Infant Care Guide

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CONGRATULATIONS
on the birth of your baby!

God has given you an incredible gift! A new baby brings joy and excitement, but also can bring worry and concern. Please take time to enjoy this little one. Too often parents become so caught up in all of the little details that they lose sight of the "big picture." Just as we feel God has given you this precious gift of a child, we also feel that God has given you the necessary tools to care for your baby! Try to relax and listen to your instincts. This book hopefully will help you through some of the more common questions we are asked. If you have questions that are not addressed in this booklet, please ask us during your office visits. We are honored that you have chosen our practice to help you take care of your baby.

The first part of this book will tell you what happens right after the baby is born. After that, the following topics are placed in alphabetical order:

- Bathing
- Burping
- Car seats
- Circumcision
- Clothing
- Colic and crying
- Cradle cap
- Elimination (peeing and pooping)
- Eye problems
- Feeding
  - Breastfeeding
  - Formula-feeding
- Fever
- Going out
- Hiccups
- Immunizations
- Infections/antibiotics
- Jaundice
- Nail care
- Pacifiers
- Skin care (skin rashes, too)
- Sleep and sleep position (SIDS)
- Smoking
- Spitting up
- Teething
- Thrush
- Umbilical cord
- Vitamins/fluoride

The Nursery/Mother-Baby Unit

Hopefully, everything went well for you in Labor and Delivery. If you and your baby are healthy, we encourage you to keep your baby in mother's room for the rest of the hospital stay. The hospital stay will probably last 36-48 hours if the baby was born vaginally and 72-96 hours if baby was born by C-section. If Mother is a carrier of a bacteria called Group B Streptococcus, Dr. Rice recommends staying at least 36-48 hours in order to make sure the baby does not have any problems. After your baby is sent home, call the office within one to two days to schedule the baby's first checkup. The first visit usually takes place within the first week of life. Write down your questions and bring them to the checkup. Also, write down when your baby eats, pees and poops and bring this record.

Commonly Asked Questions About:

Bathing
Until the umbilical cord comes off, sponge-bathe your baby. Use baby soaps, unscented Dove soap or Aveeno oatmeal soap. Clean the diaper area well with diaper changes. Other than that, your baby will need to be bathed only two or three times a week. NEVER leave your baby alone in a tub or basin. Check the thermostat on your water heater. The adjustment dial/knob should be set to 120 degrees F or less to prevent burns.

Burping
Babies often fuss when they swallow air. Many babies swallow air when they are crying or feeding (babies swallow more air when feeding from a bottle than when breastfeeding). The best way to stop the air from "building up" is to burp the baby often (every 1-2 ounces of formula or after 5-10 minutes of breastfeeding in younger babies). If your baby won't burp, switch positions; however, don't expect your baby to burp every time. The three best positions for burping the baby are upright over your shoulder, on his/her stomach across your lap, and sitting on your lap. If your baby will not burp and he/she starts to cry a lot, just go back to feeding. Sometimes babies swallow more air from crying than they do while feeding.

Car Seats
Every time you get into your car with your baby you MUST place him/her in a car seat. It is the law. The car seat should be placed in the BACK SEAT and FACE THE REAR. Infant carriers are usually for babies 20-22 pounds and 19-26 inches (Check the instructions). Your baby must face the rear until he/she is 1 year old, no matter how much he/she weighs or how long he/she is. NEVER put your baby in the front seat if your car has air bags.

Circumcision
Experts disagree whether circumcision is needed for medical reasons. Circumcision is a personal/cultural/religious choice that parents must make. If you decide to have your baby boy circumcised, there are a few things you should know. Dr. Rice usually uses a local anesthesia to numb the penis before he circumcises the baby. Bruising at the injection site happens sometimes. There is a small chance of complications with circumcision such as bleeding, infection and injury to the penis. A few spots of blood on the first few diapers following circumcision are normal. There are several ways to circumcise a baby. Dr. Rice usually uses the "Plastibell" method. Your son will have a small ring on the end of his penis after the circumcision. The plastic ring usually falls off the penis in about a week. Clean the area with warm water only. Do not use Vaseline/gauze/antibiotic ointment on a Plastibell circumcision. If another physician does the circumcision or if Dr. Rice uses a different method, follow his directions for circumcision care (which may or may not include Vaseline/gauze/ antibiotic ointment).

Clothing
Newborns can lose body heat faster than adults can, so it is important to dress them correctly. Dress your baby in one more layer of clothing than you are wearing. New babies should wear hats if the temperature is cool. Do not use clothes with ribbons or strings or put necklaces, bracelets, or rings on the baby because they could choke or strangle the baby. We do not think that earrings for babies are a good idea for the

same reason. If you absolutely want your baby to have pierced ears, wait until after the 6-month checkup and shots. Wash the baby's clothes with mild detergent that is unscented and free of dyes. Fabric softeners and dryer sheets may cause a rash.

Crying/Colic

It is normal for babies to cry up to three hours each day. We say a baby has colic when he/she cries without an obvious reason for greater than three hours a day, usually beginning around 3 weeks of age, and lasting until about 3 months of age. One in 10 healthy, normal babies are colicky. Nobody knows why these babies cry. What we do know is this: they aren't crying because they have gas (although it may look that way when they pull their legs up to their bellies and pass gas); they aren't allergic to their formula (which causes bloody diarrhea, vomiting and poor growth); and they aren't having belly pain (their bellies feel hard because their muscles get tight when they cry).

