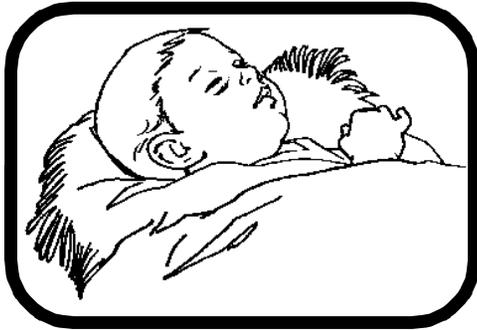


General Instruction Related to Newborn Care



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We have designed this pamphlet to help answer some questions parents ask and to give some help in managing common problems that occur in children. The instructions given in this pamphlet should help you meet the needs common to newborn babies, and will give you helpful hints on how to keep your baby happy and healthy.

Your new baby is an individual from the day he is born. These instructions are only guidelines and you should adapt them for your child. We will be happy to guide you and answer any questions you have either over the phone or during your visits to our office.

OFFICE VISITS

Your baby should have his first checkup in the office at 2-3 weeks of age. If you are breast feeding, we would like to see the baby in the office 2-3 days after you go home from the hospital.

EMERGENCIES

SIGNS OF ILLNESS THAT SHOULD BE REPORTED TO US ARE:

1. Fever of 101 or over by rectum, since this is uncommon in children under three months of age.
2. Vomiting (not just spitting-up) or refusal to eat several times in a row.
3. Listlessness.
4. Loose, runny bowel movements containing mucus and having a foul odor. The stool patterns of normal newborns, however, are extremely variable. Frequently, newborn babies, especially those who are breast feeding, will have loose, yellow, or occasionally green stools after each feeding. Diarrhea signifying illness usually occurs in combination with the other symptoms of vomiting, listlessness, fever, and refusal to eat.

5. Any unusual rash. A very common rash that occurs in newborns is perfectly harmless. It is a pimply, bumpy rash that usually occurs over the bridge of the nose or on the cheek. It may also occur elsewhere on the body. If you note a rash that concerns you, please call us at the office. We can decide together whether it is harmless or whether we should see the baby.

6. If you take your baby's temperature under his arm, be sure to leave the thermometer there for four to five minutes. Despite what you may have heard, when you call us about his or her temperature, please do not adjust the reading up or down. Simply tell us the reading and how you took the baby's temperature.

FRIENDS AND RELATIVES

There is always a great deal of excitement surrounding the homecoming of a new baby. Most of you have many friends and relatives who are very excited, and want to hold, hug, and kiss your baby. Unfortunately, you will not know who has a cold, sore throat, sinus trouble, cough, or dirty hands. For both your benefit and the baby's, please try to keep visitors, especially small children, away from your baby for the first few weeks. Newborn babies are best kept as much to themselves as possible. Avoid bringing your baby to crowded locations in the first two to three months if possible.

BABIES ARE BABIES

All babies sneeze, yawn, belch, have hiccups, pass gas, cough, and cry. They may occasionally look cross-eyed. Sneezing is the only way in which a baby can clean his nose of mucus, lint, or milk curds. Hiccups are little spasms of the diaphragm muscle. They are very common after feedings. Coughing is a baby's way of clearing his throat.

CRYING

Many newborn infants, after the first week or so, have a period of time during the day when they are extremely fussy or irritable. This usually occurs in the evening hours, although it may occur any time during the day or night. Crying at this time is not usually related to being hungry, thirsty, soiled, or wet, but is still bothersome. No one completely understands why this occurs in newborn infants, but it may be some consolation that it usually improves by the time the infant is 2 or 3 months old. This may be a time when you can offer a little extra water, or rock your baby, or simply let him fuss a little. All new babies and all parents go through a period of adjustment while they become accustomed to one another. If you can be relaxed and comfortable with your baby during this time, chances are she will be less irritable and fussy.

FEEDING

Feeding is one of your baby's first pleasant experiences. The baby's first love for its mother arises primarily from the feeding situation. Both of you should be comfortable. Hold your baby in your lap with his head slightly raised and resting in the bend of your elbow. Whether breast or bottle feeding, hold your baby comfortably close.

