

# **Your New Baby: The Ultimate Survival Guide**

**The "What Is Happening, and Is It  
Supposed to Be That Color?!" Edition**

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**PLEASE SUBMIT CORRECTIONS/COMMENTS TO US!**

Please do not make any medical decisions based solely on what you read here—that's what we're for! For this reason, many things that you will read here, and that well-meaning advisors will tell you are simply personal experiences —and you may find that different things work well for you. Don't be alarmed if things don't go exactly as planned or if the expectations are not met. Enjoy the process, and we promise, it gets easier with time, experience, and less sleep deprivation. Each parent/baby is different - so don't stress about the details. No matter what choices you decide to make for your baby—bottle or breastfeeding, staying home or going back to work, etc.—your choices are the right choices for you and your baby, and don't let anyone make you doubt that! We are here to supervise and to watch your new baby grow! The reason why a child makes so many visits to the office in the beginning, is so we can check that everything is going well. If it isn't we will tell you, but trust your instinct!

Dr. Bulmash and Dr. Feldman are available for their patients 24/7 (including holidays). Our after-hours contact number is the same as our regular office number, 718-851-8080. Please do not hesitate to call us at any time with any questions about your newborn baby

[www.kensingtonpediatrics.com](http://www.kensingtonpediatrics.com)

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# Our Policy Statement: Why should you choose us?

## Trust Isn't Just Clinical — It's Personal

At Kensington Pediatrics, we're proud to be 100% clinician-owned — meaning every decision is guided by clinicians who care deeply, not by corporate interests. No article 28s, health centers, investors or businessmen behind us. Just Dr Bulmash, with 45+ years of dedication, and Dr. Feldman, his protege, who has been serving the community for 25+ years. We've built our practice around the timeless principles of trust, because your child deserves nothing less:

- **Compassionate Care** – We treat your family like our own, with warmth, empathy, and real heart.
- **Strength & Advocacy** – We fight for your child's health needs- we work alongside teachers, mechanchim, schools, referral organizations and hospitals to advocate for you! Even though we generally do not visit newborns in the hospital, we are always happy to get involved, talk to the staff, and help smooth things over.
- **Expertise You Can Rely On** – Certified clinicians who truly know your child.
- **Proven Track Record** – Thousands of families in our community trust us for a reason.
- **Unconditional Support** – Whether insured, struggling, or new to the neighborhood — we care for every child.
- **Responsiveness** – Call, text, or WhatsApp us 24/7. We're here – no call centers, no delays. Test us out, call us at 2 am. We welcome the calls! Kids don't cause trouble only between 9 to 5.
  - We always want to know what's going on with your child. It is a pet peeve of ours when a mother has a concern but doesn't reach out. An oven making a funny noise can be shut off and you can wait to call the repair guy in the morning. But a child with a medical concern, don't wait until the morning. If you have a question - just call. You will always get a friendly response. No



answering service, just one of the us eager to help! We are, and we are ready, willing and eager to assist. We encourage you to reach out anytime.

**Trust is our foundation.**

**Care is our mission.**

## **Chapter 1: Getting Ready for Liftoff (The Pre-Baby Era)**

Before the tiny tornado arrives, there are a few things to consider.

### **Pre-Pregnancy Preparations**

A woman must begin to make preparations even before she becomes pregnant. It is worthwhile for every married woman to take vitamins every day. We recommend that all women of childbearing age take a regular multivitamin with at least 400 mcg of folic acid daily. You need to recharge your phone and fill up your car with gas before a trip, right? *Lehavdil*, it's the same thing ! When a young woman gets of marriageable age, we like to draw blood tests to verify her vaccine status and ensure that she is immune to certain infections like Rubella, which can affect a fetus. It's very easy to revaccinate a single woman & very difficult once she is married.

### **During Pregnancy**

As soon as a woman becomes pregnant, she is sharing her resources with her fetus: nutrition, vitamins, energy, etc. A pregnant woman should always follow her OB's advice, but we always remind our families that a woman who is expecting doesn't just have to eat for two, but she also has to sleep for two, rest for two, etc. Stress during pregnancy can affect the development of the fetus. Rest, relax, and reduce the amount of stress in your life. Take a good vacation! Go out to eat at that restaurant! Go for a pregnancy massage! Meet your friends! Do it now,

because once (*bshaha tova*) your baby is born, these things become much more complicated to schedule.

Your obstetrician will perform many important examinations, including routine blood tests, screening for gestational diabetes, sonograms, and a Group B Strep screen. These are all vital for a healthy pregnancy and delivery.

We encourage all mothers to take advantage of all offered testing, because knowledge is power.

## Important Vaccines During Pregnancy

To give your baby a head start, there are a couple of vaccines we strongly recommend you get during pregnancy. These allow your body to create antibodies and pass them to your baby, protecting them in their vulnerable first few months. Sometimes mothers ask if vaccination is important- we believe that vaccination is like wearing a seatbelt, or putting your baby in a carseat. Most likely you won't need it and nothing will happen, but if you don't do it, and *chos vesholom* something happens, a person could never get past it.

