

NEWBORN CARE

Caring Family, SC board certified care for kids and adults since 1988



GOING HOME

Always use the car seat, even if you are just going around the block! Your baby must be placed in the back seat, facing the rear. Try moving the seat when it is “tethered in.” It should be quite firm. You can have the police station check your seat for safety.

FEEDING

Whether formula or breast-feeding, the time spent feeding should be peaceful. If you enjoy music, turn on some music. In a relaxed environment your baby feels safe, secure, and ready to eat. Babies vary greatly in personality and temperament. Some eat vigorously every 3 hours, others snack every hour. Some feed frequently throughout the night, and others will sleep 6 hours. It is generally not necessary to wake a sleeping infant for a feeding.

Working out a mutually agreeable schedule involves give and take from mother and child. Such a schedule usually emerges within 3 weeks or so. Before that time, life may seem rather disorganized. One good remedy for a frustrated pair is to have baby spend time without feeding on mom's (or dad's!) bare chest to just get cozy and enjoy some intimate time together without the pressure to perform.

BREAST FEEDING

We encourage all mothers to try nursing. The breast produces only colostrum the first few days. It will take several days for the milk to start flowing well and several days for your newborn to get comfortable with nursing, so relax and be easy on yourself. Don't be afraid to give formula prior to the milk coming in, just be sure to have 5 -10 min on breast before giving it. If you pump, refrigerate or freeze the milk immediately and it will last for a few days (fridge) or a few weeks in the freezer.

Although sucking is a natural thing for your baby to do, your baby may need help latching on. Brush your baby's cheek and s/he will turn to that direction. Let your baby practice sucking on a freshly washed finger (no nails!) See that the position of your breast allows your baby to get an adequate hold on the nipple. If you are having difficulties, our nurses are trained to help, so call us!

Some babies fall asleep as soon as they start nursing. Stimulate them by undressing them or turning up the lights or music. Don't let your baby get in the habit of using you as a pacifier. Fifteen to twenty minutes on each side is plenty of time to nurse. Most of the milk is gotten in the first few minutes anyway, with milk at the end of the feed higher in fat (making the baby more content).

Your baby is familiar with foods you ate while you were pregnant. S/He will suck more vigorously with familiar tastes secreted into your milk. It is not necessary to drink milk to make milk. Just eat a healthy balanced diet & drink fluoridated water.

FORMULA FEEDING

Many formula companies have tried to imitate breast milk. The formulas are very similar in composition, but will never be identical to breast milk. Supplemental feeds can be given without turning your baby away from mother's milk, just make sure you nurse for 5 minutes before giving a bottle. All formulas are nearly identical and some babies have a preference. Find a formula your baby likes and stick with it.

Clean bottles and nipples with hot soapy water and let them get completely dry prior to reuse. It is not necessary to sterilize them in boiling water. The danger in using a microwave is that the feeding may heat unequally. *Always test the formula on your arm first.* The formula should drip slowly (a drop every 2-4 seconds) when the bottle is held upside-down.

The amount of formula your baby takes in 20-30 minutes will vary from one to four ounces. When you warm up some formula, whatever is not eaten must be thrown out, or it will spoil. Don't worry about the size of each feeding if your baby is making 4-6 wet diapers daily and if we are happy with your baby's weight gain. Time between feeds may vary from one to six hours.

WATER/FLUORIDE

All community wells in this area have adequate fluoride. If you have your own well, get it tested for fluoride or use bottled nursery water. Even the Hinkley Schmitt water people can give you the 5 gallon bottles with fluoride in it if you ask. An alternative to using fluoridated water is to give a vitamin supplement (that tastes pretty bad) to your child.

WEIGHT LOSS

Most babies lose some weight in the first days of life. If you are concerned about baby's weight, come weigh them on our scale.

JUICES/SOLIDS

Your newborn may develop an allergy to foods if begun too early. Practically speaking, when your baby gets to a 4-month size that is the time to add rice cereal, then other solids and fruit juices.

VITAMINS

Vitamins C & D are found in formulas. If you eat enough

vitamin C your breast milk will have plenty of Vitamin C. Vitamin D is made in your skin even with minimal sunshine exposure, so getting some fresh air regularly will provide adequate Vitamin D. Vitamin supplements are not necessary but are heavily advertised.

