

The 5 S's for Soothing Babies

All babies cry and that's actually a good thing. How else would we know if our helpless infants were cold, hungry, lonely or in pain?

Most babies fuss an average of one and a half hours a day during the first few months. Ten percent cry more than three hours a day, which is the medical definition of colic. Traditionally, moms and dads have been encouraged to just keep their chins up and wait until the baby grows out of it. But, that's easier said than done!

Crying Takes a Toll on Babies AND Parents

Usually, babies' irritability starts churning around sundown and can continue for hours. No wonder, parents get concerned, frustrated and very, very tired.

Exhaustion triggered by persistent crying creates huge stress in families, including marital conflict, maternal and paternal depression and obesity. It causes car crashes and other accidents — people make all kinds of poor decisions when stressed and overtired. It also puts babies in danger when a wiped-out parent falls asleep with a baby in his arms, on an unsafe couch or a bed, which increases the risks for SIDs and infant suffocation. And believe it or not, the national costs of complications of infant crying and parental exhaustion total well over \$1 billion dollars a year.

The 1St S: Swaddle

Swaddling imitates the snug packaging inside the womb and is the cornerstone of calming. It decreases startling and increases sleep. And, wrapped babies respond faster to the other 4 S's and stay soothed longer because their arms can't flail wildly.

Wrap arms snug – straight at the side – but let the hips be loose and flexed. Use a large square blanket, but don't overheat, cover your baby's head or allow loose blankets. Babies shouldn't be swaddled all day, just during fussing and sleep.

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The 2nd S: Side or Stomach Position

The back is the only safe position for sleeping but it's the worst position for calming fussiness. This "S" can be activated by holding a baby on her side, on her stomach or over your shoulder. You'll see your baby mellow in no time.

The 3rd S: Shush

Contrary to myth, babies don't need total silence to sleep. That's why they're so good at dozing off at noisy parties and basketball games!

In the womb the sound of the blood flow is a shush louder than a vacuum cleaner. But, not all white noise is created equal. Hissy fans and ocean sounds often fail because they lack the womb's rumbly quality. The best way to imitate these magic sounds is white noise.

The 4th S: Swing

Life in the womb is very jiggly. Imagine your baby joggling inside you when you walk down the stairs! While slow rocking is fine for keeping quiet babies calm, you need to use fast, tiny motions to soothe a crying infant mid-squawk. To do it, always support the head/neck, keep your motions small; and move no more than 1 inch back and forth. For the safety of your baby, never, ever shake your baby in anger or frustration.

The 5th S: Suck

Sucking is "the icing on the cake" of calming. Many fussy babies relax into a deep tranquility when they suck. Many babies calm easier with a pacifier.

The 5 S's Take PRACTICE to Perfect

All babies do better with swaddling and white noise, but try adding on the other S's, too, to see what your baby prefers. If she doesn't calm with the S's, ask your doctor to make sure she isn't ill.

Car Seat Recommendations for Children

“Best Practice” For Safer Travel

Children should ride properly restrained on every trip in every type of transportation



- Infants <1 years-old and most toddlers under 2 years of age should ride in a rear-facing seat.
- Toddlers should ride in a forward facing car seat only after they outgrow the harness or meet weight/height limits for their car seat
- All children should ride in the back seat until at least 90 pounds
- All passengers should be safely restrained in a lap and shoulder safety belt

Parents often look forward to transitioning from one stage to the next, but these transitions should generally be delayed until they are necessary- when the child outgrows the limits for their current stage.

Additional Safety Tips

Rear Facing: Never place a rear-facing child in front of an active frontal air bag

Forward Facing: Use the top tether when the anchor is available or have an anchor installed

Booster: Have your older child use a booster seat until the lap and shoulder belt fit properly – even if taller than 4’9” in height

Attend a check-up event or meet with a Child Passenger Safety (CPS) Technician to make sure your children are riding safely. Visit <http://www.remsa-cf.com/poi-schedule.html> for a calendar of check-up events.

Refer to the child safety seat manufacturer’s manual and the car seat information in your vehicle owner’s manual for specific details.



When is my child ready to ride in a safety belt?

