

EVERYDAY NEWBORN CARE

Feeding Basics



Whether you breastfeed, formula feed, or combine both, what matters most is a fed, thriving baby — there's no single right way.

In the early weeks, feeding is largely about learning your baby's cues and finding a rhythm together.

Most newborns feed **8–12 times a day** in the first few weeks — that frequency is normal, not a sign anything's wrong.

DON'T SKIP THE BURP



Burping is easy to treat as an afterthought — it isn't one

A newborn's gut is still immature, and trapped air left unresolved can mean pain, spit-up, and a harder time settling.

Make it a habit every time you pick baby up, not just after a full feed, and always give it at least 5 minutes — even past the first burp you hear.

Things to look out for



Hunger cues to watch for

Rooting (turning head, opening mouth toward touch), bringing hands to mouth, sucking motions, increased alertness or restlessness. Crying is a **late** hunger cue — try to catch the earlier signs when baby is easier to settle.



Fullness cues

Slowing or stopping sucking, turning away from the breast or bottle, relaxed hands and body, falling asleep.



Burping techniques

Hold baby upright against your shoulder or seated on your lap leaning slightly forward, and pat firmly at the back of the abdominal area, just below the rib cage — this is where trapped air tends to sit, and patting there (rather than higher on the back) is most effective at helping it rise and escape.

Things to look out for



Common early hiccups

Cluster feeding (frequent short feeds, often evenings), reflux-like spit-up after feeds, and latch discomfort in the first days. Most resolve with time and positioning adjustments — but persistent pain or poor weight gain is worth flagging to a provider.



When feeding struggles point to something more

Latching and sucking rely on smooth coordination between the head, neck, and jaw. If your baby consistently arches, resists being tucked into a curled position, or seems unusually strong or stiff through the neck — especially during feeds — it's worth having it checked.

This pattern can sometimes go hand-in-hand with musculoskeletal tension that also affects feeding mechanics, and it's one of the things we look for in a **neonatal assessment**.

Book a consultation

WhatsApp: +852 9744 2275

Call: +852 2151 4795

www.cityosteopathy.com.hk

23/F, Chinachem Hollywood Centre
1 Hollywood Road,
Central, Hong Kong

Opening hours:

Mon-Fri: 9AM – 6:30PM

Sat: 9AM – 1PM

This brochure is for informational purposes only and does not constitute medical advice. Please consult a qualified healthcare professional for guidance specific to your child.

EVERYDAY NEWBORN CARE

Bathing & Hygiene



Newborns don't need daily baths — **2–3 times a week** is plenty until they're mobile and messier. Over-bathing can dry out delicate skin.

Newborn hygiene



Sponge baths: until the umbilical cord stump falls off (typically 1–2 weeks); switch to tub baths after.



Water temperature: warm, not hot — test on your inner wrist first.



Cord care: keep the stump clean and dry; fold nappies below it; it will darken and fall off on its own.



Nails: trim carefully with baby nail scissors or a file when baby is calm or asleep.

Cradle cap: it is perfectly normal, gentle scalp massage with a soft brush during bath time usually helps.



Never leave your baby unattended in water — even for a few seconds.

When to Call a Doctor

Most newborn quirks are normal. This list exists for the exceptions — trust your instincts, and use this as a quick check when something feels off.



Fever: rectal temperature of 38°C (100.4°F) or higher in a baby under 3 months — call right away.



Dehydration signs: fewer wet nappies than usual, sunken soft spot, no tears when crying.



Breathing: rapid, laboured, grunting, or blue-tinged lips/skin



Prolonged inconsolable crying: that doesn't respond to any soothing over an extended period.



Poor feeding or weight gain: refusing feeds, very few wet/dirty nappies, not regaining birth weight by 2 weeks.



Jaundice: yellowing of skin or eyes that's spreading or worsening after day 3–5.

Book a consultation

WhatsApp: +852 9744 2275

Call: +852 2151 4795

www.cityosteopathy.com.hk

23/F, Chinachem Hollywood Centre
1 Hollywood Road,
Central, Hong Kong

Opening hours:

Mon-Fri: 9AM – 6:30PM

Sat: 9AM – 1PM

This brochure is for informational purposes only and does not constitute medical advice. Please consult a qualified healthcare professional for guidance specific to your child.

