

YOUR BABY'S FIRST WEEKS AT
HOME



A BRIEF GUIDE TO THE CARE OF
THE NEWBORN

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Congratulations on the birth of your baby and welcome to the world of parenting. We have written this brief booklet to help you care for your new baby during the first few weeks at home. Hopefully, it will be a resource that will help make the transition easier for everyone. If you have other questions or concerns that are not covered in this booklet, please call the office (329-2525) so we can be of help.

WEIRD THINGS THAT NEWBORNS DO

New babies do a variety of weird things in the first few weeks of life. They will **yawn, stretch, sneeze, cough and hiccough**. These are all normal infant behaviors. Many parents become concerned if their baby sneezes or coughs or gets the hiccoughs several times a day. Usually these behaviors do not indicate a problem, but, if your baby is coughing or sneezing "a lot" and you think your baby is sick, it is best to call our office to let us know. No one should be smoking around your baby. The smoke will cause your baby to sneeze and cough. Cigarette smoke exposure results in long term bad effects on both you and your baby.

Your baby may have **peeling skin** most commonly seen around the ankles, wrists, and hands and sometimes on the scalp. This is normal. Your baby will also **tremble** and "jump" if startled. This is also normal. Newborn babies cannot usually roll over, but will scoot along on their tummies. Your baby may "accidentally" **flip over** and could fall off beds, sofas or changing tables. Never leave your baby unattended on any raised surface and always keep your hand on your baby.

Your babies **tear ducts** may be blocked over the first few weeks of life. This often causes a small amount of crusty discharge (dried tears) to accumulate in the corners of the eyes. Just wipe them out with a warm wash cloth. If there is "a lot" of discharge, the white part of the eye becomes red, or the lids are swollen, call us, or bring the baby in to be seen.

Crying is always a concern to parents. When babies cry it is their way of letting others know that they need "something". It might be a feeding, a diaper changes, another blanket, a burp that needs to be brought up, or just the need to be held securely and cuddled. He might be crying just because of boredom. With time you may find that your baby has slightly different cries for different needs. You will soon discover that your baby cries for lots of different reasons and that crying is not always a sign of illness or a message that you are doing anything wrong.

BREASTFEEDING

Your infant will know how to suck but may not know how to breastfeed. Both you and your baby will spend the first week at home getting into the rhythm of breastfeeding. Be patient with yourself and your baby. As with so many other things, practice makes perfect. Your baby may nurse wonderfully one day and then, the next day; poke around as if the prior day's

success was forgotten. Don't become overly alarmed if your baby seems hungry at one feeding and then seems not very interested at the next. Not all babies need to nurse on both breasts at every feeding, while others demand both breasts. Each baby is different and it will take time to find out what your baby's pattern of breastfeeding happens to be.

Plan to offer the breast every two to three hours when your baby is awake, most infants will "demand" a feeding by fussing about every two to three hours. We do not recommend waking your baby to feed since healthy newborns can communicate their need to eat by fussing about every two to three hours. However, if your baby has slept for six hours or more it may be necessary to wake your baby (undress your baby, rub your baby's back, or place a cool wash cloth on your baby's forehead) to stimulate him to wake and feed. It is impossible to feed a sleeping infant! If your baby is nursing about every two to three hours during the daytime and sleeping for four hours at night you will not need to wake your baby in the night unless you are so full of milk that you are uncomfortable and need relief for your "too full" breasts.

The key to a good milk supply is short (ten to fifteen minutes per breast), frequent (every two to three hours) nursing.

You cannot "over feed" your breastfed infant. However, your baby may spit up a bit after a feeding. This is normal and should not cause alarm. Breastfed infants are "getting enough to eat" if they are gaining weight, having about six to eight wet diapers a day and passing 3 or more soft, yellow curd-textured bowel movements per day.

