

Pediatric Health Care

Dr. Lori Gara-Matthews

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Your Newborn

Information for Parents

Congratulations on your new baby!

Name:	Date:
Height:	Weight:
Head circumference:	
YOUR NEXT VISIT IS ON:	

Immunizations

Hepatitis B #1 is typically given in the hospital.
Hepatitis B #2 will be given at one month of age.

Development

Gross Motor (large muscle groups): Raises head slightly when lying on stomach, moves arms and legs simultaneously. Newborns have natural reflexes at birth that decrease over time, especially – startling easily, sucking when hungry, and grasping anything that touches their hands.

Language: Cries, makes some response to sound.

Vision: Sees objects best at 8 to 10 inches (the perfect distance to focus on the face of the person feeding the baby). Follows slow-moving objects. Looks at and responds to faces.

Social development: Recognizes familiar voices. Calms to high-pitched, soft voice; quiets to gentle touch, rocking, and holding.

Feeding

-Learning to breastfeed takes time for both mother and baby and sometimes additional support. Please let me know if you need help.

-If using formula, use one that is iron fortified and offer as much as your baby will take. -Feed whenever your baby signals hunger. Do not warm bottles in the microwave oven, because microwaves can heat bottles inconsistently, resulting in some areas of the milk being too hot while others are still cool.

-If planning to introduce a bottle in a breastfed baby, wait until breastfeeding is well-established.

-Pacifiers are generally unnecessary, especially for breastfed babies. Avoid offering a pacifier until breastmilk supply is well established.

-If breastfeeding, do not use recreational drugs or cigarettes while nursing. Drinking alcohol in moderation (one drink or fewer each day) is fine. Consult with your doctor about any medicines you are planning to take.

-If you do smoke, please ask for help in quitting. Don't let anyone smoke in the house or near the baby.

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-Do not give honey or corn syrup during your baby's first year, because it can contain harmful bacteria.

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.

Bowel Movements (Stools): What's Normal?

Once a newborn has passed the initial meconium (sticky, tarry black stools), then the stools will change. Stools commonly are yellow, seedy, fairly runny and have a musty odor. Sometimes a healthy baby will produce a green stool and 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.

How often should my baby have bowel movements?

Once the meconium is passed, breastfed babies will have bowel movements with most feeds, or every few hours. The number of stools often declines after age one month. 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 breast fed babies drinking adequate amounts of milk. If your breastfed baby is producing fewer than three stools a day, then the milk intake may not be sufficient and we should check the baby's weight gain.

Formula-fed babies sometimes have firmer and/or less frequent stools. If your formula-fed newborn has hard, pebble-like stools, significant pain with stooling, or does not pass a stool in five days, then you may try to stimulate the baby to pass a stool by inserting an infant glycerin suppository into the baby's anus. Call your provider if the problem persists.

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More importantly, expect wet diapers every 3-4 hours after the baby is a few days old. This lets us know the baby is well hydrated. If the baby is not having good wet diapers, the baby may need extra supplementation with formula. If you are concerned, please bring the baby in for a weight check before the next scheduled visit.

Skin Care:

Newborn babies' skin often will peel or flake. This does not mean the skin is dry. The peeling is a natural process, part of the newborn's adjustment to life in open air outside the liquid in the womb. No special lotions or oils are needed. Clean the ears regularly with a washcloth and soapy water while bathing to help baby become accommodated to cleaning or looking in ears.

Preventing/Managing Diaper Rash:

Your newborn's skin is quite delicate. Clean thoroughly but gently after each bowel movement (as many as 12 times a day for a newborn!). Use a dabbing motion rather than rubbing. Clean girl's diaper area with motion from front to back to avoid urinary tract infections. If your baby boy is uncircumcised, then no special attention is needed to clean the penis. The foreskin covers the head of the penis and is not retractable at birth. Do not force foreskin back. It gradually becomes retractable, almost always by age 5-7 years. Cleaning the penis is the same as for the rest of the diaper area. If your baby boy is circumcised, please read the information you were given at the time the procedure was done regarding care for the penis.

If using commercial wipes, invert the container between use so that the top wipes are always very moist and therefore less abrasive. If the baby's bottom becomes irritated, you may want to use wet, soft paper towels or "cotton" balls (actually, it's easier to find polyester balls) instead of the commercial wipes. Some parents keep a Thermos jug of warm water and a roll of soft paper towels or "cotton" balls on the diaper table. Pat bottom dry and then allow to air dry for a few minutes.

Irritated skin often heals more quickly if you dry the baby's bottom with a blow dryer on cool or low warm setting for just a minute and then expose the skin to air as long as is convenient. Make sure the diaper area is dry before covering with a soothing ointment such as A&D Ointment®, Vaseline Petroleum Jelly®, Desitin®, triple paste or other similar cream. Contact us if irritation increases and if the skin looks "angry" and red.

Caring for the Umbilical Cord:

Clean around the base of the umbilical cord where it attaches to the skin. Although it is no longer required, you can use a Q-tip moistened with isopropyl (rubbing) alcohol if you would like if it seems to be soiled. There are few nerve endings in this area, so don't be squeamish. Let us know if the skin around the cord becomes red or if you notice a discharge or foul odor from the cord's base.

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Do not immerse the baby's belly in water until the cord has fallen off and the navel is dry.

