

Newborn Care Suggestions

Praful U. Bhatt, M.D., F.A.A.P.

72 E. Church Street
Lock Haven, PA 17745

(570) 748 - 4565

To the New Parents

You are starting one of life's greatest adventures – parenthood. Congratulations! I appreciate your asking me to be your baby's physician. We are happy to be able to offer our help and support in the care of your newborn. I'll do my best to help your baby enjoy a healthy childhood.

If this is your first child, you probably have lots of questions. If you have other children, your memories of baby days may have faded. Some infant care practices have changed, and you'll want to have up-to-date information.

Of course, the parents of new babies don't have to look far to get advice. Friends, neighbors and relatives are eager to share their knowledge of baby care. But what worked for them may not work for you. And, not all of their advice will be correct. So, I hope you'll ask me any questions that come to mind while your baby is still in the hospital and afterward – either by phone or during office visits.

Most parents of children in my practice have many questions about baby care, but they often forget them during the office visit. For this reason, I suggest that you keep a running list of questions at home even if they seem silly or trivial. *Anything* that concerns your desire to understand and care for your baby is important for us to discuss.

Contents

Getting Started	3
Feeding Your Newborn.....	4
Feeding Times.....	4
How Much Is Enough?.....	5
Drinking Water	5
Burping	5
Sharing Mealtimes	6
Breastfeeding	6
Eat a Balanced Diet.....	6
Beware of Medications	7
When You Need to Supplement	7
Storing Breast Milk.....	7
Infant Formula	7
Microwaving Formula.....	8
Cleanliness.....	8
Use the Proper Nipple Hole Size	8
Get Comfortable	8
Solid Foods	8
Food Allergy.....	9
Vitamins	10
Baths	10
Sleeping	11
Bowel Movements	12
Teething	12
Crying	13
Diaper Rash	14
Illness	14
Fever	15
Vomiting	15
Diarrhea.....	15
Nasal Congestion and Colds.....	17
Poisoning.....	17
A Matter of Safety.....	17
Car Safety and Proper Positioning.....	17
Environmental Toxins.....	18
Is Mom Feeling Down?.....	18
Special Conditions in the Newborn Period.....	18
Umbilical Cord.....	18
Genital and Breast Areas.....	19
Scalp.....	19
Eyes.....	20
Skin.....	20

Social Media.....20
 A Final Word.....21
 Tylenol Dosage Chart.....22
 Ibuprofen Dosage Chart.....23

Getting Started

When babies go home from the hospital nursery, everyone wants to see them. A new baby generally gets lots of callers. For a few weeks, limit your baby’s visitors, especially children. The baby needs a little time to build resistance to common infections. You don’t know who might have a sore throat, cough or other infectious condition. I also suggest that you keep the baby out of large crowds for a few weeks.

I ask that my newborn patients come for their first check-ups within 3-5 days after hospital discharge. Should a problem arise before then, I’ll see your baby, of course. If the hospital staff does not make an appointment for your baby’s first check-up, please call my office as soon as the baby goes home from the hospital.

The American Academy of Pediatrics has a recommended schedule of well child visits that I’d like you to follow.

Age	Procedure	Recommended Immunizations
2 – 4 days	Physical Exam & Screenings	
2 to 4 weeks	Physical Exam & Screenings	
2 months	Physical Exam & Screenings	1. Diphtheria/Tetanus/Pertussis 2. HIB 3. Polio 4. Hepatitis B 5. Pneumococcal 6. Rotavirus
4 months	Physical Exam & Screenings	1. Diphtheria/Tetanus/Pertussis 2. HIB 3. Polio 4. Hepatitis B 5. Pneumococcal 6. Rotavirus
6 months	Physical Exam & Screenings	1. Diphtheria/Tetanus/Pertussis 2. HIB 3. Polio 4. Hepatitis B 5. Pneumococcal 6. Rotavirus
9 months	Physical Exam & Screenings	Catch Up Immunizations (if needed)

12 months	Physical Exam & Screenings Hemoglobin/Hematocrit Test Blood Lead Test	1. Measles/Mumps/Rubella 2. Varicella 3. Pneumococcal 4. HIB 5. Hepatitis A
15 months	Physical Exam & Screenings	1. Diphtheria/Tetanus/Pertussis 2. HIB, if not given at 12 months 3. Polio
18 months	Physical Exam & Screenings	1. Hepatitis A, if not given earlier
24 months	Physical Exam & Screenings Blood Lead Test	1. Hepatitis A

Feeding Your Newborn

Breast milk is the best food for babies during the first year of life. Breast milk provides just the right balance and amounts of nutrients that babies need for good growth and development. It also contains substances that may help protect babies against certain illnesses and allergies. If you choose not to breast feed, or if you stop nursing before your baby's first birthday, infant formula provides the best alternative to breast milk. I recommend any commercially available brand of formula.

You should keep your baby on breast milk or formula until his first birthday. Cow's milk in any form – whole, 2 percent or skim – should not be given until your child is one year old. Cow's milk does not supply the balanced nutrition (iron) your baby needs and it is often hard on babies' sensitive digestive systems.

Feeding Times

Babies differ in their feeding needs and preferences, but most breast-fed babies need to be fed every 2 to 3 hours and nursed 10 to 20 minutes on each breast. Formula fed babies usually feed every 3 to 4 hours and finish a bottle in 30 minutes or less. Bottle-fed infants drink about 2 to 3 ounces at first; by the time they are a few weeks old, their formula consumption has generally doubled.

Your new baby might cry as though asking to be fed as often as every 2 hours. Keep in mind, though, that babies don't need to be fed every time they cry. When a baby cries for a short time on a regular basis, he or she may just need more milk at each feeding. Or, he may be protesting that his diaper is wet, or he is too hot. It is best not to get into the habit of offering frequent, small feeding to please a fussy baby. So, before you offer the breast or bottle, be sure your baby is not crying for some reason unrelated to hunger.

