

Pediatric Health Care

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Your Child at Two to Four Weeks

Your Next Visit is at: One Month and Two Months

Immunizations and Tests:

Hepatitis B #1 was given in the hospital or at the first visit. Hepatitis B #2 will be given at one month. At two months of age the following vaccines will be given:

Rotavirus #1—This is a recommended, optional, oral vaccine.

Prevnar #1

Pentacel #1—This is a combination of several vaccines: DTaP (Diphtheria, Tetanus, Pertussis), Polio, HIB (Hemophilus Influenza type B)

Development:

Gross Motor: Gradually developing better head control. Baby will be able to lift head off the bed when lying on stomach and will briefly move head away when held against your shoulder.

Fine Motor (Hands): Still has automatic grasp reflex when objects touch his/her hand.

Language: May be developing different cries for pain, hunger and fatigue, although these can be hard for parents to distinguish.

Social: By age one month, baby watches and quiets down as others speak to him/her. Baby opens and closes mouth as others speak and bobs head in response.

Physical: Many babies have a face rash on and off between three and twelve weeks that resolves on its own. This is from the effect of waning levels of maternal hormones that accumulated in the baby's blood during the pregnancy.

The umbilical cord should be off by one month and you can give the baby a real bath when the area is completely dry with no discharge.

If circumcised, the penis will be fully healed by two to four weeks of age.

Cradle cap (build up of skin tissue on scalp) may develop. It will eventually resolve on its own. If you wish, you can gently rub it off with a soft wet wash cloth during shampooing; loosening it first with a little baby oil and combing the scalp may help.

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Nutrition:

Your baby may have a routine of feeding every two to four hours, but some babies take longer to establish consistency. Keep nighttime feedings quiet and keep lights low, to encourage sleeping longer. If nursing, there is no need to offer both breasts. Keep the baby on the first side for at least 20 minutes before offering the other side.

Many babies spit up a portion of each feeding. As long as it is a small amount and the baby gains weight well, this is harmless and usually ends by age six to nine months.

If you are planning to use bottles occasionally for a breastfed baby, wait to introduce until after breastfeeding is well established. Although they may take bottles well at first, breastfed babies between ages four to eight weeks may start refusing to bottle feed. If you plan to give your breastfed baby some bottles long term, offer a bottle once a day. Increase the number if you see reluctance and continue bottles until the reluctance is overcome.

If using formula, we recommend iron-fortified formula. There is no need to boil the water. Do not heat milk bottles in a microwave oven because the milk will heat unevenly.

If only breastfeeding your baby we recommend adding a vitamin D supplement without iron daily to breast milk by mouth or in a bottle of pumped milk.

New Calcium and Vitamin D Recommendations

- Recommended daily calcium allowance: Depending on your child's age, please see if your child gets enough calcium from their diet and whether they need supplementation.

For babies 0-12 months, they get all of the calcium they need from breast milk or formula. From 0- 6 months, the RDA is 200, 6-12 months the RDA is 260 mg.

- Vitamin D is now 400 IU daily for children from 0-12 months and 600 IU daily for children over 12 months. We recommend giving a Vitamin D supplement such as Trivisol, Dvisol 1 ml daily or another brand such as Carlsol for your infant if over half of your baby's milk intake is breast milk. You can begin supplementing at about 2 weeks of age. Mom should continue to take her prenatal vitamin if nursing.

Other than the above, most babies do not need vitamin supplements.

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Bowel Movements:

Stools are commonly yellow, watery and seedy with curds of undigested milk, fairly runny and have a musty odor. Sometimes a healthy baby will produce a green stool. If the baby is content and gaining well, this is not an indication of trouble. Bottle-fed babies stools may be pastier than those of breastfed babies. Babies may show dramatic facial expressions, pass gas, strain and draw their legs up when passing stools. This is normal as long as the stools are soft and there is no pain after having the bowel movement.

The number of stools declines after age one month, from after most feedings to a variable number of stools per day- or even one large stool every two to three days. More important than the frequency of your baby's bowel movements is whether your baby is eating eagerly, seems comfortable and consolable, and is gaining weight properly. Constipation virtually never occurs in breastfed babies drinking adequate amounts of milk.

If your breastfed one-month-old baby is producing less than one stool every three days, then the milk intake may not be sufficient. We should check the baby's weight and see how breastfeeding is going.

If your formula-fed baby seems fine but is passing stools less than once every three days, then you may try to stimulate passing stool by giving the baby water with brown sugar (1 tsp. per 4 ounces of water), one to two ounces of the mixture one to two times a day.

Clean the ears regularly with a washcloth and soapy water while bathing to help baby become accommodated to cleaning or looking in ears.

