

Caring For Your Baby



MAIN STREET
—●—
PEDIATRICS

INTRODUCTION

Congratulations on the birth of your new baby. We hope the information in this handout will be useful to you. When all else fails, trust your instincts. Soon you will know your baby better than anyone else, and that includes grandmother and your pediatrician.

APPEARANCE

Most parents have a mental image of their baby before birth. Often they are disappointed when, instead of the smiling, playful baby pictured in the baby food advertisements (which actually is about 4 to 5 months old), they are presented with a wrinkled baby with a funny shaped head, not at all like the baby in their imagination!

There are several findings on normal babies which may cause concern to parents. For one, they often have “cone heads.” As they pass through the birth canal, the head is molded to conform to its shape. This is especially true if the labor has lasted several hours. After a week or so, the head returns to a more normal shape. Cesarean section babies don’t pass through the birth canal and often have extremely round heads immediately after birth. Babies’ heads are often lumpy or have ridges caused by the separations between plates of bone in the skull. In addition, newborns often have red marks over their eyelids. Usually there are red marks on the back of the neck. These normally fade over the first year. Sometimes the ones in the back of the neck remain but eventually are covered by hair. Newborns usually have little white dots on their noses called milia; they fade with time. Many overdue babies have dry, peeling skin. This will resolve without treatment. Many parents don’t like the look of this, and, if you like, you may apply a lubricating cream to the skin after baths, especially while skin is still moist. We suggest non-perfumed, hypoallergenic cream (avoid lotions). Brown eyes at birth usually stay that way. Blue eyes may stay that way or darken over the first year. As a result of exposure to maternal hormones, many babies have enlarged breasts, and some infant girls produce vaginal discharge, which may be tinged with blood.

NORMAL BEHAVIORS THAT SOMETIMES WORRY PARENTS

All babies hiccup and sneeze. They can’t blow their noses so they sneeze to remove mucus. Don’t be surprised if your baby seems to have frequent nasal congestion. Their nostrils are so narrow that the smallest amount of mucus causes a partial obstruction, or their nostrils may be so small that they seem congested, even without mucus. You may clean out mucus with a bulb syringe by placing a few drops of saline in the nostril then aspirate the mucus out. Most babies grunt and strain with their stools. They are not constipated unless the stools are hard or very well formed. Babies’ body movements are initially jerky. Some startle easily.

BABY EQUIPMENT

Here is a list of things you will need to care for your baby:

- A place to sleep; e.g. bassinet;
- Diapers; about two to three dozen cloth or disposable diapers (either one of these choices is fine);
- Bottles (if you are going to use a bottle); set of eight ounce and one or two four ounce bottles;
- Undershirts; two to four;



- Blankets; two receiving and one heavier;
- Rectal thermometer with lubricant (KY Jelly/Vaseline);
- Soap; mild, white, unscented. Dove[®] is a good choice. Johnson's[®] baby soap is also acceptable;
- Vaporizer; useful for colds. We prefer cold mist. Be sure to clean it frequently using the manufacturer's recommendations to avoid mold growth (avoid ultrasonic);
- Bulb syringe; you will probably be given one in the hospital. It is useful in cleaning out your baby's nose (avoid over-doing this);
- A & D Ointment[®] or Desitin[®]: Used for diaper rashes; you do not routinely need baby powder; with haphazard or excessive use some babies inhale it and have lung problems as a result;
- Mild detergent; such as Ivory[®] or Dreft[®] for washing clothes;
- Infant car seat; Must be crash tested and government approved. *Never go anywhere in the car without it!*

FEEDING

Breast Feeding

Breast feeding is an excellent way to feed your baby. Feel free to ask us about it. Most infants breast feed 8 to 10 times a day. A demand feeding schedule is generally best. However, you might try to get your baby on something of a schedule by waking her up to feed every three hours during the day if she hasn't awakened on her own. If she sleeps a long stretch, it is preferable for it to be at night. However, don't let her go more than 4-5 hours without eating through the night for the first two weeks. There are some babies who are "happy to starve" and won't wake up. After the first two weeks, let her sleep through the night if she will. Most infants, though, will wake up several times through the night to feed, especially in the first month or two. Breast fed infants do not usually need to feed more frequently than every two hours. If your baby consistently wants to feed more frequently than that, please call your doctor/our office.

