SECTION 4- GOING HOME

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SECTION 4

4.1 ROOMING-IN

Rooming-in is a term used when parents give total care to their baby in a home-like environment (private room) in the hospital. This is a time when parents can gain confidence in caring for their baby and ask questions. Rooming-in allows parents to provide all of their baby’s care and have help readily available, if needed. When rooming-in, you will be given all the necessary supplies to care for your baby. **We will ask you to keep a record of feedings and urine and stool for us.**

When your baby is transferred to a room with you, it will probably be almost time for you to go home and be a “family.” Rooming-in can make the change from hospital to home much smoother for you and baby. Parents may room-in on several occasions if they feel the need to do so or if the baby has special needs.

The next sections provide information on items to bring to the hospital and safety tips to follow when rooming-in. Rooming-in will be great! You are almost home!

**Parent items to bring**
- Picture identification (for example, driver’s license).
- Car seat with approved features (harness to go over head and neck and slits on each side for seat belt).
- Clothing for baby to wear home and four receiving blankets (two blankets will be used for side rolls in the car seat).
- Sleepwear and change of clothing for you, as well as toiletries or other personal items needed.
- Food and drinks to be consumed while rooming-in; no alcoholic beverages are allowed.

*Meals provided to breastfeeding moms.*

**Parent reminders:** The goal of rooming-in is to aid parents in preparation for going home with their baby. **Assistance will be available if needed.**

**Safety tips**
- Never leave infant alone or unattended!
- Keep rooming-in recording sheet up to date.
- **Call for help at any time at ext. 2-3361 or ext. 2-0772.**
- Sound the emergency call button if a nurse is needed immediately because of baby’s condition.
- **Do not smoke – it is not allowed!**
- Return baby to the NICU when you need to take a shower or need a break.
- When the need for bathroom use arises, if alone, leave bathroom door open and place crib next to bathroom door.

**Family unit support**
Nurses will be in periodically to offer assistance, answer questions, and continue or review discharge teaching.
4.2 SAFETY

**Jewelry**

1. Each year, many infants and toddlers die due to suffocation from breathing small objects into their breathing passages and lungs.
2. Infants and toddlers should not wear jewelry of any kind. Necklaces, baby rings, bracelets, religious pins and pacifiers on strings are hazardous to the child’s safety.
3. Pierced ears are not recommended for children until they are at least 4 years of age.

**Earrings are responsible for:**

- Infections
- Pressure sores on the head and ears because the baby is unable to turn her head well
- Scar formation on the ears from the earring backs
- Suffocation due to the baby breathing parts of the earring into her lungs

** Cribs**

1. Do not use cribs older than 10 years or broken or modified cribs. Infants can strangle to death if their bodies pass through gaps between loose components or or broken slats while their heads remain entrapped.
2. Traditional drop-side cribs can no longer be made or sold. Immobilizers and repairs kits for these cribs are also not allowed.
3. Cribs should have slats not more than 2 inches apart.
4. The wood surfaces should be free of splinters and cracks, and have lead–free paint.
5. There should be no crossbars on the sides.
6. The mattress should be the same size as the crib so there are no gaps to catch arms or legs. Make sure there are no gaps larger than two fingers between the sides of the crib and the mattress.
7. The minimum rail height should be 22 inches from top of railing to mattress set at the lowest level.
8. The furniture should meet the standards of the Consumer Product Safety Commission.
9. Bumper pads are not recommended as the baby can potentially suffocate (SIDS risk).
10. Corner posts must be less than 5/8 inch high. Corner posts higher than this can catch the baby’s clothing and are hazardous.
11. There should be no cutouts in the head or footboards where the baby could trap his or her head.
12. Begin to lower the crib mattress before the baby can sit unassisted. Have it at its lowest point before the baby can stand.
13. Do not place blankets or toys in the crib with the baby! Your baby may have trouble breathing if soft materials fall over his or her face.
14. Never place a crib near a window with blind or curtain cords, nor near baby monitor cords; babies can strangle on cords.
What Does a Safe Sleep Environment Look Like?

Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death

Use a firm sleep surface, such as a mattress in a safety-approved* crib, covered by a fitted sheet.

*For more information on crib safety guidelines, contact the Consumer Product Safety Commission at 1-800-638-2772 or http://www.cpsc.gov.

Do not use pillows, blankets, sheepskins, or crib bumpers anywhere in your baby’s sleep area.

