

# Baby care

back to basics™



information for parents

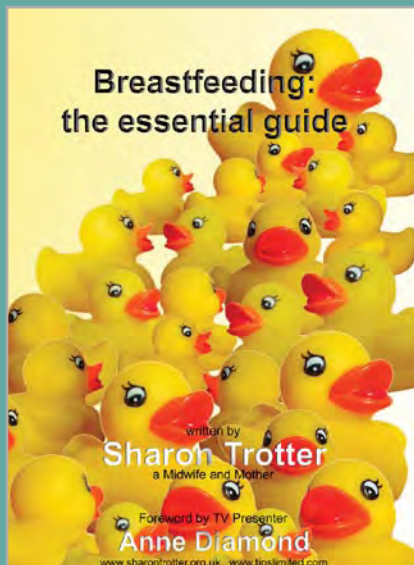


**TIPS**

Trotters Independent Publishing Services Ltd.  
[www.tipslimited.com](http://www.tipslimited.com)

# introduction

For common sense advice on breastfeeding, check out our acclaimed publication - **Breastfeeding: the essential guide**



Written by Midwife, Mother and Founder of TIPS Ltd  
**Sharon Trotter.**

ISBN 0-9548381-0-6 available from [www.amazon.co.uk](http://www.amazon.co.uk)

To get information on breastfeeding, baby skincare and related issues, find out about the TIPS Award Scheme, or join the TIPS online community visit **[www.tipslimited.com](http://www.tipslimited.com)**

**Recent research suggests that it is safer to bath your baby in plain water for at least the first month of life.**

At birth, the top layer of your baby's skin is very thin and absorbent. This means it is more sensitive to damage from germs, chemicals and water loss. Over the first month (longer in premature infants) your baby's skin matures and develops its own natural protective barrier. Skin conditions may develop if this natural barrier is damaged.

Remember that anything placed on, in or around your baby has the potential to harm.

By following the guidelines in this leaflet, you will give your baby the best possible start in life.

*Sharon Trotter*  
June 2009



# cord care

## **Cord care for the healthy term baby**

Keep the area around the cord clean and dry. After the first bath in plain water, pat dry with a clean towel. Fold the nappy back at each change until the cord falls off. In the first few days, it is advisable to only top'n'tail your baby to allow the cord to separate naturally. Use wet cotton wool to clean the area only if it is soiled - otherwise leave it alone. There is no need to use antiseptic wipes or powders. The cord clamp may or may not be removed, depending on hospital policy. If the cord or surrounding area becomes red or smelly, tell a member of staff. This advice is based on the World Health Organization (WHO) recommendations published in 1999.

## **Cord care for the sick or premature baby**

This may differ slightly, due to the increased risk of infection. Antiseptic solutions or powders may be used for the first few days.

Otherwise cord care should be the same as other babies. Staff in the neonatal unit will advise you.



# bath care



**It is very important to wash your hands thoroughly before and after carrying out any baby care.**

Your baby's **first bath** will be in plain water. This will help to protect the delicate skin while it is vulnerable to germs, chemicals and water loss. Wash cloths should not be used, as they can be harsh. Wash baby with your hands, with cotton wool (organic is better) or with a natural sponge. A baby comb can be used to gently remove any debris from thick hair after delivery. Remember to bring a baby comb into hospital with you.

Continue bathing your baby with plain water for at least the first month before **gradually** introducing baby products. By this time the skin's natural barrier will have developed. Products should be free from sulphates (SLS and SLES), parabens, phthalates, artificial colours and perfumes.