The only known "cure" for colic is time. Colic usually stops around 3 months of age. There are a few things you can try that may ease the crying. Infant massage is a great way to help relax both baby and parents. Please ask us about infant massage classes. Rocking the baby or providing another rhythmic motion (swing, vibrating chair, stroller ride, car ride, placing the car seat on top of an operating clothes dryer), placing the baby next to a source of "white noise" (clothes dryer, fan, running vacuum cleaner), and darkening the room may help. The following medicines help some babies: simethicone drops, 1-2 ounces of fennel or chamomile tea, or 1-2 Hyland's tablets (can be ordered online) dissolved on the baby's tongue every 15 minutes.

Don't change your baby's formula. Talk to us first.

Call us immediately if the crying doesn't stop at all for more than three hours, if your baby has vomiting or blood in the stool, or if you feel you are about to lose control.

Remember, if your baby has colic, there is light at the end of the tunnel.

Cradle cap

Some babies develop scaly, red patches on their scalp by 1 month of age. The treatment for this is to scrape the scalp gently with a fine-tooth comb or soft-bristle toothbrush. Shampoo the baby's hair with Selsun shampoo up to twice a week (Do not use it more frequently—it may irritate the baby's skin.) Do not put oil on the scalp. It may make things worse. The scaly patches also can occur over the eyes, behind the ears, in the creases of the neck and in the armpits. If these areas turn very red or seem to make the baby itch, make an appointment for the baby to be checked or discuss it at the next well-child exam.

Elimination (peeing and pooping)

Peeing (urinating)

In the first four days of life, your child should pee at least once for each day old he is (first day, one wet diaper; second day, two wet diapers, etc.). In breastfeeding mothers, once the milk comes in, the baby will urinate more often. If the baby is bottle-fed, he/she will urinate six-eight times a day. During the first two days of life, you may notice a pink-orange colored powder on the diaper. This is normal and is caused by uric acid crystals. Call us if you see any blood in the urine or the baby is urinating less than three times a day.

Pooping (bowel movements/stooling)

Your baby should have a bowel movement within the first 24 hours of life. The first stools will look like tar—black and sticky (real fun to change!). The stools slowly change to brown and then to yellow (breast-fed) or yellow-green (bottle-fed) and they will become soft, runny and frequent (we'd call it diarrhea if it happened to an adult). As your baby gets older, the stools will become firmer, like paste, and less frequent. Some breast-fed babies may have a bowel movement only once a week after 6-8 weeks of age. As long as the stools are not hard, the baby is not constipated. Newborn babies may grunt, strain and turn red when they are having a bowel movement. They have not yet learned to relax their rectal muscles while they squeeze their belly muscles. This is not constipation.

Do not switch to a low-iron formula because you think the baby is constipated. Low-iron formulas can be dangerous for babies.

Eye "Problems"

Subconjunctival hemorrhage–A small amount of blood sometimes collects in the white part of the eye after the baby squeezes through the birth canal. This will slowly go away over the next two weeks as the blood is reabsorbed.

Crossed eyes–Your baby's eyes may move in different directions or look crossed at times. This is normal in the first 3 months of life while the baby's brain is growing. Call us if this is still happening after the baby is 4 months old.

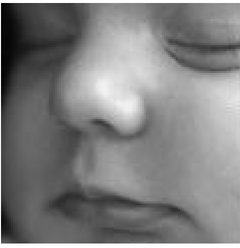
Blocked tear duct–Tear ducts are tiny tubes that drain tears from the inside corner of the eyes. They easily become blocked in new babies. One or both eyes may water a lot, and when the baby wakes up there may be "sand" or mucous in the eyes. Massaging the tear duct will help it open up. We will show you how to do this. Call us if the eyelid becomes red or swollen or if the mucous turns green. If the tear duct does not open by 1 year of age, we will send your child to an ophthalmologist (a doctor who takes care of eyes).

Feeding and Nutrition

Breastfeeding

All of the members of this office strongly encourage all mothers to at least try breast-feeding. Breastfeeding is best for baby in many ways and also helps with mommy-baby bonding. Here is a list of some of the benefits:

- Breast milk is easier to digest than formula and aids in the passing of the first bowel movement (meconium).
- Breast milk has antibodies that help the immune system protect against infection and also later protect against asthma, allergies and other immune problems.
- True allergy to breast milk is very rare.



– Breast milk helps with brain development in ways that still are being discovered.

– Breast milk protects against obesity in later childhood.

– Breast milk has been specially designed for human babies; it changes during the day to meet baby's needs and also changes from month-to-month to meet baby's changing growth needs.

The American Academy of Pediatrics (AAP) recommends that mothers try to breastfeed for the first 6 to 12 months. But your baby will still get ahead if you breastfeed for only a short while. Even if mom is planning on working outside the home full-time, breastfeeding can still work! The following information is meant to give you some helpful suggestions. You may need help from other sources, though. Please let us know if you have any concerns or questions.