1. Is the child tall enough to sit with their back against the vehicle seat back?
2. Do the child’s knees bend comfortably at the edge of the vehicle seat?
3. Does the belt cross the shoulder over the collarbone?
4. Is the lap belt low, touching the thighs?
5. Can the child stay seated like this for the entire trip?

A “No” answer means the child should continue riding in a booster seat for best protection

Nevada Specific Occupant Protection Laws

Child Restraints: Child passengers must be restrained in approved child safety seats until they are 6 y/o **and** weigh at least 60 lbs.

Booster Seats and Seat Belts: Child passengers over the age of 6 y/o or weigh more than 60 lbs must use a booster seat or seat belt.

Failure to properly use safety belts or child restraints could result in a first time fine between \$100-500. (N.R.S. §§484D.495(3); 484B.157(1))

Car Seat Installations and Check Ups

Northern Nevada Fitting Station

Renown Children's Hospital
975 Ryland St.
Reno, NV 89502
Hours: Mon-Fri 8am-4pm
Appt only 775-982-2620

AAA

6795 S Virginia St
Reno, NV 89511
(775) 326-2012
Contact: Melissa Mansfield

AAA

4731 Galleria Pkwy, Suite 105
Sparks, NV 89436
By appointment only: 775-356-3011
Contact: Allison Crookston

AAA

2901 S Carson St
Carson City, NV 89701
Call for appointment: 775-888-6419
Contact: Kandace Dutton

Ron Wood Family Resource Center

2621 Northgate Lane, Suite 62
Carson City, NV 89706
Mon - Thurs, 8:00 am - 4:30 pm; Friday, 8:00 am - Noon. For inspections, drop-ins are encouraged. For installations, please schedule an appointment: 775-884-2269
Contact: Miriam Silis

SEATS: Safety Education and Training Services

Fernley, NV
Call for appointment: 775-232-7131
Contact: Kathy Secrist



Care of Your Newborn Baby



Congratulations! You have just come home with your brand new son or daughter. If this is your first child it sometimes seems overwhelming. If you already have children you may have forgotten what it is like to have such a small baby. In either case you are getting to know this particular child and they are getting to know you.

The hospital stay is quite short. Hopefully your questions were answered, but often new ones come up once you are home. This handout is meant to anticipate some of your questions and to help you know when to call our office, **Pediatric Associates (775) 329- 2525**.

Newborns definitely **sleep** a lot. There is a huge range of normal. Babies may sleep from 16-22 hours per day. Make sure your baby gets up for feedings (at least 6/day) and sucks well. Make sure the baby has at least some good alert periods each day.

If you are **breast-feeding**, the baby will usually eat every 2-4 hours. Breast-feeding will usually last about 10-20 minutes each side. Sometimes there will be vigorous sucking for many minutes in a row, but often the good sucking comes in 10-20 second spurts. This is perfectly fine. If the baby does not suck (for even a few seconds), he or she may be too tired, and you can try again later. If, however, the baby is not sucking well for a few consecutive feedings, you should call the doctor's office.

Bottle-fed babies usually feed every 3-4 hours. Feed them 2-5 ounces each feeding. Do not put the baby to bed with the bottle as it can cause choking and tooth decay. Heating formula in the microwave is not recommended as milk may heat unevenly and burn the baby's mouth. Place the bottle in a cup of warm water to help warm the formula.

In general, babies will wake when they are hungry. Occasionally a **baby sleeps too long**. For the first week or two if the baby has not awakened by 4 hours for a feed, you should wake them.

Stooling is also quite variable. It may not be every day or it may be 12 times per day. A good indication that the baby is getting enough food is if they are stooling at least 4-5 times per day. In the beginning, if your baby is stooling less than 4 times per day, you should discuss it with your doctor.

Once your baby is getting a good intake of milk, he or she will **urinate** 6-8 times per day (usually at every feeding he or she will be wet). Since the breast milk is not in till day 3-5, babies may urinate less until the milk comes in. Even during this time, however, they should urinate at least 3-4 times per day.

To summarize, in the first few days of life a baby should be feeding very 2-4 hours; suck well at least in spurts; have good active periods at least in spurts; urinate every 6-8 hours; and stool at least 4 times per day. If these are not occurring, please notify your doctor. Enjoy your baby!

