

THE NEWBORN HANDBOOK

"Finally, Babies Come With Instructions!"



PEDIATRIC HEALTH CENTER

DUNWOODY

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YOUR NEWBORN AND YOU

Your new baby's needs and wants, hopefully, will be simple. He or she will probably sleep most of the day and night. The baby should sleep on his/her back and the baby's head should be turned so that the baby doesn't lie on the same side of the head all the time. The baby's mattress should be firm and elevated at a 30-degree angle to help avoid choking and spitting. Never use a pillow in the crib, but use a wedge or pillow under the mattress to elevate.

Your night's sleep will be interrupted; therefore, ONE OF THE MOST IMPORTANT THINGS YOU CAN DO IS TAKE A NAP WHEN THE BABY NAPS DURING THE DAY. Limit visits at first, and use the first two weeks or so to get to know your baby very well. Wait until your baby is 4-6 weeks old to go visiting and shopping. The office nurse is available for questions at any time. If necessary, our Providers will be happy to speak with you. Remember to keep a list of questions for the two-week check-up and any visits before or after.

NORMAL BEHAVIOR OF NEWBORNS

- Frequent or dry sneezing
- Tremors of arms and legs with loud noises
- Quivering on occasion
- Spitting up of small amounts of formula with burping
- Temporary crossing of the eyes until 2-3 months of age
- Variations in the consistency of the stools, especially in breast fed babies.
- Straining and turning red with each bowel movement as long as stool is soft and mushy.
- Hiccups
- A bowel movement with each feeding in the early weeks
- Some crying even when dry or fed

- Breast enlargement during first year or two
- White vaginal discharge, occasionally tinged with blood
- Misshapen Head - (molding at birth)
- Curved legs & feet
- Rashes/Birthmarks

A NOTE ON YOUR HEALTH

Many, if not most, new parents feel somewhat fatigued and restricted by their newborns. This is especially true of mothers who breastfeed. After the first two weeks, during which I have asked you to spend most of your time with your baby learning his habits and schedules, I would urge you to regularly arrange to spend some time away from the baby.

With breast-feeding mothers, there is also one feeding each day when you will have less milk. This is a great opportunity to consider a breast milk bottle that has been pumped. It would be advantageous for the father to feed, giving him a chance to bond with the baby and feel helpful. The important thing is not to allow yourself to get run down since you need much energy for the early months of caring for a new baby. Your newborn awakens at night, cries with abandonment, and in small ways intrudes into your domestic tranquility.

Above all, enjoy the baby, and feel that if you have unanswered questions, our nurses and doctors are there for you.

NEWBORN CARE

BATHING AND SKIN CARE

Give the baby a sponge bath daily for the first few weeks of life. A mild unscented soap (like ivory or dove) or baby soap should be used. Do not use too much soap when bathing. Rinse the baby's skin free of soap. **DO NOT USE BABY OIL AT ALL ABOVE THE NECK.** A small amount of diaper cream can be used on the diapered area if it becomes red. Keep Diaper off the umbilical cord, you may need to cut a U in the diaper to avoid irritation to cord and bleeding. As the cord is coming off, to help in the healing process, you may clean with a Q-tip soaked with hydrogen peroxide. No dressings or bands are necessary to cover the naval. Shampoo the hair every other day with baby shampoo to avoid cradle cap. If the cradle cap becomes a problem, switch to Sebulex Shampoo, and you should notice improvement.

You may notice a slight yellow color to the skin and if this occurs, you should call the physician since this could be jaundice. Many times this will be a concern prior to leaving the hospital and your doctor will ask for you to obtain a bilirubin blood test prior to your office appointment.

CLOTHING

The baby should be comfortable and not over-dressed, especially in the summer. Make sure all pajamas and nightgowns are inflammable. Shoes should not be worn until the infant is walking. Shoes too early can affect the feet adversely. Keep heat on 70 degrees and air conditioning on 74 degrees, unless a premature baby. Overheating a baby (extreme hyperthermia) can be associated with SIDS. **DO NOT BUNDLE A BABY WITH**

MORE CLOTHING THAN YOU WOULD WEAR unless baby is premature.

CARE OF CIRCUMCISION

After the circumcision, the tip of the penis may seem raw or yellowish. If there is a bandage, it should be changed with each diapering to reduce the risk of the penis becoming infected. Petroleum jelly should be used to keep the bandage from sticking. Keep area clean and frequent diaper changes. It takes about 1 week to 10 days for the penis to fully heal after circumcision.

Problems after a circumcision are very rare. However, call us right away if:

- Your baby does not urinate normally within 6 to 8 hours after circumcision
- There is persistent bleeding
- There is redness around the tip of the penis that gets worse after 3 to 5 days

It is normal to have a little yellow discharge or coating around the head of the penis, but this should not last longer than a week.