Here are a few general suggestions:

- Nurse every 1-1/2 to 3-1/2 hours ("on demand").
- Aim to nurse 8-15 times in a 24-hour period (at least until your milk is fully "in").
- Try nursing on the first side for 15-25 minutes.
- Try nursing on the second side for an additional 5 minutes (or until baby is "done").
- If your baby only feeds from one breast, start on the other side for the next feeding. If your baby feeds from both breasts, begin the next feeding from the breast you ended with.
- Remember to bring your baby to you—do not lean forward when breastfeeding.
- Your baby should be latched on to as much of the areola (the dark area around the nipple) as possible and not just latched on to the nipple.
- If nursing is persistently painful, call our office.
- Once your baby is breastfeeding well, you probably will fall into a schedule each day (we want you to let your baby tell you the schedule; you do not need to "schedule" your baby). As your baby gets older, he/she will nurse less frequently (by 4-6 months, about 6-8 feedings per day).
- Drink plenty of fluids and try to relax.
- Continue your prenatal vitamins.
- Avoid alcohol, cigarettes and other drugs.
- Check with a doctor before taking any medications.

- Do not try to lose weight by dieting—nursing mothers need an extra 800 calories per day.
- Remember that some foods may pass into breast milk and make your baby gassy. Some that may cause trouble are:
  - chocolate and spices
  - cow's milk and dairy products
  - citrus and tomato products
  - caffeine and artificial sweeteners
  - gas-producing vegetables (broccoli, cauliflower, etc.)

First Nursing

Try to nurse your baby in the first hour after birth. You also want to nurse as frequently as possible in the hospital. We recommend that you try to nurse the baby 10 to 15 times per day until your milk comes "in." Before the milk supply is established, you should probably not let your baby sleep more than four hours without feeding. Once your body is making milk, your baby will not need to feed as frequently and you will not need to wake him up. It is important to know that breast-fed babies eat more often than formula-fed babies because breast milk is so easy to digest. This does not mean that you are not making enough milk or that your baby is not getting enough nutrition!

Many mothers are worried in the first few days of life because they don't know exactly how much milk their child is getting from the breast. If your baby has at least one wet diaper on the first day, two on the second day, three on the third day, etc. and is not jaundiced (yellow), she is probably getting what she needs. You really should not give your baby a bottle in the first few weeks unless you are told that this is necessary, since bottle-feeding can make it much harder to breastfeed. Also, if your baby falls asleep during a feeding, try to wake her up by changing a diaper or by putting a cool washcloth on her hands, feet or belly.

Types of Breast Milk

Colostrum–This is "liquid gold." It is made by the breasts during the last part of pregnancy and in the first week after delivery. It is full of antibodies and is very easy to digest. It is yellow in color and comes in small amounts—about 1-3 tablespoons per feeding.

Transitional Milk–This is a mixture of colostrum and the mature milk (see next page) that is to come. It is usually yellow-white and thicker. As the transitional milk is made, many mothers feel like their breasts are full and tender (engorged). This often is said to be the milk "coming in." To make sure that your breasts do not become too full or engorged, you should nurse more frequently, put cool washcloths on your breasts, and wear a supportive bra day and night. Some mothers have "leaking" of milk during this time—this is normal and will get better with time. Wear nursing pads in your bra cups.

Mature Milk–This milk is slightly whitish to bluish in color and is made in much greater amounts than the first two types of milk. At the beginning of a feeding (the foremilk), there is more water and less fat in the milk. At the end of a feeding (the hind-milk) there is more fat and less water. It is important for the baby to receive the hind-milk, since the fats are so important for development of baby's brain and nervous

system. You should nurse longer on one side and then offer the second breast only if your baby still appears hungry.

Positioning and Latching On

Latching On–This is probably one of the most important things you will need to learn to make sure that breastfeeding goes well. You will know if your baby is latched correctly if you see him moving his jaw to suck and swallow and if his sucking is not painful to you. Newborns usually follow a pattern of suck-suck-swallow-pause, suck-suck-swallow-pause, etc. Also, as we mentioned before, baby's mouth should cover most or all of the areola (dark area around the nipple). If baby is latched on to just the nipple, he will not "milk" the breasts well (therefore, he won't get very much milk), he will get frustrated, and your breasts will become cracked, sore and tender. To help your baby open his mouth wide and get a proper latch, you can use the rooting reflex. Gently stroke the sides of his mouth/ cheek with your nipple. When he opens his mouth, firmly direct his head to your breast to latch on. Remember: bring your baby to you, don't lean toward your baby. Also, don't allow your baby to "slurp" your nipple into his mouth.

In the beginning of nursing, especially if this is your first time nursing, breastfeeding can be painful or "pinch" in the first minute or so of feeding. This is caused by the baby stretching the nipple to the back of the mouth. This pain should not last more than a few minutes of each feeding and should go away after the first few weeks of feeding. If nursing is painful longer than the first few minutes or you have a lot of pain, try repositioning the baby. If you cannot get a comfortable position (see below) or latch (see above), please call our office. Also, you may feel your uterus contract as you are breastfeeding in the first few days. This is actually the sign of a good latch.

Positioning/Holding–In the beginning, the "crossover" hold is usually the easiest for both mom and baby. Your baby needs help in bringing his head to the breast. Start by sitting in a comfortable chair with good back support and with pillows. Hold your baby's head with your left hand if you are going to start with the right breast (hold baby's head with the right hand if you are starting with the left breast). Lay your baby across your belly so that both of your bellies are against each other. Hold your baby's head by putting your thumb and index finger behind her ears. Use your other hand to support your breast in a cup-like hold (right hand to hold right breast, left hand to hold left breast). "Aim" your nipple to the tip of baby's nose and then, using the weight of your breast to open baby's mouth, roll your nipple downward and into the mouth. Then, after you have a good latch, hold the baby firmly with the palm of your hand on the back of her head but not pushing her head into the breast.