DEFINITION

Circumcision means cutting off the foreskin or ring of tissue that covers the head (glans) of the penis. This surgical procedure is usually performed on the day of discharge from the hospital.

Fewer children in the United States are being circumcised now than several years ago. Approximately 60% of American newborn males are circumcised now, in contrast to 90% in the 1950s and 60s.

The following information should help you decide what is best for your son.

CULTURAL ASPECTS

Followers of the Jewish and Moslem faiths perform circumcision for religious reasons. Nonreligious circumcision became popular in English-speaking countries between 1920 and 1950 because it was thought that circumcision might help prevent sexually transmitted diseases. Circumcision never became a common practice in Asia, South America, Central America, or most of Europe. Over 80% of the world's male population is not circumcised. Circumcision rates have fallen to 1% of newborn males in Britain, 10% in New Zealand, and 30% in Canada.

PURPOSE OF THE FORESKIN

The presence of the foreskin is not some cosmic error. The foreskin protects the glans against urine, feces, and other types of irritation. Although rare events, infection of the urinary opening (meatitis) and scarring of the opening (meatal stenosis) occur almost exclusively in a circumcised penis. The foreskin may also serve a sexual function, namely, protecting the sensitivity of the glans.

BENEFITS OF CIRCUMCISION

In 1989 the American Academy of Pediatrics issued a new statement on circumcision, clarifying that the procedure carried small potential risks and benefits that parents needed to consider. According to a study by Dr. T. E. Wiswell, circumcision may protect against urinary tract infections during the first year of life. However, there is only a 1% chance that an uncircumcised infant will get a urinary tract infection. Should we circumcise all infants to prevent such a small percentage of urinary tract infections (which are treatable)? Probably not.

Removal of the foreskin prevents infections under the foreskin (posthitis) and persistent tight foreskin

(phimosis). However, both of these conditions are uncommon and usually due to excessive and forceful attempts to retract the normal foreskin.

Circumcision does not prevent sexually transmitted diseases later in life, but it does decrease the risk for some of them. Although it does protect against cancer of the penis, good hygiene offers equal protection against this rare condition.

The best argument for circumcision may be so the boy will look "like other boys in his school" or "like his father." The psychological harm of being different from the father has never been documented. Boys may not mind looking different from other males in their family. However, they do mind being harassed in the locker room or shower about their foreskin, which may occur if most of their buddies are circumcised. It can be emotionally painful to be a trailblazer about the appearance of one's genitals.

In the final analysis, nonreligious circumcision is mainly cosmetic surgery.

RISKS OF CIRCUMCISION

Like any surgical procedure, circumcision may cause complications (in less than 1 per 100 circumcisions). Complications that might occur are skin infections, bloodstream infections, bleeding, gangrene, scarring, and various surgical accidents. One study showed that 1 of every 500 circumcised newborns suffered a serious side effect.


































In addition, the procedure itself causes some pain. However, this pain can be minimized if physicians use a local anesthetic to block the nerves of the foreskin.

Delaying the decision also carries a risk. If you initially decide not to have a circumcision, and then change your mind after your son is 2 months old, the procedure will require general anesthesia. So try to make your final decision during the first month of the baby's life.

RECOMMENDATIONS

Circumcision of boys for religious purposes will continue. The need to circumcise other boys is open to question. Just because a father was circumcised doesn't mean that this optional procedure must be performed on the son. Because the foreskin comes as standard equipment, you might consider leaving it intact, unless your son will be attending a school where everyone else is likely to be circumcised. The risks and benefits are too small to swing the vote either way. This is a parental decision, not a medical decision.

