

GUIDE FOR NEWBORN CARE



Children's Medical Center, P.A.

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Office Hours
8:00am - 5:00pm, Monday - Friday
24 Hour Emergency Coverage

INTRODUCTION

CONGRATULATIONS!!! The birth of your new baby is a most precious time, and we wish you the best for the many happy, healthy years ahead. We are honored that you chose us to be your pediatricians and we enthusiastically look forward to our relationship with your family.

No two babies are alike. Your baby will have qualities unique to him or her. What's right for one baby will make another baby uncomfortable. You will need to decide what's best for your baby, and we're here to help. Our experience can help you make decisions which are in the best interest to your baby. Along with our staff, the doctors are here to help you when you feel the need arises.

This booklet is a brief outline of some of the things you'll want to know as you bring your child home. Thanks for choosing us, and we look forward to being there for you as your baby grows over the years.

HOURS

The hours for our different offices are listed on the front of this book. We pride ourselves on our availability and hope to add to your confidence knowing we are open seven days per week. To help us provide the best possible care we ask that you note the following guidelines.

1. Please call for an appointment. When patients walk in, it makes it impossible for the physicians to give the correct amount of time to each patient. "Walk-in" patients can not usually be seen when they arrive, and will be offered an appointment at a later time.
2. Questions. If you have a question that should not wait until your next appointment, please call our office during office hours and we will be there to help you. For emergency situations, we have a 24 hour answering service that you can contact if you need to speak with the doctor. Please remember the doctor on call has just finished working a long day in the office, and if the question can wait until morning, please be considerate of the doctor. Billing, prescription refill and appointments must wait until the office is open. Remember, though, if your problem cannot wait, we are here to help at all times.
3. Waiting time. We try our best to adhere to scheduled times. However, emergencies arise, and they must be tended to immediately. If there is a wait, please be patient, and be confident that if your child needs us for an emergency, we will be there.
4. Waiting rooms. We have separate waiting rooms for well children, sick children and newborns. Please remain in the appropriate waiting room so the staff will be able to locate you when it is your turn to be seen.

TAKING YOUR BABY HOME

The first few days at home can be very challenging and stressful, as well as joyful. As with anything new it takes time to adjust and organize. Whether this is your first child, or one of many, there will be an adjustment time until things get back to normal. Some of the most common questions we get concern the following:

TAKING BABY OUT: Discuss with your doctor when is the right time to take your baby out. Newborns cannot fight infection like us, and need to be protected from the “bugs” in the community. As a rule do not let young children or strangers handle your baby.

FEEDING YOUR BABY: Feeding is already started before you leave the hospital. As a rule, newborns do not get on a great schedule immediately, and will require frequent feedings. As a rule if you feed the baby liberally, the baby will take enough to grow well. If you are nursing, it is impossible to know exactly how much milk the baby is getting. If the baby is feeding every two to four hours, appears satisfied after feedings, stools and urinates regularly, she’s probably doing well. If you have doubts, call us.

WEIGHT LOSS AND GAIN: Almost all babies lose weight after birth. Babies who are breast feeding lose more, and depending on the baby’s birth weight might normally lose up to 7-10% of his birthweight. Usually, at the two week check-up, the baby has regained her birthweight. All babies grow differently, but the average weight gain for a baby during the first couple of months is about a pound every two weeks. Each time you come, we will evaluate the baby’s weight (and height) to see that he is growing well. If you feel that the baby is not as vigorous, not feeding well, or not acting right we would be happy to check her for you.

STOOLING HABITS: Newborn babies can stool at each feed (10 or more times per day) or once every few days. As a rule, if your baby is growing well and comfortable he is probably “pooping fine.” Watery, mushy, pasty cheesy, seedy, green, yellow, and brown can all describe a normal bowel movement. Usually a newborn does not have hard pellet-like stools. Again, if you have any doubts, discuss this with the doctor at your visit.

SLEEPING: Except for the baby next door, babies do not sleep at long intervals when they are first born. If you accept this, and know that it will get better, you will be less stressed. It is hard, but try to sleep when the baby sleeps. Try to find an area to rest where the phone will not disturb you. You will be awake for plenty of time to catch up with your friends and family.

TEMPERATURE: You do not need to take the baby's temperature regularly. If the baby feels warm, or you think she is not acting right, take the temperature. In our experience ear thermometers are not as accurate in the first couple of months. Learn how to take a rectal temperature. If a baby's rectal temperature in the first two months is greater than 100.4° F (38° C) call us at once.

POST PARTUM BLUES: Most women experience post partum blues on the third or fourth day after delivery. Symptoms include tearfulness, tiredness, sadness and difficulty thinking clearly. This is probably mainly due to a decrease in maternal hormones. Since the symptoms commonly begin after the mother comes home from the hospital, the full impact of being totally responsible for a newborn may be a contributing factor. Many mothers feel guilty and letdown about these symptoms, because they have been led to believe they should be overjoyed about caring for their newborn. These symptoms usually clear in one to three weeks as hormone levels return to normal and the mother develops a routine and a sense of control over her life.

