

# UNION AVENUE PEDIATRICS

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## Newborn Infant Care

Your newborn baby is a wonderful creature who is new to the world and newly experiencing the smells, sights, and sounds which make up the world. Your baby's first days and weeks are occupied with sleeping and eating, sucking, tasting, smelling, feeling, hearing, distinguishing light and dark, experiencing bright colors, sneezing, coughing, hiccupping, crying, swallowing, burping, passing gas, and all the other things that normal babies do.

Newborn babies at first usually sleep from 10 to 16 hours out of 24, taking short naps and longer sleeping periods of 2-4 hours. Their world is larger than the womb, but smaller than the room they occupy. They have yet to develop a sense of time; they live entirely in the moment and they often do not differentiate day and night.

**Environment:** During the first two or three weeks it is generally better for babies to remain indoors, with the room temperature about the same day and night. Generally you should keep the room at a temperature which is comfortable for you, usually between 68 and 74 degrees. You may be more relaxed if your baby sleeps in your bedroom for the first few months. After that it is probably better to have the infant in another room.

**Visitors:** At first it is best to keep others, particularly children away from your baby. Ask visitors to give you and your baby two to three weeks alone at home. Postpone most visiting outside the home until your baby is closer to two months old. Both you and your baby need an opportunity to adjust to life at home. Even visitors who appear quite well can carry germs capable of causing a baby to be sick. If family or friends come to visit, it is better to have them view your baby from a reasonable distance. Your doctor prefers that visiting during the first two weeks generally be limited to healthy grandparents or a small number of other similar people. Avoid passing your baby around for everyone to hold. Postpone visits to grocery stores, shopping malls and other crowded areas for a number of weeks.

**Skincare:** Bathe all parts of the body, including the face and scalp, with a mild un-perfumed soap, such as unscented Dove or Lowila, or tap water without soap. During the first few weeks, babies' skins may be sensitive, and bathing two or three times a week is enough. Sponge bathe your baby until his/her cord falls off and the navel is dry. When washing, pay particular attention to the crease areas under the arms, in the neck, elbows, knees and genital area. Don't use soap to wash the inside of the female genital area (vulva). Rinse the vulva with plain water only to avoid irritation. Rinse soap off carefully and dry with a clean towel. We do not recommend liquid baby soaps.

**Eyes, Nose and Ears:** Eyelids should be cleaned with tap water only, using sterile cotton or a clean soft cloth. Water should also be used for the nose and ears; use a cloth or cotton rather than Q-tips, to avoid injury.

**Navel and Cord:** No treatment is generally necessary. Triple Dye may have been applied to the cord to promote drying and to prevent infection although no special treatment is necessary. The cord will usually drop off in about one or two weeks. There may be a few spots of bleeding before or after the cord falls off. "Air drying" is recommended, though the navel may be cleaned with rubbing alcohol two or three times daily if it becomes moist. Call your doctor if there is redness around the navel or a discharge.

**Circumcision:** Baby boys may be circumcised while in the hospital or at the time of an office visit during their first month. Some parents choose for their boys not to be circumcised. Circumcisions should be cleaned daily with water. For the Gomco clamp and Plastibell circumcisions, Vaseline may be applied twice a day for the first week to prevent the circumcision from sticking to the diaper. Most circumcisions look red and raw for the first three or four days, but heal quickly afterwards. Feel free to discuss pros and cons of circumcisions and its scheduling with your pediatrician.

**Perianal and Buttocks Area:** May be cleaned after each bowel movement or wet diaper. Warm water is all that is needed. The area may then be lubricated with Desitin, A&D ointment or Vaseline.

**Powders, Lotions and Oils:** Are unnecessary and may cause rashes or other skin irritation. If your baby's skin seems very dry, you can apply a small amount of non-perfumed baby lotion or cream sparingly to the dry areas. Less frequent bathing will often help.

**Peeling:** Particularly in the hands, feet, ankles and wrists is normal. No oils or lotions are necessary. If, during the peeling process, cracks appear at the ankles or wrists, use a small amount of A&D ointment.

