

Caring For Your Newborn



Mid-Jersey Pediatrics, P.A. Pediatric and Adolescent Medicine

Marvin Goldman, M.D., F.A.A.P.
 Warren Sweberg, M.D., F.A.A.P.
 Harold Sand, M.D., F.A.A.P., Emeritus
 Amy Jaroslow, M.D., F.A.A.P.
 Sabra Shulman, M.D., F.A.A.P.
 Larnie J. Booker, M.D., F.A.A.P.
 Elisabeth Simon, M.D., F.A.A.P.
 Neil Cederbaum, M.D., F.A.A.P.
 Boram Sung, M.D.
 Vincent Yacono, R.N., M.A., N.P.-C.
 Chaya Mueller-Lighten, R.P.A.-C

Brunswick Wood Office Park
 33 Brunswick Woods Drive
 East Brunswick, NJ 08816
 (732) 257-4330

Kilmer Professional Plaza
 25 Kilmer Drive, Building 3, Suite 107
 Morganville, NJ 07751
 (732) 972-6888

Baby's Name: _____

Birth Weight: _____ lb. _____ oz.

Date of Birth: _____

GENERAL INFORMATION

Breast Feeding

Breast milk is considered to be the best nutrition for your baby. During the first three to four days, until the milk comes in, your baby will drink colostrum. Colostrum is a watery, clear or yellow fluid that is rich in proteins and disease fighting antibodies. It is common for babies to suck weakly and sleep for long periods of time during the first few days of life. Your baby is born with extra body fluids and doesn't need to eat as much in the first few days. Feed your baby on a modified demand schedule every 2-5 hours (as described in the following section on formula feeding). Sucking at the breast causes your milk supply to increase, so frequent feedings (within reason) can be helpful until a good milk supply is established. Use both breasts at each feeding. Alternate which side you start on. Burp the baby once after each side. Over the first few days of breast feeding, gradually lengthen the feeding time. Let your baby feed at the first breast as long as he or she is feeding vigorously and you can hear swallows. Offer the other breast when nursing and swallowing have tapered off. Eventually each feeding should take about 10-20 minutes per side.

Prevent breast soreness by releasing the baby's suction before attempting to remove him/her from the breast. Just slip your finger between his/her mouth and the nipple. Warm compresses or showers may help prevent breast engorgement, as should expressing some milk before feeding.

Make sure to eat a well-balanced diet while you are breast feeding. Drink plenty of fluids and don't smoke or use alcohol. Some babies become colicky when their mothers consume a lot of dairy, chocolate or caffeine. Eliminate these from your diet if your baby is excessively fussy or gassy.

Formula Feeding

If you chose not to, or cannot, breast feed, formula will provide excellent nutrition for your baby. The American Academy of Pediatrics recommends that babies be given iron fortified formula. Iron usually will not constipate the baby or cause other gastric distress. The formula manufacturer's booklet describes formula preparation and proper handling of formula and bottles. Feed your baby on a modified demand schedule, every 3-5 hours. Awaken

baby if it is five hours from the last feeding, except at night. If it is less than 3 hours from the last feeding you may use any of the following to stall baby's hunger:

1. Mothering -- i.e., holding the infant, making sure his or her needs are cared for and he or she is comfortable. You will not "spoil" your baby by holding him/her too much in the first six months. Actually, babies whose needs are consistently met are less fussy overall.
2. B. Pacifier -- This is useful to satisfy the baby's reflex need to suck. Check the pacifier you select to ensure that it can't be pulled apart, and that the shield is large enough so the baby can't fit it in his or her mouth. Don't attach the pacifier to the baby with any type of string.
3. C. Water -- Boil for 5 minutes to sterilize, feed 4 oz., plain or with at most 1 teaspoon of sugar or Light Karo syrup added. **Do not use honey as a sweetener.**

Do not prop the bottle, as the baby may choke on the formula. Burp the baby frequently, every half to one ounce initially. Formula feeding should take between 20 and 40 minutes. Discard any remaining formula at the end of a feeding. Do not reuse an unfinished bottle for the next feeding. The amount to feed the baby depends on factors such as the baby's birth weight and maturity. As a rule, you should put half to one ounce more in each bottle than the maximum your baby can take at a feeding. Never force your baby to continue feeding if he or she has lost interest in the bottle.

