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from diapers to diplomas...

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CARING FOR YOUR BABY

Congratulations on your new baby and welcome to parenthood! You are about to embark on one of the most exciting and rewarding experiences of your life. If this is the first addition to your family, you may feel anxious and not know just what to expect. If you have had other children you may wonder how this one will differ from the others, in either case, we have designed this booklet to help answer questions about the care and feeding of your new baby.

In the first few weeks after the birth, parents are often unsure of themselves. As long as your baby is well-fed, well-loved, warm and comfortable, he or she does not mind in the least that you are less than an expert. These few, simple infant care instructions should help you relax and enjoy your baby. The most valuable thing parents can do for their children is to enjoy and love them.

HOMECOMING

There should be limited visitors for the baby's first days at home. Both you and your child will fare better if you have time to adjust to new circumstances and to one another.

Do the best you can to continue to limit visitors during the first few weeks, until the newborn has had time to build up resistance to infections. Avoid sick people and toddlers if possible, as they are most likely to spread infection. Hand washing should be encouraged before handling the baby.

NORMAL ACTIVITY

A newborn baby does not do very much. They don't open their eyes much, and they are very sleepy. Take advantage of those opportunities when the baby opens his/her eyes to spend time together. Also, new mothers need to use these first few days to take care of themselves. You need to rest and heal.

The range of activity of the newborn baby is quite limited. Babies are totally dependent on their parents in the first few months of life and only have a few ways to express their needs. The most frequent activity of a newborn baby is sleeping. At this age, they may sleep 18-21 hours a day.

Babies should be allowed to sleep in a well-ventilated room away from direct draft, with a temperature of 68-76 degrees. The crib should have a firm, well-fitting mattress. The best sleeping position for a baby is on his/her back or slightly tilted to the side, without being overly bundled. We do not recommend that babies sleep on their stomach or directly on one side. Recent studies have shown that these sleep positions may lead to an increase in SIDS (Sudden Infant Death Syndrome).

BABIES ARE BABIES

All babies sneeze, yawn, belch, have hiccups, and pass gas, cough and cry. They may occasionally look cross-eyed. Sneezing is the only way in which a baby can clear his or her nose of mucous or milk curds. Hiccups are little spasms of the diaphragm muscle. Coughing is a baby's way of clearing his or her throat.

Crying is the baby's way of saying "I'm hungry/wet/thirsty...I want to turn over...I'm too hot/cold...I have a stomachache or I'm bored." You will gradually learn to distinguish between

your baby's various cries. Even a well baby will probably cry for a little while each day, and could cry for an hour or so occasionally without doing any harm. Many babies have a fussy period which occurs in the late afternoon or early evening. Feel free to pick your child up and offer comfort during these episodes. We don't believe you can "spoil" a newborn baby by holding him/her too much.

DRESSING/SWADDLING

In general, the baby prefers to be dressed a little more warmly than an adult. They are usually comfortable in either a light undergarment, then swaddled with 2 receiving blankets or a heavier pajama with 1 receiving blanket. They usually prefer to be tightly swaddled when newborns.

CARE OF THE SKIN

Generally, babies only need to be bathed a few times a week in the newborn period. Some babies with very moist, oily skin may need more frequent bathing than those with drier skin. Bathing too frequently may remove the natural oil and predispose babies to skin rashes. Bathing should be done in a warm place where you can conveniently hold and wash your baby at the same time. While the umbilical cord is still attached, a sponge bath is the recommended way to wash your child. Once the cord has fallen off, your baby may be immersed in water and washed over the entire body. In females, the genital region should always be wiped from front to back to prevent transfer of stool from the rectum to the vaginal area.

Do not be afraid to wash the baby's head; rubbing will not injure the "soft spot". When necessary, the corner of the eyes may be gently wiped with a clean cotton cloth and water. Ears should be washed externally, but do

not try to remove wax from the ear canal. No drops should be used in your baby's ears unless specifically recommended.

Many babies develop an acne-like rash on the face, head or neck during the first few weeks of life. This will clear up on its own and should not produce any permanent skin blemishes.

Keep your baby's nails short and clean. Cut them squarely across and not too close to the skin. You may file the sharp edges.

DIAPERING

Initially babies produce meconium, which is thick, black sticky stool. They also produce urine that is thick and often tinged with red or orange crystals (urate crystals). Once feedings are going well, the baby will begin to make more frequent stools which will be soft to runny. The baby will also begin to urinate more often. While at home, if the baby has not had a stool for 36 hours or no detectable urine for 24 hours, you should call the office. It is fine to use baby wipes, but if your baby develops diaper rash, you may want to change to Viva paper towels and water. We recommend Desitin, Balmex or Triple Paste diaper rash creams as needed.