- **Tdap (Whooping Cough):** Recommended between 27 and 36 weeks of pregnancy. Whooping cough can be very dangerous for newborns. We see about 10 cases of whooping cough per year in our practice.
- **RSV Vaccine (Abrysvo):** Recommended between 32 and 36 weeks of pregnancy. This vaccine helps protect your baby from severe RSV, a common and nasty respiratory virus that thrives in communities like ours. There is also an option to give it to the baby once the baby is born, but the advantage of the mother taking it during pregnancy is that the mother is also protected, and the baby is born protected.
- **Flu Vaccine:** We recommend the flu vaccine during pregnancy, even if you wouldn't normally take it. Your body is more fragile due to pregnancy, and getting the vaccine helps protect both you and your baby from the flu.

Of course, all healthcare decisions about your children are your

decision, but in our eyes, these vaccinations are part of your *histadlus* to have a healthy baby.

## A Word on Delivery Options

Every birth is unique, and the final decision is yours in consultation with your obstetrician.

- **Home Births:** While we believe the safest setting for birth is a hospital, we recognize some families choose a home birth. This should only be considered for low-risk pregnancies and always with a licensed medical professional and a clear emergency transport plan. 10% of home births require transportation to a hospital anyways, and 1% end up needing an emergency intervention in a hospital. These numbers are too high to risk it!
- **Epidurals:** An epidural can be a wonderful tool to manage pain and allow you to rest during labor. You didn't eat the apple, Chava did, and you do not win any medals by suffering! However, we respect that some mothers prefer a more "natural experience" with no pain meds.
- **C-Sections:** Sometimes, a C-section is the safest and quickest way to bring your baby into the world. The medical community has been saving mothers with C-Sections for 500 years! It's not a failure; it's a potentially life-saving procedure for both mother and child.

Trust your obstetrician's judgment! You didn't choose them because they have a nice waiting room or because they were close to your home; you chose them because of their expertise at the moment of delivery! Active labor is a dangerous time- listen to your OB! Ask them, "What would you do if I were your daughter?" and listen!

## The Hospital Stay: A Sneak Peek

Your time in the hospital is a whirlwind. Here's what to expect for the baby:

- **First Meds:** Your baby will get a Vitamin K shot (to help with blood clotting) and antibiotic eye ointment (to prevent infection) shortly after birth. Although you have a right to refuse both of these, neither of these is going to hurt and we strongly encourage all

families to take both.

- **First Tests:**

- **Newborn Screening (PKU):** A few drops of blood are taken from their heel to screen for dozens of rare but serious conditions. Each one of these conditions is life threatening, has no symptoms and most importantly has a cure. It takes a few weeks to get the results back. *Baruch Hashem* that we are living in amazing times! This is one of the miracles of modern-day medicine that saves hundreds of lives.
- **Hearing Screening:** This is a crucial first step to check your baby's hearing. Early detection of hearing loss is vital for language and brain development. If your baby doesn't pass the initial screening, don't panic! Almost always, especially in the current era post Dor Yeshorim and pre marriage genetic screening, the hearing of the child is actually normal. However, follow-up is essential. We are fortunate to have a wonderful audiologist, Dr. Esther Grossbard of Hear You Go (718) 400-EARS) located right upstairs from our office for convenient and expert follow-up care.

- **The Hepatitis B Vaccine:** We usually recommend that mothers refuse the Hepatitis B vaccine in the hospital. By waiting, we can give it at the 2-month visit combined with another vaccine, saving the baby an extra injection. If it ends up happening that your baby does get the vaccine, it's no big deal and not a reason to be upset or to stress. The nurses and staff will try to convince you- better than debating the pros and cons of the Hep B vaccine at birth, we always tell parents that to make people stop lecturing, always say you have to talk to your spouse, mother in law, or rabbi before making any decisions (*it works with us too*).
- **Use the Nurses!** They are fountains of knowledge. Ask them to show you how to swaddle, change a diaper, and give a bath. Let them take the baby to the nursery so you can get some sleep. Seriously. You won't regret it. Giving a bottle or two in the hospital will not ruin breastfeeding.
- **The Beyfortus Vaccine: A Shield Against RSV:** In the hospital nursery, your baby will be offered a shot called Beyfortus. This is not a traditional vaccine but a dose of ready-made antibodies that

provides powerful, immediate protection against RSV. RSV is one of the most common causes of infant hospitalization. You should ask for it. This shot is one of the most important things you can do to keep your baby safe and out of the hospital during their first winter. We strongly recommend it for all newborns. (If you received the RSV shot during pregnancy at least 14 days before delivery, your baby does not need to receive this shot).



- **A Note on Hospital Discharge:** While an early discharge is great, the first priority is to make sure the baby is 100% healthy first. Sometimes the hospital may keep big babies for monitoring their sugar (we are very strict about sugar these days), or they may keep babies of GBS+ mothers for extra observation. In general, on *erev shabbas* we are more hesitant to encourage early discharge.

## Chapter 2: The "Is This Normal?" Encyclopedia

Your baby has just gone from a warm, quiet, all-inclusive resort with free included womb service (*hahah*) to the outside world. It's a bit of a shock! Here are a few things you might notice.

