

CARING FOR YOUR BABY: A SURVIVAL GUIDE FOR PARENTS

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Congratulations and welcome to the wonderful and challenging world of parenthood! This booklet will provide you with some helpful information and general suggestions to help you care for your newborn. Like you, your baby is an individual, and these next few months will require patience as you and your baby learn about each other and adapt to each other. Let us begin by discussing the most important of your baby's first needs to be met—nutrition.

BREASTFEEDING

Breastfeeding is the single best source of nutrition you can provide for your baby for the first year of life. We know that breast milk offers your baby health benefits which infant formulas do not—including fewer infections, possibly fewer allergies, and potentially some benefits to your baby's development. Studies have repeatedly shown that breastfed infants have lower rates of ear infections, respiratory infections (including pneumonia), and intestinal infections ("stomach flu") in the first year of life. Breastfeeding also may lower the risk of certain chronic illnesses in childhood, such as lymphoma, leukemia, and obesity. Thus we encourage all mothers to breast feed for the baby's entire first year of life, and to breastfeed exclusively for the baby's first six months.

Babies are different as to how vigorously they nurse in the first few days of life. Some are vigorous feeders while others are slow to feed and very sleepy at the breast at first; but be patient and allow things to happen naturally and relax knowing that we will be observing your baby carefully for any problems. In the first few days the baby will be getting the colostrum, or "first milk", which is all that your baby needs. Babies are born fully hydrated with extra body fluids to nourish them until breast milk production increases. There is no need to offer supplemental bottles of water or formula to your baby unless we determine it is necessary.

We recommend that you feed your baby "on demand"—that is, whenever she seems hungry—for the first few weeks of life. The typical newborn will breastfeed every two to three hours (from the start of one feeding to the start of the next feeding), which means 8 to 12 times in 24 hours. Look for the early signs of hunger, which include "rooting" (turning the head to the side while opening the mouth), bringing the hands to the mouth, and actively waving the arms or kicking the legs. Crying is a late sign of hunger, so don't wait until she cries! If your baby does not "demand" feedings every 2 to 3 hours, we recommend that you wake her at least every three to four hours to feed (every 3 during the daytime; every 4 hours during the night is OK). Letting your baby go four hours or longer between feedings in the first few weeks of life can lead to

inadequate weight gain. Some babies may have “clusters” of feedings that are more often than every two hours. These should only last for a few hours during the day, and may happen every few weeks. Allow your baby to nurse at these times, for it is her way of getting your milk production to increase to meet her needs.

Babies are different as to how quickly they empty a breast of its milk. You will know that your baby is finished with the breast when he pulls away or you no longer hear swallowing; usually this is after he has done 10 to 20 minutes of active nursing at that breast. Allowing your baby to finish at one breast before switching sides will ensure that he receives the “hind milk” which is more calorie-rich than the milk obtained in the first several minutes of nursing. Most babies will nurse at both breasts at each feeding, but some babies are full after just one breast if the milk supply is good!

If your baby seems very sleepy at the breast and is not actively suckling for at least 10 minutes, you can try to stimulate more active nursing in a few ways. First, try different feeding positions such as the “football” hold (with the baby in the upright position) or the side-by-side lying position. You may also try loosening his blankets or unwrapping him completely; or just try removing the breast from his mouth and lying him down until he seems ready to continue. Changing his diaper may awaken him and encourage more nursing. In addition, applying gentle pressure with your finger against the underside of his chin (the soft part just behind the bony part of the chin) may encourage him to resume sucking.

How do you know that your baby is getting enough breast milk? Your baby’s weight is the best measure of adequate breast milk intake, and having regular stools and urinations are also a good indication. We expect that all babies will lose some weight in the first several days due to eliminating some body fluids in addition to a limited amount of breast milk intake in the first several days. The weight will be regained as milk intake increases over the first week. Babies will often urinate just a few times per day in the first several days, but this increases to at least five wet diapers per day by the fifth day. The frequency of bowel movements is also variable, beginning with at least once per day in the first few days. As mother’s milk supply increases, the stools will change from the black-green, tarry “meconium” stools to a lighter yellow-green within a few days; they then become watery, seedy and mustard yellow in color. At this point, most breast-fed babies will have anywhere from 2-12 stools per day!