There are several ways to cope with the postpartum blues. First, acknowledge your feelings. Discuss them with your husband or a close friend. Also discuss your sense of being trapped and your feeling that these new responsibilities are insurmountable, don't feel you need to suppress crying or put on a "supermom" show for everyone. Second, get adequate rest. Third, get help with all your work. Fourth, mix with other people. Don't become isolated. Get out of the house at least once a week---go to the hairdresser, go shopping, visit a friend or see a movie, by the third week, set aside an evening each week for a "date" with your husband. If you don't feel better by the time your baby is one month old, see your physician about the possibility of needing counseling for depression.

HELPERS: As already emphasized, everyone needs help during the first few weeks alone with a new baby. Try to find a relative who will be eager to help. If not available try to make arrangements with a friend or an outside sitter. Your "helper" can assist with shopping, cooking, cleaning and washing.

SUPPLIES AND EQUIPMENT

The following is a list of the most important items you will need when bringing your newborn baby home. Don't over buy!!! Most areas have stores open seven days a week to buy additional supplies as you need them.

Safety Car Seat-It is the law!!

Crib or Bassinets-crib slats should be less than 2-3/8 inches apart.

Waterproof mattress that fits snugly in crib

Waterproof mattress pads

Crib Sheets

Bathtub-a small plastic tub with sponge lining is ideal for newborns

Diapers-Disposable or reusable

Nasal suction bulb-usually given at delivery

Thermometer-Rectal for the first few months

Diaper Bag
Changing Table with waterproof pad
Infant Swing-motorized is most helpful
Infant tee-shirts or sleepers
Alcohol and cottonballs-for the umbilical cord

ROUTINE CARE AND COMMON PROBLEMS

1. **Cradle Cap:** Usually flaky white scales or yellow waxy scales which appears on the scalp shortly after birth. This is due to immature oil glands—usually a temporary situation. Treatment: Usually, if left alone the problem will disappear by itself. If needed it will sometimes improve with regular shampooing and gentle massaging with a soft baby brush. Occasionally the doctor will recommend a stronger shampoo or ointment.
2. **Facial Rashes:** Some infants have white dots on their nose. This is called milia. This is harmless and will resolve on its own. The most common rash on the face is due to the child rubbing his face on a wet surface. It looks like a red burned area such as you might see in chapping. To prevent this avoid contact of the baby's face on wet bed clothing. If severe, discuss with the doctor who may recommend medicated cream. Pimples on cheeks and skin are called newborn acne. This will usually resolve by two months of age. An effective treatment is to wash the face with mild soap once or twice daily. Oils, lotions and cream may make the problem worse.
3. **Eyes:** Sometimes the eyes will appear puffy because of pressure on the face during delivery. This should clear in a few days with no treatment. A flame-shaped hemorrhage (subconjunctival hemorrhage) on the white of the eyes is not uncommon. It is caused by birth trauma and is harmless. It will not affect vision and will go away in 2-3 weeks. If your child's eye is continuously watery, she may have a blocked tear duct. This means that the channel that normally carries tears from the eye to nose is blocked. It is common and more than 90% open in one year. Massaging up and down along the nose to eye will help. If the drainage is unusually thick and copious, call us as your baby may need a special medicated ointment.
4. **Nose:** If the nose is flattened or pushed to one side, as a result of delivery, it will probably be normal by one week. Occasionally a baby sounds congested in the nose. If the baby is comfortable and feeding well, there is no treatment. If the baby appears uncomfortable, try suctioning with the bulb syringe you received at delivery.
5. **Ears:** Never insert a Q-tip in a baby's ear. The ears of newborns are commonly soft and floppy. Sometimes one of the edges is folded over. As the cartilage hardens over a few weeks the ear will usually take a normal shape. About 1% of normal children have a small ear pit or dimple in front of the outer ear. This minor defect has no medical significance unless it becomes infected.