### All Those Weird Rashes

Newborn skin is a drama queen. It's adjusting to air, clothes, and not being in a controlled environment.

- **Baby Acne:** Yes, really. Around 3-4 weeks, your baby might look like a tiny teenager thanks to your hormones still circulating in their system. It's temporary and harmless.
- **Milia:** Tiny white bumps, usually on the nose. These are just blocked oil glands. Don't squeeze them! They'll go away.
- **Erythema Toxicum:** red blotches with little





white-ish centers. It's a super common, harmless newborn rash that disappears on its own.

- **Mongolian Spots:** These are flat, bluish-gray marks that can look like bruises, often on the lower back or bottom. They are just concentrated areas of pigment and are very common. They fade over time.



- **Salmon Patches (Stork Bites/Angel Kisses):** These are faint pink or red patches often found on the forehead, eyelids, back of the neck, or nose. They're caused by stretched blood vessels and usually fade within a year or two.



- **Cradle Cap:** Looks like a bad case of dandruff or yellowish, scaly patches on the scalp. It's very common and harmless, caused by overactive oil glands. It usually clears up on its own, but gentle washing can help.



## Weird Noises, Hairy Ears, and Funny Habits

- **Sneezing & Hiccuping:** Totally normal! Babies do this a lot. It's not a cold; it's just their little systems figuring things out. Think of it as their version of a system reboot.
- **The Pulse on Their Head:** That soft spot (fontanelle) on your baby's head can be a little intimidating, but it's supposed to be there. It's a normal part of their skull development and will close up on its own over time. Don't poke it, but don't live in fear of it either.
- **Irregular shaped head with bumps:** Normal, these are just the leftovers from being crammed inside the womb for so long. They will go away with time.
- **Swollen Breasts & Discharge:** Thanks again, hormones! It's not uncommon for both boy and girl newborns to have slightly swollen breasts. Baby girls might even have a little bloody or mucousy discharge in their diaper. It's all normal and related to the withdrawal from your hormones.
- **Losing Their Hair:** Don't be alarmed if your baby's luscious newborn locks start to fall out around 3 months. The stress of birth

can shift their hair into a "resting" phase. It will grow back! (It happens to many mothers too!)

Always feel free to send us videos electronically. A dash cam or a dash cam app is a good resource to hang up to try to catch an infrequently happening event.

## Chapter 3: Decoding the Cries (A Baby Translator)

Babies cry. It's their only way of communicating, which can feel like you're trying to solve a riddle in the middle of the night. While every baby is different, here's a basic guide to their language.

- **"I'm Hungry" Cry:** Often short, low-pitched, and rhythmic. They might also root around, suck on their hands, and get increasingly frantic. Your first line of defense should always be to offer a feeding.
- **"I'm Tired" Cry:** This is the whiny, fussy, "I don't know what I want" cry. They might rub their eyes, yawn, and resist being put down, even though sleep is all they need. This is where the swaddle and a dark room are your best friends. A sound machine with vibration works well for this.
- **"My Diaper is a Swamp" Cry:** Usually a fussy, uncomfortable cry. A quick check is the easiest way to rule this out.
- **"I'm in Pain" Cry:** This one is different. It's often sudden, high-pitched, and piercing. If you hear this, check for anything obvious (a hair wrapped around a toe, etc.) and if it continues, call us.
- **"Just Hold Me!" Cry:** Sometimes, they just want to be close to you. They've spent nine months tucked inside and it seems like the world is a big, lonely place.

### Proven Soothing Techniques (The 5 S's):

1. **Swaddle:** A nice, tight swaddle recreates the coziness of the womb.
2. **Side or Stomach Position:** Hold the baby on their side or stomach (only while holding them, never for sleep!).



3. **Shush:** Make a loud "shushing" sound near their ear. It mimics the sounds of the womb.
4. **Swing:** Gentle, rhythmic rocking or swinging.
5. **Suck:** Offer a pacifier or your clean finger. Sucking is incredibly calming for babies.



## Chapter 4: The Input/Output Department

For the first few months, your life will revolve around what goes in and what comes out. There is a famous expression that babies are “zager machers.”

### All About That Diaper Life

**How Many Wet Diapers?** In a 24-hour period, you should see about 5-6+ wet diapers. This is a great sign that your baby is getting enough to eat and is well-hydrated. Seeing that blue line on the front of the diaper is amazing, you can tell the diaper is wet without waking up your baby.

### What Goes In Must Come Out (A Poop Guide):

- **Days 1-3 (Meconium):** Black, sticky, tar-like. This is the stuff that was in their intestines in the womb. It's a good sign they're clearing

it out!

- **Breastfed Poop:** Yellow, seedy, loose, and a bit like mustard. They might poop after every single feeding or only once every few days. Both can be normal!
- **Formula-fed Poop:** Usually tan, yellow, or greenish and a bit more formed (like peanut butter).
- **When to Worry:** If you see stool that is white, red, or black (after the meconium stage), give us a call.

