, use pillows for support and elevate your legs with a stool to keep pressure off your bottom
- **Close** – Hold your baby closely at the level of the breast, using pillows for extra support

Once your baby is at your breast, let them take the lead. When they take your nipple and part of your areola into their mouth and start sucking, it's called latching on. Latching on takes time and practice, so be patient with your baby and yourself.

Contact your nearest Mercy Birthplace to be connected with a **Lactation Consultant**.



Types of Breast Milk

Breast milk goes through different stages and increases in volume as your baby feeds more often.

Colostrum	For the first several days after delivery, your body produces colostrum — a substance with nutrients your new baby needs. As your baby gets more colostrum, you'll notice more stool in their diaper.
Transitional Milk	Within about five days of delivery, your body produces transitional milk (the creamy milk that follows colostrum). Your breasts produce more transitional milk than colostrum, so they become larger and firmer at this stage.
Mature Milk	Around the second week after delivery, your breasts produce mature milk. It may appear thin and watery at first but becomes creamier during feedings. Your breasts may be smaller and softer at this stage.

Expressing Milk

Whether you're returning to work or want your partner to help with feedings, expressing milk can complement breastfeeding. It also increases your milk supply and helps relieve engorgement (pain and swelling of the breast from milk production).

- **Hand expression** – Massage each breast from the top toward the middle; place your hand in a C-shaped hold on your breast and press in toward the chest wall, then compress down on the breast to express milk; rotate your hand to another position on the breast and repeat
- **Breast pump expression** – An automatic breast pump works well for expression; it mimics the sucking of a breastfeeding baby and enables pumping of both breasts simultaneously, optimizing milk production

Storing Milk

At around three weeks, you can collect and store breast milk for future feedings. It can take several expressions over multiple days to collect enough milk for a feeding.

Breast Milk Storage Tips

- After breastfeeding, pump for five to 10 minutes up to twice daily
- Store milk in clean glass bottles or BPA-free plastic containers with airtight seals
- Write the date the milk was expressed on each container
- Refrigerate milk right after it's expressed, or freeze it for later use
- Never refreeze breast milk after it's been thawed
- To thaw, use warm running water or a bowl of warm water



How long does fresh breast milk last?

4	Hours at room temperature
4	Days in the refrigerator
3-6	Months in the freezer
up to 12	Months in a deep freezer

Formula Feeding

If breastfeeding isn't possible, your baby's pediatrician can recommend a nutritious formula. Never give your baby animal milk, homemade formula or other liquids without consulting their pediatrician.

Prepare your baby's formula using the instructions on the label. Don't water it down or mix it too thick, as your baby could become malnourished or choke. Throw away unused formula and wash bottles and nipples with soap and water after each feeding. Before and after feedings, check nipples for tears or leaks and throw them away if they're damaged.

Burping

Even with the right feeding position, your baby may swallow air. When you're bottle-feeding, hold the bottle at an angle that keeps the nipple full of formula, and keep a close eye for when the bottle is nearly empty. Burp the baby halfway through each feeding and after the feeding. Breastfed babies tend to take in less air, but you should still burp when switching breasts and after feedings.

To burp your baby, position their head at your shoulder and pat their back softly. Another option is to lean the baby forward on your lap or face down across your legs with their head supported.