EVERYDAY NEWBORN CARE

Sleep & Safe Sleep Positioning



Always place your baby **on their back** to sleep, on a firm, flat surface, with nothing loose in the cot — no pillows, blankets, bumpers, or toys.

This single habit is the most protective thing you can do against Sudden Infant Death Syndrome (SIDS).

Expect fragmented sleep and day/night confusion in the early weeks — newborns don't yet have a circadian rhythm. This is normal, not something to fix.



Stomach sleeping significantly increases SIDS risk, even if it seems to settle baby faster.

Back-sleeping is always the safer choice

Best sleep practices



Back-to-sleep

For every sleep, every time — naps included



Firm, flat mattress

No soft surfaces, couches, or car seats for routine sleep



Bare cot

No loose blankets, pillows, bumpers, or soft toys



Room temperature

Comfortable for a lightly-clothed adult; avoid overheating and over bundling



Swaddling

Only while baby is on their back and not yet rolling

Worth knowing: consistent back-sleeping is protective for your baby's safety, but it's also one of the reasons flat spots on the back of the head (deformational plagiocephaly) have become more common.

Book a consultation

WhatsApp: +852 9744 2275

Call: +852 2151 4795

www.cityosteopathy.com.hk

23/F, Chinachem Hollywood Centre
1 Hollywood Road,
Central, Hong Kong

Opening hours:

Mon-Fri: 9AM – 6:30PM

Sat: 9AM – 1PM

This brochure is for informational purposes only and does not constitute medical advice. Please consult a qualified healthcare professional for guidance specific to your child.

EVERYDAY NEWBORN CARE

Tummy Time & Movement



Tummy time builds the neck, shoulder, and core strength your baby needs for rolling, sitting, and crawling later on.

It also gives the back of the head a break from constant pressure — which matters directly for preventing flat spots.



In the newborn stage

A baby's muscle tone is still dominated by physiological flexion (the curled, tucked posture carried over from the womb), and the head makes up a much larger share of total body weight than it will later on.

Because of this, a newborn isn't expected to hold their head up steadily at all — early head lifts are brief and effortful by design, not a sign of strength or weakness.

Weeks 1-2



Start with **short, supervised sessions** (2–3 minutes) right after nappy changes, chest-to-chest with a caregiver or over your lap. Always awake and watched.



At this age, it's completely normal for baby to lift their head only **1–2 seconds at a time** — just enough to clear their nose off the surface, not a sustained hold. That brief, intermittent lift is the expected milestone here, not a lack of strength.



Build up to several short sessions a day on a mat.



Get down to eye level and talk or use a mirror to keep baby engaged.

Weeks 3-6

Weeks 6-12+



Here's the honest truth: no baby (or grown-up, for that matter) loves being made to work when they'd rather rest. But **tummy time isn't optional** — it's a non-negotiable part of healthy development, and both you and baby need to treat it that way, even through the fussing.



Aim to build up towards a **cumulative 15 minutes a day (the very least) by 6 weeks of age**, then continue increasing from there towards 30–60+ minutes as strength builds through this stage. Baby should be lifting their head and pushing up on forearms by the end of it.

If baby hates it: shorten sessions, try it right after a nap or feed (not right before, and not on an overfull tummy), or start on your chest instead of the floor.

Consistency and frequency matter more than duration.

Things to look out for



When strong head lift is a flag, not a milestone:



if your baby seems unusually strong at lifting or extending their head — **persistent arching, resisting being tucked into a curled position, or pushing their head back** rather than briefly lifting and resting — this can sometimes point to **musculoskeletal strain** in the neck or upper spine rather than early strength.



Because the head, neck, and jaw work together as one coordinated system, this kind of **tension often shows up alongside feeding difficulties** too — a shallow latch, clicking sounds, milk leaking from the mouth, or tiring quickly at the breast or bottle.



This combination — **atypical head control plus feeding struggles** — is exactly the kind of pattern we check for during a neonatal assessment.

References

Piper, M. C., & Darrah, J. (1994). *Motor assessment of the developing infant*. W. B. Saunders Company.
Hewitt, L., Stanley, R. M., & Okely, A. D. (2020). Tummy time and infant health outcomes: A systematic review. *Pediatrics*, 146(1), Article e20193168.
World Health Organization. (2019). *Guidelines on physical activity, sedentary behaviour and sleep for children under 5 years of age*.
Campbell, S. K., Palisano, R. J., & Orlin, M. N. (2012). *Physical therapy for children* (4th ed.). Elsevier Saunders.