## Gas & Constipation

- **Gas:** Babies are gassy because their digestive systems are brand new. Burping them well, bicycle kicks, and tummy time can help move things along. Over-the-counter gas drops (simethicone) are safe to try.
- **Constipation:** It's less about frequency and more about consistency. If the poop is hard like little pebbles, that's constipation. If it's soft, even if it's been 3 days, it's probably ok. If you're concerned, call us before giving your baby anything.



## Chapter 5: The All-You-Can-Eat Buffet

Feeding is one of the biggest learning curves. Be patient with yourself and your little one. It's a full-time job.

### Need Breastfeeding Help? We've Got You Covered.

We have a lactation consultant on staff to help you on your breastfeeding journey. All of our newborn patients are offered a free visit, and virtual visits are available for your convenience.

### A Note on Your Diet While Breastfeeding

Everything you eat passes through your breast milk and can affect the baby. As it says in the Torah, "We remember the fish that we ate in Egypt for free; the cucumbers, the melons, the leeks, the onions, and the garlic." Chazal explain that the man from heaven could take on the

taste of anything except these specific items because they are harmful for nursing mothers and their babies. Other common culprits for gassy babies include cauliflower, broccoli, and cabbage. If your baby is extra fussy, you might consider what you've recently eaten.

## Is My Breastfed Baby Getting Enough?

This is the million-dollar question! Since you can't see the ounces going in, look for these signs:

- **Diaper Output:** The ultimate proof. At least 5-6 wet diapers a day
- **Weight Gain:** Your baby will lose up to 7-10% of their birth weight in the first few days (they're born a bit "waterlogged"). They should be back to their birth weight by about 2 weeks and then gain about ½ to 1 ounce per day. We'll track this at your visits!
- **Happy Baby (Sometimes):** A well-fed baby will seem content and satisfied after feedings, uncurling their little fists and falling into a "milk drunk" sleep. They'll wake up on their own when they're hungry.

## Formula & Bottle Preferences

- **Our Preference:** We prefer American formulas. Even though we know that the FDA isn't perfect, we view them as the most trustworthy way of making sure that formula is healthy and has what your baby needs. Some Israeli formulas are marketed as "lighter," cheaper, and easier to digest, but we will never forget the deaths that occurred related to Israeli formula (that were actually manufactured in Germany). Why get your baby used to a formula that is hard to get, not covered by WIC, and might not be in your baby's best interest? Soy formula is a winner for many families; it has no cholov yisrael issues and is easily available at places like CVS and Amazon.
- **The Great Bottle Debate (Plastic vs. Glass):** The latest fad is a return to glass bottles due to concerns about plastics. Medically, modern BPA-free plastic bottles are perfectly safe. Glass is also safe but is heavier and breakable. The best bottle is the one your



baby will take. Don't stress too much about the material. We included specific suggestions below about which bottles mothers seem to like the most.

## The Art of the Spit-Up (aka Reflux)

Reflux is when food comes back up from the stomach. It's super common because the muscle between the esophagus and stomach are still a bit lazy.

- **What it looks like:** A little dribble of milk after a feeding, or a "cheese-like" substance with a burp. It's more of a laundry problem than a medical one.
- **What it's NOT:** If the spit-up is forceful and shoots across the room (we call this projectile vomiting) or if it's green or yellow, call us immediately.
- **Tips to Help:** Keep the baby upright for 20-30 minutes after feeding. Burp them well. Smaller, more frequent feedings can also help.

## A Note About Spit-Up and Reflux

Spitting up is a normal part of being a new baby! Their tiny tummy valve is still learning its job, so what goes down sometimes comes back up. We call this reflux. For many babies, it's no big deal—they are "happy spitters." But sometimes, that spit-up can be acidic and uncomfortable, like baby heartburn. If you notice your baby arching their back, seeming extra fussy after eating, or crying when you lay them down, it might be a sign that the reflux is bothering them. So, when is it more than just a laundry problem?

1. Let's talk if you feel like the reflux is making your baby (or you!) miserable.
2. We should also chat if you have any worries about their weight—either if they are gaining too little, or even gaining a lot (some babies eat more to soothe the burn).
3. Other signs to look for are spit-up frequently coming out of their nose or if your family has a history of hoarseness or lots of ear infections.

Most importantly, trust your gut. You know your baby best, and if you think something is wrong, that's the best reason to check in. If we decide to try something to help, know that the medicine options are very gentle and work quickly, often within a day or two. They don't stop the spit-up, but they take the "ouch" out of it by making it less acidic.

On the diet side of things, you can try being a detective first. If you notice your baby is extra fussy after Shabbos, for example, think about the specific foods you enjoyed. For those times when things feel truly miserable and nothing seems to work, we may recommend a brief pause from nursing. Trying a special, allergy-free formula for a day or two can be a quick way to see if a food sensitivity is the cause and can give everyone a much-needed break. Through it all, remember to take care of yourself—making sure you get enough healthy food is just as important!

## Chapter 6: The Quest for Sleep

### Safe Sleep is a MUST

This is the most important rule. To reduce the risk of SIDS (Sudden Infant Death Syndrome), always follow these rules.

