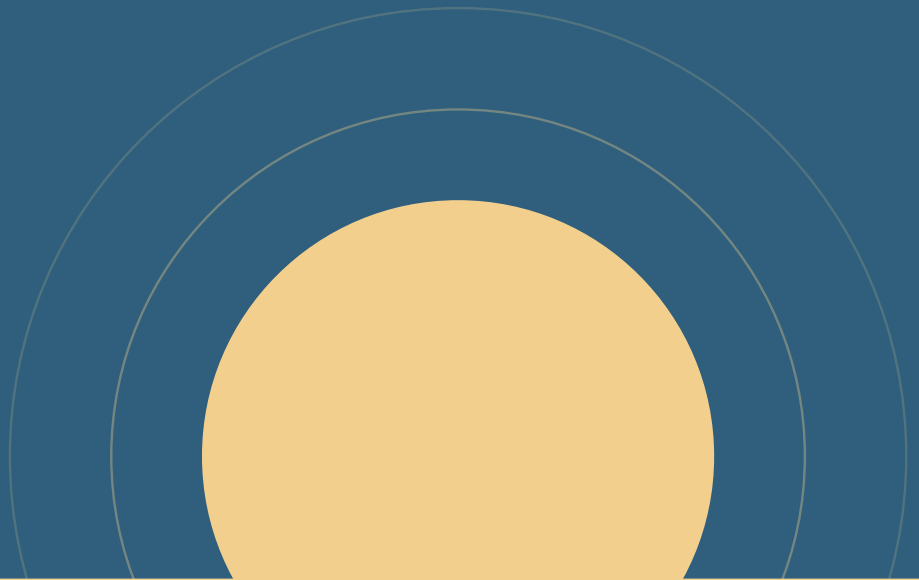


Mamavela

Your Newborn's First 12 Weeks

Feeding, crying, nappies, sleep and the newborn checks, week by week for the first three months.



Free sample

For the personal use of the buyer and their family; sharing or reselling is not allowed. This book informs and does not replace medical advice. Questions: administration@lacangel.fr

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Before you begin: how to use this book

Welcome. If you are reading this with a baby asleep on your chest, a cold cup of tea within reach and one eye on the clock, you are exactly the person this book was written for.

The first twelve weeks with a newborn are often described as a blur. They are also, quietly, a period in which you learn an enormous amount: how your baby tells you they are hungry, what a heavy wet diaper feels like, how to bathe a slippery little body without panic, when a cry is ordinary and when it is a signal to pick up the phone. Most of that knowledge is already written down somewhere, by the organisations that set the standards: the American Academy of Pediatrics (AAP), the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health in the United States; the NHS, the Lullaby Trust and GOV.UK in the United Kingdom. The problem is that it is scattered across hundreds of pages, written for different audiences and updated at different times.

This book gathers it into one calm, organised place. Every number in it comes from a public health body, a professional medical organisation or a peer-reviewed study that was opened and checked on 13 October 2026. The full list, with web addresses, is in the bibliography at the end. Where the United States and the United Kingdom give different advice, you will see both, side by side, so that you can follow the system you live in.

This book informs; it does not diagnose. It cannot examine your baby, and nothing in it replaces your pediatrician, family doctor, midwife, health visitor or nurse. If you are worried about your baby, trust that feeling and call. In an emergency, call 911 in the United States or 999 in the United Kingdom. In the UK, NHS 111 (by phone or online) is there for urgent advice when it is not a 999 emergency.

How the book is organised

The first eleven chapters are reference chapters. Read them in any order, and come back to them when a question comes up at three in the morning. Chapter 12 is the practical heart of the book: twelve weekly pages, each with a short note on what that week often looks like and a log sheet to track feeds, diapers and sleep. Many parents find that writing things down is the single most useful thing they do in the early weeks, because it turns a worried "I think she hasn't fed much today" into a clear answer you can share with a health professional.

A note on words

US and UK English differ in the nursery. In this book, "diaper" and "nappy" mean the same thing, as do "pacifier" and "dummy", "crib" and "cot", "pediatrician" and "paediatrician". We mostly use the US words and add the UK word where it helps. "Health visitor" is a UK role: a specialist nurse or midwife

who supports families with young children at home and in clinics.

Your quick-reference card

Fill this in now, while you have a free hand. You will be glad of it later.

Contact	Name	Phone number
Emergency (US)	911	911
Emergency (UK)	999	999
Urgent advice (UK)	NHS 111	111
Pediatrician / GP practice		
Out-of-hours line		
Midwife (UK) / Maternity unit		
Health visitor (UK)		
Lactation consultant / feeding supporter		
Pharmacy		
Trusted friend or family member		

Baby's full name:

Date and time of birth:

Birth weight: Length: Head circumference:

Blood group (if known): Allergies in the family:

Chapter 1. The first hours and days

Skin to skin, straight away

In both the UK and the US, the first thing that usually happens after a straightforward birth is that your baby is placed on your chest. The NHS explains that skin-to-skin contact "really helps with bonding" and suggests having your baby lifted onto you as soon as they are born, before the cord is cut, so you can be close to each other straight away. Your baby will be dried and covered with a towel to stop them getting cold, and you can keep holding them while this is done. The AAP recommends that a newborn is placed skin to skin with a parent as soon after birth as possible, for at least an hour, before being moved, when you need to sleep, onto their back in a flat bassinet.

