Caring for Our New Baby

The Four Trimesters of the First Year

"He will feed His flock like a shepherd; He will gather the lambs with His arm,
And carry them in His bosom, And gently lead those who are with young."
— Isaiah 40:11 (NKJV)

The first year can be thought of in four seasons of about three months each. The opening season is often called the fourth trimester: baby is earth-side, yet still needs the closeness of the womb. This is a home worksheet to walk through with your pediatrician — not a complete medical guide. Tick what you have reviewed, and write what is true for your baby, who will grow at their own pace.

Trimester 1 · 0–3 months *The Fourth Trimester*

- ☐ Feeding. Breast milk or iron-fortified formula is all the food a newborn needs. Feed on cue, day and night; clustered feeds are common. Do not give water, juice, cow's milk, solid foods, or honey. If you are breastfeeding, ask your pediatrician about a vitamin D supplement.
- ☐ Sleep. Place baby alone, on the back, on a firm, flat sleep surface (crib, bassinet, or play yard). No pillows, blankets, bumpers, stuffed toys, or other soft bedding. Room-share without bed-sharing for at least the first six months. Avoid overheating.
- ☐ Soothing & bonding. Skin-to-skin, a calm voice, rocking, and a well-fitted swaddle can soothe. Stop swaddling as soon as baby shows signs of rolling. Offer daily, supervised tummy time while baby is awake.
- ☐ Health & visits. Newborn, 1-month, and 2-month well-child visits, with vaccines on the CDC/AAP schedule, usually fall here. Call your pediatrician for fever in a baby under three months, poor feeding, fewer wet diapers, trouble breathing, unusual limpness or irritability, or any worry that does not ease.
- ☐ Development & play. Faces, soft talk, and brief tummy time are the best toys. Around two months many babies smile, coo, and lift the head briefly on the tummy. These are typical patterns, not a test.
- ☐ Safety. A rear-facing car seat, correctly installed, for every ride. Never leave baby alone on a sofa, bed, or changing table. Keep cords, loose plastic, and small objects out of reach. Infant walkers are not recommended.
- ☐ For Mom & Dad. Rest when you can and accept help. The baby blues often ease within two weeks. If sadness, anxiety, or trouble bonding lasts, or if you have thoughts of harming yourself or the baby, call your obstetrician, midwife, or pediatrician. If anyone may be in immediate danger, call 911.

Trimester 2 · 3–6 months *Finding a rhythm*

- ☐ Feeding. Breast milk or formula remains the main food. Around six months, and not before four months, your pediatrician may talk with you about complementary foods when baby shows readiness (steady head, sitting with support, interest in food).
- ☐ Sleep. Longer night stretches may appear, though waking is still normal. Keep the same safe-sleep rules: alone, on the back, on a firm flat surface, with no soft bedding. Once baby can roll, stop swaddling; still start every sleep on the back.
- ☐ Soothing & bonding. Talk, sing, and read. Offer simple toys and supervised floor play. A pacifier at sleep times may be used once breastfeeding is well established, if you choose.
- ☐ Health & visits. The 4-month and 6-month well-child visits, with vaccines as scheduled. From six months, a flu vaccine may be offered in flu season.
- ☐ Development & play. Reaching, chuckling, rolling, and pushing up on the arms are common. Follow baby's cues, and talk with your pediatrician if a skill seems delayed or is lost.
- ☐ Safety. Rolling changes everything: never leave baby unattended on a raised surface. Begin babyproofing before the first crawl. Keep the car seat rear-facing.
- ☐ For Mom & Dad. Postpartum depression and anxiety can begin months after birth, not only in the first weeks. Call your clinician or the pediatrician if mood, sleep, or bonding worries persist. Call 911 in an emergency.

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Trimester 3 · 6–9 months *On the move*

- [ ] Feeding. Continue breast milk or formula, and offer complementary foods. Sit baby upright and stay close while they eat. Introduce common allergens (such as peanut and egg) in the form your pediatrician recommends, unless you have been told to wait. No honey until after the first birthday. A little water in a small cup may be offered with meals, as advised.
- [ ] Sleep. About 12–16 hours in a day, including naps, is typical later in infancy. Keep a calm bedtime routine and the same safe, firm, flat sleep surface. Sleep often changes around new skills.
- [ ] Soothing & bonding. Peekaboo, songs, board books, and naming everyday things. Stay nearby as baby starts to move.
- [ ] Health & visits. The 6-month visit (if not already completed) and the 9-month well-child visit, with vaccines as scheduled.
- [ ] Development & play. Sitting, transferring toys, raking food, babbling, and knowing familiar people are often seen. Some babies crawl now; some do not yet. Both can be typical.
- [ ] Safety. Latch cabinets, move medicines and cleaners up high, cover outlets, hide cords, gate stairs, and keep small objects, batteries, and magnets out of reach. Empty tubs and buckets. Stay within arm's reach around water.
- [ ] For Mom & Dad. Keep your own meals, rest, and a little time outdoors in view. If you feel hopeless, numb, or unlike yourself, ask for help promptly. Call 911 if you or the baby may be in danger.