COMMON BREASTFEEDING PROBLEMS

ENGORGEMENT

Mothers can recognize that their milk is “coming in” by the third or fourth day of baby’s life by feeling breast fullness—a heavy and sometimes uncomfortable feeling to the breasts in the time leading up to a feeding. After nursing, the breasts should feel lighter and more comfortable, as if emptied of much of the milk. This feeling of fullness is common in the first few weeks but will lessen as a regular feeding pattern is established and the breasts become accustomed to their new volume with milk production. Sometimes breast engorgement may become painful as they become completely filled with milk. You can relieve this discomfort by feeding your baby, or by applying a warm compress (such as a warmed towel) before feeding to help milk flow from the milk ducts. Small tender “lumps” in the breast are due to plugged milk ducts, which may be helped by a warm compress and massaging the area. Increasing the nursing frequency may also help. For breast firmness or engorgement after or between feedings, cool or cold compresses in the bra can provide relief (cold green cabbage leaves work well).

NIPPLE SORENESS

If you experience soreness and irritation of the nipples, be sure that the baby latches on with as much of the areola (the dark or pink area just around the nipple) in his mouth as possible. Some discomfort during the latching on is normal, but after nursing for at least one minute you should not be experiencing breast pain. If you are, take the baby off the breast by inserting your clean finger between the baby’s gums to break the suction and then try repositioning him. If your nipples are red or cracking, you may lubricate them either by expressing some breast milk and massaging it around the areola or by applying lansinoh cream (a pure form of lanolin) that is usually given to you in the hospital. It may also help to let the nipple area air-dry by keeping the breasts uncovered for a few minutes after nursing, as prolonged moisture of the nipples add to the irritation. Watch for signs of spreading redness and tenderness on the skin of the breast around the areola; this can be a sign of a breast infection called mastitis. Call your obstetrician if you suspect that you have mastitis.

MOTHER’S DIET & NUTRITION

As a nursing mother, you need to consume the same well-balanced diet just as you were told during pregnancy. You should try to get the proper balance of each of the food groups. We recommend that you continue taking a multi-vitamin while you are nursing. If you consume little or no dairy products, you will need supplemental calcium. If you do not consume meats regularly, or have had problems with iron deficiency anemia, you will also need supplemental iron. Ask your doctor about your need for vitamin and mineral supplements. Frequent liquids

are also important, especially on warm days and when physical activities are more than usual. We recommend that you drink some water each time you nurse your baby, rather than waiting until you feel thirsty. Alcohol consumption is best avoided while nursing. Caffeine consumption should be avoided or at least limited to one serving per day. Seafood is part of a healthy diet and is rich in omega fatty acids, but it is best to continue to avoid fish known to be high in mercury and limit your seafood consumption to about 2 six-ounce servings per week. Before taking any medications, check with your doctor or with us to be certain that it is approved for use while nursing your baby.

SUPPLEMENTING (BOTTLE FEEDING)

It is unnecessary to supplement a breastfed baby with bottles of formula unless we have recommended doing so for some medical reason (low blood sugar, significant feeding problems, or excessive weight loss). If this becomes necessary, we will usually recommend that you begin pumping your breasts regularly to stimulate milk production and to allow the use of breast milk as the supplement. If you would like to have your baby get accustomed to drinking from a bottle, we recommend waiting until your baby is at least two weeks old to introduce bottle feedings to minimize any interference with successful breastfeeding. If for some medical reason your baby needs bottle feedings in the first week of life, you can relax knowing that, fortunately, most babies are able to handle occasional bottle feedings and still continue successful breastfeeding.

FORMULA FEEDING

If you choose to feed your baby formula, we suggest using a cow milk based formula. You may use ready-to-feed, concentrated liquid, or powder preparations, since these formulations are nutritionally equal. Carefully follow the mixing instructions printed on the label and check for the label's expiration date as well. If your baby cannot take a cow milk formula, a soy milk based formula may be used as an alternative. Always use a formula **with iron**, as this is necessary to prevent anemia and does not cause constipation (contrary to popular belief!). Formula should be used to feed your baby during the entire first year of life.

In the first couple of days, most newborns will take anywhere from one-half to two ounces of formula at each feeding, varying with the size and maturity of the baby. This will increase over the next several days usually to two to three ounces in the first two weeks and then to three to four ounces by three to four weeks of age. Let your baby be your guide as to how much to feed each time. We recommend that you feed your baby "on demand" (whenever he seems hungry)

in the first few weeks rather than putting him on a strict feeding schedule; schedules work better when babies are closer to one month old. Most formula-fed babies will go three to four hours between feedings when taking two or more ounces per feeding.