Common Feeding Issues

Sleepy Baby	If your baby is sleepy at mealtime, undress them down to the diaper and rub their feet or back. If you're breastfeeding, massage and compress the breasts to increase milk flow as a reminder to keep eating.
Sore Nipples	A little tenderness is no cause for concern, but intense pain, cracking, bleeding, blisters or other nipple damage isn't normal. Contact your OB/GYN or other health care provider for help.
Engorged Breasts	You may experience pain and swelling from milk production, but it often goes away in a day or two. To minimize this, feed regularly at both breasts. You can also try expressing milk, massaging breasts during feeding, applying cold or warm compresses and wearing well-fitting bras.
Blocked Ducts	A blocked (or clogged) milk duct may feel like a pea-sized lump or an engorged area of the breast. It may be sore like a bruise or warm to the touch. Feeding frequently, expressing milk, drinking plenty of fluids and getting rest can help. You can also try massaging your breasts during feedings, taking warm showers and applying cold or warm compresses.
Mastitis	Blocked milk ducts can sometimes cause fever, chills, flu-like symptoms or infection. This is called mastitis. You should contact your OB/GYN right away if you have symptoms.
Medications	If you take medications, including over-the-counter drugs, prescriptions, vitamins or supplements, check with your pediatrician and the prescribing doctor about how they could affect breastfeeding. Marijuana and other drugs pass directly into your breast milk and should be avoided.



How to Change Baby's Diapers

Change diapers frequently, as soon as they get soiled or wet. Don't wait for your nose to tip you off; check your baby every hour or so, especially a short time after feedings.

Try these changing tips:

- Have a clean diaper open and ready before you begin changing
- Gently wipe the diaper area from front to back, without rubbing or scrubbing
 - Girls may have a milky discharge tinged with blood; this is normal
 - For boys, clean under the scrotum, and don't push or pull the foreskin
- Let the diaper area air-dry before applying diaper cream and putting on a clean diaper
 - If you applied diaper cream or ointment at the last changing, don't rub it off; gently clean urine and feces from the skin and retain the ointment to protect the skin
- To prevent diaper rash, gently apply diaper cream in a thick layer all over the diaper area
- Secure the diaper so that it's snug but not tight

Diapering

Use a sturdy, stable surface for changing your baby — preferably a crib or changing table that's at least 36 inches off the floor. A table or changing pad with a safety strap is a huge plus. Keep all the supplies you need in your changing table or a dresser in your baby's room.

Supplies You'll Need:

- | | |
|--|------------------------------|
| ▪ Diapers | ▪ Diaper pail or wastebasket |
| ▪ Pins (if you're using cloth diapers) | ▪ Extra baby clothes |
| ▪ Mild baby wipes | ▪ Hand sanitizer |
| ▪ Diaper cream | ▪ Mild detergent |
| ▪ Changing-pad liners | |



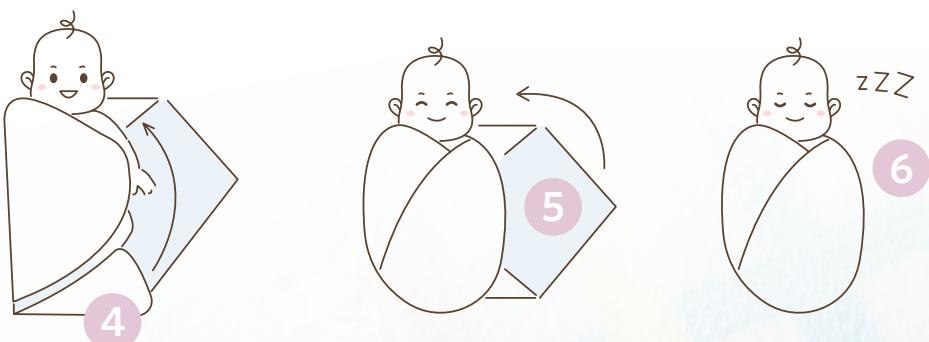
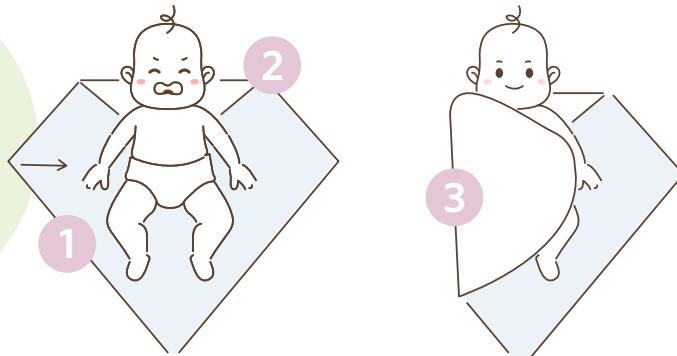
Swaddling

Swaddling keeps your newborn warm and secure.