Ending the Feeding—Babies will often release themselves from the breast when they are done feeding. If it has been 15 to 25 minutes on the first breast, you may need to take the baby off the breast yourself. Do this by gently putting your small finger into the corner of the baby's mouth until the suction is broken and baby comes off of the breast. Remember, in the first few weeks, babies often only nurse from one breast.

After the nursing, look closely at your nipples. If your nipples are bleeding or are cracked or swollen, please call our office.

Working and Pumping

You may be surprised how easy it is to both breastfeed and work. Breastfeeding is not just for stay-at-home moms. In fact, since breast milk has so many good things in it, your baby will have an excellent "boost" to his immune system while he is at daycare or a babysitters.

It is probably best not to introduce a bottle until your baby is 4-6 weeks old. At the beginning, have a family member give your baby a bottle of pumped breast milk or formula one time per day. About two weeks before you are supposed to go back to work, gradually begin to give the bottle to the baby at the same times of day that you will be working. Pump during those times to make sure your milk supply stays strong and to make sure you have enough milk stored for the future.

Before work, make sure you leave enough time to breastfeed once or twice. While at work, try to pump every 3-4 hours. A good schedule would be pumping once in the morning, at lunch and once in the afternoon. Usually, pumping takes about 15-20 minutes with a "good" electric pump. After work, make sure that whoever is watching your baby does not give the baby a bottle for 1-2 hours before you arrive at the daycare or home. You may even wish to feed your baby at the daycare before driving home…this will give you some alone time with your baby and allow you to discuss your child's day with the caregiver.

Breast Pumps

There are many breast pumps that you can buy or rent. Just remember that the amount of money you spend on a breast pump will be much less than what you would spend on formula if you were bottle-feeding! You should purchase or rent the best pump you can afford. For full-time working moms, a double-sided pump (able to pump both breasts at the same time) is best.

Breast milk storage guidelines

PLACE	TEMP	TIME
Fresh Breast Milk		
Room temp	66-72Þ F	10 hours
Refrigerator	32-39Þ F	8 days
Regular freezer	0Þ F	3-4 months
Deep freeze	0Þ F or less	6+ months
Thawed Breast Milk		
Room temp	66-72Þ F	1 hour
Refrigerator	32-39Þ F	24 hours
Regular freezer	0Þ F	no re-freeze

Bottle-Feeding

If you choose to bottle-feed your baby, the following are general suggestions regarding formulas, bottles and nipples:

Formulas

You should begin with a standard infant formula, such as Similac Advance or Enfamil Lipil. Most infants will feed 1-2 ounces every 3-4 hours in the newborn period. By 1-2 months, this increases to 18-24 ounces per day and then to 28-32 ounces per day by 4-6 months. Do not use any low-iron formulas, as they will only make your baby anemic by 9 months. Also, lactose intolerance and mild protein allergy are rare in infancy. If your baby has painful bouts of gas all day long, has difficulty passing bowel movements, is extremely irritable, spits up a lot, or develops skin rashes, please talk to us during well visits or call us. Also, please talk to us before you change to a soy-based or other specialty formula.

Mix formula according to package directions. Do not heat formula in the microwave! Generally, concentrated liquid is mixed ounce-for-ounce with warm water (1 ounce of concentrate/1 ounce of water). Powdered formula is mixed 1 scoop for 2 ounces of water (add the powder to the water and not the other way around).

Nipples

Nipples come in many shapes, sizes and brands. All of them have different flow speeds and hole sizes. Babies with a strong suck may like a different nipple than those with a slower suck. It is important to use a bottle nipple that helps your baby feed easily. Sometimes this is easy and sometimes it takes some time and experimenting. Let us know if you have questions.

Bottles

Just like nipples, bottles come in lots of shapes and sizes. Again, sometimes it takes some experimenting to find the right bottle. Just remember, those with smaller openings are more difficult to clean and also more difficult in which to mix formula. The bottles that use plastic liners often are best when a mom is using pumped breast milk in the bottle.

Cleaning

Scrub bottles, nipples and their caps with hot soapy water and a bottlebrush. Squeeze water through the holes in the nipples. If you have a dishwasher with a "hot cycle," you can use this to wash the bottles and some nipples.

Foods

Our office (along with the American Academy of Pediatrics) recommends that you only feed breast milk or formula to your baby for the first 4 months. Earlier introduction of foods increases the

RESOURCES

The following is a list of resources you can access or call:

Medela pumps:
800-435-8316

Medela Breastfeeding Network:
800-TELL-YOU

Avent bottles and pumps:
800-542-8368

La Leche League:
800-LA LECHE

www.lalecheleague.com

www.breastfeeding.com

www.aap.org

risk for food allergy when your baby is older and also increases the risk for obesity during childhood!

At 4 months, you can begin some infant cereal (rice or oatmeal cereals). Begin with one tablespoon of cereal per day and mix it in a bowl with some formula or breast milk. Until your baby gets used to eating from a spoon, he/she may push the cereal out of the mouth with the tongue. Be patient and things will get better. Over the next several weeks, increase the amount of cereal and change the consistency to what your baby likes/wants. Do not mix cereal in a bottle unless you are told to do so by one of us.

At 6 months, you can begin to give your baby pureed or jar fruits and vegetables. Begin with yellow/orange foods, then to greens and then to fruits. Be sure to wait two-three days between each new food, so that you can tell if there are any foods your baby is allergic to or having a hard time digesting. Do NOT home-puree beets, turnips, carrots, spinach or greens. These veggies may have large amounts of nitrates; infant food companies screen their produce for nitrates before they are jarred. If you are interested, we can recommend books to help you make your own baby foods.