CIRCUMCISION

Circumcision is a procedure that can be performed in the hospital either by the obstetrician or pediatrician. Circumcision does carry some minor risks, such as bleeding or infection, although every precaution is taken to minimize these risks. Circumcision is a reasonable and appropriate procedure for families who desire to have it performed. It is important to know, however, that circumcision is not medically necessary. It is a personal choice and should be based on the parents' personal beliefs/preferences.

If a circumcision is done, we recommend covering the healing area with Vaseline ointment with each diaper change until it is completely healed (usually 3 to 7 days).

Let us know if there is any marked swelling, bleeding or signs of infection.

THE UMBILICAL CORD

The umbilical cord usually detaches within 2 to 3 weeks, often with a small amount of bleeding or oozing. In general we recommend not applying anything to the cord, but you may be instructed to apply rubbing alcohol. Call the office if discharge or redness occurs.

BOWEL HABITS

Babies' bowel habits differ considerably from one child to another. Breast-fed babies may have a stool every 2 to 3 days or as often as 8 to 10 times per day. Formula fed babies usually have 1 to 3 stools per day. The frequency, consistency and color of your baby's stool may vary from day to day, and will noticeable change when you begin to add solid foods to his or diet. Straining during bowel movements is normal, unless the stool is very hard. Call us if you notice any blood in the stool.

WEIGHT LOSS AND GAIN

Most newborns weigh between 5 ½ and 10 pounds, with average weight being 7 ½ pounds. During the first few days of life, infants generally lose 5 to 10 percent of their birth weight. This occurs to loss of excess body fluid and is perfectly normal. Most infants will regain their birth weight by 10 to 14 days.

FEEDING

In years past, there was considerable debate concerning the most appropriate method of infant feeding. After a long period of unpopularity, breastfeeding has become a preferred mode of infant feeding, due to the naturalness of the milk, the closeness of mother and child during nursing, and the transfer of protective factors in the mother's milk which help reduce the incidence and severity of respiratory, gastrointestinal and other infections in the infant.

Formula is a very good alternative to breast milk, and it provides all the nutrients a baby needs.

We feel that the most important factor to consider is which method makes the parents feel most comfortable. Happy parents make happy babies.

BREASTFEEDING

Almost all women are physically capable of nursing their babies. Nature has seen to it that the production of breast milk is closely related to the needs of newborn. For the first few days of life a newborn baby sleeps much of the time, has extra reserves of body fluid, and is content with colostrum (the yellowish fluid, rich in protective antibodies, which the baby will receive from the mother's breast). During this time, it is easy to become discouraged if breast milk is not produced. With patience, however, your milk will begin to flow and you will have the pleasure of seeing your baby thrive. We recommend that you do not supplement your child's feedings with formula at this time until you are specifically instructed to do so.

When breast feeding, make sure that your baby takes as much of the areola (the dark area of the breast) as possible

into his or her mouth. This will help your baby get the maximum amount of milk from the milk ducts behind the areola. Support the breast with a thumb on top and the fingers below the areola. When starting to feed, you can tickle the baby's lower lip with the nipple until s/he reacts with a wide open mouth. Then, place the baby as deeply as possible onto the breast. To remove the baby from the breast, break the suction by inserting your finger into the corner of the baby's mouth.

Most of the time, breastfeeding succeeds easily and naturally. In some cases, however, there can be difficulties, either because of the mother's anatomy and/or the baby's sucking technique. In these cases we have several lactation experts who can work with you to help you and your baby have a successful feeding experience.

After you have established your milk supply and the baby has regained the weight that may have been lost, there may be times when you want a replacement or supplemental feeding. At these times, a feeding of expressed milk or formula may be given. You never have to provide a supplement but many parents have found that if you don't introduce a bottle prior to 1 – 2 months, the child may be reluctant to take one.

Mothers need to make sure that they drink plenty of liquids. A glass of water prior to a feeding will help to remind you that you are drinking for two and may help your let-down reflex. If your nipples become tender, continue to breast feed, but make sure you allow air to circulate around them. Pure lanolin can be applied after the nipple has dried.

Burp your baby once or twice during and after feeding, but you do not necessarily need to interrupt a feeding for this purpose. It is usually better to wait until the baby pauses.

