



Old Harding Pediatrics' Guide to Newborns

Welcome to Old Harding Pediatric Associates. The first few weeks at home with your newborn baby are some of the most exciting and challenging days you will experience while raising children.

Unfortunately, anxiety can often prevent new parents from fully enjoying this magical time. That's where we come in. Our ten board certified physicians have created this informative aid filled with sound clinical advice to help relieve the stress of early parenthood. Rest assured that OHPA will stand by your child and guide you through every phase of their childhood. Congratulations to you on your new family and welcome to ours.

Breast feeding

Congratulations on your decision to breast feed. This natural process not only provides the food most matched to your newborn infant's needs, but also allows for a continuation of the close bonding with your child that began with your pregnancy.

Most mothers who elect to breast feed worry about whether or not they will be able to make breast milk. Fortunately, this is usually not a problem, but rather a very natural occurrence after delivery. In fact, mothers who are not breast feeding have to do things to stop the breast milk from coming!

Successful breast feeding involves several basic principles:

1. Start breast feeding early.
2. Breast feed frequently, generally every 2 to 3 hours.
3. Eat a well-balanced nutritious diet and drink plenty of fluids.
4. Rest when your baby is sleeping.
5. Avoid misinformation from "helpful" friends and family.

After the baby has proven to be stable in his/her new environment, the baby will be brought to you for the first breast feeding. Relax. If the baby takes to the breast immediately and seems to know exactly what to do, this is great. If the baby seems disinterested and the first feeding is less than satisfactory, don't worry. Your baby's interest will increase daily. When you first put the baby to your breast, keep in mind a reflex all newborn babies have—the rooting reflex. If you tickle the side of a newborn's cheek, he/she will turn to that side and begin to move his/her mouth around in a sucking fashion. This process is called rooting. You can use the rooting reflex to your advantage by stimulating around the baby's mouth with your

nipple. This will allow your baby to open his/her mouth well and latch-on properly. Try to avoid pushing the baby toward your nipples with your hand.

Let the baby nurse on each breast every feeding. On the first day allow five to seven minutes on each breast. Increase the time on each breast daily up to the point where your baby is nursing 10-20 minutes on each breast every feeding. If the baby is not interested in completely emptying the second breast, start with this breast the next feeding.

During the first few days you will make a material called colostrum that precedes milk. Colostrum is rich in protein and provides adequate fluids for your baby until your breast milk comes in around the third or fourth day.

Nursing your baby frequently is crucial to establish your milk supply during the first few weeks. Our routine is a three-hour breast feeding schedule, but we urge you to nurse more frequently if your baby is interested. In general, try to nurse your baby 8 to 12 times in a 24-hour period using an on-demand approach.

Remember that during the first few days babies will often fall asleep during feedings. If this occurs, try changing positions, burping your baby, unbundling your baby, or gently wiping your baby's face with a cool wash cloth. It is normal for babies to show intermittent and variable vigor for breast feeding. Their interest will increase daily.

As a nursing mother, you should not try to diet while breast feeding. Your diet should be high in protein and you should drink liberally but reasonable amounts of fluids. Continue to take your prenatal vitamins as breast feeding places increased demands on your body.

Some foods that the nursing mother eats can sometimes upset their baby's tummy. Often mentioned are chocolate, citrus products, cabbage and other green leafy vegetables, and hot spicy foods. If you notice your baby seems to be sensitive to any particular food, limit or eliminate those foods from your diet.

Your obstetrician will advise you about your need for pain medication and laxatives. Most of these medications are typically used on an as needed basis and have little effect on breast milk. If you do require around-the-clock medications, let your pediatrician know what medications you are taking to ensure they are safe for your baby during breast feeding.

Breast feeding can sometimes result in sore breasts. This is best avoided by ensuring proper position and latch-on technique. After nursing, always completely air-dry your nipples. You can rub a few drops of the milk into the areola immediately after feeding to help with lubrication. Avoid the use of soaps and any creams on the nipples unless directed by your pediatrician or lactation consultant. All of the nurseries have a lactation consultant available for assistance with breast feeding. We encourage you to work with them for help and reassurance.

Formula Feeding

Formerly a complicated course in nutrition and chemistry, mixing infant formulas is now as simple as opening a can and pouring it into a bottle. Formula comes in three forms — powder, concentrate, and ready to feed. Powdered formula is the most economical. If you choose to use powder or concentrated formulas, you will need to mix these with water according to their instructions. If you are using city water, you do not need to boil it before use. If you are using well water, we do suggest you boil it until your baby is at least three months old.

When choosing a formula, always select a formula with iron. Iron has not been shown to cause constipation, reflux, or colic, and using a low iron formula can be detrimental to your baby. If you feel your baby is not doing well on a certain formula, we encourage you to discuss this with your pediatrician before making changes.