Let your newborn set her own feeding schedule. Don't watch the clock for her. The baby knows how much and how often to eat. Don't wake the baby up for a feeding unless it has been at least 4 hours since the last one.

How Much Is Enough?

How can you tell whether your baby is getting enough breast milk or formula? The best gauge of food nourishment is growth. This is measured by height and weight. Each time your baby comes in for a check-up, I will weight and measure her. This is one reason that your baby needs regular check-ups in the first two years.

Signs of a Well-Fed Baby
<ul style="list-style-type: none">• Looks and acts satisfied after feedings• Wets six or more diapers daily (after 4-5 days of age)• Has yellow stools or frequent dark stools (after 4-5 days of age)

Most new babies weigh between 5 ½ and 10 pounds. The average is usually about 7 ½ pounds. During the first few days of life, infants generally lose 4 to 10 ounces. Breast fed babies may lose a little more. This is no cause for concern. It's all part of your baby's adjustment to the outside world and most of the weight loss is water. By 10 days of age, most babies gain back what they lost. Healthy, well-fed babies usually double their birth weight by 5 months and triple it by 1 year.

Drinking Water

If your baby goes outside during warm weather, you may want to offer water once or twice a day. Boil plain water, cool it to room temperature, and feed it in a bottle. However, if you are breastfeeding, hold off giving water until your milk supply is established – unless the weather is very hot.

Burping

Burping your baby helps remove air swallowed during feeding. You can wait until the end of the feeding or burp at intervals during the feeding. You'll soon be able to tell if your infant needs frequent burping. Here are three good methods:

- Hold you baby so that his head rests on your shoulder and his chest is against yours. Pat his back or rub it upward with your hand.
- Lay you baby face down on your lap. Rub or pat her back.
- Hold your baby in a sitting position on your lap, with his side toward you. Support the back of his head with one hand and his chin and chest with the other. Gently rock him back and forth as if helping him "take a bow".

Your baby may spit up small amounts of formula or breast milk too. This is no cause for alarm. It happens to all babies. Effortless spitting does not require doctor's intervention unless the child seems to be choking, coughing persistently or turning colors after an episode. You may be able to reduce the spitting up by burping your baby more often or longer during and after feedings. You would not have any difficulty in distinguishing between a happy baby who spits up a small amount of milk after a feeding and an irritable, sick infant forcefully vomiting large amounts.

Sharing Mealtimes

Mealtime is more than an opportunity to get nutrients into your baby. It is a time for closeness and sharing. Your baby's meals are as much for his or her emotional pleasure as for physical well-being. Maintain eye contact with you baby while you feed her. Hold the baby comfortably close to you, seating her in your lap with the head in the bend of your elbow and slightly raised. Talk to your baby softly during the feeding.

Breastfeeding

Breast milk is the perfect food for babies. Women should breast feed as much as possible for the first 6 months of life. Breast milk nourishes as well as protects babies against infection. The first few days of nursing will be a time of learning for you and your new baby. Neither of you may accomplish a lot on your first few tries, but that's alright. A clear or yellowish fluid called *colostrum* that is extra rich in nutrients will come from your breasts. Although the amounts will be small, it is close to what your newborn's stomach can hold. At first, your baby will nurse often – eight or more times in 24 hours. Over the first week of breastfeeding, the milk will become more liquid and increase in volume.

Rinse your nipples with plain water before each feeding and dry them gently. Make sure you and your baby are comfortable and the baby is supported in one of the positions the lactation consultant showed you in the hospital. Nurse from both breasts at each feeding. Try not to allow sucking more than 15 minutes per side. Only the first 10 minutes is nutritive. After that, the sucking is just for pleasure and that's alright but over-sucking can irritate nipples and interfere with future feedings.

At the next feeding, begin with the breast where the last feeding was completed. Some breast feeding mothers pin a safety pin to their bra on the side last used to remind themselves where to start the next time.

After feeding, apply a lanolin-containing cream to nipples to moisturize and soothe them. If you have trouble with sore nipples, make sure your baby has "latched on" correctly. To properly "latch on" to your breast, the baby should take as much of the areola and nipple into her mouth as possible. If you experience pain, it is likely that the baby does not have enough of your breast in her mouth. If this is the case, you should gently insert a clean finger into the side of the baby's mouth to help disengage her mouth from your breast and help her to re-latch. Also, be sure to start nursing on the side that bothers you the least. If you need to skip any feedings due to sore breasts, express your milk by hand or with a pump at baby's regular feeding times so you'll maintain you milk supply. We want to help you continue to breast feed for as long as you can. Please do not hesitate to contact me or the hospital's lactation consultant if you have questions or concerns.

Eat a Balanced Diet

As a nursing mother, you'll need to eat a balanced diet that contains 500 to 600 calories more per day than the diet you needed before pregnancy. Continue to take you prenatal vitamins while you are breastfeeding. Your daily food intake should contain a lot of high

protein foods. You do not need to drink milk yourself. Water, vitamin D and calcium-fortified juices are sufficient. The calcium in breast milk comes from your bones, so you do need to have a good calcium intake. If you are unable to drink milk or eat high calcium foods, ask your doctor to recommend a calcium supplement. Antacids, calcium-fortified orange juice, kale and fish – especially sardines – are good sources of calcium.

The foods in the mother's diets rarely have a disturbing effect on their babies. It does happen, though, with certain foods such as tomatoes, onions, cabbage, chocolate and spicy foods. If your baby has loose stools, colic or excess gas for no reason that you can think of, review your diet for the previous 24 hours. Try eliminating foods on the above list and see if it helps. Cow's milk proteins can enter into breast milk and this may be particularly important in families with strong milk protein allergy histories.