How often babies urinate and pass stool is variable from baby to baby. They will usually have less than five wet diapers per day in the first few days, but this increases to at least five wet diapers per day by the fourth or fifth day. Bowel movements may be from one to four times per day. Stools are initially black-green, tarry “meconium” stools that usually lighten in color by third or fourth day and eventually become a mustard yellow color. Formula-fed babies will lose weight in the first several days as they eliminate extra body fluids that they are born with. We will monitor this carefully in the baby’s first week. Formula has plenty of water in it, so you do not need to feed your baby extra water.

Formula that is prepared for a feeding should be used within two hours once warmed; if refrigerated it must be used within 24 hours. Opened cans of powdered formula must be discarded after one month. Formula may be mixed with tap or bottled water. The water may be boiled for 1-2 minutes and then cooled prior to use, though this may be unnecessary after the second month. Bottles and nipples should be cleaned with soap and water between uses. Bottles and nipples may be sterilized prior to use, but this is probably unnecessary after second month.

VITAMINS

All babies who are born more than 8 weeks early (at 32 weeks gestational age or earlier) should receive a multivitamin *with iron* supplement during their entire first year, such as **Poly-Vi-Sol with Iron** (the dose is one ml given once daily). Breast milk is known to be somewhat low in Vitamin D, and a deficiency of Vitamin D can sometimes develop in exclusively breastfed, dark-skinned infants and those with very little exposure to sunlight (sunlight helps the body make its own vitamin D!). Fortunately this is rare, but we recommend that all breastfeeding babies be given supplemental Vitamin D in the form of **Tri-Vi-Sol** (the dose is one-half ml given once daily). This is available over-the-counter, and it is safer than regular sun exposure! Formula-fed babies do not need any supplemental vitamins. Again, always use a formula *with iron* to feed your baby.

SLEEP

Newborns spend most of their time sleeping, usually about 16-18 hours per day. The amount of time spent awake will increase gradually in the coming weeks. Some newborns will spend more time awake during the night than during the day in the first week or two (“days and nights reversed”). This will improve in a week or so, and to help reverse it keep nighttime awakenings and feedings as “boring” as possible—keep lighting low and don’t play with or stimulate the baby during the night. You can also try putting him down to sleep just after feeding him during the night rather than holding him until he falls asleep.

Most babies will not sleep for more than 8 hours straight at night until 3-4 months of age. Babies awaken every 3 to 4 hours for feedings during the first two months of life. By three months of life, she may be able to go 4 to 8 hours between feedings, and by four months she may go 6 to 10 hours between feedings. We suggest you try to catch naps when you can during the day while the baby is napping to combat the sleep deprivation you will experience. This is a tiring period for the whole family—particularly for the nursing mother! In addition, you should not need to wake your baby up at night to feed her after she is more than 2 weeks old and back above her birth weight!

You should always put your baby to sleep lying *on her back* to reduce the likelihood of S.I.D.S. (Sudden Infant Death Syndrome). This is the safest sleeping position, even for babies that spit up, as studies have shown that back sleeping does not increase their risk of aspiration. You should also avoid the following, as they also increase the chances of SIDS: soft bedding or mattress pads, loose items in the crib (blankets, stuffed toys), over-warming the room (keep room temperature below 75 degrees), over bundling the baby, or exposing her to tobacco smoke. To avoid over-bundling your baby, remember a “one-layer rule”—your baby needs only one more layer on than you have on to be comfortable in the same room. Also, introducing a pacifier while your baby sleeps (starting at around one month of age) can reduce the chances of SIDS, too. Waiting until around one month lessens the chance that the pacifier might interfere with successful breastfeeding.

Although some parents choose to share the bed (co-sleep) with their baby, this practice is not recommended as babies may be suffocated if one parent is a heavy sleeper and rolls too close to the baby.

PREVENTING HEAD ASYMMETRY (OR “FLAT HEAD”)

While placing your baby on his back is the safest position for sleep, we encourage you to provide him with as much “tummy time” as he’ll tolerate when he is *awake*. This is important to prevent excessive flattening of the back of his head from too much time spent on his back, and it will allow him to exercise his head-lifting and back muscles in the weeks ahead. Of course, you have to watch him to ensure that he doesn’t fall asleep on his tummy! You should also try to alternate the side of his head that he sleeps on from time to time. If he develops a favorite side to which his head is usually turned he will develop head shape asymmetry. Let us know if you notice this side preference or head asymmetry.

