

## **PEDIATRIC ASSOCIATES OF SPRINGFIELD, INC**

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### **NEWBORN CHECK-UP**

The providers and staff of Pediatric Associates congratulate you and your family on the birth of your baby. We are pleased you have chosen our office to assist with your child's health care. This document is the first in a series that are available on our website. It contains advice and answers for common questions to help you better care for your baby. Please feel free to call our staff with routine questions during office hours. If your child has an emergency, please call us at any time.

**FEEDING:** Breast milk and formula provide complete nutrition in the first six months. Most babies grow best with 8-12 breast feedings per 24 hours at this age. All infants, whether fed breast milk or formula, require vitamin D 400 iU/day such as D-vi-sol or Baby Ddrops. Bottle-fed infants increase their formula intake from 1-2 ounces per feeding in the first few days (about 12-18 ounces a day) to 3-4 ounces per feeding (about 24 ounces a day) after the first week or two.

Babies who sleep between feedings, nurse vigorously and are contented are usually getting plenty to eat. Babies who are always fussy and "always act hungry" may or may not be getting enough to eat. Parents who are not sure whether their infant is receiving enough milk should call the office.

Formula supplement should be used in place of nursing only when necessary, as babies sometimes will not return to the breast. When needed, a supplement should be given a cup or spoon rather than a bottle. Bottle-feeding at an early age is the common cause for failure of breast-feeding. A bottle of pumped breast milk may be offered safely after 2 weeks of age on average. Never prop the bottle or put the baby to bed with a bottle.

During the first few weeks, feed the baby when he or she is hungry rather than attempting a strict schedule. Most babies will settle into a 2-4 hour schedule. Some, however, will need help establishing a schedule. Do not feed the baby sooner than 1½ hours after the last feeding. In general, once the baby is gaining weight and eating well, it is not necessary to wake him for a feeding.

Call the office for advice if the baby wants to eat all the time, is going more than six hours between feedings, does not have 4-6 wet diapers a day, or if you have other concerns about feedings.

Some energetic infants who are feeding well but want to suck between feedings may enjoy a pacifier. Plan to wean the pacifier about 6 months of age. Sedatives such as belladonna (gripe water), diphenhydramine (Benadryl) and alcohol are not recommended. Please closely read the labels on any medication you are considering for your child.

If you live in a city that provides treated water, sterilizing is generally not necessary. Washing formula bottles and nipples in hot, soapy water or the dishwasher is all that is needed. If you are uncertain about your water supply or use well water, sterilizing is recommended for the first two or three months. Refrigerate liquid formula once a can is opened, up to 24 hours. Expressed breast milk may be stored in the refrigerator also for 24 hours or in the freezer for several months. Do not warm the milk in a microwave oven. Do not heat plastic bottles. Milk left in a bottle after a feeding should be discarded.

**BOWEL MOVEMENTS:** The number of bowel movements an infant may have will vary. The stools should be pasty, mushy or seedy yellow. Some babies may strain, get red in the face and fuss with bowel movements. They will also pass “gas” frequently. Burping the baby several times during the feeding will decrease gassiness. Simethicone drops for gas are generally considered ineffective but harmless. If the bowel movements are hard and difficult to pass, please call our office. **Do not give honey to babies under one year of age.** Laxatives, suppositories and enemas (even the “baby” type) may be harmful and should not be used without a provider’s advice. Please call the office if the baby’s tummy becomes hard and bloated or you are concerned.

**BATHING:** Bathe the baby as needed, usually two to three times a week, with a soft washcloth and gentle non-perfumed soap. Tub baths may be given after the navel and circumcision have healed. Peeling of the skin, especially around the ankles and wrists, is common for the first three weeks. Research suggests application of a gentle (alcohol-free, perfume-free) lotion three times a day during the first six months may decrease eczema and, when used with infant massage, can be a relaxing time for parent and baby.

Shampoo the scalp as needed with a mild soap or baby shampoo and a soft brush. If the baby develops cradle cap (yellow flakes on the scalp and itchy red-yellow rash on the face and neck), anti-dandruff shampoos may be used up to three times a week. Rinse thoroughly after shampooing.

Cleanse the ears, eyes and nose with the washcloth at bath time. Cotton applicators (Q-tips) should not be used in the baby's ears.

**CARE OF THE NAVEL:** Leaving the cord to dry naturally decreases risk for infection so alcohol is not applied to the cord. When the dry cord falls off, there may be a small amount of bleeding. If any pus, foul odor or redness around the navel is noted, please call the office. "Binding" the navel to treat or prevent hernias is of no value.

**CARE OF THE GENITALIA:** In the first few days after circumcision, the penis may be gently cleaned with soap and water. If a plastic ring and string are attached, no further care is needed and the ring will fall off the penis in about one week. If no ring is present, petroleum jelly (Vaseline) should be applied lightly to the raw skin until healed. Scab material in this area may be moist and yellow as part of the healing process. Retracting the foreskin is not necessary. If a boy has not been circumcised, do not forcibly retract the foreskin. For girls, light vaginal bleeding or mucus is common for several days after the baby goes home. White, sticky material is often present between the labial folds to protect the skin from irritation. It should be wiped away at bath time and any time it is discolored.