Beware of Medications

Medications taken by a mother can pass into her breast milk. This applies to prescriptions and over-the-counter drugs as well as herbal preparations and supplements. Examples are sedatives, taken for sleep, tranquilizing agents, other mood altering drugs, laxatives and antibiotics. If you are breastfeeding, please check with me before taking any medication – even seemingly harmless nonprescription drugs. I can tell you whether a medication will reach your baby through your milk.

When You Need to Supplement

Sometimes breastfeeding mothers need to choose to give their babies some bottle feedings or infant formula. It is quite possible to balance breast feedings and bottle feedings, but I advise new mothers against the practice until their breast milk supply is established (usually a matter of several weeks). Generally, breastfeeding babies should not be given water during this period unless they are exposed to very warm weather. After your milk supply is steady and reliable, you may give a couple of ounces of water once or twice daily between feedings. If you miss breastfeeding, pumping is not feasible or the supply of breast milk is insufficient you may use any commercially available formula as a supplemental feeding.

Storing Breast Milk

If a mother needs to skip a feeding, breast milk can be pumped and the milk refrigerated (or frozen) for later use. Breast milk lasts for up to three months in the freezer.

Infant Formula

If you are bottle feeding your baby, infant formula should be the only form of milk your baby gets in the first year of life. Formulas are available in two forms. Ready-To-Use is fed without adding water. Powder must be dissolved in water. Follow the directions that are on the container for mixing and serving the formula exactly.

When your baby comes home from the hospital, he'll probably take 2 to 4 ounces of prepared formula at each feeding. When he is able to empty the bottle, start adding another ounce.

Microwave Formula Warming

When you use the microwave to warm the bottle, the formula can get dangerously hot even when the bottle feels cool to the touch. To microwave safely, heat at least 4 oz of formula in an upright, uncapped, plastic bottle (glass bottles can explode) for no longer than 30 seconds for a 4 oz bottle and 45 seconds for an 8 oz bottle. Then put the nipple on, invert the bottle ten times to even out the temperature, and test the formula before giving it to the baby. Milk should not feel hot to the touch.

Cleanliness

Cleanliness is important for small babies, especially when it comes to things that go in their mouths. You will need to be very careful about keeping formula, containers, bottles, nipples, and utensils free of germs. You do not need to sterilize bottles in the U.S., the water is safe; however, dishwashers do sterilize bottles. Wash the bottles as you would any dishes. Everything must be washed thoroughly in hot, soapy water and rinsed with plain, hot water. Utensils must be kept off unclean surfaces. Be sure to wash your hands thoroughly before beginning any formula preparations.

You can prepare enough formula for one feeding or for a whole day. If you mix formula, water should be boiled for 5 minutes to kill all germs, then cooled before use. After each feeding, rinse the bottle and nipple with cool water. If you can rinse the milk away before it can form a film, washing will be easier later.

Use the Proper Nipple Hole Size

The size of the nipple hole should be large enough to let milk drip through at a steady rate without forming a stream. If the milk does not form separate drops, throw the nipple away. If the hole is too small, enlarge it by pushing a sterilized needle or a clean toothpick through the hole.

As you feed your baby, hold the bottle so that formula fills the nipple and the baby can't suck any air through. Too much air swallowed will give her a false feeling of being full. She could also get uncomfortable from gas later.

Get Comfortable

Before you start a feeding, make sure that your baby is ready. He should be wide awake, hungry, warm, and dry. You should sit in a chair with him where you are comfortable and relaxed. Hold him close to you in the nursing position with his head slightly raised and in the bend of your elbow.

Never prop your baby's bottle or let him feed by himself. Not only does it deprive your baby of needed contact with you, but small, unattended babies have been known to choke when let with a propped bottle.

Solid Foods

Many parents are proud of the day their baby begins to take solid foods, including cereals. They view it as an accomplishment. As a result, many babies are started on solid foods before their digestive systems are really ready. From a nutritional standpoint,

solid foods are not necessary during the first 4 months of life. Breast milk or formula provides all the nutrients a baby needs. In fact, the earlier any food is introduced, the greater the chances are that a baby will have problems with it, such as allergic reactions, constipation, gas, diarrhea or excessive weight gain.

Before your baby begins eating solid food, he or she must show signs of developmental readiness. Your baby must be able to sit up unsupported and have good control of his or her head and neck. Your baby also should show an interest in eating by opening his or her mouth when a spoon is introduced and being able to keep some food in the mouth.

- Most babies are ready to start solids such as iron-fortified infant cereal when they're 4 to 6 months old. Mix cereals with formula, not water or milk.
- Pureed fruits and vegetables may be offered at 6 to 8 months of age.
- Pureed meats may be introduced at 8 months.
- Do not give fruit juices until after 6 months age. Non-diluted fruit juice, especially more than 4 oz., at any age, can be a potential source of empty calories.
- Avoid an overabundance of foods made with white flour. Try to give whole grains as much as possible.
- Try not to give your child a lot of starchy foods. Starchy foods cause the blood sugar to rise rapidly and wear off fast. Instead try to give meats, dairy, and foods high in protein to help raise their blood sugar slowly and maintain their blood sugar longer in between feedings. Doing this will help keep your child fuller longer and avoid over feeding.

New foods should be introduced one at a time. When a new food is introduced, no other new foods should be given over the next week. Unless instructed by me, you should not change formulas at the same time that you are introducing solid foods. If the food causes vomiting, constipation, diarrhea, or a rash, you should stop giving it. By introducing new foods slowly, you give your baby's system a chance to adjust and it is easier to trace problems back to the source. If a food does not agree with your baby, try it again when your baby is older.

An important note – *never* give honey to babies under one year of age. Impurities in honey can cause paralysis in babies. Also, never give “tonics” to children without first discussing them with me. Some of these home remedies can contain dangerous levels of lead or other toxins.