Crying:

At age two weeks, cries are almost always a sign of hunger. First offer feeding for crying babies. By four weeks old, cries can take on other meanings.

Examine your baby's fingers and toes, releasing any hair or thread that might have become wrapped around them. Then check the diaper and testicles. Swaddling can comfort newborns, but is less comforting after age two to four weeks as babies need to wiggle more.

Some babies need to work off "steam" by the end of the day, and crying is the only way they know to reduce tension. You can try the following: hold the baby on your shoulder, rock the baby or use an infant swing, walk with the baby, play monotonous soothing noises (vacuum cleaner, music, and fan), go for a car ride

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or a stroll. Also, holding the baby during the day while awake or asleep but not crying is thought to be prevention for later crying.

If breastfeeding is well established and weight gain assured (by age three weeks), you may offer a pacifier but try to stop the pacifier by 3-5 months of age. Babies sometimes get over-stimulated or over-tired and just need to be alone in their bed or infant seat for ten to fifteen minutes. At times the baby will cry no matter what you do. You need not feel obligated to stop the baby's crying- just staying close to the baby is enough. Stay calm.

Does my baby have colic?:

Colicky babies may be quite fussy and cry for several hours at a time for no apparent reason, typically starting at age two weeks or older and resolving around age twelve weeks. The cause of colic is unknown. Some parents think it is from "indigestion" but the evidence here is not clear. There is no "fix" for colic, but babies outgrow it, and it causes no harm to the baby. Fortunately, true colic is rare. Most fussing is caused by hunger, so always try feeding your fussy little one before anything else. You might be surprised how much "colic" turns out to be hunger. A hungry baby is very hard to soothe.

All babies pass gas a lot and do so noisily, but this does not necessarily mean that gas is giving the baby discomfort. When your baby cries and draws his/her knees up, this is not a sign of gas- it is just what a baby does when he/she cries. Swallowed air is mostly burped back by the baby, just as in older children and adults and does not cause pain. How to burp your baby? Hold baby on your chest, upright, and stroke or pat baby's back gently. Anything firmer is unnecessary and unpleasant for the baby. Keep your burping sessions to shorter than five minutes (two minutes is usually fine). Not all babies will produce a burp after each feeding. Burping is really a moment for a peaceful, upright cuddle at the end of a satisfying feed.

Some babies, usually older than two weeks, will become fussy in response to certain foods in the breastfeeding mother's diet. If you notice this, avoid those foods for a week or two, and then try again. If you suspect a dietary cause of fussiness, the most common causes are cow's milk, citrus and tomatoes. When breastfeeding, you may eat or drink whatever you wish- but all in moderation. It is reasonable to avoid too much mercury-containing fish however, such as tuna. When a baby reacts negatively, it is usually only when a mother has ingested a lot of the offending product. Contact us or a lactation consultant if you have further questions about your diet and breastfeeding.

Quite a bit of fussing in the first six weeks simply indicates the baby's need to be held. Research shows that the more you hold and respond to your newborn, the

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more secure the older child will be- a lovely pay back for those hours of cuddling together. There are also cross-cultural studies that show that babies who are held for hours during the day while awake or asleep (such as in cultures who papoose the baby) cry less by several hours daily. So, plan to hold the baby as much as you can, including a short burp at about the middle of a feed and then a long burping time at the end of every feed.

If you cannot find a cause for your baby's fussing and your baby appears to be in pain, please call us.

Sleep:

Back to sleep: Place your baby on his/her back on a firm mattress. Do not use soft pillows, plush toys or waterbeds. These measures will reduce the risk of SIDS (Sudden Infant Death Syndrome).

We do not recommend the use of an infant sleep positioning device. They can be dangerous and can lead to infant death. The safest crib is a bare crib. Remember your ABC's of safe sleep ~ **A**lone on the **B**ack in a bare **C**rib.

Newborns typically have one four-to-five hour sleep period, often occurring during the day. Parents can gradually shift this from day to night by keeping stimulation to a minimum during normal sleep hours and lights low during nighttime feeds. Many newborns can sleep five consecutive hours once feeding is well established.

Our office offers appointments to assist with sleep problems for infants 4 months and older.

Breastfeeding may reduce the risk of SIDS.

The baby should be sleeping in the same room as a parent for their first 6 months, and ideally for the first year. Be careful not to fall asleep with the baby on your lap on a couch, chair or bed. Pacifiers may reduce the risk of SIDS, but should never be hanging from a string. Second hand smoke exposure is dangerous. Avoid overheating infants. They should be dressed on one more layer than what you are comfortable in.