Cleaning/Bathing:

Newborns do not need and should not have full baths. Do not immerse the baby's belly in water until the umbilical cord has fallen off, usually by two or three weeks (and until penis is healed, if the baby has been circumcised). Until these areas have healed, use warm water and a soft washcloth to clean areas that become soiled, typically the face, hands and diaper area. Soap is usually not needed.

Care of the Genitals: Girls often have some vaginal discharge which is clear, white and sometimes streaked with blood. This is normal and caused by transfer of mother's hormones before birth. It lasts a few days.

After a circumcision, the baby may have yellow crust that looks like pus but is a healing material called granulation tissue. After about a week, you may need to make sure that no adhesions form to the tip of the penis. If the baby is uncircumcised, the penis requires no special care. The foreskin may not pull back until he is a toddler. Be sure to ask if you are concerned about possible adhesions.

Safety:

Place car seat for infant in the center of the second row of car, with infant facing the rear. The American Academy of Pediatrics now recommends to keep children rear facing until 2 years old. Make sure baby is buckled, with the harness straps at or slightly below the baby's shoulder level. All passengers should use appropriate seats and seat belts in a moving car. Never remove the baby from a car seat when the vehicle is moving. For more information about car safety, call the Auto Safety Hotline at 1-800-424-9393, or check www.buckleupamerica.org.

-Do not leave the baby unattended on bed, table, couch, etc. Never leave the baby alone

in a car or house.

-Do not leave young siblings or pets alone with infant.

-Do not jiggle or shake baby's head vigorously.

-Do not place a string or necklace around the baby's neck. If you are using a pacifier and

wish to attach it to the baby's clothing, keep the string shorter than three inches.

Likewise, use strings shorter than 3 inches to hang objects from the crib.

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

-Make sure your smoke detectors are installed properly. Check the detectors monthly;

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replace the batteries yearly.

-Set hot water heater temperature to lower than 120 degrees Fahrenheit.

-Do not drink hot liquids or cook over a stove while holding your baby.

-If there are guns in your home, always lock them out of reach and unloaded.

Lock

ammunition separately from firearms. Use safety locks. Make sure the people you and

your children visit do the same.

Medications to have on hand: Infant Tylenol drops (dosage chart on line at our website and handout available here) and Children's liquid Benadryl (12.5 mg/5 ml)- call about dosage.

Avoid exposure to anyone with a cough and cold or a cold sore for the first few months. If you have a cold sore, do not kiss the baby and keep your hands as clean as possible. Have healthy visitors wash hands.

Understanding and Responding to Baby's Cries:

Crying increases over the first six to eight weeks then begins to taper off. There may be no identifiable cause of crying (perhaps related to stress). In newborns, assume that crying means hunger and offer feedings. If feeding does not relieve crying, try swaddling and cuddling the baby. Call us if these measures don't work.

Allow yourself time to get out alone occasionally. Try to nap when the baby naps. Let other help with the baby while you get some rest. Consider joining a "New Mom and Baby" group. Getting together with other new parents can be very reassuring, educational and fun! Check your local newspapers and parenting magazines.

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.

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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.

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.

Toys and Stimulation:

- For babies less than three months old, the most stimulating "object" is YOU! Getting to know your face, your smell, your voice, and your touch is fascinating. Toys really aren't necessary.
- Baby will stare at patterns of black and white or sharply contrasting colors, such as dark red and pale yellow.
- Play music.
- Hold your baby for fussy crying and carry your baby when he/she isn't crying too! You cannot spoil your newborn! Feel comfortable responding to all your baby's signals for attention.

When to Call:

Important reasons to call about your newborn (under 2 months of age):

- if the baby is under two months old and has a rectal temperature under 97 or over 100.4
- if the baby seems too lethargic to feed when the baby has missed a second feeding even with a normal temperature
- repetitive coughing, although sneezing and hiccups are fine

If the baby has a lot of unusual crying, check the temperature, the toes for tight wraps of hair called hair tourniquet and the groin for bulges suggesting a hernia. Call if the baby has any of these.

Preventing SIDS (Sudden Infant Death Syndrome):

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We do not know what causes SIDS. But we do know that putting babies to sleep on their backs and avoiding overheating decreases the chance of SIDS. We recommend "Back to Sleep": Place your baby on his/her back on a firm mattress. Don't use soft pillows, plush toys or waterbeds. Dress your baby in only one more layer of clothing than you would wear to be comfortable for the weather. Swaddle baby in one receiving blanket for sleep.

Postpartum Support for Parents:

For informal parent-baby play groups, consult your local newspaper or parenting magazines. Warmlines in Newton usually runs a group.

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.

For individual counseling, ask for a referral.

A community postpartum support group is run by Warmlines in Newton at 617-332-3666 x123 or visit warmlines.org

Suggested Reading for Parents:

Infants and Mothers: Differences in Development, T. Berry Brazelton, M.D.

The Baby Book: Everything You Need to Know About Your Baby From Birth to Age Two, William Sears, M.D. and Martha Sears.

You 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.

Bestfeeding: Getting Breastfeeding Right for You, Mary Renfrew et al.

Child of Mine: Feeding with Love and Good Sense, Elyn Satter.

Think Dirty App- allows you to scan products for safety information.

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

More information is also available at www.pediatrichealthcare.com. Click on the After Hours link to get information about most questions. If you need to email me, lgaramatthews@partners.org is the best email address for non-urgent brief questions.