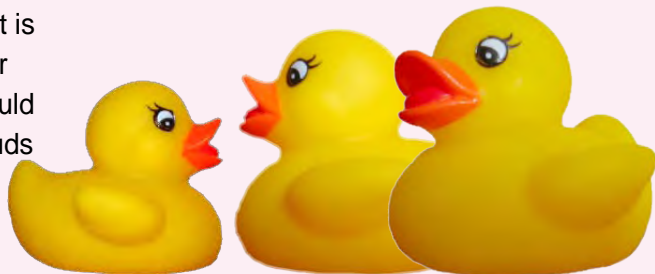
It is best to leave the delicate area around the eyes untouched. If it is sticky, ask a member of staff for advice. The ears and nose should also be left alone and cotton buds should not be used.

**Vernix** (the white sticky substance that covers your baby's skin in the womb) should always be left to absorb naturally. This is nature's own moisturiser. Vernix gives added protection against infection in the first few days.

**Premature babies' skin** is even more delicate, so it is important to take extra care. Research has shown that massaging premature infants with pure vegetable oils can give some protection against skin infections. Staff in the neonatal unit will be happy to advise you.

**If your baby is overdue**, their skin may be dry and cracked. This is to be expected, as the protective vernix has all been absorbed. Don't be tempted to use creams or lotions as this may do more harm than good. The top layer of your baby's skin will peel off within a few days leaving perfect skin underneath. Continue using plain water only for at least the first month.

**Remember not to use any products on broken skin.**



# handy tips

**Baby wipes** should not be used for the first month. After this, try to use wipes that are free from alcohol, parabens, phthalates, artificial colours and perfumes.

It is safer to file **nails** with a soft nail file rather than use scissors, which can leave sharp edges. Baby nails that have started to come away can be peeled off gently.

It is not necessary to wash baby's hair with **shampoo** until they are a year old. Once you have introduced baby bath products, simply rinse your baby's hair in the bath water. Make sure any shampoo you use is sulphate free (SLS and SLES).

You may like to use a thin layer of **barrier cream** on the nappy area. Choose a cream that is free from preservatives, colours, perfumes, antiseptics, and is clinically proven to be effective in the treatment of nappy rash.

Always wash your hands carefully before using a **nappy balm**. This will help reduce bacteria passing from your fingers to the product, extend the balm's shelf life and avoid microbial contamination.

If after a few weeks you decide to use **baby skincare products** always read the label very carefully. Do not use

products that contain ingredients your baby is sensitive to. A product should be tested on a small area of skin when used for the first time, even if it claims to be natural or organic. This is to make sure your baby does not suffer any reaction.

When **washing your baby's clothes** and bedding remember not to overload the washing machine – this is to ensure thorough rinsing. If you use a fabric conditioner make sure it is mild and free from colours and strong perfumes.

**Cloth nappies** are as efficient as disposable ones and do not present a higher risk of nappy rash.

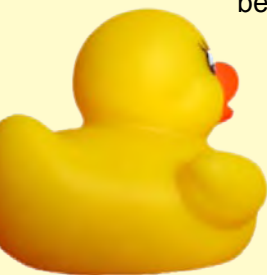
**Skin-to-skin contact and baby massage** - The benefits of skin-to-skin contact cannot be overstated. It should be strongly encouraged from birth. As well as promoting successful breastfeeding, skin-to-skin contact stabilises your baby's heart rate and temperature. Baby massage follows on naturally from this and is now widely practised. It is best to avoid using petroleum based oils and oils with perfumes. If there is a history of nut allergies in your family you should also avoid nut-based oils. Contact a qualified baby massage therapist and ask for their advice on suitable oils.

# cot death\* - how to reduce the risks

- Avoid smoking during pregnancy and don't let anyone smoke near your baby.
- Breastfeed – to reduce health risks to your baby

## How to keep your sleeping baby safe

- Don't let your baby get too hot – the ideal room temperature is between 16 and 20°C.
- Use layers of clothing to keep your baby warm and comfortable.
- Make sure your baby's head is uncovered.
- Place your baby with their feet to the foot of the cot to prevent wriggling down under the covers.
- Your baby should ideally sleep on their back.
- Let baby sleep in the same room as you, day and night, for the first six months.
- Sharing a bed with your baby may help breastfeeding succeed. Breastfeeding helps you tune into your baby's needs and may be easier at night if you share a bed.