Most parents wonder how to tell if their breast fed infant is getting enough milk. Here are a few hints:

A good overall rule is to pay attention to the cues your infant gives you. Feed her when she seems hungry. Stop breast feeding when she doesn't suck much or falls asleep. Most of your milk is out in the first 10 minutes. Virtually all is out in 15 minutes. Hungry babies may suck frequently on their hands and may want to feed more than every two hours (one exception is the "happy to starve" baby mentioned above, who sleeps through many feedings: she may go 6 or 7 hours without waking. Babies like this may also not get enough to eat). Well fed newborns urinate frequently, 6 to 8 or more times a day. They may also have frequent bowel movements, 3 or 4 or more a day. If this is not happening after your milk comes in, call us.

When you feed, hold your breast with your thumb on top and the rest of your hand under the breast. Get as much of your nipple as possible into your baby's mouth. Try to get the whole areola (the brown part) in if you can. To prevent nipple soreness, avoid nursing with your baby in the exact same position on your breast every time.

Bottle Feeding

Like breast feeding, bottle feeding is best accomplished on demand. Use an Iron Fortified Formula, such as Similac Advance[®] or Enfamil Lipil[®]. Do not use low iron formulas. Feed your baby when she seems



hungry; stop when he loses interest or goes to sleep. If your baby wants to sleep more than 3 to 4 hours during the day, we'd suggest waking her up to feed, so that any long sleep periods come at night.

Most bottle fed infants will want to eat 6 to 8 times a day. In the first one or two weeks, they will take 2 to 3 ounces per feeding, from 3 to 8 weeks they will take 4 to 5 ounces. However these are only rough guidelines. If your baby seems to want more, let her have it. Your baby is the best judge of how much food she needs. Formula does not have to be heated, it may be fed at room temperature. **DO NOT** heat your baby's formula in a microwave! It heats unevenly and may cause burns, even if the outside of the bottle does not feel hot. Hold your baby's head upright when feeding. Feeding in the horizontal position may lead to ear infections. If you feel the need to change formula, call us first.

Solid Foods

Solid foods are not necessary before 4 to 6 months of age. This may be different than the way your mother fed her babies. Solids were added much sooner a generation ago. We know more about feeding now and realize this is not necessary.

DON'T WORRY ABOUT SPOILING

It is impossible to give your baby too much love. Don't let anyone tell you that you shouldn't hold your baby too much because you will spoil her. Your infant needs to feel totally and absolutely loved. The more you hold your infant, the less she will cry. When your child is older, we may tell you not to spoil her. For now and the next several months, you just can't love her too much. Sometimes, though if you have tried everything, and she still cries, it's OK to put her down and let her cry for a while (see section on crying).

SLEEP POSITION

Keep your baby on her back while sleeping. This reduces the possibility of SIDS.

BATHING

Newborn infants require bathing 2 to 3 times per week. Until the umbilical cord falls off (about 1 to 2 weeks after birth), give your baby a sponge bath. Once the cord falls off, you may give a tub bath.

BOWEL MOVEMENTS

The nature and frequency of infant bowel movements are quite variable. Breast fed infant's stools are loose and frequent. They are generally yellow and have curd like lumps in them. Expect your breast fed baby to have several bowel movements each day. Bottle fed infants have firmer and slightly less frequent stools. Don't be surprised if your baby grunts and strains with bowel movements. It does not mean she is constipated unless she passes hard stools. Newborns are simply not used to the discomfort that comes before passing stools.



JAUNDICE

Jaundice (yellowing of the skin) is very common in the newborn. In fact, a certain degree of jaundice is normal. It occurs because babies' livers are not completely mature at birth. Rarely is it a serious problem. However, severe jaundice may harm your infant, so we monitor it closely. The substance that causes jaundice is called bilirubin. Occasionally we do a blood test to check the level of bilirubin in the blood stream to determine if any treatment is needed.

CUTTING NAILS

If your baby has long nails, it is a good idea to trim them. Probably the safest way is to use an emery board. Do not use nail clippers. It is very easy to cut your baby's finger with them. Do not bite the nails off.

CIRCUMCISION

If your baby is circumcised, put Vaseline® on the red area where the foreskin was removed until it heals. (Do this with each diaper change) Don't be surprised to see some yellow material forming on the penis as it heals.

PKU TEST

In the hospital the nurses will take a few drops of blood from your baby's heel to test for PKU and some other diseases which may cause mental retardation. These diseases are rare but treatable. They cannot be detected from a physical exam so the test is very important. The State Department of Health requires that it be repeated at 1 to 4 weeks of age, so another test will be performed when you come in for a checkup at that time.

UMBILICAL CORD

It is no longer necessary to clean the cord on a regular basis. Studies show that the cord will fall off faster without wiping it with alcohol. It usually takes 1-2 weeks for this to occur. We recommend that the cord be lifted on occasion to help the drying process. A few drops of blood, a yellow discharge, or a slight odor from the umbilical cord is normal at this time.