Trimester 4 · 9–12 months *Toward the first birthday*

- [ ] Feeding. Offer more family-table foods in soft, safe pieces, while breast milk or formula remains important through the first birthday. Toward twelve months, ask your pediatrician about the next step (often whole cow's milk or a recommended alternative). Practice an open cup. Still no honey before age one. Watch closely for choking.
- [ ] Sleep. A regular nap and bedtime rhythm helps. Wait to add blankets or pillows until your pediatrician says the sleep space is ready — often not before twelve months, and later is fine. Continue: alone, on the back, on a firm flat surface.
- [ ] Soothing & bonding. Simple games, reading, and gentle goodbyes help a baby who may now be shy with strangers. Celebrate ordinary days as much as the first birthday.
- [ ] Health & visits. The 12-month well-child visit, with vaccines on the CDC/AAP schedule. Bring questions about hearing, vision, feeding, or development.
- [ ] Development & play. Pulling to stand, cruising, a pincer grasp, waving, and a first word such as mama or dada are common near the year mark. Walking may start now or later. Talk with your pediatrician if you have concerns, or if a skill is lost.
- [ ] Safety. Keep the car seat rear-facing as long as the seat's height and weight limits allow. Anchor heavy furniture and TVs, lock windows, use safety gates, and re-check the house at baby's new height. Never leave baby alone in a bath or a car.
- [ ] For Mom & Dad. Keep watching for lingering sadness, anxiety, or frightening thoughts — they can appear even late in this year — and call your clinician, the pediatrician, or 911 when needed. You do not have to do this alone.

Our notes

Questions for the pediatrician

A note on HIV testing. No HIV test can detect infection right after exposure; that delay is called the window period (CDC, Getting Tested for HIV, updated Sept. 15, 2026). Antibody tests, including most rapid tests and home self-tests such as OraQuick, usually detect HIV 23–90 days after exposure. A rapid finger-stick antigen/antibody test: 18–90 days. A laboratory antigen/antibody blood draw: 18–45 days. A laboratory NAT (nucleic acid test): 10–33 days. If a test is negative after a possible exposure, test again after the window period. A positive self-test needs a follow-up test with a health-care provider. CDC recommends HIV testing during every pregnancy. Testing is done on the mother's blood or oral fluid, not on breast milk. Accredited milk banks (HMBANA) blood-screen donors and pasteurize donor milk.

Sources

AAP, HealthyChildren.org: safe sleep; feeding and starting solids; well-child visits.
CDC Developmental Milestones (Learn the Signs. Act Early.) and the CDC Child and Adolescent Immunization Schedule.
CDC, Getting Tested for HIV (updated Sept. 15, 2026); Human Milk Banking Association of North America (HMBANA).

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Feeding & Breastfeeding Care

a home list for the first days and the months that follow

Tick what you have reviewed with your pediatrician or lactation consultant, and write what is true for your baby. This is a home worksheet, not a complete medical guide.