Cord Care

Apply alcohol liberally to the cord stump with three or four of your baby's routine diaper changes. Move the stump from side to side as you clean the whole base. This will not hurt the baby. The cord usually separates in the second or third week of life. It is not unusual to note several drops of blood or non-foul smelling discharge during the separation of the cord stump. If there is a foul smelling discharge or reddened skin around the cord, or if bleeding from the cord area persists for more than 4 to 5 days, call our office.

Bathing

Sponge bathe daily until the cord comes off and has completely healed. Then you may begin regular tub baths. In the winter months immersion in water and dry heating may dry baby's skin. Bathing every other day is sufficient. Use Ivory or Dove or a plain baby soap (Johnson & Johnson's or Baby Magic). Soap may be used on the baby's scalp instead of baby shampoo. The fontanel area (soft spot) should be washed when the scalp is washed. Washing this area will not hurt the baby. After the bath, baby lotion may be applied, but isn't necessary to prevent dry skin..

Diapering

You may choose any diaper for your baby including cloth diapers. When your baby is soiled, use plain warm water on a cosmetic cotton ball or a wash cloth to clean the diaper area. After drying, apply Vaseline ointment as a moisture barrier. If baby develops a mild diaper rash, exposure to the air without a diaper is the best therapy. When diapering you may change to A&D ointment, Desitin, Balmex or cornstarch. Do not use for routine cleaning of the diaper area. After the first four weeks, if the baby has shown no skin sensitivities you may use these products.

If your baby is an uncircumcised male, do not retract the foreskin when cleaning the genitals. The doctor will advise you when it is best to start cleaning this area. Notify the doctor if your son doesn't produce a strong urine stream, or if he strains when urinating. If your son is circumcised, see below for care. Female babies should always be cleaned from front to back. Make sure to clean your baby girl between the folds of the vagina by gently wiping the area.

Circumcision

The newly circumcised penis will appear red. However, within a few hours after the procedure it is no longer painful for the baby. Sometimes, in the healing process, a yellowish or grayish coating may form. This is normal and should not be confused with pus. Do not attempt to remove this coating, but you may clean it with water. You should apply Vaseline to the tip of the penis with each diaper change until healing is complete. Once

healed, the head of the penis will normally have a purple color.

Baby's Laundry

Use plain Ivory Snow or Dreft. Do not use bleach. You may use Borateem as a bleach substitute. Avoid fabric softeners, including dryer sheets

Bedding

A newborn may be placed in either a bassinet or a crib with a firm mattress. By three months of age your baby will need to sleep in a crib. Older cribs should be checked to make sure the slats are no more than 2 3/8 inches apart. The mattress should be no more than a finger-width away from the edge of the crib. Don't allow your baby to sleep on any soft surface (waterbed, pillow, adult bed, sofa, or sheep skin pad) as the baby's nose and mouth may become blocked. The American Academy of Pediatrics now recommends putting your baby on their back to sleep for the first six months or until your baby can roll over to help prevent sudden infant death syndrome (SIDS). Premature infants with respiratory distress, or babies with breathing problems or those who vomit excessively may need to sleep on their stomachs. Consult with the doctor if your baby has one of these problems. Make sure there are no hanging cords or strings near the crib. When your baby can roll over or push up, remove all hanging toys.

Car Seats

Car seats are the only safe way to drive with your baby in the car, and must be used on the day your baby is discharged from the nursery. Infants should be in a rear-facing car seat, preferably in the middle of the back seat. Rear-facing car seats should not be used in the front seat if there is a passenger side airbag.