At 9 months, you can begin yogurt (plain), egg yolks, ground meats and safe finger foods. Never give popcorn, peanuts, whole grapes or hot dogs to infants or young children! Also, never leave your child alone while he/she is eating!

At 12 months, whole cow's milk can be given to your child. You can continue to give more table foods as your child likes and is able to take more. Be careful with raw vegetables that are hard and crunchy—you should wait until your baby has molars (back, grinding teeth) before you start these. You also may give egg whites by this age.

At 18-24 months, you can introduce peanut butter and seafood. You should wait until 3-4 years of age, though, if there are a lot of people in the family with food allergies.

Fever

(Call us right away if your baby is less than 3 months old and has a rectal temperature over 100.4 degrees).

Fever is a sign that something is happening in the body and that the body is defending itself. Viruses, bacteria, hot environments or injury can cause fevers. A fever is not dangerous unless it is higher than 106 degrees F and lasts for a while. HOW your baby LOOKS is more important than how high the fever is. A temperature of 100.4 or more taken rectally is a fever. If your baby is less than 3 months old, call us IMMEDIATELY if he/she has a fever (again, this should be a rectal temperature) because it could be a sign that your baby has a serious infection. If your baby is older than 6 months old, call us if your child is very irritable and you can't make him stop crying, if your baby is lethargic and you can't wake him up, if your baby has a seizure, or if his/her temperature is more than 102.5.

Going Out

Stay away from crowded, public areas (malls, restaurants,
grocery stores, church, etc.) during the first months of your baby's life. These places have lots of germs. Always make sure that people wash their hands and are not sick before letting them hold your baby. It is OK to go for a short walk outside. Protect

your baby from strong sunlight (hat and clothing). Use at least SPF 15 sunscreen if you are going to be out during the summer or cannot avoid a lot of sun. It is OK to use sunscreen on infants less than 6 months of age. Be careful not to get any sunscreen in baby's eyes.

Hiccups

Many babies hiccup, especially during the first months of life. Hiccups often occur after feeding and may go away if the baby is given a few more swallows of liquid. Sneezing is also very common and is baby's way of clearing his/her nose to make it easier to breathe.

Immunizations

Immunizations have changed the health care of children. We want to provide the safest and most effective vaccines to children. Some parents worry about vaccinating their children because they have heard scary things about vaccines. Tell us about your worries. We will give you up-to-date, accurate information about the vaccines. Information sheets about vaccines will be given out at your child's checkups.

Infections/Antibiotics

Infections are usually caused by viruses, which are not helped by antibiotics. Antibiotics cure bacterial infections, which are different from viral infections. Most children will have six to eight upper respiratory viral infections (colds) every year for the first 2 years of life. Children who attend daycare will have even more colds per year. In the United States, antibiotics are used too often for illnesses they will not help (such as colds). Our office will not prescribe an antibiotic for a cold.

Ear infections (otitis media)–In the United States, ear infections are treated with an antibiotic. In European countries, antibiotics only are given when the child is very ill or has pain for more than two or three days. The reason for this is that most ear infections (60-80 percent) will get better on their own, especially those that are caused by a virus (30-50 percent). There are several different options for treating an ear infection, especially in children older than 2 years. These include the "watch and wait" approach or giving antibiotics for 3, 5, 7, or 10 days. As a rule, we will not call in antibiotics for ear pain. We must look in your child's ears first to see if there even is an ear infection.

Sore throats (pharyngitis)–Most often, sore throats are caused by a virus. They also can be caused by a bacteria called Group A Streptococcus ("Strep" throat). In order to tell if the sore throat is caused by Strep, a "rapid Strep" test and throat culture is done in the office. If the test is positive for Strep, an antibiotic will be prescribed. If the tests are negative, the sore throat is viral and will not need an antibiotic

Sinus infection (sinusitis)–The most common cause of a sinus infection is a virus. During the 10 to 14 days a cold lasts, it is normal for the nasal discharge to turn green or yellow. Green nasal discharge does not always mean a bacterial infection is going on. If your child has other symptoms (sinus tenderness, sinus headaches, fever, etc.) or the nasal discharge persists, an antibiotic might be prescribed.

Urinary Tract Infection (UTI)–Urinary tract infections are not very common in babies. If your baby does have a UTI, we need to make sure that all the parts in the urinary system are working right. We check this out with two different X-ray tests once the infection has cleared up.

Vomiting and diarrhea (gastroenteritis)–Vomiting and diarrhea are usually caused by viruses. The most important thing to do when your child is vomiting or has diarrhea is to keep your child drinking so he/she doesn't become dehydrated. Your child probably will not feel like eating (which is OK). Vomiting children should be given small amounts of clear liquids (Pedialyte) frequently for 12 hours (for example, 1 teaspoon every 5-10 minutes for the first few hours, then gradually increase the amount over the next 8 hours). Large amounts of liquid will cause stomach upset and make the vomiting worse. After 12 hours of clears, slowly return the child to a normal diet. If your child is having diarrhea, but no vomiting, it is OK to continue formula or breast milk. Do not dilute formula or give plain water to your infant.