Keep soft objects, toys, and loose bedding out of your baby’s sleep area.

Do not smoke or let anyone smoke around your baby.

Make sure nothing covers the baby’s head.

Always place your baby on his or her back to sleep, for naps and at night.

Dress your baby in sleep clothing, such as a one-piece sleeper, and do not use a blanket.

Baby’s sleep area is next to where parents sleep.

Baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.

*For more information on crib safety guidelines, contact the Consumer Product Safety Commission at 1-800-638-2772 or http://www.cpsc.gov.
Safe Sleep For Your Baby

- Always place your baby on his or her back to sleep, for naps and at night, to reduce the risk of SIDS.

- Use a firm sleep surface, such as a mattress in a safety-approved* crib, covered by a fitted sheet, to reduce the risk of SIDS and other sleep-related causes of infant death.

- Room sharing—keeping baby’s sleep area in the same room where you sleep—reduces the risk of SIDS and other sleep-related causes of infant death.

- Keep soft objects, toys, crib bumpers, and loose bedding out of your baby’s sleep area to reduce the risk of SIDS and other sleep-related causes of infant death.

- To reduce the risk of SIDS, women should:
  - Get regular health care during pregnancy, and
  - Not smoke, drink alcohol, or use illegal drugs during pregnancy or after the baby is born.

- To reduce the risk of SIDS, do not smoke during pregnancy, and do not smoke or allow smoking around your baby.

- Breastfeed your baby to reduce the risk of SIDS.

- Give your baby a dry pacifier that is not attached to a string for naps and at night to reduce the risk of SIDS.

- Do not let your baby get too hot during sleep.

- Follow health care provider guidance on your baby’s vaccines and regular health checkups.

- Avoid products that claim to reduce the risk of SIDS and other sleep-related causes of infant death.

- Do not use home heart or breathing monitors to reduce the risk of SIDS.

- Give your baby plenty of Tummy Time when he or she is awake and when someone is watching.

* For more information on crib safety guidelines, contact the Consumer Product Safety Commission at 1-800-638-2772 or http://www.cpsc.gov.

Remember Tummy Time!
Place babies on their stomachs when they are awake and when someone is watching. Tummy Time helps your baby’s head, neck, and shoulder muscles get stronger and helps to prevent flat spots on the head.

For more information about SIDS and the Safe to Sleep® campaign:
Mail: 31 Center Drive, 31/2A32, Bethesda, MD 20892-2425
Phone: 1-800-505-CRIB (2742)
Fax: 1-866-760-5947
Website: http://safetosleep.nichd.nih.gov

NIH Pub. No. 12-5759
August 2014

Safe to Sleep® is a registered trademark of the U.S. Department of Health and Human Services.
Toys
1. If the part of a toy can fit in a toilet paper roll, the toy is not appropriate for children under the age of 3.
2. Toys should not have buttons, beads or objects on them that can be pulled off and swallowed.
3. Balloons are major choking hazards especially if they pop while near your baby’s face.

Bathing
1. We do not recommend the use of baby powder. It can easily get into the baby’s breathing passages.
2. Never leave the baby alone in the bathtub or around any water. Keep the water level in the tub less than 3 inches.
3. Always check the temperature of the bath water before placing the baby in the tub. Turn cold water on first, then hot. Turn hot water off first.
4. Set the water heater lower than 120°F to prevent burning the baby.
5. Hold the baby with one hand and wash him or her with the other. Never let go of the baby.

