



A Parent's Guide to Bringing Home Your Newborn

**The Kids' Group
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Congratulations on the birth of your baby!

The days and weeks ahead will be very special for you and your family. We are pleased that you have chosen us as your family's pediatricians, and hope we can help you get your baby off to a good start in life.

You are starting one of life's greatest adventures. If this is your first child, you probably have lots of questions about your new baby. If you have other children, this booklet will refresh your memory as well as inform you of things that have changed since your previous baby.

Many new mothers are very unsure of themselves at first. As long as your baby is well fed, well loved, warm and comfortable, they won't mind that you are less than an expert. You will be surprised how fast you get to know and understand your baby's needs. The most important thing is for you to **relax** and enjoy your infant

Relatives, friends and neighbors will offer advice on child care, but you are the one who must carry out the techniques, put theories into practice and give the loving care. You should do the things that are right for **your** child, and that you are comfortable with. Each child is an individual, and every family situation is unique, so no general rules work for everyone. We encourage you to use your own best judgment and common sense in caring for your child. But when questions arise and you need advice, please feel free to call us.

In the Hospital

While you and your baby are in the hospital, we will see you daily. We will thoroughly examine your baby on our first visit and again upon discharge and will attend to any medical needs daily. Any problems that arise concerning your baby will be discussed openly and completely with you. We hope that you will take advantage of our visits to ask questions so that your arrival at home will be as smooth as possible.

Routine blood tests for PKU, galactosemia and thyroid disorders will be done on all infants. Other blood studies or x-rays will be done only as needed.

We make hospital rounds between 7:00 and 9:00 each morning.

Please try to be available during this time period so we may discuss your baby's progress.

Your Newborn

Unless you understand what newborns do and how they vary from older children, your baby can perplex and worry you unnecessarily. The following information can relieve some of your concern and help you enjoy your baby.

WEIGHT LOSS: Your baby is born with an excess of calories and water which is self-nourishing for the first few days. For this reason the baby will want very little of the first feedings offered, and may lose up to 10 percent his/her of birth weight. For example, a 7 - pound baby can lose up to 12 ounces before starting to gain weight. Most of this weight loss occurs in the first 24 hours; by the 4th or 5th day your baby will begin to show an increased appetite and a slow but steady weight gain.

SPITTING UP: Many parents become concerned because their baby spits up during the first few days. Fluids the baby has in the stomach after birth may cause the baby to spit up. Also, it is not unusual or abnormal for your baby to occasionally bring up food whenever he burps or after he has been active. Although spitting up is an inconvenience, it seldom is a serious problem in an infant that is growing and developing normally. Time and patience are often the best way to handle this common problem.

INTESTINAL GAS: Babies pass gas freely from the gastrointestinal tract. This gas comes from a combination of swallowed air and fermentation of food in the digestive process. It is normal and it is not necessarily the cause of colic or discomfort for the baby. If, however, you feel your baby is uncomfortable from gas, it is safe to use mylicon drops.

HICCUPS: Many infants have hiccups after each feeding; others just occasionally. Hiccups will stop spontaneously after 10 to 15 minutes. Do not become concerned. Given time, the baby will stop hiccupping without any special intervention.

BOWEL MOVEMENTS: Just as your baby develops their own feeding pattern, He/she will also develop their own schedule for stooling. Normal stool patterns can include a movement after each feeding or one every few days. Initially, the stool is a black, sticky material called meconium. After a few milk feedings the stools become yellow, pasty, semi-formed, or loose.

Breastfed babies tend to have frequent bowel movements that are loose which is normal. The number of stools for a breastfed baby can vary from 5-15 per day. They tend to be yellow or green in color. The frequency of bowel movements will gradually decrease after 6-8 weeks of nursing.

Formula-fed babies will have curds or seeds in their stools, The consistency varies daily with each movement. The frequency also tends to vary. As long as your baby is having a soft stool at least every few days, he/she is not constipated.