NUTRITION

BREAST-FEEDING

Your baby will be brought to you for breastfeeding on the first day, but it is usually 3 or 4 days before there is ample breast milk and can be longer for C-Section mothers. For the first few days, do not allow the baby to nurse more than 10-15 minutes at each breast. A longer time could cause soreness of your nipples. Remember, let the baby grab extra tissue around your nipple when feeding as this will protect your nipples from excess soreness. Do this every 1 ½-2 ½ hours to increase your milk supply. Before feeding the baby, always rinse the breast with plain water. Start with the nose to the nipple, guide the nipple and breast into the baby's mouth as opens. At the same time, keep the breast from pressing against the baby's nose, which would interfere with the baby's breathing. Sometimes you may need to encourage your baby to nurse. Gently stroke the baby's cheek nearest to the breast, and then the baby will normally turn to hunt for the nipple. If baby stops nursing, you can squeeze breast to expel milk to remind baby to continue nursing .

Your baby may nurse from both breast at each feeding, 15-20 minutes at each breast is usually long enough. However if preferred, and if your milk supply is good, only one breast may need to be used and a few minutes on the second one. At next feeding, start on the second breast from previous feeding. The first five minutes of nursing the breast secretes "skim" milk, high in water content and quenches a baby's thirst. After 5-10 minutes of nursing, the milk is thicker, similar to whole milk. After the baby has nursed a breast for 15 minutes, the breast produces "hind milk". This hind milk is rich in fat and calories and helps satisfy a baby's appetite and

makes for longer periods between feedings. This milk is very important for the growth of the baby, so be sure and allow the baby to nurse at least 15-20 minutes on the breast to obtain enough milk. If you are breast feeding exclusively, or are using less than 24 oz. of formula to supplement, give the baby one dropper of the Tri-Vi-Sol of D-visor vitamin drops daily after 4 months old.

You should eat a well-balanced diet and drink a liberal amount of fluids each day. Avoid foods that are hard to digest or have caused you to indigestion in the past. Do not take any medications unless approved by a physician. Many medications may come through the breast milk and affect the baby. Be sure to continue your prenatal vitamins. If you have any questions, or need help with breast-feeding you may contact the lactation consultant at the hospital.

Pumped Breast Milk

If you are going back to work, need Dad to help with feedings, or want to store for emergency supply, then you will need to pump and store. Extra breast milk is also good for mixing with cereal and enhance pureed foods when the time arises to introduce solids.

There are a couple of types of pumps you can buy, hand pumps, single side electric or double sided electric. The last is the most effective and convenient. Don't forget with your insurance company since some will cover.

How to safely handle and pump breast Milk

- Be sure to wash hands before handling
- Store in clean containers, avoid using ordinary bags, use screw cap bottles or milk storage bags
- If delivering milk to a caretaker, clearly label container with child's name and date
- Always date milk and use oldest first

- Do not add fresh milk to frozen
- Do not save milk from one feeding to the next.

How long is milk good?

- Countertop-room temp 6-8 hrs
- Insulated bag-(39F)-24 hrs (iced milk at all time)
- Fridge- (39F) 5days stored in back of main area
- Freezer (5 F) 2 wks (part of whole refrig)
- Freezer (0 F) 3-6 mos (separate door from fridge)
- Chest or upright (-4 F) 6-12 months)
-

How to safely thaw frozen breast milk

- If time permits, to fridge or swirling in bowl of warm water.
- Avoid using microwave (can damage milk, scald baby,and bottles can explode).
- Do not refreeze breast milk once thawed.

BOTTLE FEEDING FORMULA

Concentrated liquid, Ready to feed, or Powder

Offer 2-3 ounces of formula every 2-3 hours. For the first few weeks your baby's eating habits will be variable and you should feed on demand. Sometimes that may mean closer together, and then eventually you will try to establish a schedule. During the day, awaken the baby from sleeping after 2 hours. After each bottle, hold the baby upright and pat gently to encourage burping. Never prop a bottle. This is dangerous and may cause choking.

You do not have to boil bottles and nipples, but can wash them in the dish washer or warm soapy water. Make sure the nipples holes are not too small if washed in the dish washer since sometimes they may close slightly. When you hold the bottle upside down, the drop of milk should slowly, but easily drop out in a large drop. If mixing powder, make sure this is done well and

follow can directions, adding water prior to powder. Always keep bottles of mixed formula in refrigerated as directed. When you are ready to feed your infant, warm a bottle in a warm container of water, until the formula is room temperature. You should never warm formula or bottle in the microwave. Always test a drop of formula before giving to baby by pouring drops on the inside of your wrist to see if too hot or too cold. Do not reheat or reuse formula once open and mixed.