Book a consultation

WhatsApp: +852 9744 2275

Call: +852 2151 4795

www.cityosteopathy.com.hk

23/F, Chinachem Hollywood Centre
1 Hollywood Road,
Central, Hong Kong

Opening hours:

Mon-Fri: 9AM – 6:30PM

Sat: 9AM – 1PM

This brochure is for informational purposes only and does not constitute medical advice. Please consult a qualified healthcare professional for guidance specific to your child.

EVERYDAY NEWBORN CARE

Soothing & Settling a Crying Baby



Crying is your baby's only language — **it's communication**, not a failure on your part.

Some babies cry more than others, and that's just temperament, not something you did wrong.



Ways to help



Swaddle

Wrapping baby snugly (arms in, hips loose enough to move) recreates the secure feeling of the womb and can reduce startling.



Side Or Stomach hold

Holding baby on their side or against your forearm, face supported, while awake and supervised can be calming — always place them back on their back to sleep.



Shush

A steady “shhh” sound or white noise mimics the whooshing baby heard in the womb and can drown out startling household noise.



Swing

Gentle, rhythmic motion — rocking, a sway, a walk — is often more effective than stillness for a fussy baby.



Suck

Sucking (breast, bottle, clean finger, or dummy once feeding is established) has a naturally calming, organising effect.

Things to look out for



Normal Fussiness

Usually responds to soothing within a reasonable time and happens in bursts, often evenings.



Colic — crying more than 3 hours a day, 3+ days a week, for 3+ weeks in an otherwise healthy baby — is exhausting but not dangerous, and worth mentioning to your provider for extra support.

It's okay to place your baby safely in their cot and step away for a few minutes if you feel overwhelmed. Taking care of yourself is part of taking care of them.

Book a consultation

WhatsApp: +852 9744 2275

Call: +852 2151 4795

www.cityosteopathy.com.hk

23/F, Chinachem Hollywood Centre
1 Hollywood Road,
Central, Hong Kong

Opening hours:

Mon-Fri: 9AM – 6:30PM

Sat: 9AM – 1PM

This brochure is for informational purposes only and does not constitute medical advice. Please consult a qualified healthcare professional for guidance specific to your child.

Flat Head Syndrome

A PARENT'S GUIDE

*Understanding plagiocephaly, torticollis,
and early intervention for your baby*



What is Flat Head Syndrome?

Flat head syndrome (deformational plagiocephaly) is a condition where part of a baby's skull develops a flattened area, typically on the back or one side of the head. It happens because a baby's skull bones are still soft and mouldable in the early months, and sustained pressure on one area can gradually influence the shape.

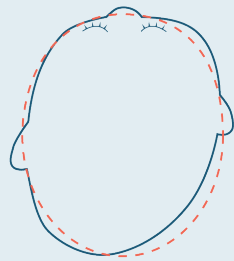
While many cases are primarily cosmetic, some are associated with other developmental considerations that benefit from early professional attention.

HOW TO SPOT IT

A **flat area** on the **back or side of the skull**, noticeable facial or **ear asymmetry**, or a consistent preference for resting the head in **one position**.



SIDE VIEW



TOP VIEW

Common Contributing Factors

- **Sleeping position** – consistently resting with the head turned to one side
- **Limited tummy time** – prolonged pressure on the back of the skull
- **Torticollis** – neck muscle tightness causing a head-turning preference
- **Womb positioning** – breech presentation, low fluid, or multiple pregnancies
- **Equipment time** – extended periods in car seats, bouncers, or carriers

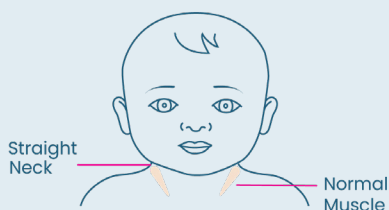
Flat Head Syndrome & Torticollis often coexist.

A baby with neck tightness may develop flattening due to limited head movement, while uneven head shape can reinforce a preference for turning to one side.

Understanding Torticollis

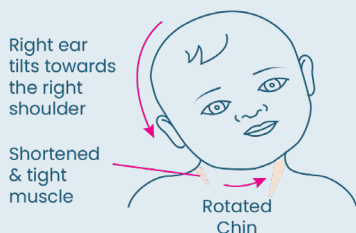
Torticollis involves tightness in the neck muscle (sternocleidomastoid), causing the head to tilt to one shoulder while the chin rotates the other way. It is one of the most common contributing factors to flat head syndrome.