How Much and How Often to Feed

During the first several days, your baby will take 1-2 oz. at each feeding. This will gradually increase to 3-4 oz. during the next several weeks. To stay ahead of your baby's increasing appetite, fill the bottle with 1/2 oz. more than he/she took the feeding before. Allow your baby to take as much as he/she wants but do not insist he/she finish every bottle if they do not seem interested.

In general, most bottle fed babies feed on a 3 to 4 hour schedule during the day. Nighttime feeding intervals do not need to be as frequent. We encourage you to allow them to wake themselves when they are hungry.

Babies are looking for a total amount of formula each day— that amount will satisfy the need to grow. If you give your baby most of his/her requirements during the daylight hours, he/she will want less at night. Try this: from about 7 a.m. until 11 p.m., feed the baby every three hours if he/she is awake and seems ready to feed. If he/she is asleep three hours after the last feeding, let him/her sleep. If it approaches four hours, try to gently wake the baby and feed him/her. From 7 a.m. until 11 p.m., the baby is on a three to four hour schedule. Again, at night allow him/her to sleep and awaken on his/her own to feed.

Bottles and Nipples

There are a multitude of bottles and nipples on the market and choosing one is generally a matter of personal preference. If your baby does not seem to be doing well on the bottle/nipple he/she is currently on, then try another one. If you are having particular difficulty finding a good fit for your baby, talk with your pediatrician about recommendations.

It is important to ensure proper functioning of the bottle nipple. When the bottle is turned upside down, formula should drip at approximately 1 drop per second or slightly more. If it flows more rapidly the nipple should be discarded. If it flows too slowly, the nipple hole may be enlarged with a red-hot needle or you can simply buy the next size nipple. Nipple holes that are too small require your baby to suck too hard. This may cause your baby to quit feeding because he/she is too tired, not because he/she is full. Having to suck too hard may also cause your baby to take in excessive air which may lead to gassiness, cramping, and fussiness. So, if your baby is taking longer than 15-20 minutes to finish a bottle make sure the nipple size is appropriate.

Washing bottles and nipples in hot soapy water or a dishwasher is acceptable. It is not necessary to boil them or use a sterilizer.

Feeding Position

Babies held close and fed the bottle are known to receive just as much affection and bonding as breast fed babies. It is important to ensure you feed your baby in an upright position. Feeding while lying flat increases the risk of choking and ear infections. Until your baby can hold his/her own bottle, never "prop" bottles.

Bowel Movements

During the first 2-3 days of life, your baby will pass a substance called meconium, which is black or green in color and tarry in consistency. Over the next several days, this will transition to normal stools. For breast-fed babies, this means yellow, loose, seedy stools. For formula-fed babies, this means soft, slightly pasty stools that vary in color from yellow to green to brown. In general, breast-fed babies stool 1-4 times per day. However, some babies do not stool every day and that is normal as long as they are not constipated.

Constipation in the newborn period is defined by the character of a baby's stool, not its frequency. It is not uncommon for babies to grunt, strain, and turn red in the face prior to having a bowel movement. If your baby does this but passes a soft stool, he/she is not constipated. This behavior does not require treatment and will get better with time. If your baby's stool is hard and pellet-like, he/she is constipated and you should talk to your pediatrician.

Bathing and Skin Care

Your baby should be bathed every day or every other day with a mild soap intended for babies. Sponge bathe your baby prior to the umbilical cord coming off, but after the cord comes off you can bathe your baby in a tub.

Your baby's umbilical cord should be cleansed with rubbing alcohol with each diaper change to prevent infection. Do not be hesitant to manipulate the cord a bit to ensure you are cleaning well around the base. The umbilical cord generally falls off around 2 weeks of life and may ooze for a day or two after it falls off.

If your baby has been circumcised, you need to keep the site well lubricated by applying a generous amount of Vaseline® to it with each diaper change. If the circumcision site gets dirty with a bowel movement, gently wash the area with soap and water, carefully dry it, and reapply Vaseline®. As your son's circumcision heals, you may notice a yellow film around the head of his penis— this is a normal part of the healing process.

Dry skin is very normal for babies as they transition from 9 months in a water environment to now being in an open air environment. Resist the temptation to apply lotions, especially to the face and scalp, because they may irritate your baby's skin. Sometimes the skin in the creases of the wrists and ankles become very dry and cracked, and in these instances applying a hypoallergenic, fragrance free lotion may be appropriate.

Diaper rash is not uncommon in the newborn period because a newborn's skin is very sensitive. There are a variety of products, such as Vaseline®, A&D Ointment® and Desitin®, that may be used to treat and prevent diaper rash. If your child does have a diaper rash, baby wipes may sometimes irritate the rash and you may want to try a wash cloth with water and a mild soap.

