

# INFORMATION ON NEWBORN CARE

Instructions for Baby Girl \_\_\_\_\_

Birth Date \_\_\_\_\_ Birth Weight \_\_\_\_\_ Birth Length \_\_\_\_\_

This booklet was designed to answer some of the common questions about newborns, as well as relieve anxiety about their care. There are many ways to handle different situations, and no one way is right or wrong. Friends and relatives can be a good source of information and support, but oftentimes their knowledge is based on hearsay and is incorrect. I strongly urge you to call me if questions or concerns arise.

Your daughter will be examined daily while in the hospital and I will be by to visit you each day to answer any questions you might have before going home.

## **Check-ups**

Your daughter will need to have her first check-up at 2-3 weeks, and then at regular intervals after that. During these visits we will discuss her growth and development, administer routine immunizations and provide patient and parent education. These will also provide an opportunity for the early detection of illness or problems through some simple screening examinations and laboratory tests. In this way, we are able to better care for your child's emotional and physical growth and development.

Please call my office for an appointment for your daughter's first check-up when you go home from the hospital. Appointments for future checkups should be made at least 6-8 weeks in advance.

Regular office hours:

Monday - Friday	9:00 a.m. - 12:30 p.m.
	1:30 p.m.-5:00 p.m.

To ask questions directly to your doctor - call in time:

Monday - Friday	8:30 a.m. - 9:00 a.m.
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## **Questions and Concerns**

For routine questions and concerns, we have at least one nurse dedicated to answering phone calls each day. Please call and ask whatever is on your mind. What seems trivial during daytime hours tends to become very worrisome when the office closes. When in doubt, call during office hours and have a much more pleasant and relaxed evening and night.

## **After hours**

For true emergencies, please call 911. For urgent problems, we utilize a nurse triage service. There is always a physician on call for our practice. By calling our regular phone number, you will be instructed on how to reach the triage service.

## **NORMAL BABY BEHAVIOR**

**Crying** — This is the only means of communication for babies. Therefore, they will cry for many reasons such as when they are hot, cold, hungry or thirsty, wet or dirty, or when they just want to be held and rocked. Pretty soon you will learn what your baby's different cries mean. Crying for prolonged periods of time, although annoying, is not harmful to the baby.

**Coughing and Sneezing** — This is the way babies clear their nose and throat of mucus, milk and lint. It is generally NOT a sign of a cold in a newborn infant.

**Spitting-up** — Almost all babies will spit-up some after feeding and with burping. This is normal and should not be confused with forceful vomiting.

**Hiccups** — Some babies get these after every feeding. They can usually be stopped by giving a few more sips of milk.

**Bowel Movements** — All babies grunt and turn red when having a bowel movement. This is due to weak stomach muscles and not to constipation, and is considered normal. Constipation is defined as hard, little pellets, not straining or skipping a day.

## **FEEDINGS**

### **Breast or Bottle**

Breast-feeding is unquestionably the best method of feeding your baby. Not only does it provide the necessary nutrients for your child's growth and development, but it also provides for a warm and loving bond between mother and child. However, babies who are fed formula also receive all of the necessary nutrition, and a similar bond between mother and child can be established during the feeding ritual. The choice of feeding is up to you. Just remember that babies raised in a loving home can grow up to be healthy, psychologically secure individuals no matter how they receive their nourishment.

### **BREASTFEEDING**

By nature's design, breast-feeding is the best possible way of meeting your infant's nutritional needs. At the same time it stimulates your child's immune system, which helps protect against infections.

### **Getting Started**

Although there may be awkward and trying times when mothers and babies are getting to know each other, within a couple of weeks, nursing becomes pleasant and easy for both. The first time your baby is brought to you, she may not have a great urge to nurse. Even if she seems sleepy, it cannot hurt to offer a breast. Many babies do not nurse well for the first 24 to 48 hours. However, this time serves to let the two of you know each other, as well as become comfortable with breast feeding.

During the first few days of nursing, yellowish fluid called colostrum is released from the breast. It is very rich in nutrients, and provides many antibodies to help fight infections until your baby produces her own. Within three to five days, it will be replaced by the thinner, whiter breast milk.