- ☐ Breastfeeding basics. Breast milk or iron-fortified formula is all the food a newborn needs. The American Academy of Pediatrics encourages exclusive breastfeeding for about six months, then complementary foods, with breastfeeding continuing as long as you and baby wish. Formula is a sound choice when it is what your family uses.
- ☐ Colostrum. The first milk, often thick and golden, is rich in antibodies. The amount is small and is usually enough in the first days, before mature milk comes in around days 3–5.
- ☐ On-demand feeds. Feed on cue, about 8–12 times in 24 hours for most newborns, including at night. Cluster feeding is common. Watch baby's cues more than the clock.
- ☐ Pumps and coverage. A breast pump can help you express milk when you are apart from baby. Under the Affordable Care Act, most marketplace and many other health plans cover a pump and lactation support as a preventive service, without a copay when you use an in-network provider. Ask your insurer which pump, whether it is a rental or a purchase, and how to order.
- ☐ Pump settings. Start on a low, comfortable suction — more is not always more milk, and pumping should not hurt. Many pumps use a faster, lighter let-down or stimulation mode, then a slower expression mode; follow your pump's instructions. A well-fitted flange lets the nipple move freely in the tunnel without much areola being pulled in or rubbing. A typical session is about 15–20 minutes, or until milk flow slows. If pumping hurts or output is low, ask a lactation consultant to check the flange size and the settings. Clean pump parts after each use. (WIC / AAP / CDC)
- ☐ Nipple and chafing cream. Purified (medical-grade) lanolin is commonly used on sore or chapped nipples after feeds. If you are allergic to wool, choose another product. If pain lasts, or feeding is difficult, ask a lactation consultant or your pediatrician — a latch issue is often the cause.
- ☐ Vitamin D and mom's prenatal. AAP recommends 400 IU of vitamin D daily for breastfed infants, starting soon after birth. If baby is formula-fed, ask whether the amount of formula already meets this need. Continue your own prenatal vitamin while breastfeeding, as your provider advises.
- ☐ Extra energy while nursing. On average, breastfeeding mothers may need about 330 extra calories a day in the first six months and about 400 a day after that (CDC / Dietary Guidelines). This varies; follow your provider's advice rather than a strict target.
- ☐ Lactation herbs. Herbs such as fenugreek are sometimes used as galactagogues, but the evidence is limited and they can cause side effects or allergies (fenugreek is related to peanuts and chickpeas). Check the NIH LactMed database and talk with your provider or a lactation consultant before using an herb or tea. Frequent, effective feeding comes first.

Today's tally

Feeds in 24 hours: _____ Wet diapers: _____ Bottles (if used): _____

Our notes

_____

_____

Trusted Breastfeeding Help

When you want a person to talk with, these official pages and lines are a kind place to start. They do not replace your own pediatrician, birth provider, or a lactation consultant who can see you in person.

La Leche League International (llli.org).
American Academy of Pediatrics, HealthyChildren.org, Breastfeeding.
CDC, Breastfeeding: Newborn Basics.
Office on Women's Health helpline, 1-800-994-9662, English or Spanish, Monday–Friday, 9 a.m.–6 p.m. ET.
USDA WIC Breastfeeding Support, including pumping guidance.
ILCA, Find a Lactation Consultant (IBCLC).

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Feeding & Breastfeeding Care, continued

- ☐ Wet diapers, by day of life. A typical pattern: at least 1 wet diaper on day 1, 2 on day 2, 3 on day 3, 4 on day 4, and at least 6 in 24 hours from day 5 on. Stools change from dark meconium to transitional, then often yellow and seedy if baby is exclusively breastfed. Call the pediatrician if wet diapers fall short, urine is dark, or baby is feeding poorly.
- ☐ Bottle count. If you use bottles of expressed milk or formula, tally how many baby takes in 24 hours — often still 8–12 feeds. Follow your pediatrician and the formula label for amounts. Hold baby close; never prop a bottle.
- ☐ CDC milk storage. Freshly expressed milk: up to 4 hours at room temperature (77°F / 25°C or cooler); up to 4 days in the refrigerator (40°F / 4°C); about 6 months in the freezer is best, up to 12 months acceptable. Label the date, store at the back, and do not refreeze after thawing. Use thawed milk within 24 hours in the fridge. Never microwave breast milk.
- ☐ Tummy time and belly massage. Offer short, supervised tummy time while baby is awake, starting from the first weeks. A gentle clockwise belly massage may comfort a gassy baby; stop if baby is unhappy.
- ☐ Nasal aspirator and saline. A few saline drops and a gentle bulb or other aspirator can clear a stuffy nose, especially before a feed. Clean the aspirator after each use.
- ☐ Baby nail clippers. Use baby clippers or a file, and trim when baby is calm or asleep. Cut straight and not too short.
- ☐ Peri pads and peri bottle. Maternity (peri) pads and a peri bottle of warm water are for mom's postpartum comfort and gentle cleansing. Change pads often, and follow your birth provider's care instructions.
- ☐ Infection and screening. If a breast becomes red, hot, and painful, or you have a fever, call your provider — it may be mastitis, and breastfeeding can often continue with guidance. Talk with your obstetric and pediatric providers about any infection or screening result, including HIV testing in pregnancy (see the note on the Four Trimesters page). Accredited milk banks (HMBANA) blood-screen donors and pasteurize donor milk.