Babies receive all the water they need from formula or breast. After the child is two months of age, you can use tap water if you have good quality and this will give you the fluoride the baby needs. However, you should use distilled water for a longer period of time if the baby is premature. If you have well water, you must boil for the first 6 months or use distilled water for normal newborns and 12 months if your baby was premature.

SOLID FOODS

It is best to start solids in bottle-feeding babies at 4-6 months of age, or when the amounts of formula taken is more than 30 ounces in a 24- hour period. Start with rice cereal mixed with sufficient amounts of formula or breast milk and begin with one teaspoon a day, working up to three tablespoons twice a day. Give cereal before the morning and evening bottles by spoon. Even after the baby is older, the formula intake should remain at no more than 26 ounces a day. Breast fed babies usually do not need solid foods until 6 months of age, but if the baby is not satisfied, solid foods may be started earlier. Start veggies before fruits and always have 4 day intervals before introducing new food. Can discuss this in more detail at Well Child visits.

NEWBORN HEALTH CONCERNS

COLIC

We do not always know what causes colic; it is associated with gas, bloated stomach, and irritability. There is a tendency to interpret all crying as colic, but a normal baby will cry once a day for a few hours after feeding. It may be colic if the baby cries after most feedings for long periods of time. If your baby has colic, try to burp the baby more often during feedings. Lay the baby across your lap on the baby's stomach, as this will give the baby relief. Often, more frequent feedings during the day will help. If this doesn't help, call the office. A baby who is hungry or who quits crying when rocked or held does not have colic, but has the need to be comforted or fed. Being held is as important as being fed, cleaned or getting sleep. You may try Mylicon gas drops and special anti-gas bottles to eliminate excess air. You can also try swaddling, rocking, sounds on CD's and white/noise makers.

NASAL CONGESTION

Mucous may collect in the baby's nasal passages. Use saline drops (Ayr, Ocean, Salinex brands) 1-2 drops in the nose and suction out with bulb syringe to clear the nose of mucous. This may be necessary before sleeping and feedings. Using a cool air humidifier (must clean frequently) may help your baby breathe easier. Also elevation of the head of the mattress will help the baby to breathe better. Beware not to suction too frequently as too frequent suctioning may damage nasal mucosa.

SLEEP

Remember to ALWAYS place your baby on his/her back to sleep. This has been proven to decrease the

incidence of Sudden Infant Death Syndrome (SIDS). Most babies like to be swaddled in the early weeks and this will help them sleep on their back. Be sure there is no soft bedding or pillows in the crib or bassinet. Once your baby can hold his/her head up, give it some “tummy time” while awake and being observed by the caretaker.

BOWEL MOVEMENTS

The frequency of a baby’s bowel movements is variable and anything from 4-6 times a day to once every other day may be normal. The consistency is important; the baby’s stools will be softer than an older child’s, especially if breast fed. The color may be green the first few days, but will turn yellow. If the stools become very dry and hard, give the baby ½ to 1 teaspoon of dark karo syrup added to each bottle. If the stool is normal but infrequent and baby strains, use a baby glycerin suppository once a day to have a bowel movement. This may be necessary to stretch the anal sphincter and help the baby learn to coordinate rectal and anal muscles. Many babies will strain, hold their breath, cry and become flushed in the face while having a BM, this is completely normal since this is their way of stretching the sphincter and does not mean they are constipated.

DIARRHEA

Keep pedialyte on hand to substitute for formula when diarrhea occurs (frequent and watery stools). After diarrhea lessens, you may add ½ strength formula back to the diet, gradually go to full strength (regular formula). Occasionally, this may occur for a few stools due to a minor virus, in breastfeeding babies whose mother is sick, teething, etc. (Consult nurse immediately)

Notify Pediatrician if:

- Vomiting or fever occurs with diarrhea.
- Diarrhea worsens even with the above trial diet for over 24 hrs.
- Blood is in the diarrhea stool, foul smelling.
- Poor sucking appears.
- Dehydration occurs (no urination, no tears, no saliva).

FEVER

Rectal temperature is one degree higher than oral. We do not consider it a fever unless it is 100.5 F degrees or higher. A fever is very unusual in a newborn baby, and the doctor should be called as an emergency if fever occurs. Do not give fever medications if less than 3 months old until checked in the office or ER, unless the fever is from immunizations.