Food Allergy

A true allergy to food is not very common in infants and can be controlled by changing the formula or diet. The best way to help your baby to avoid allergies is to breastfeed. Occasionally, a formula fed baby may develop symptoms that may indicate an allergy such as vomiting, severe urticarial or hive like rash, eczema or diarrhea with blood in

stools. If there is a history of allergy in your family, these symptoms are even more likely to indicate an allergy. That's why you should tell me if allergies run in your family.

If I suspect that an allergy is causing these symptoms, I may switch your baby to a different formula such as NUTRAMIGEN® or ALMENTUM®. The proteins in NUTRAMIGEN and ALMENTUM are "pre-digested" so that your baby can't be allergic to it. If food allergy is causing the problem, the symptoms should improve within a few days of starting the new formula and making other changes in the baby's diet as I instruct.

Vitamins

I sometimes ask the parents of my young patients to give their children vitamin-mineral supplements. The prescription I'll write for you baby will provide her with essential nutrients to ensure proper growth and development. The products containing fluoride are intended to protect against cavities where the local water supply contains inadequate amounts of this element. Babies of nursing mothers need vitamin D3 and fluoride too.

Be sure that your baby gets her vitamins every day as I prescribe. Give 1 mL daily of:

- Vitamin D3 Drops
- TRI-VI-SOL ® Drops
- TRI-VI-SOL ® With Iron Drops
- POLY-VI-SOL® Drops
- TRI-VI-FLOR® 0.25mg Drops
- TRI-VI-FLOR® 0.25mg With Iron Drops
- POLY-VI-FLOR® 0.25mg Drops
- POLY-VI-FLOR® 0.25mg With Iron Drops

Baths

For the first few days after your baby comes home, bath time can consist of a gentle rinse over with a soft, damp wash cloth – warm, of course – and a mild soap. Regular baths should wait until what's left of the umbilical cord has come off – and, in the case of boys, until the circumcision heals. Once your baby is ready for full-fledged baths, be sure the room is warm with no drafts and the water is about 85°F. When you stick your elbow in the water, it should feel warmer than your skin but not actually hot. Babies do not have to have a bath each and every day. Babies should be washed with gentle,

unscented preparations such as Almay, Dove or Ivory. I personally don't like baby oils but corn starch or similar powders are fine for creases and baby's bottom. Unscented lotions after bathing are also acceptable. Baby wipes might bring about rashes caused by chemicals and fragrances. Warm, wet washcloths at home are good substitutes, with baby wipes used only for traveling.

Your baby will find bath time pleasurable if you take a few precautions to keep soap out of his eyes and mouth and make him comfortable. Wash your baby's face with plain water, a soft cloth, and a mild soap. Wash your baby's head gently, working from front to back to keep the soap out of his eyes.

To clean the area around the eyes, use cotton dipped in cool, clear water. Clean the outer areas of the nose and ear only, using a moist wash cloth or cotton ball dipped in water. Wipe away any yellow-orange earwax that's collected in the visible part of his ear with a cotton ball. It is important not to poke inside the ear. It is risky for your baby, painful and unnecessary.

Don't try to clean the areas inside his mouth until he starts getting teeth. At about one year age, you can teach him to use a toothbrush.

Sleeping

Newborn babies sleep a lot, usually waking up every 2 to 4 hours for feedings. At about 1 to 2 months of age, they generally start sleeping through the night, although a few cooperative babies start sooner. You may have heard that starting solid foods will make a baby sleep through the night; there's no evidence that this is true.

Between 5 and 7 months of age, your baby may disappoint you by starting to wake once again during the night. This isn't backsliding. It's a normal developmental phase. Let her stay in bed, comfort her, pat her on the back, and change her if needed. The pattern of nighttime sleeping will soon return.

To prevent Sudden Infant Death Syndrome (SIDS) please follow the following recommendations.

- Babies should always be placed on their backs on a firm surface to sleep until they are 6 months old.
- Arrange for a separate sleeping place for the baby. Do not allow you baby to sleep in the same bed as you. If the baby stays in the room with you it is recommended that the baby sleep in their crib or bassinet while in your room.
- If you take the baby into your bed to nurse, put the baby back in their own bed when finished.
- Resist the impulse to place stuffed animals in the crib or bassinet.

- Do not place the baby to sleep in an adult waterbed, a “beanbag” (sleeping cushion filled with polystyrene foam beads), a thick comforter or sheepskin.
- Do not use bumper pads or blankets in the crib. Sheets should fit snug on the mattress.
- Do not over wrap the baby with blankets.
- Do not allow anyone to smoke in your house.
- Pacifier use is recommended for the prevention of SIDS.
- When the baby is awake, monitored tummy time is recommended to avoid flattening of the back part of the head.

Bowel Movements

Your baby’s stools will probably change in color, softness, and frequency from time to time. Also, different babies have different bowel habits. Some have a stool with every feeding. Others may have one stool every 36 to 48 hours. The consistency and color varies from day to day. Usually, breast-fed infants have liquid, seedy, yellow or mustard-colored stools and can have 1 to 4 formed or soft stools a day. If you are breastfeeding your baby, don’t take runny stools as a sign of diarrhea. The stools of formula fed infants are yellowish-tan. All babies sometimes have green, brown, or gray colored stools. However; if the stool is green, runny *and* frequent, it’s usually a sign of diarrhea.

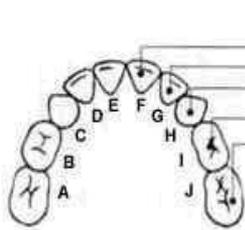
As long as your baby seems happy and content, is eating normally, and has no signs of illness, don’t worry about minor changes in the stools. If he strains, grunts or turns red in the face while having a bowel movement, that is normal too.