You may have noticed that your baby's muscles are generally weak. This is why infants cannot hold their heads up well or sit by themselves. The same holds true for the muscles used for bowel movements. Since these muscles are weak, your baby has to work harder and longer to have a bowel movement. It is not unusual for a baby to grunt, fuss and turn red when preparing to move their bowels. Instead of becoming anxious, keep your baby secure and comfortable until they pass the stool.

SNEEZING AND BREATHING: It is very common for your baby's nose to become slightly congested or stuffy during the first few months. They may sound snorty or noisy when they breathe and in most cases this is normal. Sneezing is also very common at this age and is usually not associated with an illness. Babies breathe predominantly through their noses for the first few months. Because of this, babies can become cranky and may feed poorly if their noses are stuffed up. Usually nasal saline drops and an infant nasal aspirator (bulb syringe) can solve the problem. Avoid using the nasal aspirator too often as this can actually cause the baby to become congested.

THE HEAD: The baby's head usually shows the stresses of labor. Moulding or elongation of the head is present to some degree in all babies and is more prominent in your first child. In some newborns, there is a "goose egg" type of swelling on one side, or sometimes both sides of the head. This is a cephalohematoma. It is harmless and usually resolves by 6 weeks of age without permanent effect on the baby.

THE EYES: It is common for small blood vessels on the surface of the eyeball to rupture during birth. This occurs in one of every four babies and is temporary. It clears in seven to ten days without treatment. Your baby's eyes will have ointment placed in them shortly after birth to prevent eye infections.

JAUNDICE: Jaundice is a condition that commonly occurs in newborn infants. Jaundice is a French word that means "yellow" and it describes the yellow color noticed in the baby's eyes and skin. Jaundice is caused by a substance called bilirubin which is deposited in the skin if not eliminated quickly by the liver. Jaundice usually appears on the second or third day of life and often disappears in about a week. As many as two-thirds of normal infants develop mild jaundice and require no treatment. However, if the jaundice is more severe or if the level of bilirubin gets too high, treatment may be necessary. Treatment for jaundice uses a technique called phototherapy whereby light is used to help the baby remove the bilirubin from his body. This is accomplished by placing the baby on a "bili-blanket" or under a "bili-light". In most cases, treatment can be done at home with the baby returning to the hospital for daily bilirubin levels. In a few cases, the baby may have to remain in the hospital for treatment of jaundice. If your baby develops jaundice, we will discuss with you which treatment option we feel is most appropriate for your child.

SKIN: The newborn skin is usually the source of much concern to the new parent because of the numerous variations and rashes that can occur. Understanding these insignificant variations will save you from needless worry. At birth, the baby's skin is purplish red in color. With his first breath it brightens to a deep red. Occasionally, a baby's hands and feet will remain blue during the first one or two days, or whenever he becomes chilled. Within a day or two, the redness fades and peeling of the skin occurs. Although the peeling of the skin may be unsightly, it in no way harms or disturbs the baby.

Many babies, while still in the hospital, develop a rash characterized by small areas of redness with small white centers. The rash usually appears in the first 24 hours on the trunk, face, or diaper area, and may last from five to seven days. The condition is harmless. It does not disturb the baby, and does not require any special attention. There are also a number of non-specific facial rashes that usually appear during the first few months. These rashes do not represent an illness and do not require treatment. They include:

1. Minute shiny, white pimples without any redness around them,
2. Collections of a few small red spots or smooth pimples on the cheeks. (At times they fade, and then get red again)
3. less commonly, rough red patches on the cheeks that come and go.

Another skin problem that puzzles new parents are the red blotches or lines, usually on the upper eyelids or over the bridge of the nose. These are birthmarks that usually fade with time. Frequently, you'll find them also on the scalp and on the back of the neck.

GENITALIA: Baby girls respond to the hormones in their mother's body during pregnancy. Occasionally, this is manifested as vaginal bleeding or, a white mucus discharge which lasts about a week. The baby's breasts may also appear enlarged, and occasionally will secrete milk. This is normal and resolve on its own. The breast tissue of male infants may also appear enlarged at birth. This too is normal and will resolve spontaneously.