Infants should have tummy time while they are awake and supervised. This avoids flat head and helps to encourage their development.

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There is no evidence that swaddling reduces the risk of SIDS. It is risky if a swaddled infant rolls to their tummy while sleeping. Swaddles infants should be placed on their back to sleep, and swaddling should allow ample room in the hips and knees. Arms can be put in or out. When they start to roll, they should no longer be swaddled.

Bathing:

After the umbilical cord falls off and the area has dried completely, you can bathe your baby in a small tub of water. Enjoy bath time!

Play and Stimulation:

It is important to play with your baby! Much of babies' pleasure comes from people interacting with them, such as when they are held, rocked, sung to and talked to. Babies enjoy the security and comfort of a front pack carrier, which also leaves your hands free.

By one month old, give your baby some time on his/her tummy several times each day while awake and while you are watching carefully. Aim for 20 minutes daily, and if the baby doesn't like this initially, try shorter periods several times a day until you can increase the time on the tummy.

Babies enjoy soft music and soft toys with bright colors and patterns. They like to watch mobiles with highly contrasting colors and patterns, mounted (securely!) about 12 to 24 inches away from their faces.

Colds:

Babies often sneeze, but this is not necessarily a sign of a cold. However, if your baby sounds congested, coughs and has some nasal drainage, a cold may have developed. Most colds are mild and don't interfere with normal feedings and sleep. Steps to make your baby more comfortable include:

Elevating the head of the crib- adjust the crib setting, place books under the head end of the mattress, or let baby sleep in the infant seat.

Run a cool-mist vaporizer.

Use an infant bulb syringe (aspirator) to gently suction mucus from the nose. Saline (salt water) drops may be helpful because they loosen the mucus. Add two to three drops in each nostril prior to suctioning. These drops may be purchased without a prescription or made at home by adding one teaspoon of salt to one cup of room temperature water.

Safety:

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Place car seat for infant in the center of the second row of the car, with infant facing the rear. The American Academy of Pediatrics now recommends to keep children in rear facing car seats until 2 years old. Use the seat belt and proper seat based on age and size for all passengers at all times in a moving car. Never remove baby from car seat when the vehicle is moving.

An adult should always be with a baby who is in a car, or on a bed, table, couch, etc. even though babies this age do not roll over, they can wiggle and kick their way over an edge.

Make sure an adult is always with the baby when around young siblings or pets.

Support the baby's head from behind to avoid jiggling or shaking.

Do not place a string or necklace around baby's neck. Keep strings 3 inches or shorter for pacifiers attached to baby's clothes or to toys hung from the crib. Remove dangling ribbons from toys/stuffed animals. Beware of small parts of toys and other small objects that could cause choking. Plastic bags and wrappers or balloons can cause suffocation.

Consider taking an infant CPR class through your local hospital or Red Cross.

Make sure your smoke detectors are installed properly, near or in your baby's room. Test the detectors monthly and replace the batteries yearly.

Set hot water heater temperature to less than 120 degrees F. Check bath water temperature with your hand before bathing the baby.

Do not drink hot liquids while holding your baby.

If there are guns in your home, always lock them unloaded and out of reach. Lock ammunition separately from firearms. Use safety locks. Make sure the people you and your children visit do the same.

Comments:

Each parent should spend some time alone with the baby each day. Accept others' help with the baby. This will allow you to spend special time alone with your partner, older siblings, friends, and with yourself.

Guard your own sleep whenever you can. Take naps when baby naps.

Postpartum Support for Parents:

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For informal parent-baby play groups, consult your local newspaper or parent magazines.

Becoming a parent for the first time or adding a new member to your family is a challenge and huge change in your life. If you find yourself depressed or sad or overwhelmed, please let your doctor or your baby's doctor know. We can help.

Suggested reading for parents:

- Infants and Mothers: Differences in Development*, T. Berry Brazelton, M.D.**
- Your Baby and Child: From Birth to Age Five*, Penelope Leach.**
- Caring for Your Baby and Young Child :Birth to Age Five*, American Academy of Pediatrics, Stephen Shelov, M.D.**
- Breastfeeding: Getting Breastfeeding Right for You*, Mary Renfrew et al.**
- Child of Mine: Feeding With Love and Good Sense*, Ellyn Satter**

New moms groups: Yahoo Newton group-
<http://groups.yahoo.com/group/newtonmoms> and find the Newton Hip Mamas Meet Up Group there
Newton moms www.newtonmoms.com
Warmlines in Newton www.warmlines.org
Watertown Family Network www.watertown.k12.ma.us/wfn/childrensplay.html
JFCS Boston www.jfcsboston.org/fcs/early_relationship.cfm