6. Mouth: The mouth needs no special care. A sucking callous frequently appears on the center of the upper lip as a result of breast or bottle feeding. There is no treatment. Many babies appear to be “tongue tied” at birth. This short band below the tongue normally stretches with time, movement and growth. Babies with symptoms of tongue tie are rare. Epithelial pearls are little cysts or shallow white ulcers which occur along the gum line or hard palate. They are the result of blockage of normal mucous glands and disappear after 1-2 months.
7. Breasts: The breasts may be large and firm in both baby girls and boys. This is due to the mother’s hormones and is a temporary condition. If the breasts are not handled the swelling will disappear more rapidly. Call our office if a swollen breast develops any redness, streaking or tenderness.
8. Female Genitals: Don’t be afraid to spread open the folds of a female to remove accumulated debris and waste products. Wash the newborn with a soft cloth and water. Sometimes the labia minora are swollen in newborns because of maternal hormone. This will go away by itself. Occasionally you will see hymeneal tags which are smooth ½ inch projections of skin from the hymen. They will slowly shrink over 2-4 weeks. Vaginal discharge is also common in newborn girls. It is usually mucousy, but sometimes tinged with blood. It will resolve in the first few weeks and should not recur once it stops.
9. Male Genitals: The circumcision should be washed very gently with warm water and a soft cloth or cotton ball. For the first 24 hours it should be covered with a liberal amount of petroleum jelly (e.g. Vaseline) and a 2”x2” gauze pad. After the 24 hours continue to apply a liberal amount of jelly until the circumcision is well healed, usually about a week. The skin around a circumcision should be gently pulled back to avoid adhesions.
10. Finger and Toenails: Use an infant nail clipper or baby safety scissors to trim the baby’s nails as often as necessary. It is often wise to keep the baby’s hands covered while sleeping to prevent self-inflicted scratching.
11. Skin Care and Birthmarks: Many birthmarks are quite common in infants and will frequently disappear on their own. As the pediatrician examines your baby we will try to point out the marks and their significance, if any. If you notice a mark that we haven’t addressed, please bring it to our attention at your next visit. A newborn does not need to be bathed each day. In addition, until the umbilical cord has fallen off and a male’s circumcision is healed, a baby should not be submerged...sponging off with plain water will do. Use tap water without any soap or a nondrying soap such as Dove. Don’t forget to wash the face; otherwise, chemicals from milk build up and cause an irritated rash. Also rinse off the eyelids with water.

Don’t forget to wash the genital area. However, when you wash the inside of the female genital area (the vulva), never use soap. Rinse the area with plain water and wipe from front to back to prevent irritation. This practice and the avoidance of

bubble baths prior to puberty may prevent urinary tract infections and vaginal irritation. At the end of the bath, rinse the baby well as soap may cause irritation.

12. Umbilical Cord: Try to keep the cord dry. Apply rubbing alcohol to the base of the cord 4-5 times each day until the cord falls off. Air exposure also helps with drying and separation, so keep the diaper folded down below the cord area, or use a scissor to cut away a wedge of the diaper in front.

GENERAL CHARACTERISTICS OF BEHAVIOR

1. Crying: Your baby will have different cries; learn to tell them apart. Do not be afraid to let your baby cry. Check to see if they are clean, dry, well fed or burped, no pins loose, or too hot or too cold. If they scream and sweat and are uncomfortable, pick them up and comfort them. When they are quiet put them back to bed. If they scream again, wait two or three minutes before you pick them up—give them time to control themselves. If you need to pick them up, always put them down after they have stopped sobbing and gradually increase the interval to picking them up to five, seven, ten minutes, etc., up to one-half hour before picking them up again. You and the baby will soon learn that it does not hurt either of you to let them cry. However, if the baby continues to cry despite your efforts to comfort her, she should be evaluated by us.
2. Fussy periods: These occur fairly regularly, and will become more noticeable as the baby grows up to six weeks of age. They usually occur around 5:00-11:00PM or 2:00-5:00AM. Check and deal with them as you would for crying.
3. Sleeping: All babies are restless sleepers and will wake up a number of times to fuss. Give them a chance to go back to sleep if it is not feeding time. They may breathe quite noisily or very quietly and you will get used to this over time. It is best to have the baby in your room for the first couple of weeks until you get used to the noises.

Our group as well as The American Academy of Pediatrics strongly recommends that a healthy baby sleep on her back until she is rolling over well. These sleep positions have been shown to significantly lower the incidence of S.I.D.S. If your baby has special medical problems, such as reflux, respiratory problems, etc., make sure you discuss this with your doctor.

4. Eating: Be relaxed and have a lot of time to feed your baby. If you are rushing or upset, they may not feed well. Formula or breast milk should be sufficient for them for the first 4-6 months. You can usually tell they are getting enough to eat if she sleeps well and urinates and stools normally.
5. Spitting: All babies spit up from time to time. Sometimes they even vomit. If it is persistent, please discuss it with us. Spitting may last for eight to ten months and will usually get better when the baby begins to sit or stand.