BREAST FEEDING

Breast feeding is an excellent way to feed your baby. There are several advantages to breast feeding. Some of these are as follows:

- a. It is a very non-allergenic form of milk.
- b. There is no sterilization required, and it is generally less expensive.
- c. The closeness of mother and baby conveys a feeling of warmth and love.

d. Breast milk contains antibodies and other forms of protection against germs, particularly those which cause diarrheal-type illnesses in newborn infants.

Most mothers have no difficulties nursing their babies when they desire, if their infants have no problems which prohibit nursing. Breast milk usually does not come in until about the third day after delivery. Until that time, your baby is nourished by a fluid called colostrum. This comes before the breast milk. Do not worry about your baby obtaining milk for the first several days. Occasionally a good milk supply is not established for the first 1 to 2 weeks.

When nursing, rinse your breast with water each time before you nurse. Washing your breasts with soap and water once a day will be sufficient.

To nurse, place two fingers on each side of the nipple and press slightly so the nipple sticks out. You will then be able to guide the nipple into your baby's mouth and at the same time be able to keep the breast from pressing against his nose. Let him get hold not only of the nipple but some of the surrounding brown area. Some time you may need to encourage your baby to nurse. Don't push him toward the breast. Instead gently stroke his cheek nearest the breast. He will then usually turn his head to hunt for the nipple. If you have any difficulty nursing your baby, ask the nurses in the hospital to give you assistance or call us after you have gone home. Please report to us or your obstetrician any bleeding, tenderness, or soreness of your nipples. Once your milk supply is fully established, a period of 10 to 20 minutes on each breast will generally be enough for your baby. Although it is somewhat unusual, you may produce enough milk so that you are able to nurse your baby on one breast and use the other breast at the next feeding.

We prefer that you use a demand schedule, feeding your baby when she seems to be hungry. If you do this, she will probably average 2 to 3 hours between feedings in the first month, and will establish a regular schedule every 3 to 4 hours after that. It will not be necessary to wake your baby

at night to feed him. For the first few weeks and, occasionally the first few months, most babies will demand some night feedings.

For your relief, an occasional bottle may be substituted for a feeding beginning about 4 to 6 weeks of age. You may use any of the standard, iron fortified infant formulas or you may pump your own breast milk and save it. Refrigerated breast milk will keep for 24 hours. Frozen breast milk will keep for several months. If you do use a standard formula, the ready-to-use four ounce bottles with sterile nipples are very convenient to use.

BOTTLE FEEDING

Seated comfortably, and holding your baby with his head supported, tilt the bottle so the neck of the bottle and nipple are always filled with formula. This helps your baby to get formula instead of sucking and swallowing air. Air in the stomach may give him a false sense of being full and frequently makes new babies very uncomfortable.

Your baby has a strong natural desire to suck. For him sucking is part of the pleasure of feeding time. Your baby will keep sucking on nipples even after they have collapsed. Take the nipple out of his mouth occasionally to keep the nipple from collapsing. This makes it easier for him to suck and lets him rest a bit.

Never prop the bottle and leave the baby to feed himself. The bottle can easily slip into the wrong position. Remember that your baby needs the security and pleasure it gives him to be held at feeding time. It's a time for him and for you to relax and enjoy each other.

BURPING

You may need to feed your baby for a while before you can determine how often he needs to be burped. Most babies need to be burped after every 1-2 ounces of formula or after 5 minutes of breast feeding, and at the end of the feeding. Even if he is fed properly, he usually swallows some air. The way to help him get rid of this is to burp or bubble him. Hold him upright over your shoulder, and pat or rub his back very gently until he lets go of the air, or place him down on your lap and gently rub his back. Another way of burping is to support his chest in one of your hands and rub or pat his back gently.

HOW MUCH FORMULA

The amount of formula your baby will take is extremely variable. Most babies for the first few weeks will take between two and four ounces at each feeding. If your baby is not satisfied with a four ounce bottle, simply increase the amount of formula on demand. A baby's appetite may vary from feeding to feeding, and you should not force a baby to eat. Sometimes your baby will take all of his bottle and sometimes she won't. Don't worry. This is normal.