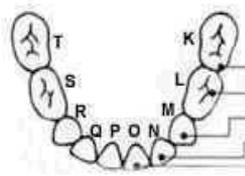
If your baby’s stools are small and pebble-like, he may have constipation. Constipation has nothing to do with frequency of stools. Don’t give him an enema, suppository or laxative until you’ve talked to me.

Teething

Most babies start teething at 6 to 7 months. A few early birds begin at 3 to 4 months. While the majority of babies aren’t troubled by the teething process, some get irritable, eat poorly and have trouble sleeping when teeth begin to arrive. Below is a diagram to help you know which teeth to expect when.

If your baby seems uncomfortable, you may want to give him Infants’ **TYLENOL®** or **MOTRIN®**. When used together, Tylenol® and Motrin® may be alternated every 2 to 3 hours. Dosage charts appear on the last page of this brochure. You may also apply a mild topical anesthetic, such as Baby Orajel® to the area of the gums where new teeth are coming in. Be aware Baby Orajel may have Benzocaine, excess of it can be harmful. Some babies are helped by teething toys and teething biscuits.

Upper Teeth		Erupt	Shed
	Central Incisor	8-12 mos.	6-7 yrs.
	Lateral Incisor	9-13 mos.	7-8 yrs.
	Canine (Cuspid)	16-22 mos.	10-12 yrs.
	First Molar	13-19 mos.	9-11 yrs.
	Second Molar	25-33 mos.	10-12 yrs.

Lower Teeth		Erupt	Shed
	Second Molar	23-31 mos.	10-12 yrs.
	First Molar	14-18 mos.	9-11 yrs.
	Canine (Cuspid)	17-23 mos.	9-12 yrs.
	Lateral incisor	10-16 mos.	7-8 yrs.
	Central incisor	6-10 mos.	6-7 yrs.

Crying

Ways that tiny babies can communicate are limited. Crying is one of them. Crying is how your baby makes his needs known and his displeasure felt. As you'll soon find out if this is your first baby, most parents quickly learn to identify whether their baby is crying from hunger, restlessness, pain, anger, or some other reason. Many babies go through unexplainable fussy periods each day as they adjust to living in the world. Don't worry about spoiling a tiny baby by pampering him. He needs to know that you are there to meet his needs.

There are a number of things you can do to comfort your baby:

- Give the baby something to suck such as a pacifier.
- Lengthen feeding times.
- Give the baby more physical contact and movement. Walk, rock, or pat him.
- Take the baby for a stroller ride or a car ride.
- "Bundle: the baby (wrap him snugly in a blanket) or raise the temperature in his room a little if you think it is too cool.
- Change his position. For example, move him from his back to his stomach or vice versa.

If all else fails, just let him cry. He may need to let off steam. Often babies fall asleep after a good cry – so allow him up to 20 minutes on his own.

Diaper Rash

Some babies are more prone to diaper rash than others, but almost all of them get it at some time. Babies who wear disposable diapers are more likely to get diaper rash than those who wear cloth diapers, which allow the skin to breathe.

To treat your baby's diaper rash:

- Change her diapers often. Keeping the area clean and dry allows it to heal.
- Expose her bottom to air several times a day. Put her in the sun, if possible, or blow warm air from a hair dryer on her bottom for 3 minutes (low setting).
- If you use plastic pants, avoid them for a while. At night, use disposable diapers that pull moisture into the diaper and away from the skin.
- Wash your baby's bottom with warm tap water if diapers contained only urine. Use a mild soap if there was a stool. Rinse thoroughly and pat dry.
- If your baby's bottom is very raw, have her soak in a tub of lukewarm water for 15 minutes three times daily.
- Barrier ointments and creams such as Desitin®, Butt Paste®, A & D Ointment® and plain Vaseline® can aid in healing. Please do not apply any other types of lotions, ointments or creams without checking with me first.
- If you use cloth diapers and launder them at home, use a regular detergent during the wash cycle. Then run a second wash cycle with warm water and 1 cup of bleach added. (Vinegar does *not* kill germs.) Follow with the normal rinse cycle.

If your baby's diaper rash lasts more than 3 days, call my office. You should also call if the rash spreads beyond the diaper area or if any blisters, pimples, boils, pus, or yellow crusts form on the baby's buttocks.

Illness

I'd like you to be familiar with a few warning signs of severe illness. Just because your child has one or more of these signs doesn't necessarily mean illness is present, but it could be, so call me if you note any of the following danger signs:

- Temperature of 100.5°F or higher
- Forceful vomiting – not just spitting up
- Refusal to take feedings
- No energy, oversleeping, difficulty waking up to feed and increased irritability
- Diarrhea, especially if there's mucus, blood or an especially bad smell
- Hard crying with no obvious cause
- Inability to see or hear normally
- Unusual rash

Fever

If your new baby develops a fever (rectal temperature of 100.5°F or higher), call my office. In babies, the rectal temperature, taken with a digital thermometer, is the most accurate. Ear thermometers purchased for home use are not reliable. To take the baby's rectal temperature: First, lubricate the bulb of the thermometer with petroleum jelly (Vaseline®). Then, place the baby on his tummy. With your thumb and index finger, spread the baby's buttocks and insert the tip of the thermometer with your free hand. Remove the thermometer when indicated by the beep.

To lower his temperature, give him Infants' **TYLENOL®** or **MOTRIN®**. When used together, Tylenol® and Motrin® may be alternated every 2 to 3 hours. Dosage charts appear at the end of this brochure. Also, give extra liquids such as water and juice. If the fever is very high, I may suggest that you sponge the baby off with water that is at room temperature (about 78°F). Or, you may give the baby a bath in water this temperature for 20 to 30 minutes. Don't make the water too cold and don't use plain alcohol as it may chill your child. Ice baths should never be used at home.

Vomiting

If your baby has forceful, persistent vomiting any time in the first 6 months, report it to me. Persistent vomiting with fever or abdominal pain needs prompt attention. Also, if your baby bumps her head hard, falls head first, or is struck in the head and later starts vomiting, call me.

