

**PEDIATRIC ASSOCIATES OF AUSTIN, P.A.  
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AUSTIN, TEXAS 78731  
512-458-5323**

**DECISIONS TO MAKE BEFORE THE BABY ARRIVES:**

- Breast versus Bottle Feeding
- Circumcision
- When to take off from work
- When to return to work
- Child Care
- What type diapers to use
- Hepatitis B

**WHAT YOUR BABY NEEDS TO LEAVE THE HOSPITAL**

- Car Seat (rear facing seat until baby weighs 20 pounds)
- Outfit to wear home

**THINGS YOUR BABY WILL NEED WHEN YOU FIRST GET HOME:**

- Diapers
- Wipes (plain or pre-moistened)
- Bassinet or crib
- Cotton t-shirts
- Receiving blankets
- Bottles and nipples
- Bottle and nipple cleaning brushes
- Formula (only if bottle feeding)

**THINGS NOT TO WORRY ABOUT:**

- Eyes moving in different directions
- Baby's sneezing
- Stools will be dark and tarry and will progress to a watery yellow
- White or pink tinged vaginal discharge
- Periodic breathing (fast-slow-fast) breathing pattern

**BREAST FEEDING:**

It sometimes takes 2-4 days for the breast milk to start coming in. Don't get discouraged. The nursing staff will help you with any problems. If the mother is on any medication please check with our office to see if it is compatible with breastfeeding.

**PLEASE INFORM US OF ANY POTENTIAL PROBLEM OR CONCERN YOU MAY HAVE REGARDING YOUR BABY.**

## NEWBORN SPONGE BATH

Your newborn needs to have a sponge bath. Don't give your baby a tub bath until the cord (navel), and a boy's circumcision have healed. It isn't necessary to bathe your baby every day, unless you really enjoy it. Clean the genital area at each diaper change, then sponge bathe the baby. Every other day is probably adequate in the summer and once or twice a week during winter months.

Get together everything you need before you start the bath. Do not leave your baby alone on the changing table, counter top or tub. Even a newborn baby can move more than you realize and could fall to the floor. Plan the bath in a warm area free of drafts so your baby doesn't get too cold. Rather than get "goose pimples" if a newborn gets cold his skin will become mottled or splotchy in appearance.

Newborns frequently do not like the experience of the sponge bath and often cry vigorously. Don't jump to the conclusion that you are doing anything wrong, or that you're hurting the baby. Try putting a towel on the baby's body then uncover only the part you're sponging. Cover the wet part again. This may help keep your baby warmer, and perhaps less fussy. Baby probably will be less fussy if he isn't really hungry or overfull from just being fed.

### **Items you will need for a sponge bath:**

- ❖ Basin or sink for water
- ❖ Mild soap
- ❖ Warm, draft-free area (bathroom, kitchen)
- ❖ Cotton Balls
- ❖ Something to wrap baby in (blanket or towel)
- ❖ Alcohol/Q-tips (cord care)
- ❖ Wash Cloth
- ❖ Clean change of clothes/diapers

**Check the water temperature with elbow or wrist:** The water should be about body temperature –neither too cool nor too warm. You can add warm water if needed.

**Undress Baby:** Leave the diaper on, as this will prevent wet surprises. Wrap baby in a towel or blanket.

**Eyes:** Dip a fresh cotton ball in the warm water, squeeze out excess water. Wipe each eye from the inside corner (next to the nose) to the outside corner. Use a clean cotton ball for each eye.

**Nose:** Cleanse gently just inside nostrils. Hold baby's head firmly. Don't drop water inside baby's nose.

**Ears:** With a washcloth, gently wash around the outside of baby's ear and behind the ear. Don't clean the baby's ear canal and never put anything into the ear canal to clean it.

**Face:** With a soft, washcloth, squeeze out excess water. Wash baby's face and pat dry to prevent chilling. Do not use soap on the face.

**Hair:** To shampoo your baby's hair, hold your baby by placing your arm under baby's back and your hand behind the head. Tilt the head so water will run off the back of the head instead of down the face. Squeeze water from the washcloth over the baby's scalp. With you free hand, wash the hair and scalp with mild baby shampoo or baby liquid soap using a circular motion. To rinse, squeeze plain water from the washcloth onto the head until all the suds are gone. Babies' heads sweat easily so you may need to wash your baby's hair daily to prevent cradle cap.

**Body:** Remove the diaper. Soap the rest of the body. Be careful not to get the unhealed navel or circumcision wet. Clean the folds of skin (thighs, groin) well. Squeeze plain water from the washcloth over the baby to rinse the soap off. Pat dry baby with a towel.

**Cord:** Lift cord and cleanse base with alcohol saturated Q-tip or cotton ball

## **NEWBORN APPEARANCE**

**HEAD:** Most babies, especially those delivered vaginally will look like little “cone heads” and they will often be bruised slightly around their head and face. These both improve dramatically in the first two days.

**FACE:** Usually very puffy at first—remember, they have been under water for the past nine months. Because of this, their eyes will not open very wide for 1-2 days.

**EARS:** Often bent in unusual positions for a few days.

**NECK:** Usually can't find it until they are about 6 months.

**CHEST:** Almost all babies will have some breast tissue directly under their nipples. This is of no concern, even boys.

**HANDS:** Usually held in a fist – if not, they will usually close their fist if you stroke their palm.

**CORD:** May have a plastic clamp and is usually dyed purple. Underneath, it is yellow color. It is important to lift up the cord and clean it with alcohol at least 4 times a day.