For those babies who are bottle fed, we recommend using a standard formula with iron for the first 9 to 12 months of life.

WATER

Normally formula mixed in its usual manner and breast milk both have sufficient quantities of water for your baby. If your baby seems extremely fussy or irritable, however, you may certainly offer him a few ounces of boiled water daily. If he takes it, offer a little extra water every day, especially in warm weather. If he refuses it or doesn't seem interested, don't worry. This means he is getting enough water from his milk.

FORMULA PREPARATION

The formula should be made fresh every day, and it must be kept fresh, clean, and sterile. There are two methods of preparing formula. One way is to mix the formula, pour it into clean bottles, and sterilize the formula and bottles together. This is called the terminal heating method. The other way is to sterilize utensils separately. This is called the simple boiling or aseptic method. Instructions for both methods are given to you in the hospital, and if you need any help or further explanations please feel free to ask. Never re-use formula. Discard any formula left in the bottle after your baby is done eating.

VITAMINS AND FLUORIDE

Bottle fed babies will get their vitamin and iron supplements in their formula. For breast feed babies, vitamin supplements may be suggested by your baby's pediatrician. These will be prescribed during your first or second well baby visit. All babies will require fluoride supplements beginning at 6 months of age if you do not have flouridated water.

SOLID FOODS

We will talk about solid foods when you bring your baby to the office for his check-up. Most experts recommend waiting until 4 to 6 months of age to begin solid foods. Solids are not required nutritionally by your baby for the first several months of life. If you feel your baby requires cereal or other solids prior to this time, please call us in the office before starting the solid foods.

BATHING

Your baby's navel will have a small portion of the umbilical cord on it when you take him home from the hospital. Usually this falls off within 1 to 2 weeks. You may see some bleeding or discharge during this time. This generally means the process of separation and healing are going on, and it needs to be kept clean. We suggest you use Q-tips dipped in rubbing alcohol and clean the navel carefully four or five times a day until you see no further bleeding or discharge. Leave the navel open to air. There may be a small protrusion, or what is called an umbilical hernia. This will usually disappear as the baby grows older and the abdominal muscles begin to tighten and strengthen. We do not recommend the use of belly binders or quarters taped over the navel for this condition. Once the navel (and circumcision) is healed, you may use a bassinet, sink, or tub to give him a regular bath. This will be approximately 2 to 3 weeks after you take your baby home from the hospital.

A good rule to remember concerning your baby's skin is the less done to it, the healthier it stays. Most babies have dry and scaly skin initially. This is because they have been floating in amniotic fluid for nine months. We recommend you bathe your baby every 1 to 2 days with water and any mild soap you prefer. Wash his face just with water initially. The scalp can be washed with a baby soap or baby shampoo. If you notice some dry or scaly areas in the scalp, this is called cradle cap. You may control this condition by scrubbing your baby's scalp well every 2 to 3 days with soap, water, and a brush.

The diaper area requires special attention and should be kept clean and dry. Because your baby will be frequently wet or soiled, we feel it is useful to clean the baby with a soft wet cloth after bowel movements or urination and pat him dry. You may then coat the diaper area with vaseline or a barrier cream such as Desitin, A&D, or Johnson & Johnson Diaper Out which will help prevent the formation of diaper rash. If a diaper rash should develop, please call us in the office and we can discuss other means for controlling the

problem. If you use cloth diapers, a mild detergent such as Dreft or Ivory Flakes should be used to wash them, and they should be thoroughly rinsed.

CIRCUMCISION

If your baby has been circumcised, there may be a plastic ring over the tip of his penis. This will fall off sometime within the next 5 to 10 days. After that, wash his penis with soap and water as needed. For the first few weeks you should gently pull the foreskin back from the end of the penis in order to prevent the foreskin from scarring down on the tip of the penis.

If your baby has not been circumcised, clean the foreskin gently with soap and water. Never force the foreskin down off the end of the penis at this age. A natural separation usually occurs by adolescence.