Infection Control

Babies are prone to everyday infections, colds, viruses and to open skin infections. Do not, therefore, expose your baby to crowds, supermarkets, shopping centers, etc. Your baby should not be exposed to people with infections or to children who may be carrying illness for at least the first 6-8 weeks of life. Symptoms of infection include fever, irritability, and poor feeding. If your baby is irritable or seems too sleepy to feed, you should

take the temperature with a rectal thermometer. You should avoid all other types of thermometers (oral, forehead scans and under the arm). The baby is considered to have a fever if his or her rectal temperature is above 100 degrees Fahrenheit. The doctor should be notified anytime your newborn is found to have a fever.

Your baby may be taken outside as early as 7-14 days old, weather permitting, as long as he or she is dressed appropriately. Put a net over the carriage during summer to protect against insects. Avoid direct sunlight. Use yourself as a guideline in dressing your baby. If you are comfortable in light clothing, your baby will also be comfortable. If you need an extra sweater or coat your baby will need that extra blanket. The baby's room temperature should be similar to yours. Air conditioners may be used as long as vents are not directed at the baby.

Jaundice

Newborn babies frequently develop a yellow discoloration of the skin by the third or fourth day of life. This yellow color is called jaundice. It is usually most noticeable on the face. If the baby's face becomes a deep yellow, if the baby's entire body becomes yellow, or if the jaundice persists beyond five days, notify our office. The doctor will notify you if your baby has a blood incompatibility or other condition that predisposes to abnormal jaundice. This may require close monitoring for a few days.

Vitamins

Vitamins, depending on whether you are breast or bottle feeding, will be recommended by the doctor at the appropriate time. Supplemental fluoride, if required, is started when the baby is six months old.

NOTES:

CHARACTERISTICS OF NEWBORN BABIES

You may have some questions concerning your newborn's appearance. The list that follows describes some common physical characteristics of newborns. Most are temporary; a few are congenital defects that are permanent or long lasting, but harmless. Call our office if you have questions about your baby's characteristics that are not addressed here.

Fontanel

The "soft spot" or fontanel is found at the top front part of the skull. It is diamond shaped and covered by a thick leathery fibrous layer of tissue. It is somewhat flattened and pulsates with each beat of the heart. The fontanel allows for rapid brain growth. It usually closes between 12 and 18 months of age.

Molding of the Head

Molding refers to the long, narrow, cone-shaped head that results from passage through a tight birth canal. The head will return to a normal shape a few days after birth.

Caput

This is a diffuse swelling of the scalp that is caused by fluid being squeezed into the scalp during birth. A caput will usually clear in a few days.

Cephalohematoma

This is a lump on one side of the head that occurs when blood collects on the outer surface of the skull under the skin. It is caused by friction between the infant's skull and the mother's pelvic bones during birth. The cephalohematoma may slowly enlarge for the first few days. It may persist for the first two or three months.

Folded Ears

The ears of newborns are commonly soft and floppy. Sometimes the edge of one is folded over. The ear will assume its normal shape as the cartilage becomes firmer over the first few weeks of life.

Milia

These are tiny white bumps that appear on the nose and cheeks. They will resolve spontaneously and require no treatment.

Blocked Tear Duct

If your baby's eyes water continuously and have a mucous discharge, he or she may have a blocked tear duct. This condition frequently clears up spontaneously by the age of twelve months. The doctor may prescribe a massage regimen, eye drops, or both to try to improve this condition during your baby's first few months of life.

Conjunctival Hemorrhage in the Eye

Some babies have flame shaped hemorrhages on the white of the eye. It is caused by the breaking of blood vessels on the surface of the eye during birth. It is a harmless condition and will resolve in two or three weeks.

Eye Color

The permanent color of the eyes is often uncertain until six months of age. Babies have either blue-gray or brown-gray eyes at birth. Children who will have dark eyes often change to the permanent eye color by two months of age. Children who will have light eyes usually change by six months of age.