Kitchen
1. Do not pour hot liquids when holding the baby or when the baby is close by. Do not hold the baby when working at stove.
2. Do not heat bottles in the microwave. The formula may become too hot and burn the baby, even though the bottle feels cool. Also, steam could form inside the bottle and cause it to explode.
3. Use back burners.
4. Pot and pan handles should be turned toward back of stove.
5. Cover controls if on front of stove.
6. Do not use tablecloths. Infants and toddlers can grab the edges and pull the tablecloth and table contents off.
7. Have a fire extinguisher in the kitchen.
8. Avoid the following foods in the first four years:
   - peanuts
   - popcorn
   - round pieces of hot dog
   - hard candy
   - gum
General Safety
1. Keep toilet seats and tops of aquariums closed securely.
2. Keep infants away from buckets of water.
3. Do not ever leave the baby in the direct sun.
4. Do not leave the baby in a parked car.
5. Wash flame-retardant clothing according to the label directions.
6. Use store-bought pacifiers so the baby will not be in danger of choking.
   Do not make pacifiers from nipples and rings.
7. Use safety straps on infant seats, high chairs, strollers and infant carriers.
   Place safety gates at top and bottom of stairs.
8. Plug or cover all unused electrical outlets.
9. Do not let baby chew on electrical cords. Check cords and repair any cord that is broken.
10. Keep all medicine and cleaning supplies out of baby’s reach, locked up and in original containers.
11. Children under school age should not be left alone with the baby.
12. Be careful when walking with the baby in your arms. Avoid rugs or mats on slippery floors.
13. Place safety catches on cabinet doors when the baby begins to crawl.
14. Plastic bags should not be placed on the baby’s mattress or pillows. Plastic bags should be stored away from the baby.
15. Install smoke detectors on every level of home. Test batteries monthly; replace yearly.
16. Plan an escape route from the house in case of fire and designate a place to meet.
17. Keep a 1-ounce bottle of syrup of ipecac in medicine cabinet and post the Poison Control telephone number near telephone.
4.3 CAR SEAT SAFETY

The law requires that you bring your baby home from the hospital in an infant car safety seat.

Choosing a car seat

When choosing a car safety seat for your preemie or low birth weight baby, keep these tips in mind:

1. Choose an infant-only car safety seat with a three- or five-point harness system. Convertible car safety seats with a point-point harness system are also good.

2. Don’t pick a car safety seat with a shield, abdominal pad or armrest. Your baby might have trouble breathing behind the shield or may hurt his or her face and neck in a sudden stop or crash.

3. A car safety seat with the shortest distance between the crotch strap and the seat back is best. Ideally, pick one with a crotch-to-seat back distance of 5 1/2 inches. That way, your baby won’t slip forward feet first under the harness. You can also place a rolled diaper or blanket between the crotch strap and your infant. This will help keep your infant from slipping.

* Pounds (4lb + seats best)

4. Car safety seats with multiple harness-strap slots are also good. They offer more choices than other seats and are better for small but growing infants. It’s best to pick a car safety seat with harness straps that can be placed at or below your infant’s shoulders.

5. If you get a used infant seat, make sure:
   - It is not more than five years old. Look for a label on the seat that indicates the date it was made.
   - It has never been in a crash. It’s important to know the history of the seat.
   - It has not been recalled. You can check at recalls.gov.
   - It has labels explaining proper installation and the seat’s weight and height limits.
   - It has the instruction manual.

Placing your infant in the car seat

1. Now that you have bought the car safety seat, here’s what you need to know about placing your infant safely in it.

2. Place your infant so he or she is facing the rear. Your infant should be rear-facing until 2 years of age.

3. Place your infant so that his or her buttocks and back are flat against the seat back. The harness should be snug, with the car seat’s retainer clip halfway between your baby’s neck and stomach. The clip should not be on your baby’s belly or in front of his or her neck.

4. Use only the head-support system that comes with your car safety seat. Avoid any head supports that are sold separately. If your infant is very small and needs more support for his or her head and body, then place blanket rolls on both sides of your infant.

5. Do not place a baby dressed in a snowsuit or winter coat in a car seat. Instead, after the car seat belts are secured, cover the baby with a blanket for warmth.
More important information

- **Recline a rear-facing car safety seat at about 45 degrees** or as directed by the instructions that came with the seat. If your infant’s head still falls forward, place a tightly rolled blanket or pool “noodle” under the car safety seat. That way your child’s car seat is at the recommended 45-degree angle.

- **Never place a rear-facing car safety seat in the front passenger seat of any vehicle.** If you have to stop suddenly or are in a crash, the passenger-side front air bags can hit the car safety seat and cause serious harm to your baby.

- Remember, the back seat is the safest place for all children to travel while in a car.

- Whenever possible, have an adult seated in the rear seat near the infant in the car safety seat. If a second caregiver is not available, know that you may need to safely stop your car to assist your infant, especially if a monitor alarm has sounded.

- **Never leave your infant unattended in a car safety seat, either inside or outside of a car.**

- Avoid leaving your infant in car safety seats for long periods to lessen the chance of breathing trouble. It’s best to use the car safety seat only for travel in your car.