STOOLS

Your baby may have a bowel movement after each feeding or may have one or two stools a day. Some babies may go 48 hours without a stool and be normal. Your baby may strain when she has a stool, but unless the stool is hard and pellet-like, this is perfectly normal. Adding a teaspoon of dark karo syrup to four ounces of formula once or twice a day will soften the harder stools.

COMFORT

Try to keep an even, comfortable temperature in the baby's room. On hot days provide ventilation. On cold days check on your baby occasionally to see that he is covered enough to be warm and comfortable. A good daytime temperature is 70 to 72 degrees and 65 to 68 degrees at night is perfectly fine.

You can expect your baby to do a lot of sleeping. Your baby's mattress should be firm and flat. No pillow should be used. Protect the mattress with a waterproof cover. Next comes a soft baby sheet and one or two cotton blankets.

Your baby probably does not require much more clothing than an adult, so don't overdress him. Some babies are allergic to certain materials, so watch for rashes in clothing contact areas.

VAGINAL DISCHARGE

Most girl babies have a whitish vaginal discharge for a few weeks after birth. Some infants will have a small amount of vaginal bleeding beginning 3-5 days after birth. This represents the loss of female hormone levels she was exposed to before birth and need not be cause for concern.

These same hormones may cause some breast swelling in the newborn period and even some tenderness and milky discharge. This usually goes away by 2 to 3 months of age and is a normal variation.

SAFETY

Your baby may be able to scoot, even in the newborn period. If you have to leave him alone for any reason, do not leave him on a bed, couch, chair or changing table. You can always lay your infant on the floor while answering the telephone, etc.

A second point is safety in the car. Your baby should always ride in an approved car seat, facing the rear of the car. This includes the trip home from the hospital. Remember, at 30 miles per hour, if you hit another car, tree, etc., the baby will weigh the equivalent of several hundred pounds and cannot be safely held by even the strongest person.

SLEEPING POSITION

Evidence from a number of countries as well as from the United States suggests a relationship between the prone sleeping position (sleeping face down) and an increased incidence of Sudden Infant Death Syndrome (crib death).

We recommend the babies sleep on their back. This is a change from the way infants have traditionally slept in the United States, however, there appear to be no harmful effects from sleeping on their back. Although the risk of SIDS is small for any given child, because of the nature of the condition, we feel any reduction in risk is worth the effort.

Please ask us if you have any questions.

IMMUNIZATION SCHEDULE

Birth	Hepatitis B Vaccine
6-8 weeks	Pentacel (combined DTaP, HIB, Polio), Hepatitis B, Rotateq (Rotavirus), and Pneumococcal (Prevnar) vaccines
4 months	Pentacel (combined DTaP, HIB, Polio), Rotateq (Rotavirus), and Pneumococcal (Prevnar) vaccines
6 months	Pentacel (combined DTaP, HIB, Polio), Hepatitis B, Rotateq (Rotavirus), and Pneumococcal (Prevnar) vaccines
12 months	Hepatitis A Vaccine, Varivax (Chickenpox), and Pneumococcal vaccine (Prevnar)
15 months	Measles, Mumps, Rubella (MMR) and Hemophilus Influenza (HIB) vaccines
18 months	DTaP vaccine and Hepatitis A vaccine
4-6 years	DTaP, Measles, Mumps, Rubella (MMR), Varivax (Chickenpox), and Polio vaccines
11-12 years	Tdap (combined Tetanus, Diphtheria, Whooping Cough), Menactra (Meningococcal), and Gardasil (HPV - for girls) vaccines

READING MATERIAL

Dr. Benjamin Spock: INFANT AND CHILD CARE.

Haim Ginott: BETWEEN PARENT AND CHILD.

Selma Fraibert: THE MAGIC YEARS.

Margaret Sheffield-Knopf: WHERE DO BABIES COME FROM.

Brazelton-Delta: INFANTS AND MOTHERS.

Eiger and Olds: THE COMPLETE BOOK OF BREASTFEEDING.

Consumer's Union: GUIDE TO BUYING FOR BABIES.

Shelov, Steven P., M.D. ed.: The American Academy of Pediatrics CARING FOR YOUR BABY AND YOUNG CHILD. Birth to Age 5.