Strict adherence to a feeding schedule is not recommended. In general, strive for feedings every 2 to 3 hours in the

daytime, and every 3 to 4 hours in the nighttime. The most successful method is to give the baby a feeding whenever s/he acts hungry. Within a short time, you should be able to recognize this. Most babies may start out needing to feed every one to three hours. It is important to put the baby to the breast as often as you can. A good feeding is usually at least 10 minutes each side. Ideally, a baby will feed for 30-50 minutes. The baby may be very sleepy and have a tendency to fall asleep at the breast. Don't hesitate to stimulate him/her to try to wake up. You can unbundle the baby, tickle the toes, or change the diaper. Until your baby is back to birth weight and gaining steadily, we suggest demand feeding, with no more than 5 hours between feedings. Once the baby has returned to birth weight, you may allow him/her to sleep longer at night. With time, most babies begin to establish a regular feeding routine.

It is a good idea to feed eight to twelve times daily for their few days until the milk has come in, which usually occurs by the third or fourth day. Signs that you have established a good milk supply, and are successfully feeding are breast fullness, leaking of milk, and hearing the baby swallow. The bowel movements will also progress from green/black, to brown, to seedy, mustard yellow.

If you are having difficulties with nursing, please call the office so we can give advice or refer you to a lactation specialist.

BOTTLE FEEDING

Formulas are divided into three types: cow milk-based, soy based, and pre-digested. If you choose to formula feed we usually recommend a cow-milk based formula unless there is a family history of cow milk allergy. If your baby seems to have difficulty tolerating a formula, please contact us, and we may recommend changing to a different type of formula.

It doesn't matter if you choose concentrated, powder or ready-to-feed forms of formula.

Always check the expiration date shown on the carton or can before you buy or use formula. Do not use damaged cans or packages. Always clean the top of the can before opening.

As long as it is covered, you may store an opened can of concentrated liquid or ready-to-use formula in the refrigerator for up to 48 hours. An opened can of powder should be covered and stored in a cool dry place, for up to one month. Do not save formula left in a bottle after a feeding. When a baby drinks from a bottle, some of the formula has come in contact with the baby's mouth and may become contaminated with bacteria.

You may mix powdered or concentrated formula with filtered or bottled water. You do not have to boil the water.

Once formula is prepared, it can remain in a covered bottle at room temperature for up to 2-3 hours. Your baby can feed on room temperature formula without need of further heating. If a bottle of formula has been refrigerated, you can heat it in a pan of hot (not boiling) water or by running hot tap water over it. Do not heat a bottle in a microwave. The liquid may become too hot or have hot spots. Always test the temperature of a heated bottle by letting a few drops fall onto your inner wrist. The liquid should feel warm, not hot.

Formula should flow through the bottle in drops. If the flow is too rapid, use another nipple. If it is too slow, use a different size nipple or enlarge the hole slightly with a needle.

Bottles and nipples can be cleaned using the dishwasher. They do not have to be boiled routinely.

When feeding, hold your baby comfortable, with the head slightly more elevated than the body. Tilting the bottle to fill the nipple completely with fluid will reduce the amount of

swallowed air. For this reason, and to prevent choking, never prop a bottle. Also, never leave your baby alone while feeding from a bottle.

Once or twice during a feeding, and afterwards, try to burp your baby to help remove swallowed air. Hold the baby upright against your shoulder or sitting up with the head and neck supported. Then, gently pat or rub the back for a minute or so. Babies don't always burp after a feeding, so don't insist if it doesn't occur readily.

PACIFIERS

Pacifiers have been used for generations to help soothe babies. A baby naturally loves to suck. Pacifiers seem to help them relax and fall asleep. However, pacifiers are, by no means, necessary. They generally do not interfere with breastfeeding once it is well established. Ultimately, pacifier use is a personal choice.

TESTS PERFORMED/MEDICINES GIVEN IN THE HOSPITAL

A newborn baby typically gets an injection of vitamin K and erythromycin eye ointment directly after birth. Prior to discharge, a baby will have his/her hearing tested, a heel-prick blood test for the California newborn screen, a screening test for jaundice (yellowing of the skin), and an oxygen test to screen for heart disorders.

OUTDOORS

Once you take your baby home from the hospital, you may safely take him/her outdoors. However avoid long outdoor exposures initially and be careful to protect your baby's eyes from direct sunlight. Gradual, very short exposures to the sun are best.

OTHER CHILDREN

Your other children should be encouraged, whenever possible, to show their affection toward and help in the care of their new sibling. Allowing them to hold the baby in your presence may discourage them from wanting to do it at other times when you are not there to supervise. Sibling rivalry is a normal phenomenon. Expect older siblings to be jealous, needy, etc. Try to keep the older sibling busy and involved in helping with the new baby.