**Laundry:** Use a mild detergent such as Dreft. Do not use fabric softeners. Instead, after the soap cycle, run baby's laundry through the entire wash and rinse cycle with plain water to have a thorough rinsing. Do not allow high suds detergents, such as Tide, to be used in the machine, either for baby or adult materials, because the residue is often quite irritating to baby's skin.

**Diapers:** If you use cloth diapers, rinse the urine out of them immediately after taking them off the baby, then soak them in detergent or a weak bleach solution until wash time. If you use a bleach, such as Clorox, rinse it out thoroughly before washing. A cup of white vinegar may be added to the final rinse if pre-wash soaking and washing does not prevent the development of an ammonia odor. Disposable diapers, though more costly, are very acceptable. Babies may occasionally develop rashes from the use of disposable diapers. These rashes will often resolve with a change of brand. Use super-absorbent diapers and avoid untried and uncommon brands to prevent development of rashes.

**Breast Feeding:** We believe that breast feeding, when it can be done, provides an added advantage to the health and happiness of your baby. Breast feeding is a comfortable, affectionate experience for baby and mother. Human milk is the best possible food for any infant, containing the proper balance of sugar, fat, protein and numerous minerals, vitamins and enzymes to aid digestion and absorption. The breast feeding mother does not have to worry about preparing and warming the bottle and washing it afterwards. Breast fed babies are less at risk for sudden infant death syndrome. They have fewer colds and are less likely to get ear infections, pneumonia, sinus infections, meningitis, vomiting, diarrhea, asthma, and allergies during their first year, and a number of studies show that this advantage continues for many babies into their later years. Babies exclusively breastfed for at least four months are less likely to have a serious illness requiring hospitalization during their first year.

Some factors that help both mother and infant achieve a more successful breast feeding experience include:

- 1) Hold your infant in a position comfortable for you and your newborn. There are several positions that allow for maternal comfort during breast feeding. You may lie on your side, with one arm under your head and the other arm and hand supporting the breast for feeding with your infant lying next to you. A second position is for you to sit up in bed or in a chair with a pillow under your arm and resting on your abdomen for support with your infant held in your arms on the pillow. Your infant's face and body should face your breast so that the baby does not need to turn its head to reach your nipple.

- 2) Anxiety and uncertainty are the most common deterrents to successful breast feeding. To keep your nursing time as relaxed as possible, try to establish a non-chaotic home routine. When you are relaxed your milk will let down easily into your nipples. Sometimes it helps to drink a liquid before and during the breast feeding.

- 3) Nursing mothers usually begin with the baby on each breast for as long as five or ten minutes and gradually build up to around 10 or 20 minutes on each breast. Adequate stimulation of the breast requires nursing every two to four hours during the day. Newborns normally breast feed 8-12 or more times in 24 hours. They should be awakened to feed every three to four hours in the first few weeks of life. After six weeks of age they may sleep 4 or 5 hours at night, and 6 or more hours after 4 months of age. It is important that a nursing mother obtain eight to ten hours of sleep at night with a nap, if possible, during the day. Your baby's eagerness to nurse will vary from feeding to feeding. Unless sick, your baby will be a good judge of when and how much to eat.

- 4) The protein curd of breast milk is easier to digest than the curd of cow's milk. Therefore, your baby's stomach will empty faster and at first he may want to feed more often.

- 5) The nursing mother's diet should be balanced with adequate meats, salads, and vegetables, and should contain plenty of liquids. You should avoid chocolate, pizza, lasagna, and other spicy foods which often cause a baby to be irritable or to have a rash or upset stomach. Avoid any foods to which you have previously been allergic. If you have had a history of milk intolerance, it is better to restrict the amount of dairy products in your diet. We suggest a variety of fruits rather than a large amount of any one fruit or juice.