- **Back to Sleep:** Always place your baby on their back for every sleep, naps and night.
- **Alone in a Crib:** Your baby must sleep alone in their own safe space (crib, bassinet, pack-n-play). (They make a cool bassinet that remains close to your bed at night, see the baby gear section below)
- **Bare is Best:** The sleep space should be bare. Use a firm, flat mattress with only a fitted sheet. No blankets, pillows, or stuffed animals.
- **No Bed-Sharing:** This is critical. A baby should never sleep in a bed with a parent. An exhausted mother can easily roll over on her baby, adult beds have pillows and soft bedding that are incredibly dangerous for an infant. **Dads, this is your job! Be the guardian of safe sleep. If you see mom has fallen asleep while feeding in bed, it is your responsibility to gently take the baby and place**



them safely in their own crib. Teamwork makes the dream work (and keeps the baby safe).

## A Note on Sleep Training

Formal sleep training should not begin until your baby is at least 12 weeks old and weighs at least 12 pounds. For guidance, many of our families have found the resources from the Baby Sleep Maven to be a godsend, and the book "12 Hours' Sleep by 12 Weeks Old" is another popular reference.



## Chapter 7: Protecting Your Fragile New Human

Your newborn's immune system is brand new and hasn't had a chance to build up defenses. You are their first line of defense.

### The "Pass the Baby" Problem

Your baby is adorable, a tiny magnet for hands and kisses. But they are also incredibly fragile.

- **Don't pass the baby around at events.** A simple cold for an adult can be a serious illness for a newborn.
- **Insist on hand washing.** Anyone who wants to hold the baby must wash their hands first. No exceptions. Keep hand sanitizer everywhere.
- **No kissing the baby.** Especially on the hands or face.

**A Note on Immunity:** A baby is born with some of the mother's antibodies. As time goes by, these antibodies go down. A nursed baby, however, gets topped off with the mother's antibodies every time she nurses. A mother with a cold should continue to nurse (just don't cough in the baby's face). A father with a cold should stay away, but if needed, put on a mask and use hand sanitizer. Be especially careful when coming home from shul, school, or weddings.

### The Sacred Postpartum Bubble

The postpartum period is for healing and bonding. It is not for entertaining.

- **It is okay to say NO.** You do not have to host visitors. You do not have to go to events.
- **No one will criticize you for protecting your peace and your baby.** A mother recovering from childbirth is expected to rest. Embrace it. Let people bring you food. Let your house be messy. Your only job is to take care of yourself and your baby.

## A Note on Sibling Rivalry

To prevent your big children from hurting the baby, it is essential for the big ones to think that they now have a new underling, not that the baby takes their place. Toddlers don't understand the passage of time, so instead of long bonding sessions, try multiple short sessions, all with a beginning, middle, and end. Tell the toddler, 'Let's come read a book,' then read a page or two, then say, 'Toddler, that was fun! Let's do this again in 5 minutes.'" Each session is +1 in their ego. If the baby cries during this session and the toddler senses that you responded to the baby, it is -100. If when the baby cries you say, "Baby, stop crying, I am bonding with Toddler now," it is +10000 in the toddler's ego. In your toddler's eye, bonding with them during the infant's crying establishes the toddler as the alpha and the infant as the underling.

In general, it isn't the best idea for the infant to be around when the big ones come home from school. The big ones are dirty, covered in germs, have so much they want to tell you, and they want 120% of your attention. Better to have the baby in a safe place (like their crib in your room), and if possible, to coordinate that nap time occurs then. One mother once said she made a rule that "the baby wants to say *Shema* with each of his siblings." After dinner and bathtime, when the older siblings are in their beds getting ready for sleep, she would bring the baby over for some one-on-one time. This way, the big siblings are clean, in fresh clothing, and ready for a calm interaction. If you don't let them touch the baby, they are going to do it anyway!

## Chapter 8: The Postpartum You (Don't



# Forget Yourself!)

You became a “parent” the day that you got that positive pregnancy test. Many people think they are superwoman and expect that they should be able to be “Faster than a speeding bullet! More powerful than a locomotive! Able to leap tall buildings in a single bound!” Many parents have guilt, shame, or feelings of failure from not living up to the fairy tale told by social media or friends/family. Just because you can do everything, doesn't mean you have to do anything.

Shut off the social media, and close those ears! Even before delivery, take some “mommy time” for yourself to relax and regroup. You are a person too - if you can't make it to the simcha or the appointment, everyone will understand. No one will blame you if you oversleep for a *shabbos* meal! Call in sick to your job if you need a break! You are not alone. Ask loved ones for help directly! They want to help out, and in their effort to help they may make things more stressful. Tell them directly what you need, and what you don't want. You are sharing your actual body with the baby, let everyone share in the experience. Everyone wants to help out!

Sometimes a mother gets dressed for a *simcha* and dresses her baby up so fancy, and the baby makes a mess. Don't be upset. Highest likelihood is that in 10 years you won't remember whose simcha it was, but you will remember the funny colors of the spit-up that matched with your new dress.

