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NEWBORN CARE

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Congratulations on your new arrival! The following information is to help you with your new baby. If you have any questions once you are home, feel free to call the office. Never feel that your question is a silly one.

NOTE: If we have seen your baby in the hospital, we will call the day after discharge to answer any questions and to arrange your first office visit. If we will not be seeing your baby in the hospital, be sure to call us within the first few days after your baby's birth to make your first appointment.

Babies Are Babies

A newborn's appearance and actions are normal for them, but may seem foreign to new parents. The skin of a newborn is delicate and pink, but may become mottled when undressed. It may also become dry and scaly within a few days. Many babies have "stork bite", reddish blotches on the back of the neck, between the eyebrows or on the eyelids; these usually fade in time. Many babies get newborn "acne" on their face, and this is totally benign and will go away without treatment. The shape of the newborn's head may seem abnormal due to pressures exerted on it during its passage through the birth canal. However, over a few days to weeks it will adjust to its normal contour. Your newborn may appear to have material in its eyes, or some swelling there. This is usually secondary to the medication placed in their eyes after birth. This is recommended to prevent certain infections. Use warm water and cotton balls to clean them if necessary.

All babies yawn, belch, pass gas, cough, cry, sneeze and hiccough. Sneezing is how babies clear their nose of mucous or milk curds. Hiccoughs are little spasms of the diaphragm muscle, and are of no harm. A few swallows of warm water may stop these. Loud noises or sudden movement will usually cause a newborn to respond with jerky arm and leg movements. Babies may occasionally look cross-eyed. Breathing is often irregular and noisy. All of these actions are quite normal for a newborn.

Feeding

General — Feeding should be a satisfactory experience for both you and your baby. Relaxation is the most important factor. A comfortable, quiet environment is important for successful feeding.

The number of feedings per day required by each newborn varies, but generally falls between 6 and 10. The time interval between feedings is usually 2 to 5 hours. Your baby will do best if fed on demand. We do, however, recommend not feeding your baby more frequently than every 2-3 hours; a pacifier may substitute. If your baby has his "days and nights mixed up", you can try awakening your baby for frequent feedings during the day at 3 to 4 hour intervals. This may encourage longer intervals at night. You need not wake the baby at night for feedings once their weight has surpassed their birthweight.

Burping your baby is necessary to relieve swallowed air. Most babies burp 2 or 3 times during a feeding, but some need more, and some never burp. To burp your newborn, hold the baby upright on your shoulder or in a sitting position on your lap with him leaning slightly forward. Pat or gently run the baby's back. Remember that your baby does not have to burp. Try it for a short time, then go on with the feeding.

Many babies will spit up small amounts of milk during and after feedings, often accompanying a burp. Some babies may even vomit a portion of a feeding once or twice a day. Frequent burping and a sitting position after feedings may help this.

Breast Feeding — We encourage breast feeding as the most natural and satisfying way to feed your baby. Many questions will initially arise, but most will be answered by your hospital nurse, lactation staff or with previous reading. After you are discharged do not hesitate to call our office to schedule an appointment with our lactation specialist or to speak with our phone nurse.

You should start with about 3-5 minutes on each side, alternating the breast you start with at each feeding. (A safety pin on your gown or bra is a good way to remember which breast is first.) This schedule can be increased 2-3 minutes per day, until a maximum of 10-20 minutes per breast is attained. One breast may be all your baby wants at a feeding; attempt to feed from the other breast and to begin the next feeding with this breast. It is best to feed from both breasts the first month so that a good milk supply is established.

Cracking or soreness of your breasts may occur; it is recommended that you apply expressed breast milk to the sore area and allow it to dry. You may also apply medical grade anhydrous lanolin. It need not be washed off before feeding, although your baby may prefer you do.

Breast milk supplementation can be performed if you use a breast pump. (Insurance may pay for one if your obstetrician prescribes this for you in the hospital.) The best time to pump is after feeding. Do not be discouraged the first several times, as the amounts will increase as you continue to pump. Breast milk can be safely stored in the refrigerator for 3-8 days. After 2 days in the refrigerator, breast milk should not be frozen. Human milk can be frozen in the refrigerator freezer for 3-6 months and in a deep freeze up to 12 months.

Supplemental feedings with formula should be used only after milk flow is well established, usually 2 weeks of age unless instructed earlier by your provider. Remember, your milk supply is determined by your infant and with breastfeeding. By introducing formula you may find that your milk supply may decrease.

Bottle Feeding — Formula feeding is entirely safe and acceptable if breast feeding is not desirable or feasible. Sterilization is not necessary. The popular varieties of prepared formula are all acceptable, and can be obtained in powder form, liquid concentrate, or ready to feed. Always hold your baby; never bottle prop! Most newborns will take 2 to 4 ounces each feeding.

Vitamins — Healthy formula fed infants do not need supplementation. Healthy breast fed babies need supplemental Vitamin D starting at about 10 days of age (this will be discussed at that visit.) If your baby was premature, or has a health problem, vitamins may be beneficial.

Solids — Solids need not be started until 4 to 6 months of age. Information on this subject will be addressed during a health supervision exam at the proper time.

Safety

The most important item you will ever buy for the baby is an approved car seat. It is also unsafe to hold the baby on your lap in the car! Use the car seat on your first car trip home from the hospital. The law in Colorado requires a car seat for your infant.

Always fasten the strap when the baby is in an infant car seat, and never leave an infant car seat on a table or high object. Never leave your baby unattended on a changing table, bed, etc., since you never know when your baby will roll over for the first time.