Feedings

Feeding is one of the most important functions of the new parent-infant team. During feeding periods many of the infant's basic needs are satisfied. These are both physical and emotional needs, including:

1. Oral stimulation and gratification.
2. The pleasant, contented feeling of fatigue and a full tummy.
3. The warmth and love from being held and cuddled.
4. Proper nutrition and hydration to insure proper growth and development

A feeding is successful when the infant has all sucking needs satisfied, is pleasantly exhausted, has a tummy full of a nutritious mixture, and feels comfortable, loved and secure- ready for a nice period of sleep.

BREASTFEEDING

It is our belief that breast milk is the best source of nutrition for your baby. The long term benefits to your child from breastfeeding are numerous and include:

1. Some protection from ear infections, pneumonia, meningitis and infectious diarrhea
2. Decreased risk of Sudden Infant Death Syndrome (SIDS)
3. Statistically fewer hospitalizations in the first year of life due to illness
4. Decreased risk of developing diabetes, inflammatory bowel disease, and allergic diseases throughout the child's life.

The benefits of breastfeeding for mothers include:

1. A quicker return to your pre-pregnancy weight
2. A decreased risk of breast cancer, ovarian cancer, and endometrial cancer
3. A decreased risk of osteoporosis

The most important keys to successful breast-feeding are practice, relaxation and patience. It took time for you to learn how to ride a bicycle or drive a car, and it is going to take time for you AND your baby to learn how to be an efficient breastfeeding duo. Just remember that almost all problems with breast-feeding can be fixed or worked with, and that almost all mothers and babies can learn to breastfeed if given enough time.

GETTING STARTED

Begin breastfeeding as soon after delivery as possible. The earlier breastfeeding begins the sooner digestive activity begins. The sooner the baby receives colostrum, the earlier mother's milk will come in. Initiate feeding by letting the baby "root" around the nipple. You may also stroke his cheek with the nipple so that he can "root" toward it. Your baby needs to take the areola (the dark area around the nipple) as well as the nipple into his mouth for proper feeding. Your baby will take most of your milk in the first five or six minutes of nursing. It usually takes about 2 to 3 days of nursing after the baby is born before milk production begins. Your infant's sucking stimulates the hormones involved with milk production thereby causing milk production to begin. Initially the breasts produce a thick yellow secretion called colostrum, which is full of beneficial antibodies for the baby. Later your breasts will feel full and will begin producing thin white milk.

TIPS FOR BREASTFEEDING

- The more you nurse, the more milk you will make. The newborn should feed 8 to 12 times per 24 hours. Newborns should be breastfed frequently. This increases milk supply, promotes better weight gain in the infant, and reduces engorgement of the mother's breasts
- Initially, the baby should not go more than 3-4 hours between feedings. After the first month or so, most babies will begin to space feedings farther apart.
- Keep a "feeding diary" so you can keep track of how many feedings, wet diapers and bowel movements your baby has in 24 hours. This will help you know that your baby is "getting enough" and let you see what feeding patterns may be developing. If the baby is having soft stools, and is wetting at least six diapers in 24 hours, he is nursing just fine.
- Having your baby in the hospital room with you is helpful in that the baby can be fed when hungry instead of waiting for "feeding time". However, if your baby stays in the nursery, the nurses will bring your baby to you "early" if the baby seems hungry.
- Wash your hands before each feeding. You do not need to wash your nipples before each feeding, but they should be clean. Cracked nipples can occur from using soap, alcohol, witch hazel, and antiseptics to clean your nipples so try to avoid these items.

Get comfortable and be sure your arms are well supported. Bring the baby to the breast-not the breast to the baby. Be sure that the baby latches on with a wide mouth and that his whole body is turned towards your breast and he is NOT turning his head. Try to make sure the baby's tongue is protruding over the bottom gum before you latch him on

Let your baby nurse as long as he wants on the first breast, then burp him and offer the second breast Offer both breasts at each feeding. They may feed 20-30 minutes on the first side and 10-15 on the second side. At the next feeding, start on the breast you ended on, or whichever breast feels the fullest

Try to burp baby when switching from one breast to the other. Breastfed babies do not swallow as much air as bottle-fed babies and may not burp with every feeding. If you are concerned about not getting "a good burp", hold your baby upright after a feeding, or put them in an infant seat so they are upright-the bubble will come up!