- **The “Baby Blues” are Real:** It's extremely common to feel weepy, anxious, and overwhelmed in the first couple of weeks after birth. Your hormones are on a rollercoaster. This is normal.
- **When It's More Than the Blues:** If those feelings don't go away after a few weeks, or if they get worse, you might be experiencing postpartum depression or anxiety. This is not your fault. It is a medical condition, and it is treatable. Please talk to us or your OB/GYN. You are not alone.
- **Physical Recovery:** Your body has been through a marathon. Rest as much as you can. Accept help. Stay hydrated and eat nourishing food (or whatever someone brings you). Don't worry about

"bouncing back." Your body will heal on its own time.

## Chapter 9: Tummy Time Adventures

Tummy time is crucial for helping your baby build neck and core strength, but many babies act like you've sentenced them to hard labor.

- **Why Bother?** It prevents flat spots on the back of their head and is the first step toward rolling, sitting, and crawling.
- **Start Small:** Begin with just 2-3 minutes at a time, a few times a day. You can gradually increase the time as they get stronger.
- **Make it Fun:** Get down on the floor with them. Use a colorful play mat or a mirror. You can also do tummy time on your chest or across your lap. Lie on your back, and hold your child up over your body. The goal is just to get them off their back while they're awake.

## Chapter 10: Navigating the World of Baby Gear

The baby industry wants you to believe you need a thousand different gadgets. You don't.

### Must Be Acquired Before Baby Can Come Home

- **A Safe Place to Sleep:** This could be a bedside bassinet like the [AirClub Bassinet](#), or a standalone option like the [Fisher-Price Soothing Motions Bassinet](#). You'll also need fitted [Bassinet Sheets](#)!
- **Car Seat:** An absolute must. The [Doona](#) is a popular choice. For winter babies, a [Doona Winter Cover](#) is also essential. And have *rachmonos* on your fingers, and get the Stroller Gloves!
- **Diapers and Wipes:** You'll need lots of diapers like [Huggies Little Snugglers](#) and gentle, unscented wipes like [Huggies Natural Care](#). Ask the rabbi how to clean the baby's bottom on *shabbos*, and consider the Dr. Fischer spray!
- **Clothing:** Start with the basics, like a pack of [Carter's Long-Sleeve Bodysuits](#). We love brands like [Jacadi](#) and [Petit Bateau](#), but remember there will be spit up and diaper wastes on everything, and they grow out of it in a week! Newborns need hats to stay

warm. Return what you don't like or won't use.

- **Feeding:** If you plan to supplement or exclusively formula feed, have formula on hand (we discussed formula choices above). For bottle-feeding, anti-colic bottles like [Dr. Brown's Natural Flow](#) can be very helpful. Another option to consider, especially for cranky babies, is Dr. [Talbot's Silicone Anti-Colic Bottles](#).
- **Swaddling & Burping:** [Muslin Swaddle Blankets](#) and [Muslin Burp Cloths](#) are multi-use workhorses.

## Important Things, But Not Required to Come Home

- **Bathing:** A gentle, tear-free soap like [Johnson's Head-to-Toe Wash](#) and a [Collapsible Baby Bathtub](#) for small spaces.
- **Health & Grooming:** A [Rectal Thermometer](#) is essential for accurate temperature checks. Also helpful are a good electric [Nasal Aspirator](#), an easy-to-use electric [Baby Nail Trimmer](#), diaper rash cream like [Desitin](#), [Vaseline](#) (get it in a toothpaste like tube, it's very very sticky), a pacifier like the [Philips Avent Ultra Air](#), [Little Remedies Saline Spray/Mist](#), [Bacitracin Ointment](#), and [Infants' Tylenol](#) (always call us first for a baby under 3 months). A [Baby Scale](#) can help you monitor weight gain at home.
- **Feeding:** A [Breast Pump](#) (electric or hand pump) is important if you plan to breastfeed and have others help with feeding.
- **Cleaning:** A simple [Spray Bottle](#) with water for bottoms and a gentle detergent like [Dreft Stage 1](#) is a must.
- **On the Go:** A good diaper bag is key. The [Bugaboo Organizer](#) is a sleek option that attaches to your stroller.
- **Clothing:** Don't forget [Socks](#) to keep little feet warm.
- **Diapering Station:** A dedicated [Changing Table or Pad](#) makes diaper changes easier and more organized.

## The "Nice to Haves"

- **Feeding Support:** A [Boppy Nursing Pillow](#).
- **Diapering Aids:** A [Diaper Genie](#) and [disposable underpads](#).
- **Soothing & Monitoring:** A baby swing like the [Maxi-Cosi Cassia](#) and a [Video Baby Monitor](#).
- **Lotions:** A gentle lotion like [Johnson's Bedtime Baby Lotion](#).
- **Strollers & Fancy Clothes:** Your little prince/princess will be just

fine in a [Mountain Buggy](#) or [Peg Perego](#). Most of us were pushed around inexpensive strollers and we still survived. However, we all love fancy strollers! The [Bugaboo Fox 5](#) is comfortable, easy to push, and can grow with you. The [Silver Cross Reef](#) looks amazing, like you are pushing a Rolls Royce, but we found that it isn't good for the frequent bumps on the sidewalks in Boro Park. For travel needs, think about the [Cybex](#) and [Joolz Aer2](#). Now, of course, if money is not an issue, get them all. We all drool over the [Silver Cross Balmoral](#) or the \$61,000 [Silver Cross Special Edition Rose Gold Balmoral](#).

