

# Newborn Guide

## Feeding

### Breast Fed Babies

Breastfeeding nourishes and protects babies against infection. The AAP recommends breastfeeding for at least the first 6 months of life.

Breastfed babies initially feed every 2-3 hours. Allow your baby to nurse 10-15 minutes per breast and on average 8-12 times per day. Do not nurse more than 30 minutes per feed. Babies get 80% of the milk in the first 4 minutes. After that time, sucking is usually just for pleasure.

- Do not take medications or herbal remedies without consulting your pediatrician.
- Mothers should continue to take prenatal vitamins while breastfeeding and drink plenty of fluids.
- Once breastfeeding is well-established, newborns should take 1 mL of **Poly-vi-sol** to supplement the low concentrations of Vitamin D found in breastmilk.

### Formula Fed Babies

Formula is an acceptable alternative to breastfeeding. It should be prepared according to the directions on the can. If you are using well water or non-fluoridated water to mix your formula, your child will need fluoride drops. A newborn will initially take 1-3 oz every 2-3 hours.

- Burp multiple times with feeds. It reduces discomfort and spit-ups.
- Pacifiers are encouraged by the AAP after 1 month of age to help develop sucking, swallowing, and breathing skills.
- Do not introduce solids until advised. A baby's gut is relatively immature until 4 months of age.
- Never give honey to babies under 1 year of age.
- Never give water to infants under 6 months of age. Free water is not processed well by the kidneys and can be toxic.

## **Elimination**

Normal stooling patterns vary tremendously. Formula fed babies often have pasty stools in varying shades while breastfed babies have yellow, seedy, mustard-like stools. Some babies have a stool with every feed while others skip days. Babies often strain when stooling; this is normal as long as the stools are soft.

-Call your pediatrician if stools are watery, black/red, or hard.

## **Skin and Umbilical Cord Care**

Most newborns have dry, peeling skin. Unscented creams or lotions may be used for lubrication (we recommend Eucerin, Aveeno or Johnson's baby lotion).

An infant should only be sponge bathed until the cord falls off.

- Limit baths to no more than 2-3 times per week.
- Avoid scented soaps and shampoos.
- Never leave your infant unattended while bathing. They can drown in as little as 1 inch of water.
- Keep your water heater set at less than 120 degrees to prevent burn injuries

All babies have lots of rashes in the first several months of life. They have extremely sensitive skin and, in addition, have been exposed to maternal hormones while in utero. The majority of rashes is benign and resolve by 4 months of age.

Keep the cord stump clean and dry. We do not recommend alcohol as it irritates the surrounding skin and offers no additional benefit. The cord typically falls off in 10-21 days.

-Call your pediatrician if you note discharge or redness at the site.

## **Congestion**

Many newborn babies are congested and sound "stuffy" when they breathe. Newborn nostrils are small and just a tiny amount of mucous can make them sound congested.

If your baby does not have a cough, runny nose, fever, or breathing difficulties then he does not have a cold or serious illness.

If your baby's nose is blocked use a bulb syringe to suction out the mucus from his nose. If you have trouble pulling out the mucus use saline drops (i.e. Tiny Noses). Place 2-3 drops in the nostril and then suction immediately.

## **Breast Enlargement**

As is the cause for many things, exposure to maternal hormones while in utero can cause breast enlargement in both males and females. In the first week of life, a milky substance may leak from the nipples. This usually resolves within weeks. No intervention is needed.

## **Genital Care**

### **Females**

Again, maternal hormones may lead to vaginal secretions in the first few weeks. Typically, this is white in color but may be pink tinged. Simple cleansing with warm water is all that is needed.

### **Males**

Care of the uncircumcised penis is easy. You do not need to pull on an uncircumcised foreskin. In 90% of boys the adhesions of the foreskin will release by 5 years of age. External washing and rinsing of the foreskin is all that is required. Forceful retraction can lead to bleeding, pain, and adhesions. For the circumcised foreskin cleanse beneath the foreskin at each bath time and gently pull on the skin of the penile shaft behind the line of incision to prevent adhesions.

## **Outdoors**

Babies under 6 months of age should avoid prolonged sun exposure (>15 minutes). The AAP recommends dressing infants in lightweight long pants, long-sleeved shirts, and brimmed hat that shade the face and neck to prevent sunburn. Babies over 6 months must use a sunscreen with an SPF of

30 or greater and should reapply every 2 hours. Peak sun exposure between 10am and 4pm should be avoided.

### **Sleep**

The AAP recommends that healthy infants be placed on their back to sleep to reduce the incidence of SIDS. Until your infant is rolling unaided and choosing their sleep position, they must be placed on their back. Infants placed on their stomach are at an increased risk for sleep obstruction and suffocation. Avoid soft bedding, pillows, or stuffed animals in the crib.

The average newborn sleeps 16-18 hours per day. Babies should be put to bed sleepy, but still awake. This allows them to find their own resources for getting to sleep. By 6 months old, your baby should sleep 10-12 hours at night with 2 daytime naps.