This soothing blanketing technique keeps their arms and legs close to their body, preventing the startle reflex from disrupting sleep.

Don't swaddle babies older than 2 months. By this age, most babies can roll over and get tangled in the swaddling blanket.

How to swaddle a baby.



1. Spread out the receiving blanket with one corner pointing in the 12 o'clock position; fold the corner down several inches
2. Place your baby on top of the blanket with their head above the folded corner
3. Fold the left corner over your baby and under their right arm, tucking the corner of the blanket under the baby's side
4. Pull the bottom corner over your baby's feet and toward their head, leaving the blanket loose enough for them to wiggle their legs, and for their knees to relax
5. Bring the right side of the blanket across the baby and tuck it under the back
6. Make sure the blanket is snug enough to stay secure but loose enough for you to slip your hand between the blanket and your baby's chest



Bathing & Hygiene

Newborns only need to be bathed every two or three days during the first year. Until the umbilical cord drops off, a sponge bath — not a tub bath — is preferred.



Gather your bathing supplies first, before you even run the water.

You'll need:

- A baby wash tub
- Gentle baby soap
- Soft washcloths
- Dry towels
- Pacifier or baby toy for playing
- Diaper and diapering supplies
- Clean, dry clothes

Keep the bathing area warm and free of drafts. Your baby can chill easily, so wait until the water and bath supplies are ready to go before undressing them.

Wash your baby's body in this order, saving the hair for last:

1. **Face** – Use plain water to clean the eyes from the inner corners out; use a different part of the cloth for each eye
2. **Neck, shoulders, arms, torso, legs and feet** – Soap up the cloth with a mild, fragrance-free baby soap and wash the baby from the top down, gently cleaning all skin folds and creases
3. **Genitals** – Wipe front to back; for boys, avoid pulling back the foreskin on an uncircumcised penis
4. **Hair** – Wash hair last to keep the baby from getting chilled; rinse any soap off the head carefully with cupfuls or handfuls of clear water

Place a dry towel or hooded towel on the baby's head to keep it from getting cold. Pat baby dry and allow as much diaper-free time as possible before dressing.

Bathing Safety Tips

Bathe on a non-slippery surface, and hold up your baby's neck and head

Run water no more than 2-3 inches deep

Don't leave your baby alone in the bath, even for a second

Keep your water heater below 120° F

Test the bath water temperature with your elbow before placing your baby in it





Baby Behaviors

Your newborn may be quiet and calm or fussy and hard to settle — or somewhere in between. All these behaviors are normal and may change as your baby matures.

Skin Care

Some babies develop a rash during their first week at home. It usually looks like small pimples with surrounding redness. As baby's sensitive skin adjusts, the rash will fade.

Cradle cap is scaly skin on a baby's scalp that usually clears up on its own. To encourage healing, wash your baby's hair as normal with a gentle shampoo and soft cloth. Pat it dry and use a soft brush to loosen the scales. If cradle cap doesn't improve within a few months — or the scales spread to your baby's face — contact your baby's doctor about treatment.

White bumps on baby's cheeks, nose and chin aren't acne. They're tiny cysts called milia, or milk spots. It's important not to pinch or squeeze them; simply wash baby's face as normal. The bumps will disappear over time.

Umbilical Cord & Circumcision Care

Your baby's umbilical cord requires minimal care, and it's not painful for the baby. Keep the area clean and dry. Allow the cord to drop off on its own (usually in about 12-14 days). Keep diapers folded down in front to let air circulate around the cord. You may notice a small amount of drainage around the cord, which is normal. Gently clean it with a wet washcloth or cotton swab, then let it air-dry.