Skin to skin means holding your baby naked, or wearing only a diaper, against your bare chest, usually under your top or a blanket. The NHS notes that it helps keep babies warm and calm and steadies their breathing, and that it is a good moment for a first breastfeed. If skin-to-skin contact is delayed, for example because your baby needs some time in special care, you will still be able to bond and breastfeed. After a caesarean, you should still be able to have skin-to-skin contact straight after delivery.

The first checks

Soon after birth, a midwife, nurse or doctor will examine your baby, weigh them and put on an identity band. If your baby needs a little help with breathing, they may be taken to another part of the room briefly and brought back as soon as possible.

Vitamin K

You will be offered vitamin K for your baby in the first hours.

Vitamin K is something the body needs to form clots and stop bleeding. The CDC explains that babies are born with very small amounts of it: only small amounts pass through the placenta, the gut bacteria that make vitamin K are not yet present, and breast milk contains low amounts. Without enough, a baby can develop vitamin K deficiency bleeding (VKDB), which can happen inside the body, including in the intestines or the brain.

The CDC describes three types:

Type of VKDB	When it occurs (CDC)
Early-onset	Within the first 24 hours after birth
Classical	2 days to 1 week after birth
Late-onset	1 week to 6 months after birth, most commonly 2 to 8 weeks

According to the CDC, infants who do not receive the vitamin K shot at birth are 81 times more likely to develop late VKDB than infants who do, and in most cases there are no warning signs before a life-threatening bleed. A single shot into the thigh muscle protects against VKDB, and the CDC notes it can be delayed up to 6 hours after birth to allow time for bonding.

In the UK, the NHS explains that you will be offered an injection of vitamin K for your baby. If you prefer your baby not to have an injection, they can have vitamin K by mouth instead, but they will need further doses. Your midwife should discuss this with you during pregnancy.

Signs the CDC lists for VKDB include bruises (especially on the head and face), bleeding from the nose or umbilical cord, skin paler than before (or pale gums in babies with darker skin), the whites of the eyes looking yellow after the first 3 weeks, blood in the stool or black, tarry stools, vomiting blood, and irritability, seizures, excessive sleepiness or a lot of vomiting. Any of these needs urgent medical attention: call your pediatrician immediately, or 911 / 999 if your baby seems very unwell.

Newborn screening: the heel prick, hearing and physical checks

In the United States, every state runs a public health program that screens newborns for many serious conditions. The CDC explains that, shortly after birth, a health professional takes a few drops of blood from the baby's heel onto a filter paper card, which goes to the state laboratory. The exact list of conditions varies by state; your hospital will tell you how and when you receive results.

In the United Kingdom, the NHS offers three screening checks:

UK screening test	When	What happens
Newborn physical examination	Within 72 hours of birth, and again at 6 to 8 weeks	Eyes, heart, hips and, in boys, testicles are checked. Not painful.
Newborn hearing screening	Usually before 4 weeks, possible up to 3 months	A soft earpiece plays gentle clicks. Takes a few minutes, results straight away.
Newborn blood spot (heel prick) test	Usually at 5 days old	A few drops of blood from the heel on a card. Results by 6 weeks.

The NHS blood spot test looks for rare but serious conditions including sickle cell disease, cystic fibrosis, congenital hypothyroidism and several inherited metabolic diseases. Most babies get a "no conditions suspected" result by letter. Sometimes a repeat test is needed, and the NHS stresses that this "does not necessarily mean anything is wrong with your baby". If you have not had results by the time your baby is 6 weeks old, speak to your midwife, health visitor or GP.

For the hearing test, if the result is not clear in one or both ears, your baby will be offered a second test at an audiology clinic, which should be within 4 weeks of the screening test. A result that is not clear is not a diagnosis. Some babies simply had fluid in the ear or were unsettled.

All of these tests are recommended, and all are your choice. Results are recorded in your baby's personal child health record, the "red book".

Jaundice: the yellow tinge

Jaundice is common. The NHS describes it as yellowing of the skin and eyes that is "usually harmless and gets better without treatment". It happens because a newborn's liver is not yet able to clear bilirubin, a waste product from red blood cells, as quickly as it will in a few weeks.

What to look for, according to the NHS and AAP:

- Yellowing that usually starts on the face and head and can spread to the rest of the body.
- Yellow whites of the eyes, or yellow under the tongue or inside the cheeks.
- On black or brown skin, yellow can be harder to see. Pressing gently on the tip of your baby's nose or forehead, in good daylight, may make it easier to spot.

For most babies, the NHS says the yellow is most noticeable at around 3 days old and usually takes around 2 weeks to go. The AAP notes that in breastfed babies it is common for jaundice to last 1 month or occasionally longer, while in formula-fed babies most jaundice goes away by 2 weeks. Tell your baby's doctor if jaundice lasts more than 2 weeks in a formula-fed baby, or more than 4 weeks in a mostly breastfed baby.