- 6) We generally do not recommend the use of formula supplementation during the first 3-4 weeks since babies, particularly when young, may become confused by the different sucking techniques required for breast and bottle feeding, and may then refuse the breast. Some

mothers may wish to supplement breast feeding occasionally. It may be more convenient for the nursing mother to obtain a can of powered formula and mix this as a single bottle preparation. One scoop for each two ounces of tap water. The Nuk nipple may be better handled by the nursing baby. If there is a strong family history of allergies, it may be better not to use supplemental formula. Liquid concentrate formulas can be mixed with equal parts of water and frozen for later use. If you can anticipate when you will be away from your baby, for example if you return to work, you may pump your breasts and store breast milk in a sterilized and covered baby bottle in the refrigerator for 24 hours or in the freezer for 2 weeks and possibly longer.

[http://www.cdc.gov/breastfeeding/recommendations/handling\\_breastmilk.htm](http://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm)

7) Additional water is not necessary unless the environmental temperature is very warm. The breast milk has adequate water as part of its composition. Giving water alone only takes away from baby's nutrition.

8) Avoid tender, cracked nipples by feeding no more than 15 to 20 minutes on each breast at a time. The best treatments for cracked nipples are dryness, sunlight and heat. Expose your breasts to air as much as possible. Warm air from a hairdryer may be helpful. A small amount of breast milk left to dry on the nipples will leave a protective coating. Lanolin cream may be applied to the areola, but never directly on the nipples so as not to interfere with milk drainage. If bleeding or deeply cracked nipples occur, mother should consult her obstetrician. The areola and nipples should be washed with water before nursing and nursing bras should be washed daily. absorbent pads or white cotton handkerchiefs, changed frequently, may be used if there is leakage.

9) Nursing mothers should consult the office prior to taking any medication other than an occasional acetaminophen tablet (Tylenol or equivalent).

10) We recommend that nursing mothers continue their prenatal vitamins for the first three months.

11) Sometimes breast feeding seems to get started a little more slowly than bottle feeding, but do not allow this to discourage you. As you become familiar with the procedure, both you and your infant will learn and should look forward to many happy, healthy times.

**Formula Feeding:** It is very important that the directions for preparation for infant formula be followed as per the manufacturer. Following these instructions will ensure that your baby receives the proper balance of nutrition and water to meet their needs. As with the breastfed baby, giving extra water between feedings is not recommended unless the environmental temperature is exceptionally warm.

Any formula left in baby's bottle at the end of a feeding should immediately be discarded and the bottle rinsed. Formula may be fed at room temperature, or by warming just enough to take off the chill. Microwave ovens may be dangerous for formula warming because of uneven heating which may cause severe burns as well as denaturing the ingredients in the areas of the bottle that becomes superheated.

**Bottle Care:** Rinse bottles and nipples immediately at the end of each feeding. Keep them as clean as you would keep your own glasses or silverware, using hot water and detergent. Dishwashers are excellent.

**Feeding Suggestions:** The following pointers may help either breast or bottle-fed babies be more comfortable:

1) Either formula or breast fed babies are happy and grow normally. We recommend infants receive formula or breast milk and postpone other milk products until twelve months of age.

2) Hold and cuddle your baby at each feeding. Do not prop his bottle. Bottle propping may lead to choking and ear infections.

3) A newborn infant's stomach by one or two weeks of age usually holds two to three ounces at a time.

4) Avoid feeding your baby too often. Usually after the first week or two, every three or four hours is enough for formula fed babies. At first you may need to feed a little more often, particularly if you have a small or premature baby. Babies awakening earlier than usual may be wet, warm, cold, or thirsty rather than hungry.

5) If your baby sleeps longer than three or four hours, this is acceptable unless he/she is a

premature.

6) Burp your baby often. Some babies require burping after every 1/2 ounce or ounce, or every five minutes of nursing. Babies vary tremendously in their burping needs. You will find the best burping schedule for your baby.

7) Wet burping or spitting up small amounts of formula is normal for many babies. If your baby repeatedly regurgitates large quantities of breast milk or formula, please call us.

8) If your baby cannot seem to burp adequately, place him/her in the bassinet with the head raised or in the infant seat at the lowest level for twenty minutes and then burp him/her again.

9) If your baby is dressed too warmly, he/she may tend to fall asleep after one half to one ounce of formula or after a short period of nursing. If this occurs, try undressing your baby except for a diaper and shirt for feeding. (Tapping the bottoms of the feet, etc., may help stimulate the baby).