NIPPLE SORENESS

Nipple soreness is a common and often preventable condition experienced in the early weeks of breastfeeding. Some hints that help to prevent are soreness are:

1. No soap should be used on your nipples. Warm water alone is adequate to cleanse the nipple. (Soap irritates and over dries nipple tissue leading to increased soreness.)
2. Keep your nipples dry, change your bra when it becomes wet from leaking milk or use a clean hankie in your bra to absorb leaking milk; then change the hankie frequently. Avoid using nursing pads with plastic backing. These keep the bra dry but keep moisture against the nipple which leads to soreness.
3. Expose your nipples to fresh air several times a day. Leave the flap on the bra down, or blow dry your nipples with warm air from a hand-held hair dryer set on a low, warm setting.
4. Rinse your nipples with warm water after each feeding to remove your baby's saliva. Remember, no soap - only warm water. Dry your nipples by gently patting dry or using the hair dryer technique.

5. Frequent (every two or three hours), short- (ten to fifteen minutes per breast) feedings are better than infrequent (four to five hours) marathon (twenty to thirty minutes per breast) feedings during the first few weeks of breastfeeding.
6. Nipple rolling, tweaking the nipple or use of a towel to rub the nipples will make the nipples tender once breastfeeding has begun. Treat your nipples gently and discontinue "nipple conditioning exercises".
7. Always wash your hands before beginning to breastfeed. Position your baby for feedings so that your upper belly is touching the baby's belly. (Sometimes called the "belly to belly" position). Support the baby's head and gently guide it toward the nipple. When the baby senses (by smell) the breast being near his nose and mouth he will naturally open his mouth at that time, guide the baby's head and open mouth directly onto the nipple. The baby should be able to latch on easily. Hold the baby snugly up against your breast for the entire breastfeeding. When the baby stops sucking, insert your finger into his mouth to break suction. Burp before repositioning the baby to the opposite breast.
8. Be sure that your baby is taking most of the areola (the dark part of the nipple) into his mouth. Babies will often chew contentedly on the tip of their mother's nipple; this results in the baby not getting milk and the mother developing extremely sore nipples.
9. Nipple tenderness lasting for the first 60 seconds of the breastfeeding is considered normal; it should ease up once your baby begins to swallow milk. If the discomfort persists during the entire feeding, recheck your baby's mouth position and body position.
10. Rotate your baby's mouth position from time to time to take the pressure off the same two spots on the nipple. Try different positions, such as, from the "cradled in arms, belly to belly" to the "football hold", or try feeding while lying down in bed. Any position that is comfortable for you and permits your baby to securely latch on is okay. The more relaxed you are when feeding the easier it will be for the milk to let down. There is no "right" way to sit or hold a baby for feeding since every mother is different. It is wise to experiment a bit to find out what works best for you.
11. If your breasts become hot, red or too painful to permit breastfeeding, please call your obstetrician since these could be signs of a breast infection.

ENGORGEMENT

Breasts that are "too full" of milk (engorged) can be a problem for the breastfeeding mother and a problem for her baby, the mother is uncomfortable with firm, engorged breasts.

Additionally, the nipple area itself will be flattened and the baby cannot "get a good grip" of the nipple.

If this is a problem for you, either take a comfortably warm shower and allow the milk in your breast to leak out till your breasts feel softer, or, fill the sink with warm water, bend over and immerse your breasts in the water to help the milk leak out and permit your breasts to soften. Breast massage that is gentle and involves the breast tissue from as high as the collarbone, as low as the ribcage and as wide as the underarm and middle of the chest is recommended prior to either taking a warm shower or immersing the breasts in warm water.

Pumping milk is sometimes recommended. However, gentleness is very important when using a manual pump to remove milk. Some pumps tend to increase the mother's discomfort and can lead to nipple soreness. Rental of an electric breast pump is very helpful for some mothers. Hospital lactation consultants can arrange for rental of electric breast pumps.