Feeding helps. The NHS suggests feeding regularly, around 8 to 12 times a day, and waking a sleepy baby for feeds. The AAP recommends breastfeeding at least 8 to 12 times a day for the first few days to help your milk come in and keep bilirubin down. If treatment is needed, it is usually phototherapy, a special light shone on the skin; the NHS says most babies need around 48 hours of it. The AAP is clear that putting your baby in sunlight is not a safe way to treat jaundice.

When to act on jaundice

The AAP says any baby with jaundice in the first 24 hours after birth should have their bilirubin level measured right away. **UK, urgent (GP, midwife or NHS 111):** your baby is over 24 hours old and you think they have jaundice; jaundice is not getting better or is getting worse; their pee is dark yellow or brown, or their poo is pale and creamy (keep a sample to show). **UK and US, emergency (999 / 911 or A&E / ER):** your baby has jaundice and is sleepier than normal or hard to wake, is not feeding, is floppy or stiff or has jerking or twitching movements, has a temperature of 38C or more or 36C or less, has had no wet diapers, or has difficulty breathing. **US:** the AAP advises calling your baby's doctor if the skin turns more yellow, if the abdomen, arms or legs are yellow, if the whites of the eyes are yellow, or if your baby is hard to wake, fussy or not feeding well.

Weight: the normal dip and the climb back

Almost every baby loses some weight in the first days. The NHS explains that it is normal for babies to lose some of their birth weight in the first 3 to 4 days, then to gain steadily. The AAP describes a well-nourished breastfed newborn as one who loses no more than 8 to 10% of their birth weight in the first few days before starting to gain again.

When do babies get back to birth weight? NHS guidance (NHS 111 Wales) says your baby will be

weighed during their first 2 weeks to check this, and that most babies are at, or above, their birth weight by 2 weeks. A midwife or health visitor will support you if your baby loses a large amount of weight or has not regained their birth weight by 2 weeks.

Research helps put this in perspective. A study of 143,889 newborns in Northern California (Paul and colleagues, *Pediatrics*, 2016) found that half of babies were back at or above birth weight by 9 days after a vaginal birth and 10 days after a caesarean. Among babies born vaginally, 14% were not yet back to birth weight by 14 days and 5% by 21 days; after a caesarean, the figures were 24% and 8%. The authors concluded that it is "not uncommon" for newborns to be below birth weight at 10 to 14 days. An earlier study by the same team (Flaherman and colleagues, *Pediatrics*, 2015) of exclusively breastfed newborns found that by 72 hours, more than 25% of babies born by caesarean had lost at least 10% of their birth weight, and created charts (nomograms) that clinicians can use to spot babies who may need extra feeding support early.

What this means for you: your baby's weight is one of the clearest signs of how feeding is going, and it is your health team's job to track it. Keep your appointments, write the weights in your log, and ask for help early if feeding feels hard. Do not compare numbers with other babies.

Weight check	Date	Weight	Who weighed	Notes
Birth				
Day 3 to 5				
Around day 10 to 14				
4 weeks				
6 to 8 weeks				
12 weeks				

Umbilical cord care

The stump of the umbilical cord dries, shrivels and falls off on its own. The AAP's advice is simple: keep it clean and dry, there is no need to use alcohol on it, and fold the diaper below it so urine does not soak it. The NHS says you only need to wash around the cord if it gets dirty with pee or poo: clean with fresh cotton wool and warm water and pat dry.

The AAP expects the stump to fall off by about 3 weeks of age; if it is still there after that, see your baby's doctor. A few drops of blood on the diaper around the time it falls off are normal, but if the cord actively bleeds, call your baby's doctor immediately.

Call your pediatrician or health visitor if you notice signs the AAP associates with infection: foul-smelling yellowish discharge from the cord, red skin around the base of the cord, or crying when you touch the cord or the skin next to it. After the stump falls off, a small moist reddish lump (an umbilical granuloma) sometimes remains; it usually goes away within about a week, and if not, your doctor can treat it. A belly button that pushes outward when your baby cries may be an umbilical hernia, which, the AAP says, usually heals by itself in the first 12 to 18 months. Do not tape a coin over it.

First days checklist

- ☐ Skin-to-skin time as soon as possible after birth
- ☐ Vitamin K given (injection, or first oral dose and plan for the next doses)
- ☐ First feed, and feeding help requested if needed
- ☐ Newborn physical examination done (UK: within 72 hours)
- ☐ Hearing screen done or booked
- ☐ Heel prick blood spot test done or booked (UK: around day 5)
- ☐ First diaper with meconium noted
- ☐ Jaundice check: ask "Has my baby's bilirubin been measured?"
- ☐ Car seat fitted and checked before discharge
- ☐ First pediatrician visit booked (US) / midwife home visit arranged (UK)
- ☐ Red book received (UK)
- ☐ Contacts card filled in

End of the sample

Thank you for reading this far. We hope these first pages already feel useful, and that you can see how the rest of the book is built: clear steps, pages to fill in, sources you can check.

The full book has 62 pages.

Get it here: <https://mamavela.com/shop/your-newborns-first-12-weeks/>

One-time payment, instant PDF.