TYPICAL POSITION

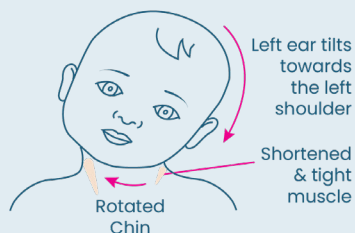


TORTICOLLIS POSITIONS

RIGHT TORTICOLLIS



LEFT TORTICOLLIS



Signs to look out for

- Flat area on skull
- Head tilting to one side
- Uneven ear alignment
- One-sided feeding preference
- Facial asymmetry
- Tummy time frustration

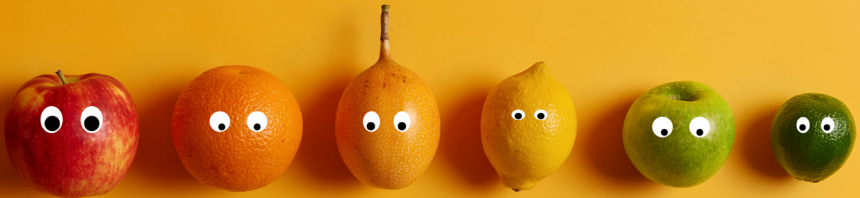
Early treatment helps

Around 90–95% of cases resolve with conservative care; research* shows babies starting **treatment before 1 month** have up to a **98%** chance of full neck movement within about **6 weeks**, while starting **between 1–6 months** typically takes around **6 months of support**.

* from the Children's Hospital of Philadelphia

HAPPY MELONS

PROGRAMME



Structured support from the months that matter most.

Our **Happy Melons Programme** provides assessment, measurement, and gentle treatment from as early as birth, designed specifically for the window when early intervention is most effective.



Initial Consultation and Assessment

Comprehensive intake covering pre- and postnatal history, assessment of neck movement, head shape, and postural patterns, and a personalised monitoring plan.



Monthly Head Shape Tracking

Regular measurements throughout the first six months with a detailed report after each visit.

Developmental Milestone Check-ups

Each session includes a broader developmental assessment alongside head shape monitoring.

Gentle Manual Therapy

Very light, non-invasive hands-on treatment appropriate for a newborn's developing body, supporting healthy cranial development and balanced neck movement.

What should I expect on our first visit?



Tell us what's going on

We start with your concerns, whether that's feeding difficulties, unsettled sleep, or a preference for turning their head one way.

A detailed history. We ask about pregnancy, birth, and feeding, as many early concerns are often linked to how well a baby can move their neck.



A gentle, paced assessment

Paediatric consultations are led by Ben Lai, our Principal Osteopath with Advanced Paediatric Osteopathy qualifications from Australia, and an alumnus of London's Osteopathic Centre for Children.



What we find, explained clearly

We talk you through what we've observed and what it might mean, with plenty of time for questions.



A plan, if one's needed

Depending on what we find, this might include gentle osteopathic treatment, guidance for home, or referral elsewhere if that's a better fit.

What Parents Can Do at Home



Professional monitoring is important, but there is a great deal parents can do between sessions to support healthy development.



Tummy Time

Start with 1–2 minutes several times a day. Builds neck, shoulder, and core strength while reducing skull pressure.



Sleep Repositioning

Always place baby on their back. Alternate the direction the head faces and reposition the cot to encourage looking both ways.



Carrying & Feeding

Vary the arm you carry baby in and alternate feeding sides.



Encourage Head Turning

Place toys or position yourself on baby's less-preferred side during play to gently encourage balanced neck movement.

The first six months matter most. Early support can make a meaningful difference. No obligation after an initial consultation

Book a consultation

WhatsApp: +852 9744 2275

Call: +852 2151 4795

www.cityosteopathy.com.hk

23/F, Chinachem Hollywood Centre
1 Hollywood Road,
Central, Hong Kong

Opening hours:

Mon-Fri: 9AM – 6:30PM

Sat: 9AM – 1PM

This brochure is for informational purposes only and does not constitute medical advice. Please consult a qualified healthcare professional for guidance specific to your child.