**GENITALS:** This is another area in which they tend to accumulate fluid and have lots of swelling.

**LEGS AND FEET:** Often twisted and bent because of the cramped conditions, but if significant it may be worth mentioning to your doctor.

**SKIN:** Many have Stork Bites, which are red patches on their forehead, eyelids or back of their neck. These fade away over the first year. Many darker skinned infants will have Mongolian Spots, which look like bruises over their lower back. These too will fade as the years pass. At 1-3 days of age, many infants will develop Erythema Toxicum, which looks like mosquito bites all over the body. This is a perfectly harmless rash, which resolves in a few days without treatment. Their faces get many harmless rashes, the most common of which is milia, which looks like a lot of tiny white bumps.

**THE MAIN THING TO REMEMBER IS THAT IF YOU ARE WORRIED ABOUT SOMETHING- ASK QUESTIONS!**

## **CIRCUMCISION: AN ISSUE REEXAMINED**

In 1975 the American Academy of Pediatrics (AAP) updated a 1971 policy by stating “there is no absolute medical indication for routine circumcision of the newborn.” This position was reiterated in 1983 by both the AAP and the American College of Obstetrics and Gynecology.

After a recent rigorous review process that included an AAP task Force on Circumcision and many AAP committees, etc., the AAP has modified its position. Unfortunately, the statement of that position does not at this time clearly come down on either side of this issue of whether to circumcise a newborn male or not.

“Newborn circumcision has potential medical benefits and advantages as well as disadvantages and risks. When circumcision is being considered, the benefits and risks should be explained to the parents and informed consent obtained.”

### **Points of interest in the background material presented:**

\*Preliminary data suggest that the incidence of urinary tract infection in male infants maybe reduced when circumcision is performed in the newborn period. Though one very large study in US Army hospitals reported a tenfold increase in these infections in uncircumcised as compared with circumcised males, the AAP has concerns about possible methodological flaws with the study and suggests that conclusions should not be definitely drawn at this time.

\*Cancer of the penis occurs almost exclusively in uncircumcised men. The decision not to circumcise a male infant must be accompanied by a lifetime commitment to genital hygiene to minimize the risk of developing penile cancer.

\*Evidence linking uncircumcised men to cancer of the cervix in their sexual partners and evidence regarding the relationship of circumcision to sexually transmitted diseases is conflicting and inconclusive.

\*Infants undergoing circumcision without anesthesia demonstrate responses suggesting that they are experiencing pain. Local anesthesia may reduce this response but adds an element of risk; information regarding its use has not been reported in large numbers of cases. More data from large controlled studies is required before local anesthesia can be advocated.

\*Though circumcision should not be performed in an unstable or sick infant, it is a rapid and generally safe procedure when performed by an experienced operator. The most common complications are local infection and bleeding.

Hopefully, there will be sufficient interest in this issue to result in the kind of studies required providing definitive answers. It is surprising and frustrating that with a surgical procedure so widely used for centuries, we continue to be lacking the data needed about its benefits and hazards.

## NEWBORNS AND ILLNESS

A newborn is a baby less than 1 month old. Newborns generally eat, sleep, cry, need their diapers changed frequently and require lots of love. If a newborn is ill, the symptoms can be subtle. It is possible for a newborn to deteriorate quickly.

***Please call our office day or night for any of the following:***

- ❖ Your baby is two months or younger and develops a fever of 100 degrees or higher rectally.
- ❖ Your newborn is less than one month of age with any sign of illness (e.g., bad cough, poor color, vomiting or diarrhea). Exception: mild nasal congestion or sneezing.
- ❖ Your baby looks or acts very sick.
- ❖ Your baby becomes lethargic (like a rag doll) and does not respond.
- ❖ Constant crying for over three hours
- ❖ Mouth and lips become bluish
- ❖ Skin becomes grayish

If any of the above occurs or you have urgent questions or concerns call our office number (458-5323) day or night. If it is after hours you will hear a recording explaining how to reach the physician or nurse on call. Be prepared to give your baby's name, age, medication, temperature, and any other relevant information when you are called back. If you do not hear back in a reasonable period of time always call again. There is a charge for all after hour calls.

For routine questions you may call during our regular office hours. Our nursing staff is all R.N.s with pediatric experience and will be happy to discuss your concerns. The nurses "triage" the calls received and make every effort to call back promptly but will return the more urgent phone calls with ill children first. It is reasonable to expect to receive a return call the same day, usually within a couple of hours, unless we are very busy. There is no charge for calling during regular office hours.

## RECOMMENDED READING FOR PARENTS

1. Your Child's Health. Barton D. Schmitt, M.D., Bantam Books, 1991.
2. Caring For Your Baby and Young Child. American Academy of Pediatrics, Bantam Books, 1991.
3. The Nursing Mother's Companion. Kathleen Huggins, The Harvard Common Press, 1990.
4. Breastfeeding and the Active Woman. Lillian Pfluke, WRS Publishing, 1995.
5. Solving Your Child's Sleep Problems. Richard Ferber, Simon and Schuster, 1985.
6. Sibling Without Rivalry. Adele Faber and Elaine Mazlish, Avon Books, 1987.
7. What to Expect the First Year. Arlene Eisenberg, Heidi Murhoff, and Sandee E. Hathaway, BSN, Workman Publishing.
8. What to Expect the Toddler Years. Arlene Eisenberg, Heidi Murhoff, and Sandee E. Hathaway, BSN, Workman Publishing, 1994.