Our notes

Questions for the pediatrician

Sources

AAP, HealthyChildren.org: **breastfeeding**, **vitamin D**, **how often babies eat**, and **low milk supply** (pump fit and settings). CDC: **milk storage**; **maternal diet while breastfeeding**; **pump cleaning**.
Healthcare.gov, **breast pumps and breastfeeding equipment** (ACA preventive coverage). NIH **LactMed** (including **fenugreek**). **HMBANA**. CDC, **Getting Tested for HIV**. USDA WIC, **learning to pump**.
Trusted Breastfeeding Help, also on the previous page: **La Leche League International**; the **OWH helpline** (1-800-994-9662); **WIC Breastfeeding Support**; and ILCA (find an IBCLC).

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Care for New Dads

walking with mom and baby through the first year

You matter in this season. Baby needs your arms and your calm, and mom needs a partner who guards her rest. Tick what you will take on, and write what you want to remember. A companion page for fathers through the same four seasons.

Trimester 1 · 0–3 months — *The Fourth Trimester*

- ☐ Expect. Broken nights, cluster feeds, and a steep learning curve are ordinary. Mom is still recovering. Feeling unsure, or a little left out, does not mean you are failing.
- ☐ Sleep. Adults do best with 7 or more hours in a day (CDC). Split the night into shifts, nap when you can, and never fall asleep with baby on a couch or armchair (AAP safe sleep).
- ☐ Your part. Diapers, burping, bathing, skin-to-skin, and soothing. Cook, clean, and protect mom's rest. Go to the newborn, 1-month, and 2-month visits. Install the rear-facing car seat. If you are not up to date, ask your doctor about Tdap and a flu vaccine — "cocooning" helps protect the baby (CDC).
- ☐ Hygiene. Wash your hands before you hold baby. Shower and change out of work clothes. Do not smoke or vape, and do not let anyone smoke around baby. If you are sick, keep your distance and let another caregiver step in.
- ☐ Your health. Healthy men usually do not need special "new dad" supplements; a balanced diet is the foundation, and you should ask your own doctor before starting any (NIH ODS). Paternal postpartum depression is real — about 1 in 10 fathers. If sadness, anger, withdrawal, or frightening thoughts last, get help.

Trimester 2 · 3–6 months — *Finding a rhythm*

- ☐ Expect. More smiles and play, and perhaps slightly longer stretches of sleep. Rolling may begin. Work schedules and the couple's rhythm often need a fresh plan.
- ☐ Sleep. Keep sharing nights so each of you can aim for those 7 hours, even if they come in pieces. Never sleep with baby on a sofa or chair.
- ☐ Your part. Floor play and tummy time, bottles if you use them, the 4- and 6-month visits, and a first pass at babyproofing. Keep taking meals and chores so mom can rest or recover.
- ☐ Hygiene. The same clean-hands, clean-clothes habit. Stay home from close contact when you are ill.
- ☐ Your health. Depression or anxiety in dads can begin months after the birth, not only in the first weeks. Tell your doctor. Call 988 if you are in crisis, or Postpartum Support International at 1-800-944-4773.

Trimester 3 · 6–9 months — *On the move*

- ☐ Expect. Sitting, starting solids, and, for many babies, the first crawls. Sleep can wobble again around new skills. Baby may prefer one parent for a while; stay gentle and present.
- ☐ Sleep. Guard a regular nap and bedtime routine, and still split the demanding nights. The 7-hour aim still matters for your own health.
- ☐ Your part. Sit with baby at meals, watch for choking, go to the 9-month visit, and finish the babyproofing (gates, cabinets, cords, water). Keep the car seat rear-facing.
- ☐ Hygiene. Hands before feeds and play. No smoking or vaping. If you are sick, step back from close care.
- ☐ Your health. Check in with yourself as honestly as you check on mom and baby. Ask your doctor before any supplement. Help is still 988 and PSI (1-800-944-4773).

Trimester 4 · 9–12 months — *Toward the first birthday*

- ☐ Expect. Cruising, first words, and a baby who has opinions. The first birthday is a milestone, and so is simply having kept this little person safe.
- ☐ Sleep. A steady evening rhythm helps everyone. Still never fall asleep with baby on a couch or armchair. Aim for 7 or more hours when the night allows, and trade shifts when it does not.
- ☐ Your part. The 12-month visit, more table foods (no honey before age one), and a house re-checked at baby's new height. Keep the car seat rear-facing to the seat's limits. Be mom's partner in the decisions of this season, not only a helper on request.
- ☐ Hygiene. Keep the same protecting habits: clean hands, clean clothes, no smoke, and distance when you are sick.
- ☐ Your health. Paternal depression can appear even late in the first year. If you cannot feel like yourself, or have thoughts of harm, call your doctor, 988, or PSI. You do not have to carry this year alone.