HELPFUL HINTS

GENERAL TIPS

- Change your baby's diaper as soon as possible after each bowel movement or wetting to avoid a diaper rash. You may use a diaper lotion or cream for diaper rashes. Try to use warm wet cloths to clean the newborn diaper area instead of baby wipes, since some wipes have irritating chemicals.
- Do not put anything smaller than your elbow in your baby's ear, that is, never use Q-tips.
- Always place your baby elevated when he/she is sleeping after eating, but NEVER on a pillow or soft bedding. You may use an infant seat but preferably not a car seat.

- Your baby will develop better sleeping habits if the baby sleeps in own crib. Avoid sleeping in parent's bed because there are more incidents with SIDS. Do not let the baby sleep longer than 2 hours at a time during the day. Use an intercom to alert you to the baby's needs.
- Your baby may be taken outside after 4-6 weeks if the weather is nice, but only for a short period of time at first.
- Your baby can be burped in different positions; upright, over your shoulder and face down over your lap. Try all positions to obtain a "burp". Try to burp midway through, and after the feeding.
- Never prop the baby bottle
- Never place any oils or lotion on baby's face or scalp. These may contribute to "cradle cap" and infantile acne. These are fine below the neck.

APPOINTMENTS

It is important to have the baby examined at regularly scheduled times to check on the growth and development. The baby should be examined 2-3 days after birth and at two weeks of age. Many times the physician will ask you to make an appointment more frequently if concerned about weight gain or jaundice. Please call the office before leaving the hospital for the 2 day appointment. Make a list of questions that you wish to ask when you come for the appointment. We schedule well baby checks separate from sick visits so as to minimize your child's contact with disease and infection. Please use the well child waiting room entrance.

In order to give each child the best possible medical care and to keep waiting time to a minimum, we must work by appointment. You must call the office during office hours to be given a time to be seen. We will not

see patients who drop in unless, of course, there is an emergency. An appointment for routine examinations should be made at least two weeks in advance. For more urgent problems, you may phone for an appointment to see the doctor that same day.

IN CASE OF URGENCIES

Always call our office number. The receptionist or the answering service will always answer. Providers are available 24 hours a day. Our answering service will contact the pediatrician on call for our patients after hours. If you have not heard from the provider within 30 minutes, please call the office number again and remind us of your previous call.

IN CASE OF EMERGENCY CALL 911

Tylenol (Acetaminophen) Dosage Chart

Can help soothe your child's fever and pain and is over the counter. This chart is based on weight, but no substitution without doctor's advice and should always call the pediatrician before giving.

Children's suspension comes with a syringe marked 1.25 ml and up to 3.75. Do not use infant drops.

Give every 4-6 hours as needed and don't exceed 5 doses per 24 hours.

Don't give under 2 months and always call your doctor

Call the doctor immediately if Fever is 100.4 or higher F under 3 months, 101 F 3-6 months,

160mg/5ml concentration only for acetaminophen

| | |
|-----------|-------------------|
| 12-17 lbs | 2.5ml (1/2 tsp) |
| 18-23 lbs | 3.75 ml (3/4 tsp) |
| 24-35 lbs | 5 ml (1 tsp) |
| 36-47 lbs | 7.5 ml (1.5tsp) |
| 48-59 lbs | 10 ml (2tsp) |
| 60-71 lbs | 12.5 ml (2.5 tsp) |
| 72-95 lbs | 15ml (3tsp) |

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CHECKUPS, IMMUNIZATIONS AND LABS (Please Save for Reference)

| CHECKUP PAGE: | PHYSICAL EXAM, ETC |
|-------------------|---|
| 1 Week | PKU/Hep B done in hospital |
| 2 Weeks | Exam/Educational |
| 1 Month | Exam/Educational |
| 2 Month | Pediarix (Dpta,HepB,IPV), HIB,Rotarix, Prevnar |
| 4 Month | Pediarix, HIB, Rotarix, Prevnar |
| 6 Month | Pediarix, Prevnar |
| 9 Month | Exam, Developmental screen |
| 12 Month | Prevnar, MMR, VZV, Lead screen (med), CBC |
| 15 Month | DPTa, HIB |
| 18 Month | Hep A, Deveopmental/Autism Screen |
| 2 years | Exam, Hep A, Lead (med) Autism Screen |
| 30 Month | Exam, Developmental screen |
| 3 years | Exam |
| 4 Years | Kinrix (IPV, DPTa), MMR/ VZV, vision, Hearing |
| 5 years | Exam, vision, hearing, CBC, chol (4-8yrs) |
| 6-10 years | Exam, updating immun/labs if needed Vision/hearing 8, 10 yrs |
| 11-16 years | Tdap, MCV, Gardasil, Hearing at 12, 15, 18 yrs. |

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“When A Bandage Isn’t Enough...”

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