Some nipple discomfort is normal early in each feeding. However, as the feeding progresses the pain should subside. The nipple must go into the infant's mouth and rest between the tongue and roof of the mouth. The gums and lips should cover almost all of the dark area of the breast. If pain persists once the baby is latched on, or you are developing cracked nipples, try changing the positions you are using for nursing.

Things you can do to ensure a good milk supply include: (1) getting as much rest as possible, (2) eating a good balanced diet including multivitamins, (3) drinking plenty of fluids, (4) more frequent nursing. We encourage you to seek advice from us or from our nursing staff about any problem you have related to breastfeeding. Medical support and encouragement are very important in boosting your confidence. Family support is also invaluable to successful breastfeeding.

- We usually do not recommend restricting the mother's diet if the baby's behavior is normal. However, we do recommend that you avoid caffeine (in excess), nicotine and alcohol. All may cause the infant to be irritable, restless or lethargic. Of course, medications you take may pass into the breast milk and affect the baby, so check with us before you take a prescription drug if you are not sure a drug is safe to take while nursing. It is safe to take Tylenol, mild laxatives and mild cold medicines such as Sudafed or Robitussin while nursing. We recommend that you continue to take your prenatal vitamins while you are breastfeeding as this ensures enough iron for you and your baby..

SUPPLEMENTAL FEEDINGS

For the first few weeks while you are establishing your milk supply, it is best not to supplement with formula. If you have to be away from the baby for a feeding have some expressed (i.e. pumped) breast milk available. If this is not possible, it is safe to use formula. If you are away from your baby for more than three hours, it is best to pump during that time. You will be more comfortable, maintain your natural supply, and also have another bottle of your own milk to give the baby next time you need to be away.

An occasional bottle feeding of breast milk or prepared formula given by dad (especially during the night) will help keep mom from being over worked and over tired. We suggest, however, that any bottle supplement be delayed until about the 3rd week after delivery and after a good milk supply has been established.

EXPRESSING BREAST MILK

Many breastfeeding mothers would like the freedom to be away from their babies for more than a few hours, or return to work and still be able to provide only breast milk for the baby's feedings. This can be accomplished by pumping breast milk and then storing it for future use. Most mothers find using a breast pump to be a convenient and efficient way to express breast milk for use at a later time. There are many different types of breast pumps available that will work just fine for occasional pumping. We do, however, recommend an electric double sided pump if you plan to pump on a regular basis for more than a few months.

When you first start pumping, as with breast feeding, you will probably feel awkward and possibly frustrated by the meager amount of milk you are able to express. Don't be discouraged! As with nursing, it takes some time and patience to become an expert at using a pump. If you are having problems with your pump, first read the owner's manual. If after making the recommended adjustments, you are still having problems, please call our office.

The milk you pump should be stored in sterile bottles-preferably plastic ones if you freeze it. It can be refrigerated if used within 24 hours, otherwise it should be frozen. Frozen milk should be used within 3 months unless it is in a deep freeze in which case it can be stored longer. The milk can be thawed by running lukewarm tap water over the bottle for 10 minutes or so. It is best if you do not microwave breast milk. This destroys many of the beneficial compounds in the breast milk

References which may be helpful:

1. The Complete Book of Breast Feeding. Marvin Eiger, MD and Sally Olds.
2. Preparation for Breast Feeding. Donna and Rodger Ewy.
3. The Womanly Art of Breast Feeding. La Leche League.

FORMULA FEEDING

If, after carefully considering all the benefits of breastfeeding for your baby and yourself, you still choose to formula feed, we ask that you choose a commercially prepared formula that contains iron. Infant formulas on the market are based on cow's milk with modifications to make it closer to breast milk, thereby more digestible and nutritious. We recommend either Enfamil with Iron or Similac with Iron infant formulas for feeding your baby. Currently, there is a variety of different formulas to meet different feeding needs. Please do not make any changes in your baby's formula without consulting our office first.