Our notes, from dad

Help: 988 Suicide & Crisis Lifeline · Postpartum Support International 1-800-944-4773 · talk with your own doctor.

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Healthy Dad Supplies

simple, useful things to have on hand — and a few appointments to keep

A short, mainstream list to sit beside the Care for New Dads page. Tick what you already have, star what you still need, and talk with your own doctor before you start a supplement, a nicotine-replacement product, or a screening test.

- ☐ **Pelvic floor (Kegel) exercises** — A simple daily practice — tighten the muscles you would use to stop urine, hold briefly, then release — can support bladder control and pelvic health. A reputable guide or app can help you learn the form. Ask your doctor if you have pain or questions. (Mayo Clinic, "Kegel exercises for men"; NIDDK)
- ☐ **Lumbar support, an ergonomic baby carrier, and supportive shoes** — For back health while you carry, lift, and walk with baby.
- ☐ **A foam roller or massage ball** — For a tight back and neck after feeds and carrying.
- ☐ **A home blood pressure monitor** — Choose a validated upper-arm cuff, and ask your doctor how to use the readings. (American Heart Association)
- ☐ **A sleep mask and earplugs** — To protect off-shift sleep when you are not on baby duty.
- ☐ **Gentle fragrance-free soap, hand sanitizer, and nail clippers** — For baby-safe hygiene at home and after work.
- ☐ **A refillable water bottle** — So you remember to drink water on long, busy days.
- ☐ **Sunscreen for outings** — For walks and porch time with baby.
- ☐ **Nicotine replacement, if you are quitting** — Ask a clinician or pharmacist which product is right for you, and follow the label. (CDC)
- ☐ **His own annual checkup** — Book it. Include a talk with his doctor about prostate screening when age-appropriate. PSA (prostate-specific antigen) blood test: a lab test his doctor can order. USPSTF advises men 55–69 decide with their doctor whether to screen; earlier talks for higher-risk men (Black men, family history).

Our notes

Questions for his doctor

Sources

CDC, About Sleep — adults do best with 7 or more hours; AAP, HealthyChildren.org, safe sleep (never on a couch or armchair); CDC, Tdap and flu vaccine for close contacts ("cocooning").
NIH Office of Dietary Supplements. Paternal postpartum depression: Paulson & Bazemore, JAMA, 2010; AAP, HealthyChildren.org, Depression in Dads of Young Children.
988 Suicide & Crisis Lifeline; Postpartum Support International, 1-800-944-4773.
Mayo Clinic, "Kegel exercises for men"; NIDDK, Kegel exercises. American Heart Association, monitoring blood pressure at home. CDC, quitting smoking and nicotine replacement.
U.S. Preventive Services Task Force, 2018 recommendation on prostate-cancer screening; National Cancer Institute, Prostate-Specific Antigen (PSA) Test fact sheet.

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Supplies for Mom & Dad

comforts for recovery, with room to tick what you have on hand

A short display to sit beside the baby and new-dad pages. Use these after your obstetric provider has cleared you, and ask a pelvic floor physical therapist before you start TENS or a pelvic wand. Tick what you have; write what you still need.

- ☐ **Peri pads and a peri bottle** — Maternity pads and a peri bottle of warm water for gentle cleansing after birth. Change pads often, and follow your birth provider's instructions.
- ☐ **Postpartum soups and easy meals** — Warm, simple soups and ready meals help you eat and drink while you recover and feed the baby. Keep a water bottle nearby.
- ☐ **Mommy oil or balm** — A gentle, fragrance-free oil or balm may comfort dry belly or skin. Patch-test a small area first. This is comfort care, not a treatment for scars or muscle separation.
- ☐ **Belly support band** — A well-fitted support band can ease the sacrum and low back while you carry the baby, in pregnancy or after birth. It does not replace rest, good lifting, or medical care.
- ☐ **TENS with a pelvic or perineal attachment** — Some people use a TENS unit for back or perineal comfort. Do not use TENS on the belly during pregnancy. After birth, wait for your obstetric provider's clearance, especially if you have a wound, infection, or a pacemaker, and ask a pelvic floor physical therapist how to use it.
- ☐ **Pelvic wand for trigger points** — A pelvic wand is sometimes used, with instruction, to ease pelvic-floor trigger points. Wait for provider clearance, and learn the method from a pelvic floor PT. Do not use it on unhealed tears or incisions.

