

## Children's Health Partners Guide for Parents of Newborns

Congratulations on the birth of your baby. This is a very joyous time in a parent's life and also one of the most hectic. Hopefully this information will help you to care for your new baby and answer any questions that may arise. If you have additional concerns once you are home; you can always reach one of us by calling the office at (630)848-1700.

Also, a visit to **our website** allows you to print out the paperwork before your child's first visit to our practice, get helpful medical information, directions to the office, scheduling calendars etc. Please take a look at [www.childrenshealthpartners.com](http://www.childrenshealthpartners.com).

**EMERGENCIES** – These are problems that most likely will not arise, but, nevertheless, we think that it is a good idea for parents to be aware of these potential emergencies.

Fever – Until two months of life, fever is an important indicator of illness. We consider a fever in a newborn to be equal to or greater than 100.4 degrees Fahrenheit when taken rectally. It is very important to have a rectal thermometer at home. Temperatures taken by mouth or under the arm in infants are not very accurate because they can be influenced by swaddling and ambient room temperature. Rectal temperatures reflect a baby's true core temperature. If you notice that your baby feels warm, take the baby's temperature. If it is higher than 100.4 degrees Fahrenheit or if the baby is not acting right, call us immediately. Be prepared to go to the hospital emergency room for an examination and laboratory tests. Not reacting to a fever in a newborn can have very serious consequences.

Breathing problems – All babies breathe quickly. We, as pediatricians, worry when a baby breathes quickly and appears to be in respiratory distress. If you think your baby is working hard to breathe, you should immediately call a physician. If you can see the outline of your baby's ribs when he or she inhales or you notice that her nostrils are flaring when she takes a breath, she/he may be working hard to breathe. All babies do this when they cry, but should not do this when they are quiet. Always take note of the color of your baby's skin, paying particular attention to his/her lips and mouth. If they appear purple or bluish, **call the physician**.

Vomiting – If your baby vomits bilious material, this is an emergency. Bilious emesis is green or bright yellow in color. It is quite different from spitting up milk. This could indicate a serious problem with the intestinal tract. A physician should be contacted immediately if you think that your baby is vomiting bile.

**SAFETY**- The most dangerous place where your baby will spend time is in the car. Therefore, it is very important that he or she is always in a car seat and that the car seat is installed properly. Whether you use an infant car seat or a convertible car seat, the baby must be facing the rear of the vehicle. Also, never strap a car seat into the front passenger seat. Most vehicles have safety air bags which, if deployed, can cause serious harm to a child in the front seat. Whenever your baby is on an elevated surface, i.e. bed, changing table, etc, please keep one hand on the baby. Even though newborns cannot roll over, they can still “squirm” around and are at risk of falling.

**FEEDING**: Breast milk or formula is all a baby needs for the first four months of life. Do not give the baby juice, water, or rice cereal without talking to a physician. Babies are designed well and do not need much to drink in the first few days of life. This works nicely as it usually takes at least 2 days for a mother’s breast milk to come in. Prior to this, the breast produces colostrum, which is a clear or yellow liquid high in sugar and maternal antibodies. Although a baby may only get a small amount of colostrum with each time at the breast, it is important to have baby attempt to feed every few hours or so, so that the baby learns to latch on properly. This can be a very trying time, particularly for first time breastfeeding moms. Please do not hesitate to use the resources available such as lactation consultants, books, and even websites. A baby should be feeding at the breast, initially, for 5-10 minutes per breast, increasing up to 20 minutes per breast as the baby gets older. Most babies feed every 2 – 3 hours, around the clock. If you feel your milk is not in and your baby is acting hungry, do not hesitate to supplement with formula (1/2 – 1 ounce per feeding). Nipple confusion is unusual if the baby is nursed first and supplemented with small amounts of formula for hunger or excessive weight loss.

For formula fed babies, we recommend any of the formulas fortified with iron. Do not use the low iron formulas and please consult with your pediatrician before switching formulas. Babies will feed every 3-4 hours will work up to 2-3 ounces per feed by 2 weeks of age. Because babies are learning how to feed during this period, they swallow large amounts of air and therefore need to be burped frequently. This also helps to provide stimulation for those infants who tend to fall asleep during feeds. Placing the bottle in warm water for a few minutes is the best way to warm a bottle. Microwaving a bottle of formula is fine as long as you take care to shake the bottle well after warming it in order to eliminate any hot pockets of fluid and then test the temperature of the milk prior to feeding the baby. Remember to read the mixing instructions carefully for the concentrate and powder formulas. Improper mixing can be quite dangerous to the baby. Using tap water instead of nursery water is fine. You also do not need to boil or sterilize baby bottles. A dishwasher is adequate for cleaning.

**ELIMINATION:** Babies should have at least one wet diaper every 6 hours by the time they leave the hospital. Because diapers are so absorbent, it is frequently difficult to count the number of times that a baby wets a diaper each day, but it should be wet at least 4 times a day. The number of bowel movements each day is quite variable among babies. Young babies frequently have a bowel movement after every feed. Some babies may only have a bowel movement once every 3 days. As long as the baby does not appear to be in pain and the stools are not hard, this is okay. Most baby stools are usually yellow to green and seedy in consistency. Usually, the looser the bowel movement, the better. If you see blood in a baby's bowel movement please call the office. If you have a baby girl, do not worry if you see some bloody vaginal discharge in the first week of life. This is a response to maternal hormones and is common in the first week. Remember if you have a baby boy, point his penis down when you diaper him or he will pee out of the top or side of the diaper.