Breastfeeding mothers who later desire to wean their babies from the breast to the bottle should plan to use either Similac with Iron or Enfamil with Iron formula. Check with our office if you have further questions about how to introduce the bottle when complete or partial weaning is desired.

BOTTLE FEEDING

Most newborn babies who are bottle-fed need to feed about every two to three hours. We ask that you let your baby "demand" her feeding by fussing rather than by trying to force your baby to stay on a fixed schedule. In the first weeks at home your baby will usually drink from two to four ounces of formula per feeding. It is not unusual for a newborn baby to drink four ounces at one feeding and then only two ounces at the next feeding. When your baby stops sucking or falls asleep, that is your cue that the feeding is over.

When your baby drinks more than her tummy can comfortably hold, spitting up of the excess formula often occurs. This is not uncommon and should not be a cause for alarm. Spitting up associated with poor weight gain or weight loss would not be normal and you should call for an appointment.

Your baby should be fed with iron-based formula (either Similac with Iron or Enfamil with Iron) for the first 12 months of life.

When preparing infant formula follow the pointers listed below:

1. Wash your hands before preparing infant formula.

2. Follow the directions on the can of formula concentrate or can of powder so the correct strength of formula is prepared. Keep the prepared formula in the refrigerator until it is ready to be given. Any prepared formula that is left unused in a liquid state after twenty-four hours should be discarded.
3. Feed your baby formula that is either room temperature or just slightly warmed.
4. Discard any milk left in your baby's bottle at the end of a feeding. Do not save half-empty bottles of formula for future use. We suggest preparing four-ounce bottles of formula during the first few weeks which should lessen the amount of unused formula being discarded from half-empty bottles.
5. Use of a microwave oven to warm formula bottles is not recommended. If a microwave is used be very cautious not to overheat the milk. Instead, place the bottle into a pan of warm water for a few minutes to "take the chill off" if warming of the milk is desired.
6. Wash baby bottles and rubber nipples, in hot, soapy water and rinse them in hot water and permit them to air dry (or wash them in the top rack of your dishwasher). There is no need to sterilize nipples or bottles.

BABIES AND THEIR BOWEL MOVEMENTS

Your baby may have bowel movements that range in color from bright yellow to green or even brown. The only colors of stools that are worrisome are bright red (bloody), or pale (white), otherwise, color is not important. Breastfed infants may have loose, yellow "curd textured", stools. Bottle-fed infants have bowel movements that are pastier in texture.

It is not unusual for newborn infants to have bowel movements as frequently as six to ten times a day or as infrequently as once every three days. Straining and grunting are common behaviors for newborns when passing a bowel movement. If the texture of your baby's bowel movement is "soft" to "loose" or "mushy" your baby is not constipated even if the passage of the bowel movement is accompanied by grunting and straining. Do not use enemas or any other treatments for suspected constipation without first calling and talking with our office staff.

EYES, EARS, NOSE AND TOES

Infants have fingernails that seem to grow faster than parents can believe. Your baby's fingernails need trimming if the nails are longer than the tips of your baby's fingers. A safe and easy technique is waiting until your baby is asleep and then snipping the nail with baby nail scissors. When using baby nail scissors be careful to not cut too deep into the nail.

The ears and nose of your baby will naturally collect bits of debris from time to time. You can gently clean away bits of wax from the outside of the ears and clumps of mucus from the nostrils with a Q-tip. Clean only the area around the opening of the outer ear and the nostrils. Roll the Q-tip away from the opening to the ear or nostril when teasing out bits of accumulated wax or mucus. Never insert the Q-tip into your baby's nostrils or ear canals; this only pushed the material deeper into the opening.

Infants often have a small amount of mucus in the corners of their eyes. This does not mean that they have "pink eye". Usually it means that their small tear ducts have not fully opened yet and the dried tears have collected in the eye. This mucus material can be removed gently with a clean cotton ball moistened with clean warm water. Wipe gently the eyelid from the inner corner (near the nose) to the outer corner (toward the ear) when removing discharge from the eye. If there is a large amount of discharge or the whites of your baby's eye(s) are red or the baby's eyelids are red and swollen please call the office so that we can examine the baby to make sure there isn't a problem that needs other treatment.