**ACTIVITY:** Infants vary widely in their temperament and energy levels. Most infants sleep a good part of the time between feedings, but some are awake much more than you might expect. Almost all infants will have a period of time (often in the evening) when they are more alert and fussy than usual. Many babies who want to "eat all the time" are not hungry babies but rather unusually alert, active babies who have not yet learned to handle excess energy. Gentle rocking, walking or bathing during these times may calm the baby. However, if nothing seems to work, allowing the baby to cry for short periods may be the only way the baby can handle this fussiness.

Good sleep habits are easier to establish when you place the baby in the crib sleepy but still awake so he learns to put himself to sleep. Although some babies sleep better on their tummies, this has been associated with a greater risk of SIDS. The baby should be placed on his back to sleep. Babies

should be placed on their tummies frequently during the day while awake to avoid flattening of the head. This will also encourage muscle development. Place the baby on his back again when he goes to sleep or if he will not be observed.

Offering a pacifier after feedings are established, using a crib for sleep, and placing the crib in the parents' room may also decrease SIDS risk. The pacifier should be discontinued by 6 months. The crib may be returned to the child's room at 4-12 months after consideration of family sleep habits and SIDS risk.

Babies are most comfortable when dressed as you dress; for example, if you need an extra layer to stay warm, so does the baby. Room temperature may be adjusted for your comfort. The baby does not need a warmer room.

**ILLNESS:** Sneezing and hiccupping are normal activities and are not a sign of illness. Fever at this age is definitely abnormal. Call the office day or night to report a rectal temperature above 100.4 degrees. Newer digital thermometers are preferable to glass, mercury-containing thermometers. Ear, pacifier, and forehead thermometers are not accurate in this age group. Significant coughing, sudden decrease in appetite, extreme fussiness and frequent vomiting are also important and should be reported.

Please limit the baby's exposure to people who have colds or other illnesses. Exposure to crowds or even individuals with mild illnesses may lead to serious illnesses for the baby at this age.

Running a vaporizer or humidifier in the baby's room helps stuffy noses. Saline nose drops lubricate the nostrils and loosen secretions so they may be suctioned more easily with a bulb syringe. Too vigorous use of the bulb syringe may cause swelling and bleeding of the tissue lining the nose. Cold medicines may harmful side effects in the age group and should not be used.

**SAFETY:** Prevention of accidents should be a major concern in infancy. Use an approved safety seat for all car and plane trips. Children should not use seats equipped with airbags until they are adult size. Make sure your home has appropriate smoke detectors. Keep mobiles, cords, balloons, plastic bags, and baby powders out of reach. No loose or soft bedding or toys should be used in a baby's crib. Turn down your water heater so that the hot tap water temperature is only 120 degrees. Only adults should bathe

the baby. Do not leave your child alone with pets. Older cribs may have lead paint or slats that trap the baby's head – these should not be used. A link to the government safety website which includes recalls is on the Parent Resources tab of this website.

**FAMILY:** Parents have to take care of themselves in order to care for the baby. During the first four to six weeks, mom needs a lot of rest and should try to nap when the baby sleeps. Family members can best help the mother by cooking meals, doing housework, and caring for the rest of the family so that she can devote her time to the infant and her other young children. New parents should limit visitors and postpone entertainment for a month or two. Family planning should be discussed with your obstetrician soon after the baby's birth. This is also a good time to update dad and grandparents' vaccines, particularly whooping cough (pertussis), chicken pox (varicella), and flu (influenza). Current recommendations are for mom to receive the whooping cough and flu vaccines while pregnant, but if those were not given before the baby arrived, they should be now (as well as the chicken pox vaccine if needed).

**Regular exposure to cigarette smoke is harmful to your baby** and contributes to ear infections, colds, asthma, crib death and later cancer. The American Cancer Society can provide information on stop-smoking programs.

**FURTHER RESOURCES:** Many of our favorite websites are linked on the Parent Resources tab of this website.

**IMMUNIZATIONS:** Immunizations are vital to protecting your baby from life-threatening infections. We follow the recommendations of the American Academy of Pediatrics and are constantly reviewing new information on vaccine safety and availability in order to keep your children as healthy as possible. Please let the scheduler know to give us extra time with your next well visit if you wish to discuss any concerns. We have included several excellent links on the Education tab of this website. The first vaccine for hepatitis B is given in the newborn nursery.

**OFFICE CALLS:** When calling for advice, please have your questions organized with a pencil and paper handy. If the baby is ill, please take the rectal temperature before calling (no need to add to the actual reading).

Routine calls should be made during regular weekday office hours. Emergency calls may be placed through the office number whenever we are not in the office.

**APPOINTMENTS:** Preventive care visits (well child check-ups) are an essential part of your baby's health. These visits are opportunities to discuss changes and concerns about diet, sleep, developing skills, safety, and immunization issues. In the first year and a half, visits are recommended 2-3 days after discharge from the nursery, as well as 2 weeks, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, and 18 months. Please read the Appointments page of this website for details on scheduling well and sick visits.

**IMPORTANT PHONE NUMBERS:**

Office (417) 882-1600

After hours (877) 599-8962

Fax (417) 631-0119

Poison Control (800) 392-9111