A lot of new moms hear comments about the Doona and worry it might not be “good” for their baby. The truth is, there’s nothing wrong with the Doona at all! Just like with any stroller — whether it’s a Silver Cross, a Fox 5, or anything else — if a baby spends too much time in one position, their head can start to look a little flat. It’s not the stroller, it’s simply how babies grow, almost like a little plant leaning toward the sun. What really matters is giving your baby a change of scenery. Strollers are wonderful for getting around, but they’re not meant to be where your baby lives all day and night. Babies need time to stretch out, kick their legs, lie on the floor, and explore the world around them. Those little moments of tummy time, rolling, and playing are what help them grow strong and balanced. So if you love your Doona, use it with confidence! It makes life easier, and your baby will do just great in it — as long as it’s their **stroller**, not their **24-hour home**.

## Chapter 11: Your First Outing (A Survival Guide)

Leaving the house with a newborn for the first time can feel like preparing for a moon mission.

- **The Diaper Bag:** Pack more than you think you need. At least 4-5 diapers, a full pack of wipes, a change of clothes (for the baby AND you), burp cloths, pacifiers, and feeding supplies.
- **The Timing:** Plan your mission for right after a feeding and a nap, when the baby is most likely to be content.
- **The Destination:** Start small. A walk around the block or a quick

trip to the store. Don't aim for a three-course meal on your first try.

- **The Inevitable Meltdown:** It will happen. A baby will cry in public. No one is judging you. Stay calm, run through your checklist (hungry? tired? wet?), and remember that you can always abort the mission and try again another day. You're doing great.

## Chapter 12: Milestones & When to Call Us

Every baby develops at their own pace. Your baby hasn't read the textbook. Don't get caught up in comparing! However, there are general milestones we look for.

We specifically didn't mention normal milestones here, because we will discuss this with you in person, and we don't want you to worry. Each child is different. The bottom line: You know your baby best. If you have a gut feeling that something isn't right, trust your instinct and call us. That's why we're here!

## Chapter 13: What's Going On With My Baby? (Normal but Weird Things You Might See)

Newborns are full of surprises! Their bodies are adjusting to the outside world, and some of the things you'll see might look concerning but are totally normal.

- **Cold Hands and Feet:** A baby's hands and feet often feel colder than the rest of their body. This is because their circulation is still developing, and they don't have a lot of body fat yet. It's a good sign that they are directing blood flow to their core. To check if your baby is truly cold, feel their chest or back. If their chest is warm, they're fine.
- **Bent Legs:** Your baby's legs might look bent or bowed. This is because they've been curled up in a tight space for nine months! Their legs will naturally straighten out over time as they start to stretch and move.
- **Extra Hair (Lanugo):** Some babies are born with fine, soft hair on



their back, shoulders, or even their face. This is called lanugo, and it's a type of hair that helps keep them warm in the womb. It will fall out on its own in the first few weeks or months.

- **White on the Circumcision Site:** If your baby had a circumcision, you might see a yellowish-white patch or tissue on the healing area. This is usually granulation tissue, which is part of the normal healing process, not an infection. If you're concerned, it's always best to show us or the *mohel*.
- **Long Nails:** Many babies are born with surprisingly long fingernails that can feel like little claws. Be careful, as they can scratch themselves easily! The best time to trim them is while the baby is asleep.
- **Born with Teeth:** This is rare, but some babies are born with a tooth or two, called natal teeth. They can be wobbly or sharp, and we'll check them to see if they need to be removed to prevent issues with feeding or injuring the tongue.

## Newborn Skin and Eyes: A Few More Things

- **Peeling Skin:** Don't be alarmed if your baby's skin starts to peel in the first week or two. This isn't dry skin. It's just the first, outer layer of skin, which helped protect them from the amniotic fluid in the womb (which is largely their own urine!). It's a normal and healthy process as their skin adjusts to the air. You can moisturize if you want, but it's usually not necessary.
- **Red in the Whites of the Eyes:** If your baby's eyes look red, it's likely from burst blood vessels that happened during the pressure of birth. It's harmless and will go away on its own within about six weeks.
- **Mucousy Eye Discharge:** It's normal for a baby to have a slight, mucousy discharge from their eyes. This is usually from a blocked tear duct, which will often open on its own. If the discharge is thick, severe, or the eye is red and swollen, be sure to show us.

## Chapter 14: General Maintenance & FAQs

### Fever in a Newborn

A fever in a baby under 2-3 months old is a big deal.

- A fever is a rectal temperature of 100.4°F or higher.
- **If your baby is under 3 months and has a fever, call us immediately, day or night. This is considered a medical emergency. Do not give any fever-reducing medication before speaking with us.**

**How often should I bathe my baby?** Until the umbilical cord stump falls off, stick to sponge baths. After that, 2-3 baths a week is plenty. Bathing too often can dry out their sensitive skin.

## The Umbilical Cord Stump & Circumcision

- **Cord:** Keep it clean and dry. Fold the diaper down so it's exposed to air. It will fall off on its own in 1-3 weeks. Don't pull it!
- **Circumcision (General):** After the procedure, make sure the baby is urinating normally. A little Vaseline on the tip can prevent it from sticking to the diaper. Call us if you have any concerns about healing or urination.