SKIN: TURNING BLUE, JAUNDICE, RASHED AND OTHER THINGS

Most infants have feet and hands that will appear bluish or purple from time to time. This is not a sign of being cold or an indication of lack of oxygen, but is a normal condition unique to infants. It is caused by the immaturity of your infant's circulatory system, another normal condition in newborn babies is a "marbleized" purple to bluish splotchy appearance of the skin, this, too, is a normal condition and should not be a cause for alarm. Blue discoloration of the tongue, fingernail beds and torso are not normal and demand emergent attention.

Most infants develop a condition where their skin and the whites of their eyes turn yellowish. This is called jaundice. It usually starts about the 2nd or 3rd day of life and is most noticeable around the 4th or 5th day. It is more common in breastfed infants than in bottle-fed infants. Some pediatricians recommend placing the infant in their diaper in the window (like a houseplant) for thirty minutes twice a day to decrease the yellow appearance. Ensuring frequent feedings will also help make the jaundice less prominent.

If your baby develops jaundice that is noticeable even on the soles of their feet and/or your baby is not waking to feed, please call our office.

Many newborn infants have red spots that look like "flea bites" or a splotchy rash scattered over their body. These red spots may have a white or yellowish pinpoint dot in the center. These spots are neither bites nor a true rash. They are a common harmless condition called erythema toxicum. There is not special treatment needed; do not attempt to squeeze them or apply any type of medication to them, in a week's time they will go away.

Another common skin condition unique to newborn infants is the appearance of "white heads" on the bridge of the nose, chin, forehead or the cheeks. This is called milia. It requires no special treatment. Milia slowly disappear during the first few months of life. Cleaning the skin at bath time with a mild soap and water is all that is required during the time that these skin conditions are present.

Newborn females will sometimes have a scant discharge from their vagina. It may be bloody in appearance or just pinkish white. The discharge is a result of maternal hormones that the infant was exposed to while in the womb. Gentle cleansing with a cotton ball moistened with water is adequate to remove this discharge. The discharge usually only lasts for a week or two.

Many newborn infants (male as well as female) will have a slightly swollen breast from the influence of maternal hormones. Do not squeeze the breasts to remove any fluid that is present, if your baby's breast(s) become red and warm to touch, please call our office.

BATHS and DIAPERS

Newborn infants tend to move their bowels several times a day. It is not uncommon for newborn babies to have a bowel movement every time they are fed. The frequent bowel movements can irritate the skin in the diaper area. We recommend the use of mild soap (like Dove) and warm water to clean the diaper area during the first month.

The diapers you decide to use may be either cloth or disposable. The important thing to remember is to change your baby's diapers frequently. Soiling from bowel movements are the primary causes of newborn diaper rash, use Vaseline, Desitin, or A&E ointment if your baby's diaper area is getting sore or red in spite of gentle and frequent cleaning of the skin. We ask that you not use powder in the diaper as this can actually encourage the growth of yeast.

Most babies fuss, cry and squirm at bath time during the first few weeks of life. As your baby grows older bath time should become more pleasant. Your baby will eventually relax and enjoy the experience. We recommend that you bathe your baby once every other day. Use warm water, mild, inexpensive soap and a mild baby shampoo for the scalp. You can use either the sponge bath method or a tub bath. Because of the squirming and waffling, be sure to hold on firmly to your baby and never leave your baby unattended during the bath. Another important thing to remember is that babies tend to chill easily, so keep the room warm when you are bathing your baby. When the bath is finished, dry their skin with a clean towel and then diaper and dress them. No lotions or creams are required (although that pink lotion does make them smell like a baby.) A final word on bathing.... There is no right time of day to give the bath; do it when it will be most convenient for you.