Diarrhea

A baby has diarrhea when he passes frequent, loose stools. The more often the stools are passed, the more severe the diarrhea is. Diarrhea may last from a few days to a week. Usually, the condition isn't a medical emergency. However, if you notice any of the following, you should call my office:

- Blood in the stool
- Severe abdominal cramps
- More than 8 loose stools in 8 hours
- Vomiting of clear liquids three or more times along with diarrhea
- Fever above 100°F for more than 3 days
- The baby is acting very sick

If you're breastfeeding and your baby gets diarrhea, you should *continue to nurse*. Breastfeeding should never be stopped because of mild or moderate diarrhea. Just offer a little Pedialyte between feedings.

If your baby is formula fed and the diarrhea is mild – that is, the stools are mushy but not watery, add 1 or 2 ounces of water to each formula feeding. If your baby is on solid foods, give only applesauce, strained bananas and rice cereal for a few days.

When a child has diarrhea/vomiting, it is necessary to make dietary changes to replace electrolytes and to help reduce the volume of stool. Here are some guidelines for home treatment of moderate diarrhea in toddlers 1 to 2 years old.

Start with

- Eliminate juices unless vegetable juice or unsweetened orange juice
- Eliminate liquids high in sugar (soda)
- Decrease milk and milk products (cheese, ice cream, etc.)
- Substitute above with Pedialyte, Infalyte, Kao electrolyte, 50% Gatorade 50% water mixture or Pedialyte freeze pops. If your child will not drink these plain, you may add a small amount of 7-Up or Gatorade to create a more satisfying flavor.
- You may also substitute milk with Lactaid Milk (this is lactose free and available at the supermarket)

After it has been four hours after you child vomited

- Give starchy foods such as: crackers, rice, potatoes, pretzels, and plain pasta.
- Give wheat products such as: crackers, cereals, bread/toast (without butter)
- Give low fat meats such as chicken and turkey
- Give soft boiled eggs
- Give yogurt and yogurt based foods such as unsweetened buttermilk
- Give bananas or banana chips
- Give soup low in salt such as homemade vegetable or tomato
- Avoid soups that are high in salt such as chicken noodle
- Give beans, cooked vegetables and fruits (carrots, potatoes, pears)
- Slowly return to a regular diet, but no milk products
- After about a week slowly add milk products
- If your baby is on formula, I may ask you to feed her Soy Protein formula, Lactose free formula or Alimentum or Nutramigen formula while recovering from diarrhea. These formulas are lactose free or have predigested proteins specially designed for babies who may be sensitive to the proteins in the other formulas.

NOTE: breastfed toddlers should continue to nurse as usual

If your baby is on formula, I may ask you to feed her NUTRAMIGEN® or Alimentum infant formula while she is recovering from diarrhea. NUTRAMIGEN® or Alimentum is a formula with predigested protein especially designed for babies who may be sensitive to the proteins in other formulas.

If the skin of your baby's buttocks gets red or sore from the diarrhea, especially the area around the anus, wash it after each bowel movement. Then, apply a thick layer of petroleum jelly (Vaseline®). Also, change diapers quickly after each bowel movement.

Most diarrhea is caused by intestinal viruses and is very contagious. You should wash your hands well after diaper-changing or using the toilet to prevent the viruses from spreading to other family members.

Colds

Occasional colds are unavoidable in babies and children. Usually colds involving no more than a runny or stuffed up nose and mild cough can be handled at home. If your baby has vomiting or a high fever; however, I'd like you to call me.

Most newborn babies have some nasal mucus in the first four months of life that can cause sneezing or noisy breathing. Before that time, they do not know how to breathe through their mouth, except when crying. Even after that, nasal congestion can make sucking difficult. To clean baby's nose, put three to four sprays of nasal saline in each nostril, then wait about two minutes while the mucus softens up. Then clean each nostril using a nasal suction device. The best ones have a short, hard plastic tip and a rubber bulb, not an all-rubber bulb with a long rubber tip like the one you may have been given in the hospital. You will need to pull as much as 8 to 10 times in a row. The nasal discharge may come out like a string. A vaporizer of the cool mist type in your baby's room might also help.

I would also like you to call me if the baby develops a persistent cough – especially if it interferes with sucking. Babies often sneeze, but they should not be coughing.

Poisoning

All of you family's medications (prescription and over the counter) should have child-proof caps and should be kept in locked or out-of reach cabinets. You should also store soaps, cleaning agents, painting supplies and gardening chemicals in a secure place. It's surprising how quickly little fingers become nimble enough to open drawers and door and pry the lids off things.

If you've seen your child swallow a medicine or poison, call The National Poison Control Center at once! Even if you only suspect it, call them at 1-800-222-1222! The National Poison Control Center will advise you on what you need to do for your child.

A Matter of Safety

There are a lot of things to consider when a new baby arrives. Safety is at the top of the list. I hope that the new member of your family will have a long and healthy life and I have included some important tips in the next three sections that will help you to ensure this.

Car Seats and Proper Positioning

The AAP now recommends that infants and toddlers should ride in the backward facing car seat, secured in the center of the back seat till the age of two. Never put children in the front seat, especially if the car has airbags! These are designed to protect adults, but

they can injure children. Be especially sure that if you transfer from one car to another that the car seat is properly positioned and tightly cinched in. Take your time and be sure the baby is safe. The car seat must be used at all times. Do not put the baby in the car seat right after feeding, because the baby's position can increase pressure on the stomach and produce more reflex. Waiting for half an hour reduces the risk.

As I've mentioned earlier, you must put the baby on his back to sleep. This position greatly reduces the chance of Sudden Infant Death Syndrome (SIDS). When the baby is awake, give him some monitored time on his tummy. If he is always on his back, there will be a flattening of the back of the head. Wait about 20 minutes after feeding for tummy time in order to prevent increased spitting up.