SLEEPING

Babies are noisy sleepers! They also initially have a funny pattern, where they breathe like they're panting for a while and then pause for up to 3 seconds, resuming breathing with a big sigh. Initially most babies sleep 16-20 hours daily. Make daytime hours more interesting to your baby and longer sleep intervals should emerge at night. Minimize light, stimulation, and attention during night feeds. If not, get our “Sleeping Through the Night” handout.

Fluffy pillows can cause suffocation. Deep-sleeping parents have accidentally rolled onto babies. Until your baby can roll over, have them sleep alone on their back or side (not on their stomach).

SNEEZE / BURP / SPIT UP

Babies need to be burped because they take air into the stomach with feeds. Burp your baby *after every ounce* (every 10 minutes if nursing). Babies that sneeze and hiccough are not necessarily sick. Sneezing helps your baby clear his/her nose. Hiccoughing can be enjoyable to some babies. Babies may spit up an hour after feeds. This doesn't hurt your baby. It also doesn't taste too sour because a baby's stomach has less acid than adults.

BOWEL MOVEMENTS

Bowel movements are initially very frequent and loose. Mustard-like in consistency, they look like they have seeds in them. Later on when stools harden up we get calls about constipation. Babies do not need any help moving their bowels. They may grunt and strain and turn red in the face...that's okay!! Breast fed babies are notorious for going as long as 14 days before stooling.

Stooling is the only difficult task your baby does all day. It is important that you not be emotionally involved in this struggle. As soon as you get involved by giving sugar water or a suppository you interfere with your baby's learning process. Though miserable for the last three days of a stool-withholding marathon, your infant will learn to move his/her bowels more quickly next time.

Unless your baby's stools are rock-hard, leave your baby alone! If stools are consistently too hard, add supplemental water feedings between formula or nursing. If the stomach is very distended and all feeds are vomited up, seek medical attention. A small amount of red blood around the stool is not uncommon, but a larger amount in the consistency of jelly may be cause for concern.

UMBILICAL CORD

The umbilical cord will fall off in about 2-6 weeks. In the meantime it is important to clean it every time you change a diaper. It is not possible to go too far and poke into the abdomen. Take a Q-tip and some peroxide and really get in there! Most people are timid about digging around the cord. A little bleeding is

expected. Finish up by using a dry Q-tip. Call the office if redness surrounds the cord, or a foul smell or discharge is present.

PENILE CARE

If your son was circumcised with the clamp technique, the hospital nurses will instruct you in application of gauze and Vaseline (not needed with the Plastibell). If your son is not circumcised, no specific care is required. The foreskin does not normally retract until 4-5 years of age. To force it sooner is painful.

DIAPER RASH

Prevention is the best medicine. Adequate cleaning with each diaper change followed by drying is essential. Try to pat it dry as excess rubbing may irritate tender skin. We don't buy into the powder-averse paranoia: baby powder is a nice way to insure that the diaper area is dry, just use a tiny bit, or put it in your hand first.

If you notice a rash, try drying the bottom with a blow dryer on a low or no-heat setting. If that isn't working, get Burow's (Domeboro) powder or tabs, and mix it up in one quart of water. Then get a washcloth sloppy-wet with this solution and put it on the bottom for a few minutes to pull out the irritants from the skin. Rinse with fresh water then dry the skin.

EYE DISCHARGE

Most newborn's eye discharge is caused by excessive wetness from tears that aren't yet draining properly through the nasolacrimal duct. This opens up usually by 9 months. In the meantime, the eye looks unsightly. An old folk cure works better and is safer than the antibiotic drops. Simply take a little cow's or breast milk, and after cleaning the goop out of the eye, dab a little milk right over the eye (or let a drop fall in). A cotton ball works well for this.

THRUSH

Thrush is a white coating on the inside of the mouth and tongue caused by Candida. It is not painful. Every baby must develop a defense against thrush sometime, as it is a normal inhabitant of everyone's GI tract and some people's skin. Developing proper immunity takes at least 10 days. Heavily advertised to parents and doctors is a medicine that kills it. But the medicine has nasty side effects, and puts off a necessary immune maturation.

JAUNDICE

Every newborn gets a yellowish hue to their skin called jaundice. It is produced as a baby cleans up excess placental blood. If you think your baby is too yellow, come in and we may do a bilirubin level. This will tell us if we need phototherapy.

BATHING

Don't immerse your baby in water until the umbilical cord falls off. A mild soap such as Dove, Neutrogena or Basis can be used on the body, but try to keep soap off of the face, as it will dry out the skin. The skin on the face is very sensitive. The most common

cause of reddened cheeks is food allergy.