OFFICE VISITS/PHYSICAL EXAMS

Generally, the baby has a first checkup within 2-3 days of being discharged from the hospital. At this visit we will monitor the baby's weight, discuss how feeding is going, and evaluate for any sign of jaundice. During the first year, your child should have regular medical examinations. These visits allow us to check your child's growth, development and general health, and counsel you regarding proper care, nutrition and safety.

The schedule of physical exams throughout childhood may vary, but in general, routine physicals should take place at: 3 days, 2-4 weeks, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, and yearly after age 2.

IMMUNIZATIONS

The American Academy of Pediatrics and the CDC recommend that the first Hepatitis B vaccine be given while a newborn is in the hospital. The next set of vaccines is usually given between 6-8 weeks of age. Please discuss any questions about vaccinations with us.

SAFETY

More than four hundred children per year die in the United States because of accidents.

Often, accidents happen because parents are not aware of what their children can do. Children grow quickly and in “no time at all”, a child who can barely lift his head will be wiggling off a bed or reaching for your hot cup of coffee.

Automotive Injuries

Automobile collisions represent the greatest danger to your child’s life and health. Many serious auto injuries and deaths can be prevented by the use of car safety seats. Besides being much safer in a car seat, your child will be restrained physically, so you can pay attention to your driving. Child passenger seats are required by law for any child less than 8 years of age or under 4 feet 9 inches.

Make certain that your baby’s car seat is installed properly. Use it every time your child is in the car.

Burns

Check the temperature of the bath water with your elbow to make sure it is not too hot. Do not drink hot liquids with a baby in your lap, and keep such liquids out of your child’s reach.

Falls

The baby’s bed and playpen are the only safe places for the baby to be alone. Be certain that the spaces between the crib bars are not more than 2 3/8 inches, and that the crib sides are secure. As for playpens, those with mesh sides are the safest. Never leave a baby unattended on a changing table.

Small and Sharp Objects

Keep pins, coins, button batteries, beads and other small or sharp objects out of the baby's reach. Toys should be too large to swallow, too tough to break, and should have no sharp points or edges. Rounded toys of smooth wood or plastic are generally safe.

Household Hazards

Draperies/miniblind cords, electrical wires, plastic bags, long toy telephone cords, harnesses, necklaces and soft pillows can strangle or smother. A firm crib mattress and a fitted warm covering for a sleeping baby are recommended. Keep the crib and playpen away from cords. Do not let your baby chew or suck on a latex balloon. Never tie a pacifier around a child's neck.

No matter how harmless they may seem, always make sure that all chemical and medicines are properly labeled and kept out of your youngster's reach in a locked, child-proof cabinet.

The phone number for **Poison Control** is (800) 222-1222

Drowning

Babies can drown in only a few moments in only a few inches of water. Pools should always have closed gates, and consider other safety measures such as alarms and door locks. Infants and toddlers should never be alone in the bathtub.

FEVER

Often the first sign of illness in a child is fever, yet fever is not actually part of the disease itself. The major reason fever is treated in children is to help them feel better.

Fever is defined as a rectal temperature greater than 100.4 degrees F. Medications like acetaminophen (Tylenol or Feverall) or Ibuprofen (not until 6 months of age) can be used to reduce a fever when a child's temperature is over 102 degrees. When your baby has a fever, give extra liquids.

If your child's temperature is over 103 degrees, sponge or bath him/her with room temperature water. Do not make the water too cold. Ice or alcohol baths are not recommended.

Fever must be carefully monitored in infants. Any fever (100.5 degrees or greater) in a child younger than 2 months should be reported immediately, regardless of the time of day or night.

REASONS TO CALL THE OFFICE

In general, you should call the office if you have any concerns about your baby. The following is a list of symptoms in newborns which should prompt you to call the office:

1. If the baby refuses to feed for 8 hours or more
2. No urine output in 24 hours or no stool in 36 hours (if a newborn)
3. Increasing jaundice (yellowing of the skin)
4. Worsening lethargy/weakness (babies may be sleepy, but should be awoken briefly for feedings)
5. Fever

Follow-Up Appointment

Your follow-up Appointment should be made on

Please call the office at (805) 499-5525 at your earliest convenience to schedule.

Time passes quickly, and with it your baby grows swiftly out of the unsettled newborn phase and into patterns that are fairly predictable and somewhat manageable. Typically, you will reflect on those early days with amusement and even a little nostalgia, marveling how quickly they actually flew by. So, attempt to cherish the newborn period while you can; it is a special time in your child's life that will never come again.

Notes:

Date _____

Weight _____

Jaundice level _____