GUIDELINES FOR NURSING MOTHERS

Your Baby's Age	1 WEEK							2 WEEKS	3 WEEKS
	1 DAY	2 DAYS	3 DAYS	4 DAYS	5 DAYS	6 DAYS	7 DAYS		
How Often Should You Breastfeed? Per day, on average over 24 hours	        <p>At least 8 feeds per day (every 1 to 3 hours). Your baby is sucking strongly, slowly, steadily and swallowing often.</p>								
Your Baby's Tummy Size	 Size of a cherry		 Size of a walnut		 Size of an apricot		 Size of an egg		
Wet Diapers: How Many, How Wet Per day, on average over 24 hours	 At least 1 WET	  At least 2 WET	  At least 3 WET		  At least 4 WET		      At least 6 HEAVY WET WITH PALE YELLOW OR CLEAR URINE		
Soiled Diapers: Number and Colour of Stools Per day, on average over 24 hours	  At least 1 to 2 BLACK OR DARK GREEN		   At least 3 BROWN, GREEN, OR YELLOW			   At least 3 large, soft and seedy YELLOW			
Your Baby's Weight	Babies lose an average of 7% of their birth weight in the first 3 days after birth.				From Day 4 onward your baby should gain 20 to 35g per day (¾ to 1½ oz) and regain his or her birth weight by 10 to 14 days.				
Other Signs	Your baby should have a strong cry, move actively and wake easily. Your breasts feel softer and less full after breastfeeding.								

best start
meilleur départ

Breast milk is all the food a baby needs for the first six months — At six months of age begin introducing solid foods while continuing to breastfeed until age two or older. (WHO, UNICEF, Canadian Pediatric Society)

IS THE BABY GETTING ENOUGH TO EAT?

Recommendations for Adequate Breastmilk Intake:

- nursing 8-12x/24 hours
- 10-20 min/side

Indicators of Adequate Intake:

- 6 or more wet diapers/24 hours
- 3 or more stools /24 hours
- content between feedings
- wt gain = 1oz/day

Signs of Milk Removal:

- breasts are full before feedings and softer afterwards
- let down sensation or milk dripping
- audible swallowing
- milk visible in the baby's mouth

INCREASING MILK SUPPLY

- Moist heat to breast 3-5 minutes before feeding
- massage breasts before and during feeding
- gently stimulate the areola
- using a breast pump
- maintaining a nutritious diet for yourself and staying hydrated
- keeping a record of feedings to monitor the situation
- it may take up to 4-7 days to see any increase with the above techniques

A Parent's Guide to Safe Sleep

Helping you to reduce the risk of SIDS

DID YOU KNOW?

- About one in five sudden infant death syndrome (SIDS) deaths occur while an infant is in the care of someone other than a parent. Many of these deaths occur when babies who are used to sleeping on their backs at home are then placed to sleep on their tummies by another caregiver. We call this "unaccustomed tummy sleeping."
- Unaccustomed tummy sleeping increases the risk of SIDS. Babies who are used to sleeping on their backs and are placed to sleep on their tummies are 18 times more likely to die from SIDS.

You can reduce your baby's risk of dying from SIDS by talking to those who care for your baby, including child care providers, babysitters, family, and friends, about placing your baby to sleep on his back during naps and at night.

WHO IS AT RISK FOR SIDS?

- SIDS is the leading cause of death for infants between 1 month and 12 months of age.
- SIDS is most common among infants that are 1-4 months old. However, babies can die from SIDS until they are 1 year old.

KNOW THE TRUTH... SIDS IS NOT CAUSED BY:

- Immunizations
- Vomiting or choking

WHAT CAN I DO BEFORE MY BABY IS BORN TO REDUCE THE RISK OF SIDS?

Take care of yourself during pregnancy and after the birth of your baby. During pregnancy, before you even give birth, you can reduce the risk of your baby dying from SIDS! **Don't smoke or expose yourself to others' smoke while you are pregnant and after the baby is born. Alcohol and drug use can also increase your baby's risk for SIDS.** Be sure to visit a physician for regular prenatal checkups to reduce your risk of having a low birth weight or premature baby.

MORE WAYS TO PROTECT YOUR BABY

Do your best to follow the guidelines on these pages. This way, you will know that you are doing all that you can to keep your baby healthy and safe.

- Breastfeed your baby. Experts recommend that mothers feed their children human milk for as long and as much as possible, and for at least the first 6 months of life, if possible.
- It is important for your baby to be up to date on her immunizations and well-baby check-ups.

WHERE IS THE SAFEST PLACE FOR MY BABY TO SLEEP?