HEPATITIS B VACCINE

Before discharge you will be offered Hep B vaccine for your baby. This protects him against Hep B which can cause your baby problems which may be chronic. This vaccine is mercury/thimerosal-free.

PROTECT YOUR BABY BY PROTECTING YOURSELF AGAINST VACCINE-PREVENTABLE DISEASE

Some illnesses that spread from adults and older children to your baby can be prevented by immunizations. We strongly encourage all caretakers and every household member to be vaccinated



against these vaccine-preventable diseases. These include influenza, chickenpox, and whooping cough (also known as pertussis). A vaccine for pertussis is now available for teens and adults in combination with the tetanus booster. We now offer vaccines to parents and grandparents on a fee-for-service basis if your Ob-Gyn or family physician does not provide particular vaccines (and for your convenience).

GOING OUTSIDE / CONTACT WITH OTHER PEOPLE

Going out for a walk around the neighborhood is not harmful, and can be a good break for parents of newborns (and for your baby). Particularly during infant fussy times, a walk or a car ride are often helpful. Infants need one extra wrap compared to parents (For example, if you're comfortable in 2 layers of clothes, infants need 2 layers plus one extra wrap.)

We do recommend that parents NOT take their newborns into areas where exposure to people with illnesses cannot be well-controlled. You should avoid crowded areas, and should screen visitors for illness for baby's first several months of life (especially in winter). Contact with children under 5 who are not siblings should be restricted for similar reasons.

THOUGHTS ABOUT WHEN TO CALL THE DOCTOR

It is a good idea to call the doctor when you feel something is wrong and you are feeling anxious. There are, however, a few signs of illness which are of special significance in the first 8 to 12 weeks. A fever in newborns is more worrisome than in older children. Call if your newborn has a rectal temperature greater than 100.4° F. To take the temperature, shake a rectal thermometer down until the reading is less than 97° F, apply a small amount of Vaseline® to the tip, and insert it in your baby's rectum a little less than an inch. Don't force it. Take the temperature while your baby is face down on your lap. Leave the thermometer in for two and one half minutes, then read.

Another reason to call the doctor is the presence of a cough which occurs at multiple times during the day, or especially during sleep. Sneezing is normal; a persistent cough isn't.

Although there are no absolute guarantees, some signs let you know your infant is not likely to have a serious problem. A reassuring sign is a good appetite. Children just don't eat very well when they are sick. The presence of a smile is also very reassuring. However, you may not be able to use this because most babies don't smile responsively until 5 and a half to 6 weeks. Before that, they may smile when their stomach is full, or in their sleep. Many babies don't begin doing this non-social smiling until around 3 weeks.

CRYING

Crying is normal. Many newborns have periods of crying during the day. For many babies, this fussy period increases in duration until about 6 weeks of age, then improves and disappears around 3 to 4 months of age. Often this fussy period comes toward the end of the day. When your baby cries, try any one of the following:

1) feeding, 2) holding, 3) using a pacifier, 4) checking to see if she is wet, 5) singing or rocking or walking, 6) seeing if she is tired and wants to sleep. Try these in any order, whichever you think is appropriate. The more babies are held, usually, the less they cry. One study of babies who cried a lot



found that their crying was dramatically reduced by holding them an extra three hours a day, even when the baby was not crying. One way to hold your baby a lot is to buy a “Snuggly” or a baby sling. Cigarette smoke has also been shown to increase infant crying, so avoid exposure to it. Some babies do well just to be swaddled tightly in a blanket and left alone in a quiet, dark room for 5 minutes.

Most of the time babies respond to one of the measures mentioned above. A car ride is another way to get your baby to stop crying. For some reason they find the vibrations soothing. Some babies also like rhythmic bouncing on their stomach on your lap or arm. If you’ve tried soothing your baby, it’s also ok to allow 5 minutes of crying followed by comforting. Sometimes, “they just need to cry it out a little.”

FIRST VISITS

If you leave the hospital when your baby is two days old or less, we may ask you to come to the office for a brief check in the first week or so. This is because some problems (for example; jaundice and some heart murmurs) may not become apparent until the 3rd to 5th day of life. We will let you know before you go home whether this will be necessary. Otherwise, we would like to examine your baby when she is 1-4 weeks old. Call the office as soon as you get home to make the appointment.

REFERENCES

It is a good idea to have a reference book about infant care to answer simple questions. We’d suggest Baby and Child Care by B. Spock and J. Rothenburg or American Academy of Pediatrics Caring For Your Baby & Young Child Birth to Age 5 by Steven Shelor, MD and Robert Hannemann, MD.

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