10) The amount of formula consumed each feeding as the time of discharge from the nursery varies considerably, usually it is from 1 to 2½ ounces. A newborn who is growing appropriately will average 20 oz of formula per day with a range of 16 to 24 oz per day.

11) Your infant may have additional sucking needs outside of regular feeding times. Pacifiers are entirely appropriate for many babies who have between-meals sucking needs. These are best introduced after two weeks of age.

**Vitamins and Supplements:** The American Academy of Pediatrics recommends that all infants and children should have a daily intake of Vitamin D of at least 400 IU starting soon after birth. Research has found this can strengthen the immune system and help to prevent diseases such as diabetes and cancer. Breastfed infants whose mothers are vegans also need B12 supplementation. Fluoride can be prescribed at your baby's six month examination if you live in an area where drinking water is not fluoridated. Vitamin D supplementation is not necessary if your baby is receiving 32 ounces a day of vitamin enriched formula.

**Bowels:** At first babies may have bowel movements after each feeding, or they may have them only every day or two. The first bowel movements are black and sticky. Later they become yellow-green and pasty or seedy, and then a more consistent yellow color. Breast-fed babies often have somewhat looser stools than babies taking formula. Many babies may strain and make faces when having a bowel movement.

**Constipation:** is the passage of hard and usually infrequent stools, often accompanied by pain (crying). Your baby may become constipated if he/she is too warm and sweating or getting inadequate liquids. Decrease the amount of clothing slightly and offer a couple teaspoons of apple or pear juice once or twice a day. By two or three weeks of age, many babies require only an undershirt and diapers during the day. If constipation persists, give us a call during office hours.

**Hiccupping:** is normal and generally is less uncomfortable to babies than to their watching parents. It is quite harmless. Occasionally a little warm water by mouth will help to relieve it.

**Breast Swelling:** This may occur during the first few weeks in either male or female infants. It results from previous contact with maternal hormones. Breasts may discharge a little pale milky fluid. Female infants may also have a little mucous-like discharge from the vagina during the first week or two. Occasionally this discharge becomes pink or is briefly bloody. These conditions disappear in three or four weeks without treatment.

**Babies' Breathing:** Breathing is often irregular or jerky, and this is also normal.

**A Screening Blood Test:** Tests for PKU, thyroid disease, congenital adrenal disease and hemoglobin abnormality as well as other inherited metabolic diseases is done before discharge from the hospital and again in our office at your babies' two-week health examination.

**Sneezing:** All babies have a small amount of nasal mucous which may cause sneezing, occasional coughing or rattling with breathing. This is normal, and unless excessive, no cause for worry. If your baby has a cold, seems obviously sick, has large amounts of mucous, becomes listless, or loses his/her appetite, call us.

**Jaundice:** Many babies become jaundiced two or three days after birth. The skin shows a yellow

appearance as a result of the breakdown of normal red blood cells. If jaundice is at all noticeable, call us.

**Early Hospital Discharge:** If your baby is discharged from the hospital at less than 36 hours of age, or experiences any unusual problems while in the hospital, your doctor may request that the baby be seen at the office for an examination at 2, 3, or 4 days of age. This examination is important in order to assure that jaundice or congenital problems which could not be detected during the first one to two days are again checked.

**Sleeping Position:** Infants should be placed down on their backs to sleep. This decreases the risk of sudden infant death syndrome (SIDS). Infants should not sleep on a soft surface and soft toys and stuffed animals should not be left in the crib throughout infancy. Infants should spend some time on their stomach when awake and being observed. This helps with head shape, shoulder muscle development and head control.