SKIN AND DIAPER CARE

Your baby may be bathed every one to three days and baby soap may be used if desired, particularly for areas with odor or visible “dirt” buildup (such as the head and neck and diaper areas). Dry skin is very common in the first two weeks of life and will improve gradually with time. Lotions or creams may be used if you desire or if your baby’s skin seems excessively dry or irritated. We suggest using fragrance-free, hypoallergenic lotions or creams such as Eucerin, Cetaphil, Aveeno, Curel, or Lubriderm. For very dry and irritated skin, thicker Aquaphor Ointment is probably the best.

The umbilical stump usually falls off when the baby is two to three weeks old, when it has fully dried out and separated from its base. Until that time, it is safe to clean the stump area but try to avoid submerging the umbilical stump in water. The umbilical stump should be kept out of the diaper if possible and should be gently cleansed with water or rubbing alcohol twice daily or as debris builds up at its edges. If the area develops a foul odor, spreading redness of the surrounding skin, or a yellow pus-like drainage, please contact us as this may indicate infection.

The diaper area is prone to redness and rashes. Pre-packaged baby wipes will sometimes irritate the sensitive skin in the first month, so you may use a clean, disposable cloth (Viva paper towels work great) and warm water to gently clean away stool and urine. If redness develops in the diaper area, allow the skin to air dry and then apply a generous amount of a diaper cream or ointment such as Desitin, Balmex, A & D ointment, Vaseline, or Aquaphor ointment. If the skin is pink or red, it is especially important to wipe *gently*! Contact us if a diaper rash lasts more than four days without improvement, or if any open sores or blisters develop.

Newborns commonly develop small red blotches or tiny pimple-like spots on the skin in the first week, and these can be anywhere on the body. These are normal and will disappear gradually over the baby's second or third week. After two weeks of age, babies can develop small, red, acne-like pimples in the face and neck area. This "baby acne" peaks by one month and then slowly disappears spontaneously. You should simply continue your regular skin care during this time, and try to avoid putting any thick ointments or creams on the areas with acne.

Many babies develop a dry, flaky scalp known as "cradle cap" after their second month and this may persist for several months before improving. Dry scalp may be helped by massaging baby oil or mineral oil into the scalp prior to bathing, and then gently scrubbing out some of the flakes with a wash cloth or very soft baby hair brush. If the scalp stays red or becomes itchy, please contact us.

GENITAL AND CIRCUMCISION CARE

Baby boys who are uncircumcised do not need any special care of the penis when cleaning or bathing. The foreskin usually cannot be retracted off of the head of the penis, and will likely be this way for a few years. Simply clean his genital area as you clean the rest of the body.

Boys who are circumcised will need some special care of the circumcised penis. The head of the penis is usually wrapped in a Vaseline gauze after the circumcision, and this will usually fall off in two to three days (if not we will unwrap it at your baby's first office visit). The head of the penis will look somewhat moist and raw, red-purple in color, and there will be spots of yellow material on the raw area that look like pus. This is the body's protective coating on the healing areas just like with cancre sores. The healing area should be coated with Vaseline at each diaper change to keep it protected from sticking to the diaper. When these yellow areas are gone, you may stop using Vaseline (usually in 7-10 days). During the healing time after a circumcision, it is important to make sure that the edge of the cut skin on the shaft of the penis does not slide up to touch or cover the head of the penis. You may need to gently pull the skin back off the head of the penis by pushing on the base of the penis or sliding the skin off of the head. Some circumcisions are done using a Plastibell device that leaves a plastic ring around the head of the penis. This ring will fall off within 7 to 10 days. You may also apply Vaseline to the ring and head of the penis during this time.

Baby girls will usually have a milky white, mucous-like discharge from the vagina that is normal. Occasionally, there may be small blood streaks in the mucous; this is normal and only lasts for a few days. Any buildup of stool or yellow mucous around the vagina must be wiped away at diaper changes. Don't be shy about gently separating the outer labia ("lips") to enable cleaning near the opening of the vagina. Inadequate cleaning in this area may lead to irritation and may cause the inner labia to stick together, blocking the entrance to the vagina (a "labial adhesion").

JAUNDICE

Jaundice is the yellow coloration of the skin that most babies experience, usually starting on the second or third day of life. It happens because of a buildup of a pigment called "bilirubin" in the baby's body. This pigment is produced by the natural breakdown of red blood cells, and the baby's liver removes it from the blood. Many babies produce more bilirubin than their liver is able to handle in the first few days, so the pigment builds up in the body making them look yellow. After a build-up of bilirubin during the baby's first week, the liver is better able to remove the pigment so that the bilirubin level in the body falls gradually, taking anywhere from 1 to 4 weeks to completely disappear. Fortunately, in the majority of babies, jaundice appears and disappears normally and does not cause any side effects nor need any treatment.