**A Note on Jewish Circumcision (Bris):** For families choosing a traditional bris, you may find that the baby is surprisingly calm afterwards. Many babies do not cry much during the recovery and often do not require Tylenol. We understand that some families have questions about the practice of *metzitzah b'peh*. When performed by a trained and experienced *mohel* who takes the proper health precautions, it is a safe procedure. Of course, the ideal is for the father to perform the circumcision. Ultimately, we encourage each family to follow their own traditions and consult with their religious advisors. If you need a recommendation for an experienced *mohel*, please don't hesitate to ask us.

## Jaundice

Jaundice is the yellowing of a baby's skin and eyes. It's very common and happens because a newborn's blood has a lot of bilirubin, a yellow pigment from the normal breakdown of old red blood cells. A baby's brand-new liver is still getting up to speed on clearing it out.

- **What to do:** Frequent feeding helps flush the bilirubin out.



- **When to call:** If your baby is very yellow (especially the whites of their eyes), is hard to wake up, or isn't feeding well, give us a call.
- **Jaundice and Circumcision:** We have a tradition not to circumcise a jaundiced baby. Each *mohel* has their own tradition of how jaundiced a baby has to be to push off a circumcision. We are happy to talk to your *mohel* and do whatever blood work they would want.

## Grooming and Swaddling

- **Cutting Those Tiny Nails:** A baby's nails are tiny, sharp, and grow surprisingly fast. The best time to cut them is when they are calm or asleep. They make these awesome new electric filers. See the baby gear section.
- **The Art of the Swaddle:** Swaddling helps babies feel secure and can prevent their startle reflex from waking them up. The key is to keep it snug around their arms but loose around their hips to allow for healthy hip development.

## Newborn Thermoregulation & Environment

- **Feeling the Temperature:** A baby's hands and feet often feel cold because their circulation is still developing. This is normal. To check if your baby is truly cold, feel their chest or back. If their chest is warm, they're fine.
- **Room Temperature:** Set the temperature in the house to whatever is comfortable for you. It's important to make sure the baby isn't in a drafty area.
- **Hats:** Leave a hat on the baby for the first little while to help them regulate their temperature, especially when outside or in a cooler room.

## Chapter 15: We're Here to Help (Really!)

Reading about baby care is one thing, but doing it is another. Please know that we are here to offer hands-on help and guidance.

- **Car Seat Assistance:** Worried if the straps are right or if the base is secure? Bring your car seat to your appointment, and we'll be happy to check it for you. We will even come out to your car to

adjust it.

- **Swaddling & Burping Demos:** Can't get the swaddle right? Not sure if you're burping effectively? Just ask! We can show you different techniques in person.
- **Nail Clipping Support:** We know cutting those tiny, wriggly nails is stressful. If you're nervous, we are happy to give your baby their first manicure/pedicure and show you how to do it safely.
- **Lactation Support:** Remember, our on-staff lactation consultant is here to help you with all your breastfeeding questions and concerns.
- **Extended Visits:** If you are interested in an extended visit upstairs with one of the providers or experienced staff members for some hands-on lessons of burping, bottling, swaddling, or any general parenting advice, please call the office.

You are not expected to know everything. Our goal is to empower you and make you feel confident. Please don't hesitate to ask for help with any of these things!

## Chapter 16: After Hours

We always want to know if you have any concerns or issues with the health of your child. There are so many clinicians who are looking to help out. Always look for people who have a **good reputation in caring for infants**. They should have **training in working with infants**, and they should have **worked alongside an experienced pediatrician** to become seasoned and experienced. Ask them **how long they have been caring for infants**. No one should be experimenting on your child.

## Our Physicians & Commitment to Care

Since 2010, Kensington Pediatrics has been certified by the National Committee for Quality Assurance as a Level III Patient-Centered Medical Home (PCMH), reflecting our commitment to providing coordinated, high-quality care.

**Max Bulmash, MD:** Dr. Bulmash grew up in Baltimore, MD, around healthcare providers. He has been practicing in Boro Park since 1979 and has a special interest in endocrinology, disorders of growth and development, and difficult diagnoses. He has been honored by being listed in Castle Connolly's Top Doctors, New York Magazine, and The New York Times.

**Saul Feldman, MD:** Dr. Feldman grew up in New Jersey, with many physicians in his family. He was attracted to Pediatrics from a young age and has been practicing in Boro Park since 2004. He has a special interest in PANDAS, ADHD, and enjoys advising parents of challenging children.

## Contact & Location

Kensington Pediatrics  
3904 16th Avenue  
Brooklyn, NY 11218  
(718) 851-8080  
[Kensingtonpediatrics.com](http://Kensingtonpediatrics.com)

### Hours (By Appointment Only):

- Sunday: 10 am — 2 pm
- Monday-Thursday: 9 am — 4 pm
- Friday: 9 am — 12 pm

Hospital Affiliations: Maimonides Medical Center, Long Island Jewish, Methodist, New York University