If your baby had a circumcision, it's normal for there to be some redness and yellow crust for the first few days. Wash the penis gently with soap and water at bath time, and let it air-dry. There's no need to use special products or dressings; however, you can use a small dab of petroleum jelly on the tip of the penis to prevent diapers from sticking to baby's tender skin. Depending on the procedure used, the incision should heal in five to 10 days.

Crying

Crying is your baby's way of calling for help when they're hungry or uncomfortable. It also helps them release tension and shuts out sights, sounds or sensations that are too intense. With practice and patience, you'll learn your baby's cries and how to respond.

Consoling Techniques

First, take care of your baby's most pressing need. Are they hungry, wet, cold or overstimulated? A shrieking or panicked cry can mean something's wrong, such as a hair caught around a finger or toe. But if your baby is safe, dry, well-fed — and still crying — try these consoling techniques:

- Burp to relieve trapped gas
- Gently pat the back or chest
- Give your baby a warm bath
- Move them to a quiet, semi-dark room
- Place baby skin-to-skin
- Play soft music
- Rock in a rocking chair or in your arms
- Sing or talk quietly and softly
- Swaddle the baby
- Walk the baby in a stroller or your arms
- Turn on white noise or use vibration

Colic

Long and frequent periods of inconsolable crying with no obvious reason may signal colic. Keep a log of your baby's crying patterns, such as the time of day and the length of the crying episode. Your pediatrician can help determine if it's colic.

Colic peaks at about six weeks and tapers off at three to four months. Sometimes there's little you can do to stop the crying. Reach out to your loved ones and your baby's care team for help when needed.





Health & Medical Care

Well-Child Visits

In addition to a pediatric exam in the hospital, your baby should have well-child visits as recommended by the American Academy of Pediatrics. In the first year of life, your baby should see their doctor the first week after birth and again at one, two, four, six, nine and 12 months.

Complete physical exams are part of every well-child visit. Your baby's length, weight, head circumference, eyes, mouth, abdomen, neurologic responses and skin are examined. You and your baby's doctor will discuss their development, nutrition, sleep, safety and more. Well-child visits are a great time to raise questions or concerns about your developing baby. You might find it helpful to bring a list of questions with you to the visit. It's important to communicate openly with your Mercy care team as your baby grows.

Immunizations

Immunizations protect your baby from potentially life-threatening diseases like polio, measles, diphtheria, pertussis (whooping cough), influenza and many others. Each year, top disease experts and doctors recommend the vaccines that will best protect babies and kids based on the latest scientific data. The immunization schedule is approved by the American Academy of Pediatrics, the U.S. Centers for Disease Control and Prevention (CDC), the American Academy of Family Physicians and other organizations. Your Mercy care provider stays updated on changes, so check in with them if you have questions or concerns.



A normal rectal temperature for babies is 97.5° to 100.3° F.

Temperature-Taking

It's best to use a digital thermometer to check your baby's temperature. Avoid using a glass thermometer with mercury, a pacifier-type thermometer or fever strips. A rectal thermometer provides the most accurate temperature reading in babies less than 3 months old.

To take your baby's temperature rectally, lubricate the digital thermometer with petroleum jelly or a water-soluble lubricant. Insert only the tip $\frac{1}{2}$ inch into the baby's rectum, and hold it in place until it beeps. For babies over age 3 months, thermometers that take temperatures under the armpit, across the forehead or in the ear may be used, but the readings aren't as accurate.

Fever

Fever means your baby's body is fighting an infection. If your baby is less than 3 months old, call their provider right away if their fever is 100.4° F or higher. If you can't reach your baby's provider, call 911 or take your baby to the nearest ER.



Baby's Warning Signs

Some babies have symptoms that are serious and require immediate medical attention.

Here are the signs to watch for and who to call.