- Preterm and low birth weight infants in car safety seats have a higher chance of slowed breathing or heart rate. Because of that, your NICU staff may suggest they watch your preterm infant in the car safety seat for 90 to 120 minutes. They may watch your infant even longer if your travel home after discharge is more than two hours.

- NICU staff may also provide instructions about how best to place your infant in the car safety seat. This will help reduce your infant’s risk of breathing and heart trouble while in the car safety seat.

- Your infant’s safety is always important to you. And now you have some help on keeping your preemie safe when traveling in your car.
Maryland’s Child Passenger Safety Law
(Effective October 1, 2012)

• **Every child** under 8 years old must ride in an appropriate child restraint* unless the child is 4 feet, 9 inches or taller.

• **Every child** from 8 to 16 years old who is not secured in a child restraint must be secured in a vehicle seat belt.

**Protect your children as they ride!**

Children under 13 years old should ride in the back seat.
The back seat is the safest.

* “Child restraint” includes car seats, booster seats, or other federally approved safety devices.

**Questions?**

Call Maryland Kids In Safety Seats (KISS) at 1-800-370-SEAT or (410) 767-6016,
e-mail: dhmh.kiss@maryland.org
or visit us online at www.mdkiss.org

Maryland KISS Program
Martin O’Malley, Governor
Anthony G. Brown, Lt. Governor
Joshua M. Sharfstein, M.D., Secretary, DHMH
4.4 TEMPERATURE OF YOUR HOME

Temperature of home
1. Your baby has been able to stay warm without help from an incubator or special beds for some time. Babies do not sweat or shiver to help maintain their normal temperature.
2. There is no need to keep your house as warm as the intensive care nursery! Listed are some guidelines that may help until your baby is 6 to 8 pounds – and more robust.
   - Keep the house temperature in the low- to mid-70 degree range.
   - Keep baby out of drafts, away from windows, fans and air conditioners.
   - Look and touch baby to tell if he or she is hot or cold.
   - Signs of temperature problems may be: cool hands and feet or pale, mottled–blue color.
   - Do not leave your baby unprotected in the direct sun. Keep your baby covered and check with your doctor before using sunblock lotion on your baby’s skin when out of doors.
   - On particularly warm days, your baby may need extra breastmilk, formula or water.

Dressing the baby
1. Dress the baby the way you feel comfortable.
2. When your baby weighs less than 7 pounds, dress him or her with a knit cap and booties when the air is cool (babies lose heat from their heads).
3. Clothes that fit close to the skin are more warming than loose clothing.
4. Do not overdress your baby!
## Protect Your Child and Family from Lead Poisoning:
### Ask-Act-Be Aware

<table>
<thead>
<tr>
<th>ASK</th>
<th>ACT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WHAT IS LEAD?</strong>&lt;br&gt;Lead is a poisonous heavy metal that can be found in:</td>
<td><strong>GET YOUR CHILD TESTED!</strong>&lt;br&gt;There is no safe level of lead in a child’s body. If you live in, or your child spends time in a home or apartment built before 1978:</td>
</tr>
<tr>
<td>• Paint and dust in homes built before 1978</td>
<td>• Get your child’s blood tested for lead by your doctor or at a clinic</td>
</tr>
<tr>
<td>• Candy, make-up, glazed pottery and folk medicines from other countries</td>
<td>• Follow-up and ask the doctor or clinic for the test results. If lead is detected, immediate action is needed to lessen any harmful impact.</td>
</tr>
<tr>
<td>• Certain jobs like construction and plumbing</td>
<td><strong>If you are a pregnant woman</strong> and live in or have been around recent demolition or renovation of a home built before 1978, <strong>GET tested!</strong></td>
</tr>
<tr>
<td>• Soil and tap water</td>
<td></td>
</tr>
<tr>
<td><strong>WHY IS IT DANGEROUS?</strong>&lt;br&gt;Damage from lead poisoning is <strong>irreversible</strong>. Children that are under age 6 and pregnant women are at greatest risk.</td>
<td></td>
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<tr>
<td>Lead poisoning causes:</td>
<td></td>
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<tr>
<td>• Learning disabilities, aggressive behavior, ADHD, decreased IQ, hearing loss, speech delays and other health effects in young children</td>
<td><strong>BE AWARE</strong>&lt;br&gt;<strong>PREVENT EXPOSURE</strong>&lt;br&gt;If your home was built before 1978, have it tested for lead. In addition:</td>
</tr>
<tr>
<td>• High blood pressure, increased risk of early death, and kidney damage in adults</td>
<td>• Look for chipping, flaking, peeling paint anywhere your child lives or visits</td>
</tr>
<tr>
<td>• Low birth-weight babies, miscarriages, and stillbirths in pregnant women</td>
<td>• Wash your child’s hands, toys and blankets often</td>
</tr>
<tr>
<td><strong>HOW DO YOU GET POISONED?</strong>&lt;br&gt;Lead poisoning is most often caused by <strong>deteriorated or disturbed lead-based paint</strong> in structures built before 1978. It enters your body by:</td>
<td>• If you are renovating, hire certified contractors that comply with all lead laws, including the Renovation, Repair and Painting Rule (RRP)</td>
</tr>
<tr>
<td>• Ingesting paint chips or lead dust on hands or toys</td>
<td></td>
</tr>
<tr>
<td>• Breathing lead dust created when lead-based paint is disturbed</td>
<td><strong>If you’re doing your own renovation work:</strong></td>
</tr>
<tr>
<td></td>
<td>• Keep your children and family away from work area</td>
</tr>
</tbody>
</table>