Your child needs to be seen if:

1) Your child's tongue looks dry
2) He/she has not peed (urinated) more than two-three times each day
3) Your baby has a hard time waking up or is lethargic
4) His/her soft spot (fontanelle) looks sunken in

Jaundice

One-half of all newborn babies become jaundiced. The skin and the whites of the eyes (sclerae) turn yellow because of bilirubin, a chemical found in the blood and tissues. When the body breaks down red blood cells, bilirubin is one of the by-products. Bilirubin usually is removed from the body through the stool (poop). Jaundice is nothing to worry about unless the level of bilirubin becomes very high. To help with the jaundice, feed your baby often and place your baby in indirect sunlight (in front of a window).

Your baby needs to be seen if:

1) The baby's lower legs and feet are yellow
2) The baby's face or body is a deep yellow or orange color
3) The sclerae are completely yellow
4) The baby is very sleepy
5) The baby has a fever (temperature over 100.4)

Nail Care

A newborn baby's nails are very soft. It is best to leave them alone. Do not use nail clippers to clip a newborn baby's nails. Many parents mistakenly cut the tips of the baby's fingers in an effort to keep the baby from scratching him/herself. Instead, cover the baby's hands with mittens or socks. You can try a nail file on sharp edges. When you do begin clipping the baby's nails, cut them when he/she sleeps (and isn't a moving target), and cut them straight across (not curved at the edges) to prevent ingrown nails.

Pacifiers

Babies have a strong need to suck, especially between 1 and 4 months of age. Babies will suck on just about anything, including fingers. Do not give a breastfed baby a pacifier until breastfeeding has become well-established. Because pacifiers may cause problems with speech development and because they increase the risk for your baby getting ear infections, your child should use them less and less between 6 and 12 months of age, and not at all by 15 months. Do not give your baby a pacifier whenever he/she cries. Instead help your baby find other ways to soothe himself, such as using a special toy or blanket.

Skin Care (including rashes and birthmarks) Right after birth and before your baby's first bath, your baby will be covered with a cheesy, sticky material called vernix (especially if he/she is born more than two weeks early). Your baby will also have very fine hair over the body called lanugo. If your baby is born later than your due date, the skin will appear very dry and may be peeling or cracked. Term and preterm babies' skin usually becomes dry and starts peeling between 1-2 weeks of age. This is normal and all of the lotions in the world will not stop the peeling.

Rashes and Birthmarks

1) *Milia*–These tiny white bumps are seen on the face, especially on the nose and the chin. They are caused by blocked skin pores and are nothing to worry about. They will go away in 1-2 months.
2) *Erythema toxicum*–This is a rash with small yellow to white bumps surrounded by a red blotch. Often there are many bumps, and they may be anywhere on the body. One-half of all newborns get this rash beginning on the first day of life and lasting until about 2 to 3 weeks of age. Although the name sounds nasty, the rash is not harmful and doesn't need any treatment.
3) *Newborn acne*–This rash looks like red bumps on the face. One-third of all newborns get this rash beginning the first month and lasting until 3-6 months. No treatment is needed. Creams and lotions may make this rash worse.
4) *Mongolian spots*–These are blue to gray birthmarks found on the back and buttocks of most babies of Asian, African-American, Hispanic and American Indian descent. Most fade as time goes on, but some do not.
5) *Stork bites and angel's kisses (nevus flammeus)*–These are pink to reddish birthmarks found on the back of the neck (stork bite), the bridge of the nose and forehead (angel's kiss), and the upper eyelids. Up to one-half of all newborns have these. Most fade by 2 years of age, but some do not. They become more noticeable when the child has a fever or becomes angry.
6) *Diaper rash*–There are many different causes of diaper rashes. Call the office if the rash becomes cracked or raw, develops blisters, sores or crusts, causes pain that interferes with sleep, or causes fever.

Irritant diaper rash–Many diaper rashes are caused by substances that irritate the skin (diapers, wipes, soaps, urine, etc.). Getting rid of the irritant is step one. Rinse the diaper area with warm water only, and use a barrier cream such as zinc oxide, Balmex, Desitin or Flander's Buttocks ointment.

Candidal (fungal) diaper rashes–Some diaper rashes are caused by Candida, a type of fungus or yeast. Candidal diaper rashes have a deep red color (sometimes looking raw), cover a large area and are surrounded by red dots. Candida is treated with either Clotrimazole cream (Lotrimin), which can be bought in a drug store without a prescription, or with Nystatin cream, a prescription medication. The most important thing to do is to keep the diaper area dry by changing diapers often and by giving the diaper area extra "air time."

Sleep (or lack of it!) and sleep position (SIDS)

Newborn babies sleep an average of 17 hours per day, but do not slip into a regular schedule until after 2 months of age. In the first weeks of life, babies need to eat several times throughout the night. By 4-6 months of age, babies should be able to sleep through the night (seven to eight hours) without feeding. After the first few weeks, you may want to move your baby into his/her own room, so that you are not wakened every time he/she moves or whimpers.

Many parents ask how they can prevent SIDS (sudden infant death syndrome). Although we don't know what causes SIDS, we do know several things you can do that will make SIDS less likely:

1) Put your baby on his/her back to sleep. Back-sleeping lessens the risk for sudden infant death syndrome. Many parents worry that the baby will spit up and choke if he/she is on the back. Babies have built in protection against this—the gag reflex. Back is safest. When your baby is awake, though, he/she should have some tummy time—this helps prevent flattening of the back of the head and helps baby's development.
2) Put baby on a firm surface to sleep (waterbeds and soft cushions are not safe). Use one receiving blanket (no comforters or quilts) to cover your baby (dress your baby appropriately for the temperature). Do not place pillows or stuffed toys in your baby's sleeping space because these can get in the way of baby's breathing.
3) Do not co-sleep or bed-share. These practices increase the risk for SIDS, particularly if either of the parents is obese, is a heavy sleeper, or uses sedating substances such as drugs or alcohol. If you plan to co-sleep with your baby, please make sure that there are no pillows or blankets around that your baby could roll onto or into. Sleeping in his/her own crib or bassinet is safest.
4) Do not smoke in the house. Smoking increases the chances of SIDS.