A careful note: do not place TENS electrodes on the abdomen during pregnancy. After birth, wait for clearance before TENS or internal pelvic-floor tools. A pelvic floor PT can teach safe use.

Our notes

Questions for the provider or PT

Sources

ACOG, Optimizing Postpartum Care. Academy of Pelvic Health / American Physical Therapy Association, physical therapy for the pelvic floor. Follow your own obstetric provider and a licensed pelvic floor PT.

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Common Baby Concerns & Gentle Care

short signs, simple comforts, and when to call

A conservative home list, to use with your pediatrician. Tick what you have read. If something feels urgent, call the doctor or 911.

- ☐ Colic. In an otherwise healthy baby, colic is often described as crying for 3 or more hours a day, on 3 or more days a week. It usually peaks around 6 weeks and eases by 3–4 months. Try a calm hold, soft sound, or a walk. If you feel overwhelmed, put baby down on their back in a safe crib or bassinet and step away for a few minutes. Never shake a baby. Call the pediatrician if crying comes with fever, poor feeding, vomiting, or you are worried. (AAP / HealthyChildren.org)
- ☐ Gas and burping. Pause to burp during and after feeds. For bottles, use a paced, more upright feed, and consider an anti-colic nipple or bottle if your pediatrician agrees. Gentle bicycle legs can help some babies. Gas usually comes from swallowed air or a fast feed.
- ☐ Spit-up and reflux. Many babies spit up small amounts and still grow well. Call the pediatrician for warning signs: poor weight gain, forceful or projectile vomiting, green or bloody vomit, arched pain, feeding refusal, or breathing trouble.
- ☐ Cow's milk protein allergy vs. lactose intolerance. A milk-protein allergy may show as hives, vomiting, or blood in the stool, and sometimes as skin or breathing symptoms. True lactose intolerance is rare in infants. Do not switch formulas on your own; your pediatrician may recommend an extensively hydrolyzed (or other) formula if needed. (AAP / ACAAI)
- ☐ Formula clumping or caking. Follow the can exactly: measure the water first, then add the powder; use the scoop provided; swirl or shake until smooth; store the can dry and tightly closed. Never dilute or add extra powder. Powdered formula is not sterile. For babies younger than 2 months, premature, or immune-weakened, CDC advises extra care — such as mixing with water at about 158°F (70°C), then cooling, or using ready-to-feed. Cool the bottle and test a drop on your wrist before feeding so it is warm, not hot. (CDC / FDA)
- ☐ Ready-to-feed and liquid concentrate. These need no powder mixing, so they do not clump, and they are sterile until opened. Refrigerate after opening and use within 48 hours, or sooner if the label says so. They usually cost more.
- ☐ A note on U.S. formulas. U.S. infant formulas must meet FDA nutrient requirements. There is no strong evidence that "fewer preservatives" reduces gas. Gas usually comes from swallowed air or fast feeding.
- ☐ Diaper rash. Red, sore skin in the diaper area. Change promptly, give brief air time, and use a thick barrier cream. Call if it blisters, spreads, comes with a fever, or does not improve.
- ☐ Cradle cap. Yellowish, greasy scales on the scalp are common and usually harmless. Gentle washing and a soft brush often help. Call if it oozes, spreads, or baby seems unwell.
- ☐ Newborn jaundice. Yellowing of the skin or eyes is common in the first days. Call the pediatrician if the yellowing spreads or deepens, or if baby is sleepy and not feeding well.
- ☐ Fever. In a baby under 3 months, any temperature of 100.4°F (38°C) or higher: call the doctor right away.
- ☐ Thrush. White patches in the mouth that do not wipe away easily; a stubborn diaper rash may appear too. Call the pediatrician. If you are breastfeeding, both of you may need treatment.

Our notes

Sources

AAP, HealthyChildren.org: colic relief; never shake a baby; spit-up and reflux; diaper rash; cradle cap; jaundice; fever; thrush. ACAAI and AAP on milk allergy.
CDC, Infant Formula Preparation and Storage, and Preventing Cronobacter (powder is not sterile; extra care with water at about 158°F / 70°C for babies younger than 2 months, premature, or immune-weakened). FDA, Infant Formula.

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