### **Accidents/Car Safety**

As common sense would have it, never leave your baby unattended. Infants have been found to fall out of chairs, swings, and bouncers. Consequently, these items should never be placed on elevated surfaces.

We strongly discourage walkers, which increase accidents by making babies more mobile than they should be. Walkers have also been found to slow gross motor development by causing weak leg and back muscles. Similarly, time in bouncers and exersaucers should be limited to less than 15 minutes. Floor time is the best workout you can give your baby.

The AAP recommends that all infants should ride rear-facing until they are 1 year of age **and** weigh 20lbs. Infants younger than 1 year old but heavier than 20lbs are still required to remain rear facing but may be placed in a larger convertible carseat.

### **Fever**

All temperatures should be taken rectally. Axillary, ear, and forehead probes miss 20-30% of all fevers. In an infant less than 2 months of age a fever of 100.4 or greater is a medical emergency. Notify your pediatrician immediately.

Fever is a sign that your child is fighting an infection. Fever by itself is not dangerous and does not cause brain damage but can make a child feel uncomfortable. For all infants over 2 months of age, an appropriate dose of Tylenol may be administered every 4-6 hours. Please call your pediatrician if the fever goes on for more than 24 hours with no other symptoms.

-Never use a mercury thermometer to take a temperature. If released mercury is a very toxic substance that can cause severe health problems.

### **Visitors**

Given that we take fevers so seriously in newborns, all visitors wanting to hold your baby must wash their hands. No sick visitors should be allowed in the house. Take care in public places as you cannot control the people around you.

### **Thrush**

Thrush is common in infants under 1 year of age. It is caused by a type of yeast, which grows in warm, moist areas like the mouth. It looks like a white patch on the tongue that is hard to wipe off. This can often be mistaken for formula on the tongue, which wipes off easily. Thrush is treated with a prescription medication, but is not an emergency as long as your child is eating and drinking normally. While thrush is being treated, boil nipples, pacifiers, and keep breasts clean to prevent reinfection.

### **Diaper Rash**

Contact diaper rashes are common and easily treated. Keep the diaper as dry and clean as possible. We recommend applying a thick amount of Original Desitin as a barrier cream. If your baby's rash worsens, bleeds, or has red bumps/pimples, he may have a yeast diaper rash, which requires a prescription cream. This is not an emergency but requires an office visit.

### **Teething**

Teething usually begins around 4-6 months of age but may start as early as 2 months old. Babies typically start drooling a lot and chewing on everything. Low grade temps  $\leq 101$  and loose stools may occur. Pulling on the ears from referred pain and fussiness are common. You may treat this with cooled teething rings or Tylenol. Place teething rings in the fridge for 10min or less, avoid the freezer as this may cause the plastic to break and liquid to

seep out. We discourage Baby Orajel or similar products, which numb the back of an infant's throat and can cause heart rhythm problems.

### **Gas**

Gas is common in infants. Babies often turn red, look uncomfortable, or burp as a result. We do not recommend formula switching which usually is unsuccessful. You may try Mylicon drops, however, they have not been proven effective. You can help nature take its course by massaging the belly or cycling the legs. Unfortunately, gas can be a vicious cycle: gas-crying-swallowing more air-more gas, etc, but is considered normal.

### **Spitting Up**

Most babies spit up, sometimes with each feeding. It is usually only a problem if your baby isn't gaining weight, is fussy most of the time, or is coughing and choking a lot. If your baby is a 'happy spitter', then just get a lot of burp rags.

### **Blocked Tear Ducts**

In many babies the nasolacrimal duct (where tears are produced) is not fully developed and narrow at birth. As a result, tears can back up and produce a mucus-like discharge. This commonly occurs in infants up to 1 year of age. Primary treatment involves massage of the lower eyelid from the outer eye in and up the side of the nasal bridge 3-4 times per day. Further intervention is required only if the white of the eye turns pink or this condition persists beyond the age of 1.

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In the next few weeks and months you will be seeing your pediatrician regularly. Below we have provided an expected schedule of visits and immunizations. If ever there is a question or concern please call the office:

**Chicago Ridge 708.636.8747**  
**Orland Park 708.364.1550**  
**Answering Service 708.946.1041**

NB visit	Hep B
1m visit	Hep B
2m visit	Dtap, IPV, Prevnar, Hib, *Rotateq
4m visit	Dtap, IPV, Prevnar, Hib, *Rotateq
6m visit	Dtap, PIV, Prevnar, Hib, *Rotateq
9m visit	Hep B
12m visit	Varivax, MMR, Hep A
15m visit	Dtap, Hib, Prevnar
18m visit	Hep A
4-6yr visit	Dtap, IPV, MMR, Varivax
11-12yr visit	Boostrix, *Menactra and *Gardasil

Children 2-18 are expected to have yearly physicals

\*Recommended but not required