Environmental Toxins

Babies must never be exposed to tobacco smoke. Never allow smoking inside your house or car, even with the windows open. Smoking encourages respiratory infections in children and is bad for everyone's lungs. If either parent insists on smoking, they must do so outside. Quitting smoking is the most important decision anyone can make to improve their health. The presence of a new baby in the home is the perfect motivation to quit. Medical therapies are very effective – see your primary care practitioner for advice.

If any parent handles toxic chemicals at work or for a hobby, be sure to advise them to wash hands and take off the exposed clothing before going near the baby.

Never use insect sprays near the baby. Do not allow fumigation unless you leave the house with the baby for the period recommended, which is usually 24 hours. Similarly, do not remodel homes built before 1960 with the baby in the house due to the danger of exposure to lead dust.

Is Mom Feeling Down?

As hormones change after the birth of a baby, moms may notice mood swings, often called "baby blues". Coupled with sleep pattern changes as moms wake up to feed and change the baby every 2 to 3 hours, there may be feelings of anger, irritability, sadness, and frustration. This is very normal, but it should pass in a week to 10 days. If these feelings persist after that, or worsen, mom may be having true depression and should contact a health professional or counselor immediately! Ignoring the signs of true depression can be dangerous. These feelings can indicate a purely medical problem – low thyroid hormone – which also leads to weight gain. So, please call your primary care practitioner, obstetrician, or me if you have any concerns.

Special Conditions in the Newborn Period

When a baby enters the world, it's an adjustment. A few mild symptoms may occur and, if this is your first baby, they may worry you. Some normal conditions of the newborn period are described below.

Umbilical Cord

Your baby's umbilical cord will fall off by itself in 1 to 4 weeks. Until it does, apply alcohol on a cotton swab to the cord three times a day, soak it well with rubbing alcohol at least once a day. If the navel oozes spots of blood or a clear moist fluid for a while after the cord drops off, don't worry. This is natural. But, if the oozing persists more than 2 days, if the discharge smells particularly bad, if the skin around the cord gets red or even salmon pink, or if your baby gets a fever, irritable, overly sleepy, feeding poorly, or if there is evidence of yellow or white material remains in the center, notify me.

Once the belly button looks just like yours, you can safely immerse the baby in warm water. Be sure to use gentle, non-perfumed baby soap after the umbilical cord falls off. Avoid perfumed lotions and, although it might be tempting, do not use bubble bath as it can be very irritating to delicate skin.

Genital and Breast Area

If your little boy has had a circumcision, there will be either a visible incision or a Plastibell, which is a small plastic ring. If there is an incision, change the diaper the way you usually would. Put a small amount of Vaseline around the circumcision line with each diaper change for 1 week. Clean the penis with a warm wet wash cloth (not diaper wipes) for the first week. If the skin of the shaft of the penis rolls over the head of the penis, push back on the skin at the base of the penis to unroll the shaft skin.

If there is a Plastibell, change the diaper the way you usually would. As stated above, clean the penis with a warm wet wash cloth (not diaper wipes) for the first week. After the ring falls off, put a small amount of Vaseline around the circumcision line with each diaper change. If the skin of the shaft of the penis rolls over the head of the penis, push back on the skin at the base of the penis to unroll the shaft skin.

If you see oozing of blood from the penis, if you see a constant dripping of blood, or if you see blood clots in the diaper the size of a kidney bean, call me. You will see swelling and bruising of the penis following the circumcision. This is normal. However, if you see creamy drainage on the penis or in the diaper, if your son cannot pass urine, or if you see swelling or redness on the abdomen near the penis, call my office.

If your baby hasn't been circumcised, don't pull the foreskin of the penis back until after his first office visit with me. The tip of the penis (glans) of the newborn is generally red at first and sometimes has thin yellow crusts in spots. The skin looks more normal in 2 to 3 weeks.

Many newborn girls have a whitish discharge or blood from the vagina. This is normal and no cause for worry. Just clean the area with a cotton ball soaked in sterile water.

A thin discharge from the nipples is seen in some babies, both male and female. They may have enlarged or swollen breasts. This will resolve naturally by about two weeks of age and no treatment is necessary. However; if you notice any redness of the swollen areas, notify me.

Scalp

It's normal for newborn babies to have white dandruff-like flakes on their scalps. The flakes are old skin being shed and *not* a dry scalp condition. So, don't use oils, lotions or Vaseline®. They "paste" these flakes on the scalp and make the condition worse.

Thick, yellowish scales are called *cradle cap*, a very common condition in infants. It, too, is associated with old, dead skin, and is only made worse by oils, lotions and so on. Washing may not help much. You can treat cradle cap by removing the scales with a soft brush. Shampoos such as Head and Shoulders® or Selsun Blue® used sparingly once or twice per week can help.

The soft spot on your baby's head (fontanelle) is an area where the skull bones have not yet joined. The soft spot is covered by thick, tough tissue that protects the brain tissue underneath so you don't need to worry about hurting it. If you sometimes notice pulsating at the soft spot, this is normal. You may also see small lumps, bumps and irregularities. These are normal too.

Eyes

Many babies look slightly cross-eyed at birth. Usually, this is caused by muscles that are temporarily out of balance. Also the wide skin area that babies have across the nose can make the eyes look cross-eyed when they're not. Crossed eyes generally correct themselves by the end of the first year.

Some babies have yellow drainage and, perhaps, redness or swelling of the eyes in the first week of life. If the condition does not clear up with simple cleaning with a clean wet wash cloth or cotton ball, it may be related to the blockage of the tear duct which would require eye massaging with a specific technique.