Sleep

During the first several weeks of life, most babies sleep a considerable amount, up to 18-20 hours a day, and often have their days and nights backwards. Around 2 weeks of life, most babies become more awake and alert during the day and begin to sleep at night. Babies' sleep patterns can vary widely, with some babies not seeming to require much sleep at all, while others are sleeping through the night at 4 weeks of age. If you have particular concerns about your baby's sleep schedule, talk with your pediatrician.

Sleep position is very important. Putting your baby on their back, not on their side or belly is the most important thing you can do to prevent SIDS, or Sudden Infant Death Syndrome. Their crib needs to have a firm mattress and be free of pillows, bulky comforters, and stuffed animals.

Newborn Jaundice

Jaundice is the yellow to orange discoloration of the skin many newborns get in the first days to week of life. In most instances, this is a very normal finding and will resolve without any problems. However, on occasion, and for a variety of reasons, jaundice can become severe enough that it requires treatment. Infants at higher risk for jaundice are those that are breast fed, are feeding poorly and are not stooling well. Watch closely for evidence of jaundice and discuss your child's risk of developing significant jaundice when you are ready to leave the hospital. If at home you notice your child is jaundiced into his/her chest or belly (jaundice starts in the face and progresses downward), call the office to let us know.

Other Helpful Tidbits

Keep your home around 70-72 degrees.

Dress your baby comfortably. Generally, babies do not require any more or less clothes than adults do.

Never leave your child unattended, particularly on a bed or changing table, or in the same room with pets or young siblings. Avoid sick friends and family, and minimize taking your baby out in public places during the first month or two of life. Getting outside for a walk when the temperature is appropriate is acceptable and encouraged!

Understand that although babies cry when they are hungry, tired, need to be changed, and dressed uncomfortably, they also sometimes cry for no reason at all. As you get to know your baby better, you may notice he/she cries differently for different reasons. If at anytime you cannot handle your baby's crying, please find someone to care for your child and take a break.

Normal Baby Findings

Frequent hiccups are very normal during the first several months. There is nothing to do to prevent them or treat them. Nasal stuffiness and sneezing are also very common during the first months. This is nothing to be concerned about unless it interferes with feeding or breathing.

Both male and female infants may have swollen breast tissue. This is due to maternal hormones and usually subsides after 2-3 weeks. Maternal hormones will also cause baby girls to have a whitish mucousy vaginal discharge during this time. Babies' eyes may cross at times. This usually resolves by 4 months of age.

Babies' chins quiver and their arms and legs tremble at times. This is due to an immature nervous system and should get better with each passing week.

Check-ups and Immunizations

When it is time to go home from the hospital your pediatrician will talk to you about when to schedule a follow-up appointment in the office. Generally, the first check-up is at 2 weeks of life, but if there are issues with jaundice, poor feeding, or other concerns your pediatrician may want to see your baby back prior to the 2 week check-up.

Well child check-ups, also called physicals or health maintenance exams, are important opportunities to assess the overall health of your child. During these visits, your child's growth and development will be assessed and screening tests may be provided. We encourage you to schedule your child's check-ups well in advance as doctor's schedules often fill-up quickly. Check-ups can be made at the office, by phone, or via the website at www.ohpa.com.

2 weeks. Visit only
2 months. Visit & immunizations
4 months. Visit & immunizations
6 months. Visit & immunizations
9 months. Visit only
12 months. Visit & immunizations
15-18 months. Visit & immunizations
24 months. Visit & immunizations
30 months. Visit only
Annually thereafter

Postpartum Blues and Depression

Bringing a newborn into your home can be a joyful experience, the culmination of a lifetime of hopes and dreams. That being said, many women experience mood swings in the days and weeks following their child's birth. This is a normal response to such a significant life event. If the mood swings interfere with your ability to function or if it lasts more than two weeks, please speak about this with your doctor who can help.

Signs of Illness in Your Baby

- Rectal temperature equal to or greater than 100.4 degrees or less than 97 degrees in the first two months of life.

- Lethargy with persistent poor feeding.
- Inconsolable fussiness and irritability.
- Recurrent vomiting (not just spitting up).
- Jaundice that is significantly worsening.
- Poor urine output, generally less than 5-6 wet diapers per day.
- Difficulty or rapid breathing.

If any of these symptoms occur in your baby or you are worried about them for any other reason, please call our office immediately.

Telephoning the Office

During the office hours, all phone calls are received by office personnel. The doctors' assistants are trained to answer many questions about feeding and minor problems. They are also trained to know which problems are best dealt with by the doctor and which problems will require an office visit. If it is clear your child will need to be seen that day, make the appointment rather than delaying proper care by waiting for a return call.

After hours calls will usually be received by a pediatric nurse or the doctor if needed. Nighttime and weekend phone calls should be limited to serious or urgent problems. Advice and minor problem calls are best handled through the office during regular hours.

If the doctor on call cannot be reached immediately for a true emergency that requires immediate attention, take the child to the emergency room where on-duty physicians can begin proper care and contact the doctor.