Cord Care

The umbilical cord will usually fall off in 1-3 weeks. Alcohol application is not necessary. Try not to moisten the cord area until it falls off and is dried. When it falls off, and often before, you may notice a few drops of blood or yellow discharge. This is entirely normal. Call the office for foul odor, redness, or large amounts of pus or bleeding.

Genital Care

If your baby was circumcised, apply Vaseline to the inside of the diaper with each diaper change for a few days. This will prevent the diaper from sticking to the circumcision area. You may see a few drops of blood on the diaper; this is normal. If the plastic bell was used, do not use soap until it falls off, as this will irritate the area. Also, the bell will usually become unattached in spots; do not pull it off even if attached only in one spot.

If uncircumcised, you simply need to keep the area clean. You need not retract the foreskin.

Baby girls will often have a white vaginal discharge. Sometimes the discharge becomes bloody. Both are normal. Gentle rinsing of this area is all the cleaning needed.

Skin Care and Bathing

Clear water sponge baths are all that should be given until the cord has fallen off and the navel is entirely dry. After that, a bath is fine, every 2-3 days. Use a mild baby soap. The scalp should be massaged vigorously twice a week. Do not worry about harming the baby's soft spot.

A particularly good soap to use for a dry face is Cetaphil. If the baby's skin becomes dry, creams, such as Cetaphil, Aquaphor, Eucerin, Lubriderm or Keri, are recommended. Be careful not to use unnecessary applications of lotions, since this may cause skin irritation. Powders should not be used at all.

Cradle Cap

This condition, called seborrhea, is similar to dandruff. It can be prevented by scrubbing the scalp, as mentioned above. If cradle cap occurs, loosen the scales daily with a comb or soft brush.

Diaper Area

Bowel movements should be changed quickly. Use wipes or wet clothes. You do not need to use wipes for wet diapers. Air drying is acceptable. Do not overuse wipes, as rashes will occur. In baby girls, wipe from front to back.

A diaper rash is not unusual. To treat these, use frequent diaper changes, frequent airing of the area, and diaper ointments. If the rash persists over 3 days, you may need to call, since a yeast infection may have occurred. Do not use starch, powders or Vaseline.

Nails

Keep your baby's nails trimmed or filed, to prevent scratches on the face. This is best accomplished while the baby is asleep, and may need to be done several times a week. Gloves are not recommended to prevent scratching, since this does not allow the baby to explore its environment.

Outdoors

Babies have delicate skin, and should not be exposed to direct sunshine for more than just a few minutes at a time. It is alright to take your baby outside at any age. However, babies usually dislike wind.

Clothing

Your baby needs only to wear the amount of clothing that you require. It is a common tendency to overdress babies. Avoid wool and silk initially. Wash all new clothing and blankets once before using them. A mild detergent, such as Dreft, is recommended. Fabric softeners/dryer sheets are not suggested.

Room Temperature

A thermostat setting of 68-72° is fine. Do not overheat!

Urine and Stools

Newborns wet almost hourly. The duration gradually becomes longer.

Stool frequency varies from as much as 7 to 8 stools a day, to as little as one every 3 to 4 days. Many babies, particularly breast fed ones, may change over the first few months from the frequent extreme to the other. The color of the stools can vary from yellow to brown to green, and the consistency is often very loose. Babies will often strain and turn red when having a bowel movement. All of the above are normal.

If the baby cries vehemently with bowel movements, or has blood noted, call the office. **Never** give laxatives, suppositories, enemas or diarrhea medications!

Sleeping

For future sleeping habits, we discourage infants sleeping in the same bed as their parents. During the first few weeks, babies like to be wrapped. We recommend babies sleep on their backs. Babies vary as to when they sleep through the night, but do not expect this before 6 weeks of age. When it comes to sleep, babies sleep when they need to!

Crying

Crying is your baby's means of communication. A cry will mean hunger, wetness, pain, or nothing at all. It is important to emphasize that every cry doesn't mean hunger; do not feed too frequently. Allow your baby to settle down on his own. If a pacifier settles your baby, there is no harm in using one.

"Colic" is an ill-defined term to describe a fussy, irritable baby. There are no sure cures for this, although, fortunately, it resolves by 3 to 4 months of age. Cuddling, rocking, or driving in the car will settle many babies. An infant swing seems to work well. Most of all, allow yourselves a break.

Visitors

Everyone wants to see your new baby, but the desire is not mutual. A respiratory infection is not a pleasant gift. Therefore, be cautious during the first month or so, with crowds and visitors. Do not be afraid to be firm when visitors ask to handle your baby. Incidentally, flash bulbs won't hurt your baby's eyes, so let your friends and relatives take their pictures!

Sibling Rivalry

Older sibs will surely become jealous of the new arrival. Be certain to watch for your newborn's safety, but also to spend time with your older ones too.

Equipment

The following are wise to have on hand when your baby arrives home: thermometer, bulb syringe (to clear nasal secretions), cool mist vaporizer, acetaminophen drops (i.e. Tylenol), and cotton balls, as well as items mentioned previously.

Illnesses

The following are danger signs in a newborn that must be reported immediately; fever (over 100), refusal to eat, trouble breathing, persistent vomiting, bleeding, significant changes in personality (too lethargic or irritable), or anything that worries you. Salt water nose spray/drops can be helpful if babies seem congested.

Genetic Screen

This test screens for several rare diseases. It is done once in the hospital, and is repeated at the 10 day check.

Hepatitis B Vaccine

Vaccination for this disease is offered in the hospital on the first or second day of life. Our practice recommends this vaccine.

Summary

Raising a child should be a pleasurable experience for both you and your baby. Give your baby love and a feeling of confidence. If a problem occurs, exercise common sense, as you will probably make the right decision. Remember, you can call the office too.

And again, congratulations!