



## **Newborns**

### **Feedings:**

For those whose babies are breast-feeding, we suggest a semi-demand schedule of approximately every 2–4 hours. If your baby has nursed well but wants to suck for prolonged periods, you may offer a pacifier. This will help satisfy the baby’s “nonnutritive” sucking urges. Your breasts need time to replenish the amount of milk the infant just drank. Breast milk usually takes 3-6 days to fully come in. As your milk comes in some babies may have cluster feeding periods where they feed more frequently like every 1 1/2 hours. This is normal but should not necessarily continue the whole day. The American Academy of Pediatrics and the World Health Organization recommend breastfeeding for 6-12 months. We support this recommendation but realize that this is not possible for every family.

If you are feeding with formula, a schedule of every 2–4 hours is usually effective. By two weeks of age, most infants are taking 2–4 ounces per feeding. Wash the bottles and nipples with hot, soapy water as it is not necessary to boil the water. Please do not heat bottles in a microwave oven as it can result in hot spots and burn the baby’s mouth.

### **Jaundice:**

Many babies, especially those who are breast-fed, become jaundiced. Jaundice appears as a yellow discoloration of the skin and the “whites” of the eyes. It is usually evident in the first week of life. If this yellow color is increasing or extends beyond the face to the belly or diaper area, please call the office.

## **Stools:**

Breast-fed infants usually have frequent, loose, yellow-green bowel movements. Formula fed infants may also have loose, yellow-green movements, but their stools tend to be a little firmer than those of breast-fed infants. The frequency may vary widely. After several weeks some infants have bowel movements with every feeding, and others may go for several days without a bowel movement. If the stools become thick, hard, or difficult to pass them you should call us. Additionally, it is normal for a baby to pass gas frequently.

## **Urine:**

You should pay attention to your baby's urine output. Urination should occur several times a day, should be effortless, and there should be a good stream of urine. The frequency will increase after the first several days and should then be at least every 4 hours.

## **Cord care:**

You don't need to do anything special to your baby's umbilical cord; it will fall off in the first few weeks of life. You do not need to wipe the cord area with alcohol. Your baby's umbilical cord will often ooze small amounts of blood. You only need to call the office if this persists or if the cord oozes large amounts of blood. We recommend the cord area not be submersed in bath water until the area is completely healed and looking like normal skin.

## **Bathing:**

Mild soaps or liquid baby cleansers are recommended. Products with perfumes can irritate the skin. You may bathe your baby 2–3 times per week or as necessary. Lotion is fine to use but again a sensitive skin product with perfume is a better choice.

## **Boys:**

If your boy is circumcised, apply Vaseline or A&D ointment to the irritated area until it is completely healed to prevent adhering to the diaper. Do not try to pull back the circumcised skin. Any skin that appears stuck to the head of the penis will be addressed at the 2-week well check-up. If your boy is not circumcised, gentle cleansing of the penis and foreskin is all the care that is necessary. At

birth, and for months afterwards, the foreskin is adherent to the head of the penis and cannot be pulled back.

### **Girls:**

Your baby girl has external genitalia that should be gently cleansed with diaper changes. A normal mucousy vaginal discharge mixed with blood often occurs toward the end of the first week due to the withdrawal from the maternal hormones. The bloody discharge is brief, does not recur and should not alarm you.

### **Diaper rash precautions:**

A&D ointment, Vaseline, or Aquaphor are often effective in preventing diaper rash. Creams such as Desitin, Balmex, and a host of others contain zinc oxide and are better for help with healing when a rash is already present. The best prevention, however, is frequent diaper changes and not allowing your baby's skin to be in contact with urine or stool for prolonged periods. We do not recommend baby powders due to the risk of inhalation. Persistent diaper rashes warrant a call to the office.

### **Vitamins:**

Breastfed babies need vitamin D supplementation because mothers don't make enough vitamin D in their skin to secrete enough vitamin D in their breast milk. Vitamin D is important because it works with calcium to build strong bones and teeth. Therefore, all exclusively breastfed babies need to take a liquid vitamin called D-ViSol or PolyViSol; they need to take 1 milliliter or 1 cc of either of these by mouth every day. There is also a concentrated Vitamin-D formulation, D-Drops or Carlson's, which is also recommended. Other than one of these, we do not usually recommend vitamins before the age of 4 to 6 months. At that time, we will discuss the use of fluoride and other vitamins with you on an individual basis.

### **Immunizations:**

Vaccinations start at birth and will be discussed at each visit. We strongly believe that a complete immunization program is an essential part of preventive pediatric care.

## **Sleep:**

The American Academy of Pediatrics strongly encourages back sleeping as the preferred position as this position had been shown to decrease the incidence of Sudden Infant Death Syndrome (SIDS). Nonetheless, babies need time on their stomachs every day. Tummy time allows babies to work on strengthening their necks (so they can lift their heads up) and upper bodies. Tummy time also helps prevent the back of the head from getting flat. The AAP also strongly discourages allowing your infant to sleep with you in your bed due to the risk of suffocation.

## **Fever:**

If your baby feels warm or is not acting normal please check the temperature rectally. Rectal temperatures are the only accurate temperatures in babies. If your baby's rectal temperature is 100.4 degrees or higher. We want you to call our office immediately. We take fevers in newborns seriously because babies with rectal temperatures of 100.4 degrees or higher in the first 3 months of life are likely to be very sick. If your baby has a rectal temperature of 100.4 degrees or higher, we will send you and your baby to the emergency department or admit to the Children's Hospital for a full evaluation.

## **Health & Safety Tips**

- We recommend that healthy, full term babies sleep on their backs
- When traveling in a car, the baby must be securely strapped into an appropriately sized infant seat in the back seat of the car. Infants should be rear-facing until 24 months of age, regardless of weight.
- A smoke alarm in the baby's room is an excellent idea
- Do not put any jewelry or beaded necklaces around the baby's neck.
- Do not leave an infant unattended with a family dog or cat in the room, and closely supervise other young children around your newborn baby.
- Do not feed an infant honey or corn syrup, or use them to sweeten food or formula.
- Do not give your baby any medicines or over-the-counter vitamins or any other products unless you have a specific recommendation from us.

## Contact Our Office If:

- Your baby has a fever of 100.4 degrees or greater rectally.
- Your baby has consistent poor feeding, refusing the bottle or breast.
- Your baby has poor urine output, dry diapers.
- You find blood in a stool.
- Your baby has projectile vomiting.
- Your baby is inconsolable, constantly crying and cannot be calmed for more than 3–4 hours.
- Your baby is jaundiced, has an increasing yellow discoloration.
- Your baby has you concerned.