For more information, contact: Coalition to End Childhood Lead Poisoning at 410-534-6447
or visit www.greenandhealthyhomes.org
4.5 VISITORS AT HOME

Visitors
1. Many friends and relatives want to visit you when your baby is finally home. They will want to hold the baby, coo over the baby and shower the baby with love and affection. These friends and relatives are well-meaning but may bombard you and your baby with too much help.
2. Ask friends and relatives with any illness in their family not to visit.
3. Ask visitors to look but not to touch, wake or handle your sleeping baby.

Handling the baby
1. Sanitize hands before touching baby.
2. Only the parents and immediate family (or very close friend) should handle your baby the first few weeks at home. After all, you have been separated from your baby for long enough. You need to get to know each other.
3. Handling by a lot of people tends to affect your baby’s feeding and sleeping schedule – especially after everyone has gone home. Babies may also become fussy after being handled excessively or passed between different people. They are very aware of the changes.
4. Use the statement “Dr. ___ said only a few people should handle the baby the first month,” or something like that. It helps make you not look overprotective or feel badly about having your wishes carried out.

Smoking
1. There should be no smoking in the house.
2. People who have been smoking should use a cover shirt when handling baby.
3. If you or a family member smokes, this may be a good time to try to quit or cut down. Smoking cessation programs are available through the hospital or health department (check with your baby’s nurse).

For the parents
1. Daily routines do not quickly return to normal.
2. This is a difficult time for parents as well. You may be unhappy and anxious at times. Sleep, privacy and calm days may be difficult to find!
3. These suggestions may seem difficult, particularly if your baby has any special problems.
4. Simple explanations and including the older child in some part of the special care help him or her understand and feel better about some of the “bad” feelings the older child may have about the baby.
4.6 BROTHERS AND SISTERS

1. Reactions of children to a new brother or sister may vary.
2. A child's age will determine how much you can discuss the events and feelings surrounding the birth of a new baby.
3. Brief and simple explanations should be used with children under 2 years of age.
4. Any child feels threatened in some way by the birth of a new baby.
5. A child's age, personality, amount of preparedness for the new baby and the sensitivity of parents to his or her feelings affect the child's adjustment to the new baby.
6. Some babyish behavior is normal in the older child when a new baby arrives. Wetting, extra crying, baby talk and sleep problems are all typical temporary behaviors. Do not punish the child; heap on extra love and reassurance and the undesirable behavior will gradually fade away.
7. It is not uncommon for a toddler to hit or hurt a newborn, so keep an eye on brothers and sisters. Avoid leaving them alone with the baby until the jealous feelings have gone away.