You can make breast-feeding easy and satisfying for you and your baby if you are relaxed, confident and rested. You may either sit or lie down, whichever is more comfortable and convenient. While holding the baby in your arms, bring her toward you until her cheek touches your breast. She will instinctively open her mouth and search for the nipple. Allow her to get a good grasp of the breast. It is very important (and less painful) if your baby grasps the entire areola (dark area around the nipple) with her mouth while she nurses. Since your baby must breathe through her nose, be sure the breast is not interfering with her breathing. To break the baby's suction on your breast, you can insert a finger into the corner of the mouth. However, most babies will decide on their own when they have had enough and will release your nipple.

Many breast-fed babies do not need to burp, since they do not suck air from the breast. If your baby needs to burp, it is quite common for some milk to come up with the swallowed air.

## **How Long Should I Nurse?**

You should begin the first day by nursing your baby about 5 minutes on each breast during each feeding. Gradually, you will increase the feeding time on each breast over the first week. It is important to realize that the most milk is attained during the first 5 to 7 minutes on each side. I do not recommend using a breast pump during the first two weeks. This is the time that your baby regulates the amount of milk produced. Using a pump too early may lead to overproduction and engorgement of the breasts.

Since your baby will obtain the most milk during the first few minutes, start by nursing on one breast, and after the baby has finished the most vigorous sucking, switch to the other one. You can then repeat the breasts for a few more minutes if you like. Then, at your next session, start on the breast nursed from last. One method to remember which breast to start with is to place a small safety pin through your bra strap on the side you are supposed to start with next.

## **How Often Should I Nurse?**

During the first few days, your baby might want to feed every 2 to 3 hours. However, it is ok to let her go up to 4 hours between feedings. Towards the end of the second week most will settle down to feedings every 3 to 4 hours, and maybe even longer at night. Although your baby may seem to feed at regular intervals, it is best to feed on demand, rather than by the clock. **Once your milk is in and the baby is feeding well**, with very few exceptions, *never wake a sleeping baby.*

## **Is My Baby Getting Enough Milk?**

This is the most common concern for breast-feeding mothers. The most important thing you can do to ensure an adequate milk supply is to continue to eat 300-500 calories above your normal diet, and keep your fluid intake up. If your baby is content for 2-3 hours after a feeding, wetting 6-8 diapers a day, appears to be gaining weight and otherwise seems healthy, you can feel comfortable that she is getting enough.

## **Supplemental Bottles**

There is no need to give formula to your baby if you are breast-feeding. However, some families will substitute a formula feeding in the evening to allow the father to feed the baby. This should be in place of a breast-feeding, and not in addition to a feeding. Before starting formula, please contact me to discuss which brand and type would be most appropriate for your infant. During this feeding time, the breast can be pumped and the milk stored. If you feel your baby is not satisfied with just breast milk, call me before adding a supplemental bottle, since this may interfere with regular breast-feeding.

## **Care of the Breast**

During the first week or two of nursing, your nipples will probably become sore. To prevent any unnecessary drying and cracking of the nipples, you should avoid soaping them while showering. Instead, allow clear water to run over them freely.

If your nipples become sore or cracked, you might want to put a mild cream such as pure lanolin on after feedings. This should be washed off with water before the next feeding. Some other hints are to express some milk from the breast before nursing to make the milk flow more easily. Also, feeding the baby more frequently for shorter periods puts less strain on sore nipples. Offering the less sore nipple first also helps so that the baby feeds from the sore side when she is sucking less vigorously.

## **Mother's Nutritional Needs**

In order to breast-feed successfully you should eat a well balanced diet. If you already have good eating habits, this should pose no problems. You will probably have to increase your daily food intake by 300 to 500 calories. In addition, you need to drink a lot of fluids. A rough estimate is an 8 ounce glass for each feeding. This can be in the form of water, tea, milk or juice. It is NOT true that you need to drink milk to make milk. However, you should have generous amounts of calcium in your diet to avoid depleting your own calcium supplies from your bones. Most doctors will recommend that you continue taking pre-natal vitamins while breast feeding to ensure good nutritional intake.

For the most part, you can eat any nourishing food without fear that your baby will be affected. If there is an intolerance, it will present as irritability in the baby approximately 6-8 hours after eating the food.