## Safety first

- Never sleep with your baby on a sofa, armchair or settee.
- Never share a bed with your baby if you or your partner:
  - are smokers (no matter where or when you smoke)
  - have been drinking alcohol
  - take medication or drugs that make you drowsy, or
  - feel very tired.

## Using dummies - what you need to know

Claims that dummies reduce the risk of cot death are not based on strong evidence. Brian Palmer DDS, internationally recognised researcher, has done extensive research on the possible increased risk of SIDS linked to bottle feeding and the use of dummies. For more information visit Brian Palmer's website ([www.brianpalmerdds.com](http://www.brianpalmerdds.com)).

Remember that, when used a lot, dummies may permanently change the shape of a baby's mouth and jaw affecting its correct development. This may lead to breathing difficulties called Obstructive Sleep Apnoea (OSA).

\*also known as Sudden Infant Death Syndrome or SIDS

# diet tips

**Breastfeeding** is best for your baby as it is known to strengthen the immune system, giving some protection against allergies developing.

**Skin-to-skin contact**, immediately after birth and when breastfeeding, is an excellent way of helping to colonise your baby's skin with friendly and protective bacteria. This, will in turn reduce the risk of skin infections developing.

Whether you breastfeed or bottle-feed, remember the Department of Health (DoH) and WHO advise that **weaning should not start before your baby is six months** old. Your health visitor or dietician will be happy to advise on what foods to introduce and when. This is especially important if there is a history of allergies in your family. Like breastfeeding, weaning should always be 'baby-led'. Visit [www.baby-led.com](http://www.baby-led.com) for more information about this.

From the age of six months babies should be encouraged to drink from cups without teats or spouts - these are often called '**open top cups**'. The DoH advises that babies over one year old should not drink from bottles.



You may still receive free samples while you are in the maternity unit or when you get home. However, we recommend you do not use baby skin care products until your baby is at least one month old.

This leaflet is a guide and while every effort is made by TIPS Ltd to ensure the information is accurate and up-to-date, please seek the advice of your midwife, health visitor, lactation consultant or GP if you have any queries or concerns.

## References

[www.baby-led.com](http://www.baby-led.com)

National Institute for Clinical Excellence (2006). Routine postnatal care of women and their babies. Quick reference guide. London: NICE.

Palmer B (2008). SIDS, dummies, sleep (article submitted for publication). Presented at the LCGB Conference, Breastfeeding - International perspectives, Leeds 29 March 2008. For more information go to [www.brianpalmerdds.com](http://www.brianpalmerdds.com)

Trotter S (2004). Care of the newborn: proposed new guidelines. *British Journal of Midwifery*, 12 (3): 152-7

Trotter S (2008). Neonatal skin & cordcare - the way forward. *Nursing in Practice (January/February) Number 40 - (Dermatology)*: 40-45.

Trotter S (2008). Neonatal skincare and cordcare – implications for practice. In: *Examination of the newborn and neonatal health – a multidimensional approach*. Churchill Livingstone, Elsevier Worldwide, Chapter14.

Disclaimer: This leaflet is sponsored by an educational grant from Jackson Reece. It does not constitute an endorsement of Jackson Reece by TIPS Limited.

Published by Trotters Independent Publishing Services Ltd  
[www.tipslimited.com](http://www.tipslimited.com) Copyright © Sharon Trotter 2009

Please email your queries and comments to  
[sharontroutter@tipslimited.com](mailto:sharontroutter@tipslimited.com)

Sharon Trotter © 2009 - Version 6 –Jackson Reece



Trotters Independent Publishing Services Ltd.  
[www.tipslimited.com](http://www.tipslimited.com)



Award-winning, natural baby wipes  
from Jackson Reece. For details  
visit [www.jacksonreece.com](http://www.jacksonreece.com)