Call 911 if your baby:

- Has difficulty breathing
- Has blue lips or is turning blue

Contact the pediatrician if your baby:

- Has a temperature below 97.5° or above 100.4° F
- Has an uncommon or severe rash
- Has changes in typical behavior
- Has frequent bowel movements with excess fluid, mucus or a foul odor
- Has redness, drainage or a foul odor from the umbilical cord
- Has white patches in their mouth
- Has yellowing skin or eyes
- Hasn't had a wet diaper for 12 hours
- Hasn't passed stool for 48 hours
- Is crying in a high-pitched or unusual tone
- Is hard to wake up or has low energy
- Is refusing to eat or eating poorly
- Is vomiting repeatedly
- Shows signs of dehydration, such as dry or cracked lips, dry skin, a dry or rough tongue, unusual sleepiness or irritability

Late-Preterm Baby



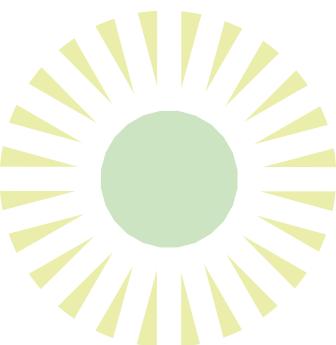
If your baby was born three to six weeks early (late preterm), they'll need special care and attention. Here are the areas of their health to watch closely — and when to seek help.

Breathing & Infection	Call the Doctor if Your Baby:
Since their lungs may not be fully developed, your baby is at higher risk of breathing problems. And because their immune system is still developing, they can develop infections more easily.	<ul style="list-style-type: none">▪ Changes skin color, has blue lips or pale skin▪ Has a fever of more than 100.4° F or has difficulty breathing▪ Makes sounds like grunting, wheezing or whistling when breathing▪ Pulls in the skin around their chest or ribs when breathing▪ Widens their nostrils when breathing
Feeding	Call the Doctor if Your Baby:
At first, your baby may not give feeding cues or wake for feedings. Wake them to feed by rubbing their back and feet to help them stay awake. Listen for swallowing sounds and keep track of their wet diapers and stool. Work with a lactation consultant on a breastfeeding plan; you may need to express milk until your baby is strong enough to breastfeed.	<ul style="list-style-type: none">▪ Isn't feeding well▪ Is missing feedings▪ Is hard to wake up for feedings▪ Has very few wet diapers▪ Has pale, cool skin
Jaundice	Call the Doctor if Your Baby:
Your baby's jaundice risk is higher, especially if they aren't eating well. They'll be tested at the hospital, but always let your care provider know if their skin or eyes start to appear yellow.	<ul style="list-style-type: none">▪ Isn't feeding well▪ Has yellow skin or eyes▪ Has few wet diapers and isn't passing stool▪ Has a high-pitched cry
Temperature	Call the Doctor if Your Baby:
Your baby hasn't developed enough body fat to stay warm, so they may get cold quickly. Dress them in one more layer than you're wearing, without overdressing and overheating them. And keep them skin-to-skin as often as possible to regulate their temperature.	<ul style="list-style-type: none">▪ Is breathing fast (more than 60 breaths per minute)▪ Has blue, pale or blotchy skin▪ Is unusually sleepy or sluggish

If you can't reach your baby's health care provider, call 911 or go to the nearest ER.



Family, Friends & Pets



Siblings

Prepare your older kids for your baby's arrival well ahead of your due date. If they're transitioning to a toddler bed, give them time to adjust. Make this their special time to revel in their role as an older sibling. And set aside one-on-one time with older kids, so they have your undivided attention and unconditional love.

Pets

Try to introduce your fur babies to the new human long before your baby comes home. Let them sniff clothes or blankets the baby has used. They'll learn the baby's smell and recognize them later. Be sure to monitor your pets closely around the baby and don't allow them to jump or get too close. An excited greeting from an animal can be unsafe.