## **Returning to Work**

Many women are able to successfully combine work and breast-feeding. Many are even able to work full-time. One solution is to feed your child before you leave for work, go home for the noontime feeding, and return home in time for the evening feeding. If you are unable to go home during the day, you can leave behind a bottle of breast milk which had been pumped, or a bottle of formula. If you will be gone for more than 5 to 6 hours, you should plan to express or pump your milk at least once, both to relieve discomfort and continue milk production.

## **Pumping and Storing**

There are multiple types of breast pumps available commercially. The cylinder type and battery powered type seem to be more efficient and comfortable. Milk can also be expressed by manually massaging and "milking" the breast.

Each time you pump, the contents should be placed into a sterile bottle or bag. **Do not** add new milk to already stored milk. However, you may combine different batches when making up a bottle. Breast-milk which has been refrigerated is good for 24 hours. That which has been stored in an upright freezer is good for 1 month, and milk which has been stored in a deep freeze is good for 2 to 3 months. This is why it is important to date each batch.

To thaw out frozen breast milk, only use warm tap water. NEVER use hot water or the microwave. It is believed that excessive heat destroys some of the proteins in the milk as well as being a potential for burning your child. Once the milk is thawed, it is only good for 1 hour. NEVER refreeze breast milk.

## **Alcohol, Tobacco and Medications**

Most physicians believe a limited quantity of alcohol will not interfere with breast-feeding and may even improve the process by relaxing the mother and helping with the milk let-down. However, alcohol in large amounts actually impairs the milk let-down. Remember, the amount you drink also determines how much alcohol will be passed into your breast milk.

Everyone knows that cigarette smoking is not good for your health. What you probably did not know is that it may cause a reduction in milk production. It has also been shown that breast-fed infants of mothers who smoke seem to sleep less and cry more. You should **NEVER SMOKE WHILE NURSING**. Babies can be burned or even blinded by cigarette ashes.

Since everything you eat, your baby eats, mothers who are nursing should not take any medications or drugs without consulting a physician. Even common over-the-counter medications may cause side effects in your baby. If at some point you need to take a medication, please call our office first. We have a list of the more common medications and their side effects, if any.

## BOTTLE FEEDING

Formula fed babies receive all the necessary nutrition just as breast-fed babies. Feeding time can be a special time, and the same warm and loving bond can be established. In addition, bottle feeding enables the father and other siblings to take an active part in your new child's care. You should **NEVER** feel guilty about bottle feeding your baby.

### Types of Formula

There are three major commercially available formulas, Enfamil, Similac and Good Start. All are acceptable for your baby. Almost all formulas are iron fortified. This helps to prevent anemia in your baby.

In addition, each type comes as ready-to-use, liquid concentrate, and powder. Again, each type is equivalent. Ready-to-use is the easiest, but it is the most expensive. If you have an approved city water supply (not well water), you do not need to boil the water before using it to mix up the concentrate or powder formula.

### Bottle Preparation

With today's modern conveniences, such as refrigerators, dishwashers and clean drinking water, there is not as much need for sterilization as in the past. If using glass or plastic bottles, wash both the bottles and nipples in hot soapy water or the regular cycle of your dishwasher. If you use the plastic nurser bags, use a separate one for each feeding and do not reuse them.

### Formula Preparation

All types of formula should be refrigerated once they have been opened or prepared. Prior to serving, take the amount to be given out and let it stand for 15-20 minutes. Then serve it at room temperature. You may also wish to run it under warm water. If hot water or the microwave is used, make sure it is shaken well to avoid hot spots, and test the temperature. Once it has been warmed, it is good for about 1 hour.

**Ready-to use** - This can be purchased in ready-to-use disposable glass bottles, or the more economical 32 ounce can. Always wash the top of the can and the can opener before opening. The formula is pre-sterilized and may be poured directly into clean bottles or nurser bags. Once the can is open, it should be used within 48 hours.

**Concentrate** - This type of formula can be found in 13 ounce cans. Always wash the top of the can and can opener before opening. Mix one can (13 ounces) with one can of water (13 ounces). This form is also pre-sterilized and should be kept in a clean container in the refrigerator. It may be poured into bottles or nurser bags as needed. It should be used within 48 hours after opening.