The safest place for your baby to sleep is in the room where you sleep, but not in your bed. Place the baby's crib or bassinet near your bed (within arm's reach). This makes it easier to breastfeed and to bond with your baby.

The crib or bassinet should be free from toys, soft bedding, blankets, and pillows. (See picture on next page.)

TALK ABOUT SAFE SLEEP PRACTICES WITH EVERYONE WHO CARES FOR YOUR BABY!

When looking for someone to take care of your baby, including a child care provider, a family member, or a friend, make sure that you talk with this person about safe sleep practices. Bring this fact sheet along to help, if needed. If a caregiver does not know the best safe sleep practices, respectfully try to teach the caregiver what you have learned about safe sleep practices and the importance of following these rules when caring for infants. Before leaving your baby with anyone, be sure that person agrees that the safe sleep practices explained in this brochure will be followed all of the time.



Face up to wake up – healthy babies sleep safest on their backs.



Do not place pillows, quilts, toys, or anything in the crib.



Supervised, daily tummy time during play is important to baby's healthy development.

WHAT ELSE CAN I DO TO REDUCE MY BABY'S RISK?

Follow these easy and free steps to help you reduce your baby's risk of dying from SIDS.

SAFE SLEEP PRACTICES

- Always place babies to sleep on their backs during naps and at nighttime. Because babies sleeping on their sides are more likely to accidentally roll onto their stomach, the side position is just as dangerous as the stomach position.
- Avoid letting the baby get too hot. The baby could be too hot if you notice sweating, damp hair, flushed cheeks, heat rash, and rapid breathing. Dress the baby lightly for sleep. Set the room temperature in a range that is comfortable for a lightly clothed adult.
- Consider using a pacifier at nap time and bed time. The pacifier should not have cords or clips that might be a strangulation risk.

SAFE SLEEP ENVIRONMENT

- Place your baby on a firm mattress, covered by a fitted sheet that meets current safety standards. For more about crib safety standards, visit the Consumer Product Safety Commission's Web site at <http://www.cpsc.gov>.
- Place the crib in an area that is always smoke free.
- Don't place babies to sleep on adult beds, chairs, sofas, waterbeds, pillows, or cushions.
- Toys and other soft bedding, including fluffy blankets, comforters, pillows, stuffed animals, bumper pads, and wedges should not be placed in the crib with the baby. Loose bedding, such as sheets and blankets, should not be used as these items can impair the infant's ability to breathe if they are close to his face. Sleep clothing, such as sleepers, sleep sacks, and wearable blankets are better alternatives to blankets.

IS IT EVER SAFE TO HAVE BABIES ON THEIR TUMMIES?

Yes! You should talk to your child care provider about making tummy time a part of your baby's daily activities. Your baby needs plenty of tummy time while supervised and awake to help build strong neck and shoulder muscles. Remember to make sure that your baby is having tummy time at home with you.

TUMMY TO PLAY AND BACK TO SLEEP

- Place babies to sleep on their backs to reduce the risk of SIDS. Side sleeping is not as safe as back sleeping and is not advised. Babies sleep comfortably on their backs, and no special equipment or extra money is needed.
- "Tummy time" is playtime when infants are awake and placed on their tummies while someone is watching them. Have tummy time to allow babies to develop normally.

WHAT CAN I DO TO HELP SPREAD THE WORD ABOUT BACK TO SLEEP?

- Be aware of safe sleep practices and how they can be made a part of our everyday lives.
- When shopping in stores with crib displays that show heavy quilts, pillows, and stuffed animals, talk to the manager about safe sleep, and ask them not to display cribs in this way.
- Monitor the media. When you see an ad or a picture in the paper that shows a baby sleeping on her tummy, write a letter to the editor.
- If you know teenagers who take care of babies, talk with them. They may need help with following the proper safe sleep practices.
- Set a good example – realize that you may not have slept on your back as a baby, but we now know that this is the safest way for babies to sleep. When placing babies to sleep, be sure to always place them on their backs.

If you have questions about safe sleep practices please contact Healthy Child Care America at the American Academy of Pediatrics at childcare@aap.org or 888/227-5409. Remember, if you have a question about the health and safety of your child, talk to your baby's doctor.