Visitors

Well-meaning family members and friends will want to visit you once you're home. It's okay to set boundaries so your baby's routines aren't disturbed. Limit visits during the first few days as you adjust and heal. When you're ready for visitors, ask them to wash their hands before touching your baby. Ask anyone who is sick (or has been around others who are sick) to visit after they're well.

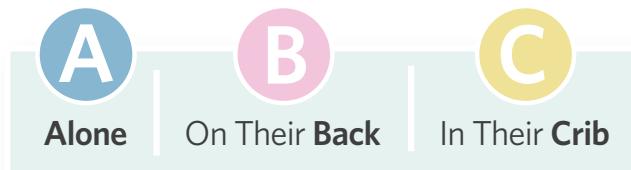


Baby's Safety

Safe Sleep

The ABCs of Safe Sleep

The American Academy of Pediatrics developed the ABCs of safe sleep as an easy way to remember how to protect your baby during sleep.



For the first year of life, babies should sleep separately from their parents, be placed on their backs and sleep on a surface that's designed for babies, such as a crib. Following these guidelines helps reduce the risk of Sudden Infant Death Syndrome (SIDS), the leading cause of sudden infant death in babies younger than age 1.

Crib

Make sure the baby's bed meets the latest safety guidelines from the Consumer Product Safety Commission. The best way is to choose a new (or fairly new) crib with these features:

- Slats no more than 2 ½ inches apart
- Firm, well-fitting crib mattress, with no more than two finger widths between mattress and crib
- Railing at least 26 inches higher than the mattress support
- Secure hardware and teething rail

Keep soft objects and loose bedding (pillows, pillow-like toys, bumper pads, comforters, blankets and non-fitted sheets) away from your baby's sleep area to reduce the risks of SIDS and suffocation.

Never put your baby to sleep in an adult bed, chair or sofa. Your baby can roll out of your arms and become trapped. An adult, child or pet can also roll over on your baby without meaning to. And your baby can get caught between the bed and wall, or under pillows, bumper pads and bed covers.

Clothing

Dress your baby in a one-piece sleeper or wearable blanket with nothing over them. Always keep their head and face uncovered. Your baby's clothing should be appropriate for the environment, with one layer more than an adult would wear in that setting.

Pacifiers

For some babies, pacifiers have a soothing and comforting effect. But before you offer one to your baby, keep these tips in mind.

- If you're breastfeeding, wait until your baby is feeding well (about a month) to offer a pacifier
- Offer pacifiers at naptime and bedtime only to reduce SIDS risk
- Don't use a pacifier to replace or delay meals, and make sure your baby isn't hungry when you offer it
- If your baby doesn't want a pacifier, don't force it; if it falls out of their mouth, don't put it back in
- Never tie a pacifier to your baby's crib or around their head, neck or hands; this can be life-threatening to your baby
- Never tape a pacifier to your baby's face, and never put sweet solutions on it
- Keep pacifiers clean and replace them if the rubber is torn or changes color

Alcohol, Tobacco & Substance Use

Alcohol, tobacco, nicotine and other drugs pass directly into breast milk and should be avoided. Although marijuana is legal in some places, experts recommend avoiding it because THC passes into your breast milk and on to your baby. Even if you're not breastfeeding, using alcohol and drugs can impair your judgment and your baby's health and safety.



Secondhand smoke increases your baby's SIDS risk. Don't smoke or vape (or allow anyone else to) in the house, car and anywhere else your baby will be.



Shaken Baby Syndrome

When your baby cries and nothing seems to help, it's natural to feel frustrated and overwhelmed. But no matter how you feel, never, ever shake your baby. Shaking a baby violently is one of the leading forms of child abuse and can cause Shaken Baby Syndrome (SBS). Shaken babies often die or develop irreversible brain damage, vision problems or blindness, paralysis, seizures, learning and speech difficulty, and neck or back damage.

Consider these coping strategies when you're frustrated:

- Take deep breaths
- Put your baby in their crib and leave the room for a short time
- Ask a family member or friend for help

911

**If anyone shakes your baby for any reason,
get medical attention immediately. It could save your
baby's life or protect them from lifelong disabilities.**

Call 911 or take your baby to the nearest ER.