In some babies, the body's bilirubin level may rise too rapidly such that the jaundice may become excessive. This may happen for a variety of reasons. We may need to check a blood bilirubin level in your baby if the jaundice seems excessive or is progressing too rapidly. To prevent a severely high bilirubin level we may need to treat him with blue-light therapy to help the body filter out the pigment (this is called "phototherapy"). Jaundice is harmless to babies except in rare cases when it rises to dangerous levels without proper treatment, which is the reason we are so vigilant about monitoring your baby's jaundice in the first week of life.

We may recommend that you try to give your baby some "indirect sunlight" exposure at home to help the body clear some of the jaundice. This can be done by stripping her down to her diaper only and placing her near a window with sun shining right near her body for 10 minutes, three to five times daily. Do not place her in direct sunlight for this, for we do not want to cause sunburn! This sunlight exposure is not critical, so if weather does not permit this or it is too distressing for your baby, your baby will still be fine as nature takes its course.

PREVENTING INFECTION

Babies can get infections by exposure to viruses or bacteria on the hands of someone handling them. Breastfeeding reduces the chance of infection by helping babies fight germs, but it is not perfect protection! In the first two months of life the baby's immune system is immature and the susceptibility to infection is high. Anyone who holds your baby in the first two months must thoroughly wash their hands first—including parents—for about 15 seconds (the time it takes you to sing the "Happy Birthday" song to yourself *twice!*) You may also use an alcohol-containing hand sanitizer to cleanse the hands after washing, and these are available at most grocery and drug stores. You should insist that any visitors be free of any symptoms of illness. If a parent or other caregiver has a cold and is coughing or sneezing, you may also protect your baby by wearing a disposable facemask while feeding or caring for your infant (these are also available at most pharmacies and hardware stores). We suggest that you try to avoid exposing your baby to places that are crowded with people where he may be exposed to contagious illnesses during the first six weeks of life (such as day-care facilities, schools, parties, airplanes, buses, etc.). Contrary to popular belief, going outdoors is not how babies catch infections, so he may go outdoors (you don't have to be confined to the house for six weeks!).

SAFETY

Your baby should *never* travel in an automobile without being *properly* restrained in an approved infant car seat. The safest position in the car for your infant seat is in the middle of the back seat. In hot weather, be careful to check any metal buckles as these may cause burns on the baby's skin. *Never* leave your child unattended on a raised surface such as a changing table or couch, even for the briefest of moments. Do not leave your newborn unattended with a pet such as a dog or cat, for these animals can sometimes become too playful (or worse) with infants.

COLIC

Colic is a condition that may appear when babies are two to three weeks old. It involves periods of sudden, inconsolable crying that can last for a total of three hours or more throughout the day or night. This crying occurs most often in the evening, often from 3PM until midnight. During this time, the baby's legs may be drawn up to abdomen or may be stiffened out, and the baby may arch her back, and seems to be acting as if in pain. Some babies are very gassy at these times as well. We do not know the cause of colic for certain, but the leading theory is that it is a

temporary behavioral problem related to a baby's temperament. Colic is treated primarily by using several soothing techniques to calm the baby (such as swaddling; movement such as rocking, jiggling or swaying; "white noises"; and warm baths or warm abdomen massages). Breastfeeding mothers should try avoiding food items that may be irritating the baby (such as caffeine, chocolate, spicy foods, a high-fiber diet). Occasionally, colic is a sign of an intolerance or allergy to a formula or something in mother's diet (such as dairy products); we can help you as to when to suspect this.

YOUR BABY'S FIRST OFFICE APPOINTMENT

Your baby's first office visit is usually two days after leaving the hospital so that we may check his weight, identify any feeding difficulties, and monitor for jaundice. At this time, we will provide you with a schedule of well-child physical examinations and vaccinations.

Our office hours are Monday through Friday, from 9 AM until 12 Noon and from 2 PM to 5 PM; and on Saturdays from 9 AM to 12 Noon. We are closed Sundays and only 6 holidays per year. For problems that arise when the office is closed, one of our doctors is on call to handle emergencies that cannot wait until the office reopens. From 10PM until 8AM, we use a pediatric nurse phone triage service to handle most phone advice—but we remain on call as their backup if a doctor's services are needed. We ask that you make appointments for any office visits so that we may be prepared that you are coming, and to allow us to separate "well visits" from sick visits as much as possible.

Once again, congratulations on your new gift of life! We will work together with you to provide your baby with the very best in pediatric care!