What to do

1. Set up the crib. If there is to be a new bed for the older child, place him or her in the new bed several months before the new baby arrives.
2. Rock the older child often.
3. Tell the older child how much you love him or her and that you will always love him or her the way you do now.
4. Have a wrapped present for the older child when you come home with the new baby.
5. Let the older child open presents for the baby.
6. Do not criticize the older child's attempts to help. The baby probably does not mind his or her sibling's awkward attempts at care and affection.
7. Lower your expectations for the older child after the baby's birth and when taking the new baby home.
8. Try to get back to the special activities or routines the older child enjoyed: story reading before bedtime, going to the grocery store or going for a walk.
9. Try not to be overprotective; this interferes with the older child's ability to accept the new baby.
10. Most children 15–18 months get a sense of control and pride by helping out.
11. Being allowed to touch, hold or change the baby, or even feed the baby, can be an important part of making the older child comfortable.
12. Daily routines are extremely important for children – especially those under 5 years old.
13. Use a night-light in the bedroom if the child becomes frightened of the dark.
14. A recently toilet-trained child should be given the chance of going back into diapers without teasing or punishment.
15. Giving an older child other responsibilities may help.
16. An older child may be less upset if the father carries the baby into the house. After being separated, the child wants his or her mother, not the baby. Let the child briefly greet the baby, and then try to focus your attention on the older child.
4.7 DEVELOPMENTAL FOLLOW-UP

As the time for your baby’s discharge gets closer, you are probably excited as well as having some butterflies. You may have many questions and some concerns about your baby’s development:

• Will my baby be slow in his or her development?
• What should I look for?
• How can I help my baby begin to play and interact more?
• What toys are best?
• These are normal concerns for parents of premature infants.

Many things influence infant development: genetics, development of the nervous system, and environmental experiences or feedback. Infants and toddlers grow and learn new skills at an incredible rate. Therefore, it is important to have your baby’s development checked periodically during the first two years of life by the baby’s primary care physician. Very low birth weight infants and sick babies are at greater risk for falling behind in their development. If your baby is in this high-risk category, you will be given an appointment at discharge for the Neonatal Follow-up Program.

The Neonatal Follow-up Program is staffed by specially trained health care providers and may include pediatric physical therapists, nurses and developmental pediatricians. The program helps identify early developmental concerns in many areas: mental capabilities, sensory-motor skills, social skills, and speech and language development.

Family or caregiver education and support are given as well as help finding services in the community when needed. Special testing is used to evaluate your baby’s skills and abilities. After the testing and examination are completed, the team members will briefly meet with you to discuss any concerns and recommendations they may have. After each office visit, reports will be mailed to your infant’s primary doctor and appropriate community service systems to inform them of the program’s findings.
4.8 Illness

Signs of illness
All babies get ill. This does not mean that you did something wrong! You should become aware of any signs that may alert you that your baby is sick. Some signs that may indicate illness include:

1. Your baby does not feed as well as normal. The baby may not seem hungry and may not take as much of the feeding as normal.
2. Your baby vomits with force all or most of the feedings.
3. Your baby has frequent, watery stools (has more stools than usual and they are very watery) that are green, bloody, foul smelling or have mucus in them.
4. Your baby does not pass as much urine as usual (fewer wet diapers) – no wet diaper in eight hours. He or she should have at least six to eight wet diapers in a 24-hour period.
5. Your baby cries more than usual or appears more irritable. The baby cannot be calmed and comforted easily by your usual means. Your baby may refuse to sleep.
6. Your baby does not seem as active as usual. He or she may sleep more or may be difficult to wake.
7. Your baby may have trouble breathing (breathes faster and harder and may draw in chest muscles with each breath or may have noisy breathing).
8. Your baby may have a fever. Contact the doctor if your baby’s temperature is over 101°F (rectal) or 100°F axillary (under arm) in a 24-hour period and there are other signs of illness.
9. Your baby’s color may appear pale, bluish or marbled–looking.
10. Your baby has an unusual rash or skin irritation.

Call the doctor if your baby appears sick or starts to act differently. It is best to have your baby checked or to receive the advice of the doctor.
4.9 OUTINGS

When to take the baby out
Your baby can be treated mostly like a regular newborn. The following guidelines may be helpful in knowing where you may take your baby, especially during the first few months:

1. Avoid outings when the weather is rainy, windy, or exceptionally cold or hot. Try to keep your baby away from adults and children with colds or other illnesses.
2. Dress your baby according to the weather. As a guideline, dress your baby with about the same type of clothing that you are wearing. Be careful not to overdress your baby. On days with the temperature above 80°F, a blanket is usually not necessary. Avoid direct sunlight.

Places to take the baby
1. You can take your baby “out,” but limit your trips to around your house or block, the porch, homes of close friends and relatives, and doctors’ visits.
2. Avoid places with large crowds (grocery stores, church, shopping malls, etc.) during the first one to two months. It is difficult to control well-meaning people who want to look and touch your “cute little baby.”