CORD CARE

All newborns have umbilical cords that remain attached to the "belly button" until approximately one to two weeks of age. We ask that you keep your baby's cord clean by wiping it twice a day with cotton balls or Q-tips saturated with rubbing alcohol. As a rule, the drier the cord is kept, the faster it will fall off. Exposing your baby's cord to air will help the cord to dry out too, just fold the diaper down and away from the cord. Some mothers have found that a hand-held dryer set in low is an easy method for keeping their baby's cord thoroughly dry. This is a nifty idea, however, keep the dryer at least ten inches from the baby's cord and be sure to dry only the cord area.

If your baby's cord develops a foul odor or there is redness spreading around the cord, please contact our office. If your baby's cord has a few drops of blood crusted and dried around it, do not become alarmed. This is usually normal and requires no special treatment however, if the cord is bleeding heavily (enough to soak through the baby's tee-shirt leaving a spot of blood larger than a fifty-cent piece) please call our office.

CARE AFTER CIRCUMCISION

Many families decide to have their infant son circumcised. This is a surgical removal of the foreskin of the penis. It is not medically required, but often culturally preferred. Physicians in our office use the "Gomco" method of circumcision.

After the circumcision is complete cover your son's circumcised penis with a layer of plain Vaseline several times a day so that the diaper doesn't stick to the penis. Don't be surprised if you see a drop or two of blood after the circumcision is done. This is entirely normal. The newborn skin will heal quickly over 4 to 5 days. If you see "a lot" of bleeding or have any other questions, please call the office for further instructions.

If your baby boy is not circumcised there is no special treatment required of the penis. Do not attempt to pull the foreskin back, this will happen gradually and naturally as the baby grows.

CAR SEATS

Every year babies are injured and killed in automobile accidents in the United States. The best way to protect your child is to start from the first drive home from the hospital by securing your child in a rear-facing infant seat. Make sure that the seat is secured according to the manufacturer's directions. We recommend a seat that has a base which remains in the car. Your baby will remain rear-facing for the first 12 months. When they are one year old and weigh at least 20 pounds they can ride in an approved forward facing seat. Try to use the middle back seat to secure the baby. If the buckle cannot be used with your seat then one of

the rear side seats should be used. Never place a rear facing car seat in front of an air bag. If you have a minor crisis (such as a crying hungry baby, or one with a dirty diaper) and you are driving; take a deep breath, find a safe place to pull over and then take care of the problem. Reaching behind the seat to hand a toy or bottle (or change a diaper!) is not recommended.

THE TWO WEEK BABY CHECK-UP

We routinely see our newborn patients and their parents when the babies are approximately two weeks old. This visit is designed to allow parents to ask questions, seek advice, and allow us to physically examine their baby. The appointment should be made with our office when your baby is just a few days old. Telephone our office at 329-2525 and tell the receptionist that you need to schedule your baby's two week check-up.

We think it is good idea to have parents bring a question list to the two week baby check-up visit (and at all other future well baby checkups). The list will help you remember to ask the special questions you may have about your baby's health.

If problems or questions arise before your scheduled two week baby check-up, please call us at 329-2525 so that we can assist you.

OFFICE HOURS and PEDIATRIC URGENT CARE CLINIC

Our office is open from 8:00 a.m. until 4:30 p.m. Monday through Friday for well baby check-ups and illness visits.

Additionally, Pediatric Associates participates in the Pediatric After Hours Clinic at 1001 Jones Street (corner of Keystone Avenue and Jones Street) from 4:30 p.m. until 7:30 p.m. Monday through Friday, and 9:00 a.m. until 2:00 p.m. Saturdays, Sundays, and holidays. The Pediatric After Hours Clinic is for sick child visits and is by appointment only. Please call (775) 322-1899 after hours if your child needs to be seen for an urgent illness.