RESOURCES:

- American Academy of Pediatrics
<http://www.aappolicy.org>
SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment
<http://aappolicy.aappublications.org/cgi/rep rint/pediatrics;128/5/e1341.pdf>
- Healthy Child Care America
<http://www.healthychildcare.org>
- National Resource Center for Health and Safety in Child Care and Early Education
<http://nrc.uchsc.edu>
- Healthy Kids, Healthy Care: A Parent Friendly Tool on Health and Safety Issues in Child Care <http://www.healthykids.us>
- National Institute for Child and Human Development Back to Sleep Campaign (Order free educational materials)
<http://www.nichd.nih.gov/sids/sids.cfm>
- First Candle/SIDS Alliance
<http://www.firstcandle.org>
- Association of SIDS and Infant Mortality Programs <http://www.asip1.org>
- CJ Foundation for SIDS
<http://www.cjsids.com>
- National SIDS and Infant Death Resource Center <http://www.sidscenter.org/>
- The Juvenile Products Manufacturers Association <http://www.jpma.org/>

American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Revised 2012

When to Call Your Baby's Doctor

In the first few weeks of life, your baby's body is making many adjustments to life outside the womb. The newborn period is also a time when resistance to disease is lower. Young babies may react differently to illness than older children.

FEVER: There is NO NEED to check the temperature routinely, but if your baby seems ill or irritable, take the temperature RECTALLY. (Our office can show you how if necessary.)

Call if-the temperature is greater than 100.4 degrees F (38 degrees C) or less than 97 degrees F (36 degrees C) RECTALLY!!!!

JAUNDICE: Many babies have jaundice in the first week of life because of the accumulation of a yellow pigment in the skin called bilirubin. You may have noticed this in the hospital. Sometimes we do a blood test to measure the level of bilirubin.

Call if-the yellow color appears to be increasing, the baby is lethargic and sleepy, or is uninterested in feeding, your doctor can decide whether to check the bilirubin level.

FEEDING: Babies vary the amount of breast milk/formula they take from one feeding to the next. It is NOT UNUSUAL for a baby to vomit occasionally after feeding, and some will spit up a small amount after almost every feeding. Feed your baby ON DEMAND whether breast or bottle feeding. If your baby "just ate" an hour ago and appears hungry, feed him again! DO NOT let the baby go more than 3 hours between feedings until he is back above birth weight. Wake the baby up to feed him if you have to. After the baby is above birth weight, you can let him sleep longer between feeds.

Call if-the baby is constantly refusing the breast or bottle, vomiting is persistent or there is decreased activity or alertness, or baby has fewer than 6 wet diapers in 24 hrs.

BOWEL MOVEMENTS: There is a wide variation in the frequency and consistency of a newborn's stools. When a baby is feeding well and appears otherwise healthy, slight changes in stool pattern are not usually a cause for concern. A usual number is 4-8 stools/day which are yellow and seedy.

Call if-bowel movements become frequent, watery, and explosive, you notice blood in the stools, or the stools are small, hard, and infrequent. Worrisome colors are black, white, or red; otherwise color is usually not important.

ACTIVITY: Many babies will sleep most of the time when they are not feeding. Others will stay awake for longer periods. Some spend much of their waking time crying in the first few weeks.

Call if-your baby is sleeping much more than usual and seems listless when she does wake up, or the baby seems very irritable and can't seem to settle to sleep or be soothed.

BREATHING: You have probably noticed that your baby doesn't always breathe regularly. Sometimes he will take several rapid breaths. You will also see pauses and sighs. THIS IS NORMAL. Babies make many unusual and sometimes loud breathing noises especially while sleeping. Check on the baby, and if the baby is sleeping comfortably, there is usually no need to worry.

Call if-there is persistent noisy breathing, continuous rapid, breathing (more than 60 breaths per minute), you see the chest muscles drawn in between the ribs as the baby breathes, the color is unusually pale, gray, or blue, or the baby is breathing so hard/fast that she has difficulty eating.

Call 911 and go to the ER if you feel the baby is in a life-threatening situation!!!!