Sucking Callus or Blister

A sucking callus occurs in the center of the upper lip from the constant friction of feeding. It does not hurt the baby and requires no special care. The blister will disappear when your baby starts to drink from a cup.

Epithelial "Pearls"

These are little white cysts found on the gums or the roof of the mouth. They are caused by the blockage of normal mucous glands. When they are found on the dental surface of the gums they are frequently confused with erupting teeth. However, these cysts disappear by one to two months of age.

Swollen Breasts

Many babies develop swollen breasts during the first week of life. The swelling is caused by the passage of female hormones from the mother across the placenta during pregnancy. It generally persists for four to six months but may last longer in female or breast fed babies. Never squeeze the breast as this may cause an infection. If your baby develops signs of breast infection, such as redness and tenderness, call our office.

Female Genitals

- *Swollen Labia* -- The labia minora (inner folds of the vagina) may be very swollen because of passage of female hormones from the mother across the placenta. The swelling should subside by one month of age.
- *Hymenal Tags* -- The hymen may also be swollen because of maternal hormones and may have smooth projections of pink tissue called "hymenal tags". These tags are harmless and will usually disappear by one month of age.
- *Vaginal Discharge* -- A white discharge is frequently noted in the first week of life. The discharge usually resolves by itself and does not recur. The discharge may be cleaned away by gentle wiping when the diaper is changed.

Male Genitals

- *Hydrocele* -- This is a common, painless collection of fluid in the scrotum. A hydrocele may take six to twelve months to clear completely. It is harmless but should be checked by the doctor during well care visits. Occasionally, a hernia may also be present. This presents as a denser swelling that extends into the groin.
- *Tight Foreskin* -- Most uncircumcised infant boys have a tight foreskin that can not be retracted to expose the head of the penis. Do not attempt to retract the foreskin unless the doctor instructs you to do so.
- *Erections* -- Erections occur commonly in newborn boys. They are usually triggered by a full bladder and demonstrate that the nerves to the penis are normal.

Feet Turned Up, In, or Out

Feet may be curved in any direction inside the cramped quarters of the womb. As long as your baby's feet are flexible and can be moved into proper alignment, they are normal. Turned feet will usually correct themselves by one year of age.

"Ingrown" Toenails

Many newborns have soft nails that bend and curve easily. The nails are not truly ingrown, however, because they don't curve into the skin or cause irritation.

Bowed Legs

The lower legs of many newborns are curved inward due to confinement in a cross-legged position in the womb. This curve is normal and will usually straighten out after your child has been walking for six to twelve months.

Normal Newborn Behaviors

Some things that newborn babies commonly do concern their parents, but they are not signs of illness. Most are harmless reflexes caused by an immature nervous system and disappear as your baby matures. These include:

- Chin Trembling
- Lower lip quivering
- Frequent yawning
- Hiccups
- Noises caused by breathing during sleep
- Sneezing
- Spitting up (small amounts) or belching
- Startle reflex
- Straining with bowel movements
- Throat clearing or gurgling sounds caused by secretions in the throat
- Irregular breathing pattern: baby breathing less than 60 times per minute and appearing comfortable, or pauses in respiration less than fifteen seconds.

* Adapted from Schmitt, Barton D., "Characteristics of Newborn Babies",

BABY'S FIRST VISIT

To ensure your baby's health and well-being, your baby should have routine well child care at periodic intervals. Your baby's first visit to our office should be scheduled as follows:

Early Discharge Patients

If you are discharged from the hospital in the first 24 to 36 hours after giving birth, your baby should be reexamined by one of our doctors one to two days after discharge. Further appointments will be made for you, as needed, at the time of this first examination.

Breast Fed Babies

Make an appointment to have your baby's weight checked in our office in three to five days after discharge. This is a brief visit to ensure that your baby is gaining weight well. You can also schedule your baby's first checkup, which is when the baby is one month old.

Bottle Fed Babies

Your baby's first checkup is to be scheduled when he or she is one month old. Call our office to make this appointment.