HORMONES

Hormones from mother sometimes cause breast engorgement in infants of both sexes where milk can be expressed. The same hormones can cause vaginal spotting or male erections. This goes away as mother's hormones clear out of the baby's bloodstream.

SKIN CONDITIONS

Cradle cap is very common. It is not harmful, but can be unsightly. Some advise loosening the thick scales with mineral oil, then removing with a soft toothbrush. Selsin Blue used on the scalp twice a week may help. Keep nails short and clean. They are sharp, so be careful. Some people cut nails while the baby is asleep so that there is no struggle.

Prickly heat, infant acne, and milia are harmless and go away on their own. Milia are small whiteheads that can surround the nose, infant acne is a smaller version of the adult form, and prickly heat looks like little red dots too.

CRYING

The first communication your baby has is a series of cries. Your baby wants you to respond differently to different cries. A hunger cry is different from a wet diaper cry. It takes time to make the communication two-way. You will be the expert on your baby.

Initially respond to all cries. See that the baby is not wet or in pain, or hungry. You may find that your baby cries at the end of a busy day, or just after friends have held your angelic baby. As parent, you are blessed with your baby's neediest moments. Be honored that your baby is so comfortable with you that s/he is willing to share these cries with you. Your ability to be calm in the midst of your baby's distress will have a soothing effect on him/her.

If you find yourself freaking out or getting angry, call a friend or your spouse. Have someone give you a short break, and talk about how you feel. This is an opportune time for many to deal with old memories, perhaps ones you didn't know you had. Please discuss this with this office if you are having a hard time.

CLOTHING

Most infants are overdressed! Dress your baby the way you would dress, with extra attention to covering the head. Check the temperature of your baby's lower back; if sweaty: s/he's overdressed. Fresh air will not harm your infant. Just protect your baby's tender skin from excess sun exposure. It's wise to wash all new clothing and sheets before using. We suggest Ivory Snow or Dreft.

GETTING SICK

Being social creatures, we are bound to share illnesses with one another. Protecting a baby in the first few weeks is natural. Ask people to wash their hands prior to holding or touching your baby to reduce the likelihood of spreading illness. We are not complete

in our ability to fight infection till adulthood, but we are most vulnerable in the first 6 weeks of life. Call us if your baby develops a fever over 101.5° F within 6 weeks of life.

A simple cold will block up your baby's nose and make breathing, especially while feeding, difficult. Nose drops (Ocean Mist or Salinex) dripped into the nostrils will help open up clogged secretions, or stimulate a sneeze. A bulb syringe can also help. Put a cool or warm mist vaporizer in the bedroom. Raising the head of the baby's bed may help; though babies usually slide down...some people will have the baby sleep in the car seat!

Tylenol may give comfort for unspoken pains. We don't advise the use of any other over-the-counter medications for infants less than 6 months of age. We need you to call if there is decreased urination, fever over 101.5° F rectally, greatly diminished feeding, drainage from an ear, or if your child just doesn't seem right.

VACCINATIONS

The vaccination schedule keeps changing as newer vaccines are approved. Vaccines prevent the horrors that previous generations lived with when the diseases affected tens of thousands annually in the United States alone. These vaccines are given around the globe.

At the following health supervision visits we examine your baby and assess growth and development as well as give the following vaccinations (as of 2011): (Different doctors may alter the schedule slightly- this is the "easy on your baby" schedule- only one or two shots are needed per visit! [due to combined formulations]).

In hospital	hepatitis B1
2 months	{DTaP1, IPV1, hepatitis B2}, prevnar1, HIB1 ?rotavirus must start now (?if in daycare)
4 months	{DTaP2, IPV2, HIB2}, prevnar2, ?rotavirus2
6 months	{DTaP3, IPV3, HIB3}, prevnar3
9 months	Hepatitis B3, ?influenza A, +/-lead test
12 months	(MMR1, varicella1), hepatitis A1
15 months	DTaP4, HIB4
18 months	hepatitis A2, prevnar4, +/-lead test
2-4 years	growth and development screening, ?influenza A
5 years	<DaPT5, IPV4>, (MMR2, varicella2)

State-supplied vaccines may be available (for an administration fee only) in our office if your insurance does not cover those costs or if you are uninsured. The county health department also supplies these shots (on a slightly different schedule) for a similar administration fee.

GETTING OUT

Remember the tie that got you here in the first place. Make time to renew your spousal connection now when lots of friends and family will volunteer to enjoy the wonder of this new creation!

QUESTIONS? Write em down! Or call 815-459-2200