Cars

Car Seats

Your newborn needs to be secured in a rear-facing infant car seat until age 2. As your child grows, choose a car seat that's compatible with your car's make and model and is the right size for your child's age and weight. Have a trained car seat safety expert install your baby's car seat or inspect your installation.

To learn more about choosing and installing a car seat — or to get a safety check of your baby's car seat — visit the National Highway Traffic Safety Administration at NHTSA.gov/equipment

Look Before You Lock

To help remember that your baby is in the car, always look before you lock. You can also create a reminder by placing something in the back seat where the baby is, such as your purse, cell phone, left shoe or work ID badge.

Never intentionally leave your baby alone in a car, not even for a minute. Babies' body temperatures heat up three to five times faster than adults. And cars heat up faster than you might think.

Kitchen

- Don't heat baby bottles in the microwave, as this can cause internal burns
- If your baby is burned, apply cool water and a loose bandage, then call 911
- Keep a small fire extinguisher in a safe place in or near the kitchen and know how to use it
- Keep your baby safely out of the kitchen, especially while cooking; place them in a swing, playpen or other safe area

Carry Packs

- Be sure the pack is tied securely to the person carrying your baby
- Choose a pack that's the right size and material for your baby's age
- Make sure your baby doesn't slide inside the pack and can breathe well
- Make sure your baby's head is supported



Baby Proofing

Keep your home free of hidden hazards by using our baby-proofing checklist.



Baby-Proofing Checklist

Install

- A tot-finder decal on the bedroom window for emergency responders
- Baby-proof latches for cabinets and appliances
- Bumpers or padding on hard edges
- Carbon monoxide detectors on every level of the home
- Clearly visible house number
- Gates at the top and bottom of stairs
- Knob covers for doors and stove burners
- Non-slip pads under all rugs
- Safety covers on unused electrical outlets
- Smoke detectors just outside bedrooms on every level of your home; check them monthly and replace batteries every six months

Keep Out of Reach

- Chemicals and cleaning products; throw away water, chemicals and other mixtures after using them
- Clothing irons, curling irons
- Coins, marbles, jewelry, pins and hair accessories
- Cosmetics
- Electrical cords and curtain cords
- Firearms: Don't keep firearms in the home; if you must have firearms, store them unloaded with the safety device engaged, in a secure area kids can't access
- Kitchen utensils and tools
- Matches and lighters
- Mop buckets
- Plants that may be poisonous or irritating
- Plastic bags/packaging
- Prescription and over-the-counter medicines
- Purses, shoes and belts
- Razors, cotton swabs, cotton balls, soaps and other toiletries
- Space heaters and fireplaces
- Tool chests
- Wastebaskets

Keep in Reach

- First-aid kits for the medicine cabinet, baby's room and car
- Fire extinguishers in the kitchen and at strategic places around the house
- Emergency numbers on every phone:**
 - Fire
 - Ambulance and pediatrician
 - Poison control center: 1-800-222-1222
 - Friend or family members who can assist

Get in the Habit

- Eliminate choking hazards by checking and replacing any pacifiers and bottle nipples with cracks, holes or gumminess
- Close doors to off-limit rooms and lock exterior doors
- Double-check the stove and other appliances to ensure they're off or closed
- Keep the toilet seat down and the bathroom door closed
- Keep your baby out of the garage and basement
- Latch windows
- Set things down in the middle of the surface, away from the edges
- Turn pot handles toward the middle of the stove or use back burners
- Unplug small appliances when not in use



Infant CPR

Feel more prepared in case the unexpected happens, such as your baby choking. Consider taking a CPR for infants and children course, so you can confidently handle emergencies while you wait for help. Find a class near you at <https://www.redcross.org/take-a-class/cpr/performing-cpr/child-baby-cpr>