Smoking

If you are smoking, you must STOP! Babies who breathe in secondhand smoke are more likely to die from SIDS and have many more problems with asthma, allergies, colds, ear infections and pneumonias than babies who breathe clean air. Also, children who have parents who smoke are more likely to become smokers. Do not smoke in the house or car AT ALL. Smoking near an open window, in the bathroom with a fan going, or in the basement does NOT keep the smoke out of your baby's lungs. Quitting smoking is not easy. You need a plan and you need someone to check up on how the quitting is going. Talk with your doctor about medications that may help. Quitting permanently often requires several tries. Get started today!

RECOMMENDED READING

Baby and Child Care by Dr. Spock (a classic)

What to Expect the First Year by Esenberg, Murkoffi, and Hathaway

Caring for Your Baby and Young Child, published by the American Academy of Pediatrics

The Focus on the Family Complete Book of Infant and Child Care, by Reisser and Dobson

This booklet

HELPFUL WEB SITES

Immunizations: www.immunize.org and www.cdc.gov

Child safety: www.nhtsa.dot.gov

General pediatric information: www.aap.org and www.healthysteps.org

Spitting up

Most babies spit up—some more than others. Partially digested (curdled) formula or milk rolls or bloops out of their mouths while they just keep on smiling. Unless your baby is losing weight or looks as if he/she is feeling pain from the spitting up, he/she does not need to be treated. To try to reduce the spitting, feed smaller amounts of food at a time, burp your baby after every 1/2 to 1 ounce, hold your baby upright for 15 minutes after a feeding, and avoid putting pressure on baby's belly. Burping is best done with the baby on your shoulder or with baby seated in your lap with your one hand supporting the head and the other patting the back. Do not thicken the feedings without talking to us first. Put your suede, silks and furs into storage, buy a carpet steamer, and take out stock in a detergent company.

Teething

Teeth start forming before a baby is born. Most babies get their first tooth around 6 months of age (although a few babies get teeth as early as 3 months and some don't get teeth until after 1 year of age). Babies often begin to drool a lot at 4 months of age. Usually this has nothing to do with teething. It is just a sign that your baby is exploring his/her new world with his mouth (which causes the salivary glands to make saliva). If you think your baby is in pain from teething, try cool teething rings, gum massage and a dose of acetominophen (Tylenol or Tempra). Babies do NOT get temperatures over 100.4 degrees with teething.

Thrush

White patches on the tongue, gums, lips or palate (roof of the mouth) that can't be scraped off are called thrush. The yeast Candida causes thrush. Candida loves to grow in dark, warm, moist places. Babies sometimes get a rash in the folds of their necks and in the diaper area, as well, from the same yeast. Thrush is treated with prescription medications—Nystatin or Fluconazole. It is also necessary to boil pacifiers and nipples for 2-3 minutes after each use to make sure that the thrush does not come back. If you are breastfeeding your baby, your baby develops thrush and you have red, itchy, cracked or sore nipples, you should call your physician for treatment as well. Continue to breastfeed while you and your baby are being treated.

Umbilical Cord

The umbilical cord will probably be "painted" with blue dye in the nursery to help it dry out. Most cords fall off by 2-3 weeks of age. To help your baby's cord fall off, put alcohol or hydrogen peroxide on the base of the cord (the yellow, gooey part) three to four times a day. To find the base of the cord, you will have to move the cord around. Don't worry. Moving the cord around will not harm your baby. You may see a few spots of blood when the cord falls off. This is normal. If the cord starts smelling bad or if the skin around the cord turns red, call the office right away.

Vitamins/Fluoride

Except for vitamin D, breast milk contains most of the vitamins your baby will need and many other ingredients that formula companies wish they could duplicate. Breastfeeding mothers should continue to take their prenatal vitamins. Also, if you breastfeed, try to make sure your baby gets at least 15 minutes of sunlight per week. Sunlight helps the body make its own vitamin D. The American Academy of Pediatrics recommends a vitamin D supplement to be given to babies who are given only breast milk. If your baby receives adequate amounts of sunlight exposure, this is really not necessary. If you feel your breastfed baby needs vitamin D, you can purchase vitamin D drops over the counter. Also, if you are still only breastfeeding at 6 months (have not introduced any cereal or foods yet), your baby will need an iron supplement.

If you feed infant formula, no vitamin supplements are needed.

Fluoride is important for your baby's forming teeth. In the Lehigh Valley, many community water supplies contain fluoride. Additionally, your child may be getting fluoride from drinking water or drinks (juice, for example) made in other areas where the water is fluoridated. For this reason, we do not routinely prescribe fluoride for children less than 6 years of age, unless the child has had cavities, has close relatives with lots of cavities, or has lots of plaque (yellow stuff) on his/her teeth. The American Academy of Pediatric Dentistry recommends an initial oral (mouth) evaluation at 1-year-old. Consult with your family or pediatric dentist regarding fluoride use in your baby and for this first dental visit.