**Powder** - This type usually is packaged in 16 ounce cans. A scoop is provided inside. When mixing the powder, add 1 level scoop of powder for every 2 ounces of water. Stir until completely mixed. Use warm water for best mixing.

## **How Much Formula to Give**

Initially, your baby will take about 1 ounce for each day of life at each feeding. This will eventually plateau at 3-4 ounces each feeding. However, your baby's appetite will vary from one feeding to the next, and from day to day. When your baby is consistently emptying a 4 ounce bottle you may increase the amount by one ounce. A good rule is to offer enough formula so that the baby leaves about 1/2 ounce in the bottle at the end of the feeding.

## **How Often to Feed**

In the hospital your baby will probably be fed every 4 hours. However, at home it is best to have your child feed on demand rather than by the clock. Your baby will start with every 3 to 4 hours and then gradually increase to 4 or more hours between feeds. After a few weeks, she may even sleep through the 2 a.m. feeding. With very few exceptions, NEVER WAKE A SLEEPING CHILD.

## **FEEDING TIPS**

**Burping** - Whether your baby is breast or bottle fed, she will swallow some air while feeding. Burping helps to remove this air. Bottle babies usually need burping every 2 ounces. Breast-fed babies often do not require burping but you should try after finishing each breast. REMEMBER, it is natural for some milk to come up with the swallowed air.

**Positioning** - NEVER prop a bottle in your baby's mouth. You should always hold her while feeding.

**Water** - All of your baby's fluid needs are met with formula or breast milk. You may occasionally offer additional water if you desire. There is no need to force your child to take water.

**Solid Foods** - During the first few months of life, all of your baby's nutritional needs will be satisfied by breast milk or formula. There is no need to add cereal or other solid food to your child's diet. The early introduction of solids has been shown to be associated with fat babies and some food allergies.

**Vitamins** - Infants who are on formula or breast milk usually do not require additional vitamins for the first few months. However, breast feeding mothers should remain on a good multi-vitamin that contains iron.

## **BABY CARE**

### **Care of the Diaper Area**

Change your baby's diaper as soon as possible after each bowel movement or urination. Wash the diaper area with a moist cloth or disposable wipe. Be sure to get in the creases. If a rash starts to develop, you will probably want to apply a zinc oxide based ointment such as Balmex with each change. Baby powder and corn-starch are not recommended if you are using disposable diapers.

## **Diapers**

There are basically 2 options for diapers, and both are acceptable.

**Disposable** - This is a very quick and convenient method of diapering, and they are tolerated by most babies. They are more expensive than cloth diapers, but some feel they keep babies drier. Even if you choose cloth diapers, you will find these convenient for traveling.

**Cloth** - This type is less expensive than disposable diapers, but requires more time and energy. You should plan to start with at least 3 dozen diapers. They should be washed before you use them in a mild soap such as Dreft or Ivory. You may also wish to use a diaper service that will usually provide the diapers, laundering and a container.

## **Bathing**

It is good to have a regular bath time. Some mothers choose early in the morning, but others prefer the evening so the father can be involved. Until the navel has healed, only sponge baths are recommended. After the cord has fallen off, tubs and bassinettes may be used. You should always pick an area without drafts and have all your supplies handy.

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|-------------|--|
| Supplies:   | Towel, washcloth, cotton balls, baby shampoo, mild soap, cotton swabs and rubbing alcohol.   |
| Face:       | Wash with plain water. Do not use soap.  |
| Eyes:       | Wipe with a moist cotton ball or clean washcloth from the nose to the outer edge.  |
| Ears:       | Clean only the outer part of the ear using a cotton ball, cotton swab or washcloth. NEVER stick a cotton swab into the ear canal.  |
| Mouth:      | You should not need to clean or wipe out the mouth - even after feeding.   |
| Head:       | Lather gently with a baby shampoo. Work from front to back to keep the soap out of your baby's eyes. Do not be afraid to clean the soft spot. Failure to wash this area will result in cradle cap.                     |
| Body:       | Use a mild soap. Be sure to wash the creases well, especially in the diaper area. Also, be sure to rinse well.   |
| After Bath: | We no longer clean the umbilical stump with alcohol. If it becomes oozy, you can clean around it with alcohol. You may choose to use a mild lotion on the rest of the body, but lotions and powders are not necessary. |

## **Umbilical Cord**

You will want to fold the top of the diaper down so it does not cover the cord until it is healed. Since 2007, we have not been doing any kind of cord care or cleaning. We have since found that the cord falls off much quicker, with less ooze and mess. If however, you notice some ooze or dried blood, this can be cleaned up with alcohol on a cotton ball.

