

What to expect in the first days with a newborn



The first hours: transition, checks, and early bonding

Immediately after birth, your baby begins several rapid adaptations. The lungs expand, blood flow patterns shift away from fetal circulation, and the newborn starts to regulate oxygenation, temperature, glucose balance, and arousal. Clinicians usually assess the baby's condition soon after delivery, including the Apgar score, which evaluates heart rate, breathing effort, muscle tone, reflex response, and color. The Apgar score is a snapshot of adaptation, not a long-term prediction of health.

Routine care may include drying and warming, skin-to-skin contact when appropriate, temperature checks, weight and length measurements, eye prophylaxis depending on local practice, vitamin K administration, and newborn screening plans. Some babies also need blood glucose monitoring, jaundice checks, or observation because of prematurity, maternal diabetes, infection risk, or birth complications.

If both parent and baby are stable, early skin-to-skin contact can support temperature regulation, bonding, and feeding initiation. Newborns often have an alert period shortly after birth, followed by longer sleepiness. This pattern can be disorienting, especially if a baby latches or feeds once and then seems

sleepy for several hours. Staff can help you learn feeding cues, positioning, and how to wake a very sleepy newborn safely when feeding is due.

Feeding in the first days: frequent, small, and sometimes messy

In the first days, feeding is often more about frequent practice and transfer than large volumes. A newborn's stomach capacity is small, and babies commonly feed 8 to 12 times in 24 hours. Some cluster feeding is normal, especially in the evening or during periods of increasing milk supply. Feeding cues can include stirring, bringing hands to the mouth, rooting, lip movements, and increasing alertness. Crying is a late cue and may make latching or bottle acceptance harder.

For breastfeeding or chestfeeding, early milk is colostrum: small in volume, rich in immunologic components, and appropriate for the newborn stomach. As milk supply increases, breasts may feel fuller and the baby's swallowing may become more obvious. A lactation professional can help with latch pain, nipple trauma, poor transfer, or concerns about supply. Pain that persists throughout a feed, a baby who cannot maintain latch, or inadequate diaper output deserves assessment rather than reassurance alone.

For formula feeding, caregivers should follow preparation instructions carefully and use safe water guidance from local health authorities or the baby's clinician. Feed volumes vary, and overfeeding can happen if every cry is interpreted as hunger. Paced bottle feeding can help the baby coordinate swallowing and recognize satiety. Whether breastfed, formula-fed, or both, the key indicators are effective feeding, hydration, weight trajectory, and clinical wellbeing.

Expect frequent feeds, including overnight feeds.

Ask for help early if feeding is painful, ineffective, or stressful.

Track feeds and diapers during the first days if your care team recommends it.

Do not give water, herbal preparations, or supplements unless your baby's clinician specifically advises it.

Diapers, meconium, urine, and early weight change

Diapers provide useful clinical clues in the first week. The first stools are

usually meconium, a thick, sticky, dark green to black material. Over the next several days, stools typically become looser and change from dark to greenish and then yellow, especially in breastfed babies. Formula-fed babies may have stools that are tan, yellow, or brown and somewhat firmer, but still soft.

Urine output usually increases as feeding becomes established. Many clinicians use day-of-life expectations for wet diapers, but local guidance may vary. A few orange or brick-colored urate crystals can occur early when urine is concentrated, but persistent crystals, very few wet diapers, or a baby who is hard to wake for feeds should prompt medical advice. Signs such as dry mouth, sunken fontanelle, lethargy, or reduced feeding can suggest dehydration and require prompt evaluation.

Some weight loss after birth is common because babies lose extracellular fluid and feeding volumes are initially small. However, excessive weight loss or failure to regain weight needs careful assessment of intake, feeding mechanics, hydration, and medical causes. Your baby's first outpatient visit, often scheduled within a few days after discharge, is important for weight, jaundice, feeding, and overall examination.

Sleep: normal newborn rhythms and safe sleep from day one

Newborn sleep is fragmented. Many babies sleep 14 to 17 hours across 24 hours, but not in long predictable stretches. They may wake frequently to feed and may be more wakeful at night. Their circadian rhythm is immature, so day-night confusion is common. Gentle daytime light exposure and calm, dim nighttime care can help over time, but the first days are not the time to expect a schedule.