**Fever; Warning Signs and Symptoms of Newborn Illness:** Fever is a rectal temperature of 100.4° F or higher. In older infants and children such a fever without other symptoms may be no cause for concern. During the first two months of life, however, if your baby develops a fever of 100.0° F rectally or higher, please call your doctor immediately. To take a rectal temperature using a digital thermometer, lubricate the tip with Vaseline, insert it in the rectum 1/2 inch, and hold it until the indicator sounds, while also securely holding the baby's buttocks. If your newborn develops any other signs from the following list you should also call your doctor. These include: yellowish or green drainage from the eyes; a rash consisting of water blisters or small pustules on the skin, eyes or in the mouth; discharge or persistent bleeding from the umbilical cord; persistence of jaundice beyond the first week of life; blood on the vomit or stool; green vomit or forceful vomiting (shooting out several inches rather than dribbling out); or unusual changes in the skin color such as blueness, paleness or duskiness. You should also call your baby's doctor in case of poor feeding, irritability, difficulty breathing, or unusual drowsiness.

**Safety:** Your baby's first ride should be a safe ride, in an approved safety car seat. Always use a car seat when transporting your baby. During the first 12 months, car-seated infants should face the rear of the car. Always place the car seat in a rear seat and never in a seat that has an airbag. When holding or picking up your infant, always support his/her head. Don't forget that even newborn infants may turn over; don't turn your back on your baby when he/she is on a bed, sofa or changing table. Never underestimate your baby's ability to move from one place to another.

**Did You Know?** Your infant never had parents before. He/she will not judge you and will usually be patient with your loving attempts. Both of you will learn as your baby grows and matures.

**Parenting:** Your baby means an extra member of the family, causing new adjustments, both joyful and difficult. Some suggestions to make difficulty adjustments easier include:

- 1) Discuss child care so that an agreeable method can be found for both father and mother, a way in which both can participate.
- 2) Feelings of inadequacy, anxiety, resentment and isolation may be normal, particularly during the first few weeks. They are easy to handle if there is active participation of both parents and the support of an extended family and helpful friends.
- 3) Remember that as a parent your needs should also be met. Allow time for relaxation.
- 4) The relationship which is already established between mother and father must be maintained and supported to provide the security and love which your infant needs.
- 5) Older brothers and sisters may experience jealousy at the arrival of a new baby, but will be helped if they have special experiences, a few minutes several times a day of undivided attention, special toys or dolls at the time of arrival of the new baby, and help of grandparents or other relatives or friends.

**Office Procedure:** Please call the office prior to leaving the hospital to schedule an appointment within one to three days after your baby is discharged from the hospital. Please call the office to talk to the nurse or doctor if you have any questions regarding your newborn baby. Make a list of the questions at the time you think of them so you will remember what to ask. If you have an emergency, a pediatrician is on call 24 hours a day. Call the office first. After office hours you reach the pediatrician on call by simply dialing the office and following the instructions given. Please do not use emergency calls for routine questions. We will be happy to have you call the office during regular office hours for help with these problems. We look forward to continuing to help you in the care, growth and good health of your baby.

**Health Supervision:** All babies need regularly scheduled health examinations in order to document their

growth and good health, to identify early any health problems, and to plan ways of preventing avoidable diseases. After immediate newborn care, the first of these examinations is generally at two weeks of age. At this time your baby will be weighed and measured. There will be a repeat blood test for PKU, thyroid disease, congenital adrenal disease and hemoglobin abnormality and other metabolic diseases. After your baby has had a complete physical examination, you will have an opportunity to discuss diet, safety, behavioral problems, developmental landmarks and any problems which you have noted. Preparations will be made at that visit for immunizations which are given at the two month examination. The first Hepatitis B immunization will be given if it was not done before leaving the hospital. We believe that coordinated medical care, in one office, by physicians and nurses highly trained and experienced in pediatric medicine is our best contribution to the health of your child.

**Looking Toward The Future:** Periodic health examinations are important to your child's health. Your doctor's recommended schedule of preventative care follows the recommendations of the American Academy of Pediatrics and suits the needs of most children. Additional appointments may be needed for examinations of special problems and for children with different needs. We complete school, day care, sports, or camp medical reports at the time of the examination or within one year of any complete examination. We recommend that you follow the schedule recommendations completely in order that we can provide the best health care for your child.

**CHILDREN ARE IMPORTANT**

**TALK WITH THEM AND LISTEN TO THEM**

**PLAY WITH THEM**

**HOLD AND LOVE THEM**