Skin

Some babies have white dots on their noses. They are called *milia* and will go away without treatment. One of the most common newborn rashes is *newborn acne* which disappears in 6 to 8 weeks. It is helpful to wash the area with a mild soap one or twice daily. Don't apply oils, lotions or creams as they only worsen the problem.

Please be sure to use only corn starch baby powder on the baby's skin. Do not use talcum powder as it can be damaging to baby's air passages.

Many babies can appear a bit yellow after birth. This is called jaundice. It is caused by the breakdown of newborn blood cells and the slow maturation of the liver's ability to break down and excrete the pigment (bilirubin) from these cells. Until the body can better handle these pigments, they are deposited in the skin. The yellow color first appears in the head, eyes and neck and then moves down the body. This is rarely a problem for healthy newborns, but please call me if the yellow color appears on the belly, so that I can monitor the situation.

Social Media

Today, children are exposed to so many different forms of media. “Old” media includes television, movies, and magazines and “New” media includes cell phones, internet, social networks and video game consoles. The average youth spends over 7 hours a day using media and there are concerns on how the media effects aggression, sexual behavior, substance use, eating disorders, and academics. AAP is concerned about the cognitive difficulties and problems relating to social behaviors with overindulgence in social media.

Media in a child’s bedroom can lead them to being exposed to things of inappropriate content since parents cannot monitor media usage closely. Televisions in a child’s bedroom can increasing the time spent watching TV by 1-3 hours a day and decrease the time the child spends participating in fewer activities such as reading and hobbies. There is also a 31 % risk of the child becoming overweight and the likelihood of smoking doubles. Heavy television watching also has been associated with high cholesterol, high blood pressure, asthma, sleep disorders, mood disorders, depression, and attention deficit disorder (ADD).

Children and adolescents learn by observation and often imitate behaviors when they seem realistic or rewarding. Media has a tendency to persuade youth by making risky behaviors seem like normal behaviors. Media also plays a role in the creation of a child’s body self-image and can create unrealistic expectations. Interactive media, such as social networks, gives youth the opportunity to act aggressively through internet bullying and harassment. Many schools have initiated stopping of bullying programs but parents should also discuss this with their children.

Despite the negative things listed above there are some benefits to a child being exposed to media, such as education and. With supervised exposure children and adolescents can learn antiviolenace attitudes, empathy, acceptance of diversity, and respect for their elders, as well as develop early literacy skills through educational programs.

As a guideline the American Academy of Pediatrics (AAP) recommends:

1. Limit total screen time for children 2 years old and up to no more than 1-2 hours a day
2. Avoid screen time for children under the age of 2
3. Keep the child’s bedroom free of media
4. Watch all programs with your children and discuss the contents

A Final Word

This information guide won't answer every question you have about the first weeks and months of your baby's life but I hope that it has given you some useful guidelines for baby care and outlined some precautions you must take to safeguard your baby's health.

My small patients are of the utmost concern to me and I welcome any questions you may have about your baby's growth, development, and well-being.

Tylenol® (Acetaminophen) Dosage Chart

Give the weight appropriate dosage listed below every 4-5 hours as needed for temperature > 101°F. Do not exceed 5 doses in 24 hours.

Age	Weight	Elixir 160mg/5ml	Chewable Tablet 80mg	Junior Strength 160mg caplets
0-3 mo*	6-11 lbs	1/4 tsp, 1.25 mLs		
4-11 mo	12-17 lbs	1/2 tsp, 2.5 mLs		
12-23 months	18-23 lbs	¾ tsp, 3.75 mLs	1 and 1/2 tabs	
2-3 yrs	24-35 lbs	1 tsp, 5 mLs	2 tablets	1 caplet
4-5 yrs	36-47 lbs	1 ½ tsp, 7.5 mLs	3 tablets	1 1/2 caplets
6-8 yrs	48-59 lbs	2 tsp, 10 mLs	4 tablets	2 caplets
9-10 yrs	60-71 lbs	2 ½ tsp, 12.5 mLs	5 tablets	2 ½ caplets
11 yrs	72-95 lbs	3 tsp, 15 mLs	6 tablets	3 caplets
12-14 yrs	96+ lbs	4 tsp, 20 mLs	8 tablets	4 caplets

When used together, Tylenol® and Motrin® may be alternated every 2 to 3 hours.

* Call my office before using Tylenol® if your child has any liver problems.

Ibuprofen (Motrin®, Advil®) Dosage Chart

Give the weight appropriate dosage listed below every 6 hours as needed for temperature > 101°F or for pain.

*** Do not give ibuprofen if a child is less than 6 months old. ***

The following table gives ibuprofen dosage guidelines by weight. It can be used for both Children's Motrin® and Children's Advil® products.

Weight	Dose	Oral Drops (50mg/1.25ml)	Suspension (100mg/5ml)	Chewables 50 mg	Chewables 100 mg	Caplets 100 mg	
12-17 lbs	50 mg	1.25 mLs	1/2 tsp, 2.5 mLs				
18-23 lbs	100 mg	1.875 mLs	1 tsp, 4 to 5 mLs	1 to 2 tabs	1 tab		
24-35 lbs	150 mg	2.5 mLs	1 to 1 1/2tsp, 5 to 7.5 mLs	2 tabs	1 1/2 tabs		
36-47 lbs	200 mg	3.75 mLs	1 1/2 to 2 tsp, 7.5 to 10 mLs	3 to 4 tabs	2 tabs	2 caps	
48-59 lbs	250 mg	5 mLs	2 1/2 tsp, 12.5 mLs	5 tabs	2 1/2 tabs	2 1/2 caps	
60-71 lbs	300 mg		3 tsp, 15 mLs	6 tabs	3 tabs	3 caps	
72-95 lbs	400 mg		4 tsp, 20 mLs	8 tabs	4 tabs	4 caps	

When used together, Tylenol® and Motrin® may be alternated every 2 to 3 hours.

* Call my office before using Motrin® if your child has any liver problems.