Safe sleep practices should start immediately. Place your baby on their back for every sleep, on a firm, flat sleep surface designed for infants. Keep the sleep space free of pillows, blankets, loose bedding, positioners, stuffed toys, and soft padding. Room-sharing without bed-sharing is often recommended because it keeps the baby near caregivers while reducing sleep-related hazards.

Swaddling may soothe some babies, but it should be snug around the torso, loose enough around the hips for healthy movement, and never used if it risks overheating or covering the face. Stop swaddling when the baby shows signs of trying to roll. Avoid falling asleep with the baby on a couch, armchair, or

adult bed, especially when exhausted, sedated, or using alcohol or medications that impair alertness.

Crying, startles, breathing patterns, and soothing

Newborns communicate through movement, facial expression, feeding cues, and crying. Crying does not always mean something is wrong; it can reflect hunger, overstimulation, tiredness, discomfort, or the need for closeness. Still, persistent inconsolable crying, a weak or high-pitched cry, or crying with fever, poor feeding, vomiting, respiratory distress, or unusual sleepiness should be discussed with a healthcare professional.

Several newborn behaviors can look dramatic but be normal. The Moro reflex can cause sudden arm extension and startle. Hiccups and sneezes are common. Breathing may be irregular, with brief pauses followed by faster breaths, particularly during sleep. However, sustained fast breathing, grunting, flaring nostrils, chest retractions, blue or gray color, or pauses that seem prolonged require urgent medical evaluation.

Soothing often works best when it combines several simple supports. Try feeding if cues are present, a clean diaper, skin-to-skin contact, gentle rocking, a quiet room, rhythmic shushing, or a safe swaddle. If you feel overwhelmed, place the baby on their back in a safe sleep space and step away briefly while you call another adult or a professional support line. Never shake a baby.

Skin, jaundice, cord care, and other visible changes

Newborn skin often changes quickly. You may notice peeling, dry patches, milia, erythema toxicum, slate-gray patches, or mild rashes. Many are benign, but rashes with fever, blisters, widespread redness, pus, or a baby who appears unwell need medical review. Hands and feet can look slightly bluish when the baby is otherwise pink and well, but central cyanosis involving lips, tongue, or trunk is urgent.

Jaundice, a yellow discoloration of the skin and eyes caused by bilirubin, is common in newborns. It can be physiologic, but high bilirubin levels may require monitoring or treatment. Risk is higher with prematurity, significant bruising, blood group incompatibility, poor intake, dehydration, or early

onset. If jaundice appears in the first 24 hours, spreads, deepens, or is associated with poor feeding or lethargy, contact your baby's clinician promptly.

The umbilical cord stump usually dries and falls off over time. Keep it clean and dry unless your healthcare team gives different instructions. A small amount of dried blood can occur, but spreading redness, swelling, foul odor, pus, or fever may suggest infection and should be assessed. Sponge bathing is often easiest until the cord stump has separated and the area is healed.

Caring for yourself while caring for the baby

The newborn's first days are also postpartum days for the birthing parent and adjustment days for the whole household. Physical recovery can include uterine cramping, bleeding, perineal or cesarean incision pain, breast changes, sleep deprivation, and hormonal shifts. Emotional changes are common, including tearfulness or anxiety. However, severe anxiety, intrusive thoughts, inability to sleep even when the baby sleeps, hopelessness, thoughts of self-harm, or thoughts of harming the baby require urgent professional support.

Practical support is medical care by another name in the newborn period. Arrange help with meals, laundry, older children, transport to appointments, and overnight support when possible. Keep essential numbers visible: pediatrician, maternity unit, lactation support, urgent care, emergency services, and postpartum mental health resources. If you are unsure whether a symptom is serious, it is appropriate to call. Newborn care teams expect questions in the first days.

Try to measure success in small units: one feed, one diaper, one safe sleep, one rest period. Bonding can be immediate or gradual. Some parents feel joy right away; others feel protective, numb, anxious, or simply exhausted. None of these feelings alone define your ability to care for your baby. Support, observation, and timely medical advice are the safest path through the uncertainty.