GRANDPARENTS–Be prepared…

- To donate your valuable time, skills, wisdom, advice, experiences and love.
- To become loving, frequent babysitters.
- To be consulted frequently and asked for reassurance.
- To admit that some methods of a generation ago may have been less scientific and occasionally wrong.
- To resist the temptation to interfere in what rightfully is the domain of the parents.

FATHERS–Be prepared…

- To be neglected. Everybody will be heavily involved with the baby, so assert your role as the sharing partner. So far, your job has been easy, but read on.
- To lose sleep. Night crying and food demands will be tiring, and you should help mother by volunteering to help out.
- To help mommy overcome her natural tiredness, anxiety, fears and even pregnancy-associated depression. Keep the lines of communication open, be supportive, be patient and help with chores around the house.
- To cook and help around the house.
- To donate your valuable gift of time and love to your child. A large dose of your style of play, your handling and your voice are needed by the baby.
- To admit that the “art” of fathering is a science to be studied, learned, developed and (best of all!) to be enjoyed!!!

ACETAMINOPHEN (Tylenol, Tempra, etc.)

		INFANT DROPS (80mg/0.8mL)	LIQUID (160mg/5mL)	CHEW (80 mg)	TABLETS (160 mg)
Dose		Dropperful	Teaspoon (tsp)	Tablet	Tablet
WEIGHT	AGE*	Use only the dropper provided	Use only the dosing cap provided		
6-11 lbs	0-3 mos	0.4mL (1/2 dppr)			
12-17 lbs	4-11 mos	0.8mL (1 dppr)	1/2 tsp		
18-23 lbs	12-23 mos	1.2mL (1 1/2 dppr)	3/4 tsp		
24-35 lbs	2-3 yrs	1.6mL (2 dppr)	1 tsp	2 tablets	
36-47 lbs	4-5 yrs		1 1/2 tsp	3 tablets	
48-59 lbs	6-8 yrs		2 tsp	4 tablets	2 tablets
60-71 lbs	9-10 yrs		2 1/2 tsp	5 tablets	2 1/2 tablets
72-95 lbs	11 yrs				3 tablets
95 lbs and over	12-14 yrs				4 tablets

*Age is given for convenience. Always dose based on weight!

Doses may be given **every 4-6 hours** (not more than 5 times in 24 hours)

Call if fever lasts more than 3-4 days or if pain persists more than 5 days

IBUPROFEN (Advil, Motrin, etc.)

		INFANT DROPS (50mg/1.25mL)	LIQUID (100mg/5 mL)	CHEW (50 mg)	TABLETS or CAPLETS (100 mg)
Dose		Dropperful	Teaspoon (tsp)	Tablet	Tablet
WEIGHT	AGE*	Use only the dropper provided	Use only the dosing cap provided		
Under 6 months		Consult Your Child's Doctor			
12-17 lbs	6-11 mos	1.25mL (1 dppr)			
18-23 lbs	12-23 mos	1.875 mL (1 1/2 dppr)			
24-35 lbs	2-3 yrs		1 tsp	2 tablets	
36-47 lbs	4-5 yrs		1 1/2 tsp	3 tablets	
48-59 lbs	6-8 yrs		2 tsp	4 tablets	2 tablets
60-71 lbs	9-10 yrs		2 1/2 tsp	5 tablets	3 tablets
72-95 lbs	11 yrs		3 tsp	6 tablets	3 tablets

*Age is given for convenience. Always dose based on weight!

Doses may be given **every 6-8 hours**.

POISON CONTROL CENTER: 800-722-7112

WELL-CHILD VISIT RECORD

NEWBORN

Date ______________________________

Weight ______________________________

Length ______________________________

Head size ______________________________

Immunizations (circle):

Hepatitis B (if not given in the hospital)

1 MONTH

Date ______________________________

Weight ______________________________

Length ______________________________

Head size ______________________________

Immunizations (circle):

Hepatitis B ______________________________

____

2 MONTHS

Date ______________________________

Weight ______________________________

Length ______________________________

Head size ______________________________

Immunizations (circle): DTaP, Hib, Polio, Pneumococcal

____

4 MONTHS

Date ______________________________

Weight ______________________________

Length ______________________________

Head size ______________________________

Immunizations (circle): DTaP, Hib, Polio, Pneumococcal

____

6 MONTHS

Date ______________________________

Weight ______________________________

Length ______________________________

Head size ______________________________

Immunizations (circle): DTaP, Hib, Hepatitis B,

Pneumococcal ______________________________

WELL CHILD-VISIT RECORD

9 MONTHS

Date ______________________________

Weight ______________________________

Length ______________________________

Head size ______________________________

Hemoglobin ______________________________

Immunizations: ______________________________

12 MONTHS

Date ______________________________

Weight ______________________________

Length ______________________________

Head size ______________________________

Immunizations (circle): MMR, Pneumococcal

____

15 MONTHS

Date ______________________________

Weight ______________________________

Length ______________________________

Head size ______________________________

Immunizations (circle): Varivax, Hib

____

18 MONTHS

Date ______________________________

Weight ______________________________

Length ______________________________

Head size ______________________________

Immunizations (circle): DTaP, Polio

____

24 MONTHS

Date ______________________________

Weight ______________________________

Length ______________________________

Head size ______________________________

After 2 years old, well-child visits are generally yearly until 6 years old, every two years from 6 until 10 and then yearly again until 18.