6. **Burping:** Burping is optional. Its only benefit is to decrease spitting up. Air in the stomach does not cause pain. If you burp your baby two times during a feeding for about one minute each time that is plenty. If you are breast feeding, burp the baby as you switch breasts and again at the end of the feed.
7. **Hiccoughs:** Hiccoughs are normal in an infant and may last 5-15 minutes or sometimes longer. They usually only bother the parents, and not the baby! You may try to stop them by refeeding or reburping. Remember if the baby was hiccoughing while you were pregnant, you didn't do anything and the baby did fine. That strategy is still good after the baby is born.
8. **Bowel habits:** Each baby will establish her own bowel habit—sometimes with every feeding and sometimes once every two days. Sometimes they're yellow, watery, with "seeds", and sometimes they're brown and pasty. Whatever the situation, if the baby is comfortable, then her stools are usually right for her. If a newborn's stools are very hard or the baby seems very uncomfortable, please call our office for advice. Almost all babies push and grunt as they learn to stool and this is normal. If you need to assist your baby, this can usually be done with a rectal thermometer and a small amount of Vaseline. Insert the silver end in and out of the rectum, gently, two or three times. If this does not work you may try to inset one-half of an infant glycerin suppository. Do not use laxatives or enemas without contacting us.

COMMON PROBLEMS

1. **Colic:** Normally infants do some crying during the first months of life. When babies cry without being hungry, over-heated, or in pain---for an excessive amount of time-- we call it "colic", about 10% of babies have colic. Although no one is certain what causes colic, these babies seem to want to be cuddled or to go to sleep. Colic is not the result of bad parenting, so don't blame yourself. Colic is also not due to excessive gas, so don't bother with extra burping or special nipples. Cow's milk allergy may cause crying in a few babies, but is usually also associated with vomiting and diarrhea.

Colic is not caused by abdominal pain. The reason that the belly muscles feel hard is because the baby needs these muscles to cry. Drawing up the legs is also a normal posture for a crying baby, as is flexing the arms.

All of the pediatricians here are experienced in dealing with colic. If you think your baby has colic, discuss it with us at your next routine exam.

2. **Constipation:** (see "Bowel Habits") If blood or mucous is seen, contact us immediately.
3. **Diarrhea:** Occasional loose bowel movements are not unusual in a newborn. If it seems excessive, you may wish to try a couple of feeds with an oral hydration

solution for babies (e.g. Pedialyte). If it is excessive and persists, call us. Do not use anti-diarrheal medicine in a baby without calling us.

4. Vomiting: Occasional vomiting is not unusual. If it is more frequent, persistent, repetitive or forceful, call us. There are no medications for a newborn with vomiting.
5. Rashes: Rashes are caused by many factors. The most common newborn rashes are discussed under facial rashes. Another very common rash in the newborn is heat rash. It is seen as small flat red spots, usually around the neck and chest. To prevent this, don't bundle the baby too much when it's hot outside. Usually keeping the baby cooler will help the rash to disappear. Babies will also get redness around the anus as a result of acids in the stools. This is best treated by supplying a small amount of antacid (e.g. oral Maalox or Mylanta) and then covering with a cream that contains zinc oxide (Desitin, Balmex, Dyprotex, etc.) If the baby has a fever and rash, contact us immediately.
6. Fever: If an infant under two months of age has a fever, we need to know immediately! The only accurate way to take a newborn's temperature is rectally. An ear thermometer is not very accurate in a newborn. If you measure a fever with an ear thermometer, confirm it with a rectal temperature.

ROUTINE EXAMS

We are concerned with keeping your baby as healthy as possible. For this reason, certain immunizations and tests are given routinely during the first years of life.

Listed below is a schedule of such immunizations and tests. We hope to see you and your child during these months in order to provide the best possible care for your growing baby. Check with your insurance carrier to be certain all these interval visits are covered.

- 3-4 Days Newborn Check-up; Hepatitis B #1 (if not given in the hospital)
- 2 Weeks Repeat PKU-Thyroid Screen
- 1 Month Hepatitis B #2
- 2 Months DTaP #1, HIB #1, Polio #1, Prevnar #1, Rotateq #1
- 4 Months DTaP #2, HIB #2, Polio #2, Prevnar #2, Rotateq #2
- 6 Months DTaP #3, HIB #3, Prevnar #3, Rotateq #3
- 9 Months Hepatitis B #3,

- 12 Months Varicella #1, TBTest (PPD), MMR #1, Hepatitis A#1, urinalysis, hemoglobin and lead level (blood test)
- 15 Months HIB #4, Prevnar #4
- 18 Months DTaP #4, Polio #3, Hep A#2
- 2-4 Years Annual physical exam which includes hemoglobin, urinalysis, vision, hearing

4-6 Years: Prior to your child entering kindergarten, she will need a complete exam as well as DTaP #5, MMR #2, Polio #4, Varicella #2, hemoglobin, urinalysis and PPD, vision and hearing test. If your child is entering pre-kindergarten, some of these vaccines may be required prior to entry. Check with your school for details.

11-12 Years: Tdap, Menactra (Meningitis), and Gardasil (HPV...Females only), Complete physical which includes urinalysis, hemoglobin, vision, hearing, cholesterol check (if risk factors present).

In addition to this schedule, all children should be scheduled for a yearly checkup.