STERILIZATION

If proper precautions are used, sterilization of the bottles, nipples, milk or water is no longer necessary, unless cistern or well water is used. Be certain that all parts of the bottle and nipple are carefully washed and rinsed and that no dry milk remains. Milk that has not been sterilized is much more easily spoiled, therefore, prompt refrigeration and proper handling of the formula is important. If the feeding has been warmed and partially fed, the remainder of the feeding must be discarded if it has been kept warm over 2 hours.

WATER

Except on the hottest days or during times of illness, no additional water is needed. Breast milk or formula supply all the water your baby needs.

SOLID FOODS

For the first months of life all of your baby's nutritional needs are met by the milk you are feeding him. Solid foods are not needed yet. If your baby acts hungry, give more milk at each feeding. As a general policy, cereal and other solid foods are started at 4-6 months of age.

General Care

THE FAMILY: We believe that child rearing requires a team approach, with both mother and father taking an active role in all phases of care. When both parents share in the care of the child, the family develops a strong feeling of togetherness, and the baby enjoys a warm, loving and secure environment.

GOING HOME: You must transport your child home in an approved protective car seat with the child in the back seat. The straps on the seat should fit snugly and the seatbelt should be buckled. Take time before leaving the hospital to learn how to correctly install your car seat as well as how to adjust the straps to fit your child. We recommend that you purchase a new car seat, especially if you have a car seat that is over five years old. Although the idea of borrowing a friend's "hand-me-down" car seat, or buying a used car seat at a thrift or garage sale is appealing from a cost standpoint, these seats may not provide the best protection for your child in a car accident due to past wear and tear on the car seat. Also, if you are ever in a car accident, we recommend you get a new car seat since the plastic frame of the car seat may have invisible fractures from the accident that may make it less effective in preventing injuries in future accidents. After purchasing a new car seat, it is important to send in the registration card so that you will be notified if there is ever a recall.

VISITORS: Having a baby can be physically stressful for both mom and the baby. Most new mothers and babies need time to rest and to become accustomed to their new routine. Also, babies are quite susceptible to infections and should not be exposed to a lot of people in the early weeks of life. Because of these issues we suggest that visitors be limited in the first several weeks. It is best to have only immediate family members around the baby for the first six weeks.

SLEEP: The baby's mattress should be firm and flat. No pillow should be used. Protect the mattress with a waterproof cover. Next comes a soft baby sheet and one or two cotton blankets. Stuffed animals, pillows, and toys should not be in the crib with your baby as these items can cause accidental suffocation. Bumper pads are not necessary and if they are used, they should be snugly tied to the sides of the crib to prevent the baby from wedging his head between the bumper pad and the mattress.

Try to keep an even, comfortable temperature in the baby's room. On hot days provide ventilation. On cold days check on your baby occasionally to see that he is covered enough to be warm and comfortable. The best temperature is one at which you yourself are comfortable.

CLOTHING: Your baby requires no more clothing than an adult, and perhaps less. Make an effort to dress him according to the temperature without overheating. If the baby perspires, he is too warm. Clothing should be loose fitting, lightweight and soft textured.

OUTDOORS: When the weather is pleasant you may take your baby outdoors after he is about two weeks old. Avoid direct sunlight and excessive heat or cold.

BATHING: Until the navel and/or circumcision is healed, the baby should be sponge bathed. The face, ears and nose should be washed with a soft cloth and plain water. There is no need to clean inside the ears, nose, or mouth. Wash the baby's head with mild soap or baby shampoo daily, or as needed. Use a mild soap [baby soap or Dove) on the skin, wash into the creases, rinse thoroughly, and pat dry. In general, it is wise to avoid deodorant, perfumed, creams or beauty soaps. These products tend to cause skin rashes. If a scaly, oily, dandruff-like area (cradle cap) appears on the scalp, an anti-dandruff shampoo should be used for several days until the condition has cleared.