**SLEEP:** Your baby will spend most of his/her time sleeping. A baby should always be placed on his or her back to decrease the risk of Sudden Infant Death Syndrome or SIDS. Although it is a personal choice as to where the baby sleeps, the safest place for your infant to sleep is on his/her back in a crib or bassinet with a firm mattress. If you are going to co-sleep with your baby, consider purchasing a co-sleeper, which gives the baby a safe firm sleeping surface. Also, it is important to ensure that the baby cannot wedge himself between the bed and the wall. Avoid having the baby sleep in bed with you if either of you have consumed alcohol or are on medications that may affect how deeply you sleep. Never let your baby sleep on a waterbed or allow a baby to sleep with blankets, pillows, or stuffed animals. Infants in the first months of life tend to sleep best when swaddled. Swaddling keeps the baby from waking him/herself with involuntary movements. When your infant outgrows swaddling (which should be before three months of age), place him/her in a 'sleep sack' or 'blanket sleeper' for sleeping. If you are not swaddling, she does not need blankets that she may get tangled in. Babies will rarely sleep for more than 2 to 3 hours at a time. Do not wake a sleeping baby at night unless he has gone for more than 6 hours without eating. Try to sleep when the baby sleeps whenever possible.

**JAUNDICE:** Virtually all newborns develop jaundice to varying degrees. Jaundice is caused by the breakdown of fetal red blood cells and a decrease in the ability of the newborn to eliminate the breakdown product, which is called bilirubin. This results in the baby appearing yellow. It is usually worst in the third day of life. Some babies are more at risk because of a difference in the blood type of baby and mom. If you notice your baby is turning yellow; the most important thing to take notice of is the number of wet diapers

and bowel movements that your baby is having in a day. This is helpful information for your pediatrician because it helps us to determine whether or not your baby needs treatment. Most jaundice will usually resolve itself without treatment, however, some babies need to be placed under special lights that help to break down the bilirubin. This can be done in the hospital or at home. If you are worried that your baby is jaundiced, call your pediatrician.

**EYE PROBLEMS:** The muscles that control a baby's eye movements are still weak at birth and this is the reason that all babies cross their eyes. This occurs until about 4 months of age. Also, the color of babies' eyes change during the first few months of life, but by 6 months of age the baby has attained the eye color he or she will have for life. Babies may also have blocked tear ducts which cause crusted or draining eyes. This can happen in one or both eyes and usually resolves in weeks to months without medical treatment. Use a warm cloth to wipe away drainage. If your baby's eyes become red or puffy, this may be sign of an infection and you should call our office.

**HICCUPS:** All new babies hiccup and sneeze. This does not mean that they are gassy or that they have a cold. Hiccups rarely last longer than 10 minutes and do not hurt your baby. The best remedy is simply time.

**CONGESTION:** Babies are primarily nose breathers so that they can breathe while they feed. Because their nasal pathways are narrow, a small amount of secretions can make them sound quite congested. We do not worry about congestion unless it is in the context of breathing difficulty. If your baby is sleeping and eating comfortably, do not worry about the congestion. If you notice that your baby has a lot of nasal secretions and is having difficulty eating or sleeping, we recommend using a bulb syringe in each nostril to remove the phlegm. One to two saline drops in each nostril will also help to break up the mucous and remove secretions.

### **CLEANING CARE:**

**Baths:** Until your baby's umbilical cord falls off, the best bath is a sponge bath. Use plain warm water and pay particular attention to cleaning the diaper area as well as any areas of the body with folds (armpits, under the chin). Once the baby's cord has fallen off, you can immerse the baby in a bath. There are a number of different baby bath products on the market. A mild product without dyes or perfumes, or even plain water is best for baby. Please remember to adjust the temperature on your hot water heater to below 120

degrees Fahrenheit. You do not need to give a baby a bath daily. Every few days is usually enough to keep your baby clean.

Skincare: Your baby's skin may peel during the first weeks of life. This is normal. To make his/her skin look better, some parents use petroleum jelly, baby oil or lotion. Diaper rash is very common in the first weeks of life. Do not hesitate to use diaper creams and baby wipes. We see very few adverse reactions from either of these products. Babies develop many skin problems, the majority of which are of no concern and go away in a few months. If your baby has acne, it will usually manifest as little red pimples on his/her face and chest. Be sure to wash his/her face daily with warm water. Avoid using any oily products on his/her face. This does not mean that your child will develop severe acne as a teenager. If you see little blisters or deep purple rashes anywhere on your baby, please call our office, as this may indicate a more serious infection.

Umbilical Cord Care: Your baby's umbilical cord should be checked daily, looking for signs of infection. It is normal to have small amounts of bleeding and/or oozing of yellow, clear fluid. However, if the cord starts to smell bad or there is redness of the skin around it, please call us. It should fall off on its own between 1-3 weeks. Some parents use rubbing alcohol a few times a day to help to dry it out. You may prefer to expose it to air and let it dry out naturally. Either way is fine. It is helpful to dress babies in separate t-shirts as opposed to 'onesies' when the cord is still attached so that the cord is not occluded by clothing. Also, make sure that the baby's diaper is folded down below the umbilical cord.

Circumcision Care: The circumcision area should be dressed with petroleum jelly and gauze to promote healing and decrease the risk of infection. This should be done with each diaper change for 5 days. Expect that the end of the penis will look red, but will improve daily. Be sure to habitually look for penile adhesions as the baby grows. An adhesion occurs when the skin on the shaft of the penis starts to reattach and adhere to the glans (head) of the penis. Pulling back gently on the remaining foreskin and using petroleum jelly usually prevents adhesions.