## **Vaginal Care**

Most newborn girls will have a small amount of a white, milky or mucus-like vaginal discharge. Sometimes there will even be a bloody “hormone withdrawal” discharge. These are all normal and require no special care other than cleansing with a wet wipe. Little by little, you will want to clean the white vernix out from between the labia. Do not try to get this out with one cleaning, or you will irritate the skin.

## **Bowel Movements**

Your baby's bowel movements will initially be dark and tarry (meconium). This will change to pasty green and then yellow. Some babies may have a bowel movement after every feeding, and others may have only one every 2 to 3 days. Both situations are normal. 48 hours without a stool does not mean your baby is constipated.

Breast-fed babies may have very loose stools, resembling diarrhea. Formula fed babies usually have seedy looking stools.

## **Room Temperature**

Try to keep an even comfortable temperature in your baby's room. Generally, if the temperature is comfortable for you, it will be comfortable for your baby. Remember, in the winter, your baby cannot reach down and pull up a blanket. Keep the temperature of the house set accordingly.

## **Clothing**

Your baby does not require excessive clothing or blankets. Dress her as you would dress yourself.

A few babies might develop an irritation to some detergents. However, most infants will tolerate your normal detergent and fabric softener. Assume that your baby will have no problems, until proven otherwise. Watch for rashes in clothing contact areas.

## **Sleeping**

Your baby's mattress should be flat and firm. No pillow should be used. Protect the mattress with a waterproof cover.

The preferred position for sleeping is to place your child on her back. Placing her on her right side is the second best choice, but is not recommended. Do not get in the habit of letting your child sleep with you, even at an early age. It is a very difficult habit to break later.

## **Trips**

In nice weather, babies may be taken outside soon after birth. However, sun baths are not necessary. It is better to go to a wide-open shopping mall with a newborn than have several friends with coughs and colds come by to see your baby up close.

## **Safety**

Infant safety should begin with your child's ride home from the hospital, by riding in an approved car seat. It is not safe to hold a baby in your arms while riding in a car. Your child should be strapped in for every ride, no matter how short.

At home, you can prevent accidents before they happen. Never leave the crib rails down. Also, never leave a baby unattended on a changing table, bed or sofa. Even if your child cannot roll over yet, babies can kick their way to the edge and fall off.

## **ILLNESS**

Should your child become ill, you should always feel comfortable calling our office at 488 7334 (488-PEDI). We will make every effort to see your child as soon as possible. Remember, non-emergency calls should be made during normal business hours. Some signs of illness which should be brought to my attention include:

- Fever — in an infant, this means a rectal temperature of 101 ° or more.
- Failure to take feedings more than two times in a row.
- Persistent vomiting, not just spitting up.
- Any drastic change in your baby's behavior, such as excessive crying, listlessness or sudden change in the stool.

## **THE FAMILY APPROACH**

Oftentimes when a newborn infant is brought home, the rest of the family feels left out. This does not have to happen. Fathers can play a very important role in supporting the new mother, as well as helping with child care. If the bath is delayed until the evening, this can be a special time for the father to spend with, his new child. In addition, he can be involved with the evening or nighttime feeding if using formula. If breast-feeding, he can get the child, change the diaper and bring the baby to mother for nursing.

Do not forget about the older siblings. You can expect some regression in their behavior when you first return from the hospital. This is a way of getting your attention, and is due to jealousy. They do not care if it is positive or negative attention, as long as it is something. One way to minimize this activity is to devote a special time each day to your other children and to only them. Also, older siblings love to be involved with their new baby sister, and can help by getting bottles, the pacifier, blankets or carrying the diaper bag.

## NOTES