THE NAVEL: The navel usually heals when the cord separates after ten to twenty-one days. The cord is painted purple with an antiseptic stain to prevent infection. Occasionally, you may see a few drops of blood when the cord separates but this is normal and requires no treatment. Don't worry if the belly button protrudes, this usually resolves before preschool. Belly bands are not recommended.

THE CIRCUMCISION: Usually the circumcision is done on the second day past birth. A small amount of Vaseline applied after cleansing of the area will protect the circumcision until it is healed. If swelling or bleeding occurs, we should be notified.

DIAPER AREA: Change your baby's diaper as soon as possible after each bowel movement. Wash the area thoroughly with soap and water, rinse well, and pat dry. When cleaning girls, always wipe from front to back to avoid contamination of the vagina! area.

DIAPER RASH: Because babies have sensitive skin, they are prone to have rashes and irritations, especially in the diaper area. Usually, irritation is due to a prolonged period of wetness or contact with fecal material. Prevention and treatment require frequent diaper changes. Exposure of the rash to air for several hours a day, avoidance of plastic or rubber pants, and thorough cleansing of the area will heal most rashes. Creams such as A & D, Desitin, etc. may also be used. If these bring no improvement, we should be consulted.

THE PACIFIER: All babies have an instinctive need to suck. This need goes beyond the sucking that accompanies feedings, and is can be confused with a need for more food. If your baby has been fed, but is busily chewing his thumb or fingers, you may wish to substitute a pacifier. Do not overfeed the baby in an attempt to satisfy his sucking.

Of course, there are some babies who prefer their own hand, and this is quite acceptable. Usually, a baby will outgrow this need to suck and will voluntarily give up the hand or pacifier. Remember that a pacifier is not meant as a substitute for parent's love. It also may be a good idea to avoid pacifier use in breast-fed babies for the first few weeks of life as pacifier use can lead to decreased nursing time thus resulting in decreased milk production.

WHEN YOUR BABY CRIES: All normal newborn babies cry a certain amount of the time. During the first few weeks, crying is the only way your baby can communicate.

A baby may cry when he is hungry, too cold, too warm, has an "unburped" burp, has a wet or soiled diaper, wants to be held, or just because he feels out of sorts. It is very common for a baby to cry or fuss at about the same time each day, often in the evening. This crying may go on for quite a while for no apparent reason. This period of fussiness often causes concern for new parents because they usually think that their baby is still hungry or is in pain. It's tempting to keep offering more milk, but this seldom really helps for more than a short time. Sometimes, a stroller ride or a warm bath helps relax and distract your baby. If your baby cries every night at the same time, and you have fed him, changed him, and held him with to no avail, it is fine to put the baby down and let him cry for a few minutes before trying to calm him again.

A reassuring fact about crying is that it causes no physical harm to the infant. You need not worry if your baby cries or fusses for a while before you attend to his needs. In fact, many new babies fuss for fifteen or twenty minutes after each feeding before going to sleep; it's really pretty good exercise.

When to call the Doctor

Sometimes a parent finds it difficult to decide when the baby is sick. When you are concerned it is advisable to call us and describe, in as much detail as possible, what you see as well as what you believe is wrong with the baby. The more facts we have, the more meaningful our advice will be. Signs and symptoms which may occur with illness include:

1. Persistent lethargy and inactivity.
2. Refusal to eat after normal periods between meals.
3. Persistent crying that cannot be soothed.
4. Fever (rectal temperature greater than 101°)
5. Unusual rash.
6. Repeated vomiting [not spitting up].
7. Diarrhea (frequent loose, watery stools).

YOUR CHILD AND THE DOCTOR: You should instruct your baby, child or adolescent that the doctor is his friend and it is the doctor's job to help the child feel better. The following pointers help build your child's trust in the doctors and nurses.

1. Never tell the child that if he misbehaves, you'll have the doctor give him a "shot."
2. Never tell the child a procedure, immunization, etc. "won't hurt" if you know it will.
3. Encourage the child to ask the doctor about problems that concern him.
4. Encourage the older child to see the doctor without you being in the exam room if the child wishes.