

# Congratulations!

## CARE OF YOUR NEWBORN

### GROSSMONT PEDIATRICS

*BINA ADIGOPULA, MD, FAAP*  
*BERTHA TSAI, DO, FAAP*  
*MARIANNE KATZ, CFNP*

6942 University Avenue #A  
La Mesa, CA 91942  
Ph: 619-698-2184  
Fax: 619-698-2084

Accepting all insurance plans  
Multilingual doctors and staff

## CARING FOR YOUR BABY

Your baby is unique. As the parents and people most closely involved, you will come to know baby best. Most first-time parents are unsure of their parenting skills. Your worries will soon disappear with experience.

All babies sneeze, yawn, belch, hiccup, pass gas, cough, cry, and get fussy. Sneezing is the only way that babies can clean their nose. Hiccups are just little muscle spasms, and are normal. Crying is a baby's way of saying, "I'm tired", "I'm wet", "I want to be held", "I'm hot", "I'm hungry"... Gradually, you will learn what your baby means when he or she cries.

Because your new baby has not had time to build up resistance to infections, try to limit visitors during the first few weeks at home to close family members and friends, who have no colds or contagious illnesses. Other friends and relatives can visit you and your baby after the first month.

### BABY'S COMFORT

#### ***Room temperature***

Try to keep an even, comfortable temperature in your baby's room. Windows may be opened only in warm weather. Make sure that the room temperature is between 68° F to 70° F.

#### ***Clothing***

A baby needs to be dressed according to the temperature. A good guideline is that when you are feeling cold, the baby needs extra clothing. And when you are feeling warm, baby may be dressed in a *singlet* or vest.

#### ***Crib***

Cover the mattress with a waterproof cover quilted pad and soft baby sheet. Do not wrap baby too tightly in a blanket because this limits free movement. Cover baby with 1 or 2 cotton blankets.

#### ***Outdoors***

You can take your baby outside whenever the weather is pleasant. Babies born during warm weather may be taken outside after they are about two weeks old. Avoid taking baby to crowded places in the first two months.

### BABY'S SAFETY

No one can protect a baby from all hazards, but you can do a lot, to avoid hazards from the day your baby comes home from the hospital.

Always use an approved car safety seat on the first and every ride. Use a rear-facing car seat until baby is both, heavier than 20 lbs. and more than 1 year old. Always locate the rear-facing car seat in a secure position only on the rear passenger seats. Do not ride with the car seat in the front passenger seat.

Be aware that baby could roll off baby's crib or bed, so make sure that baby is properly protected from doing so. Never leave baby unattended.

A baby's delicate skin could be burned easily. Set baby's bath water heater at no more than 120° F, and always test the temperature first to be sure it is not too hot. You should always run cold water first and then add hot water.

Smoking cigarettes close to the baby is very harmful to baby's lungs, and dangerous because hot ashes could fall on baby. Babies are very likely to develop respiratory diseases and ear infections from inhalation of smoke.

If you do offer baby a pacifier, use only a commercial one that meets safety standards and does not have a cord. Do not sweeten the pacifier by dipping it in honey or in sugar, as either could be harmful to a baby less than 1 year.

## FEEDING

Your baby is born with a 4-day supply of food and nourishment, so do not be surprised if baby is not hungry at first. **Breastfeeding** is a delightful way for a mother to offer her baby nutrients, custom-made by nature for infants. Try to breastfeed as long as possible during your baby's first year. In addition to supplying nutrients, breast milk also protects your baby from diseases.

You will not have a good supply of breast milk until the 3rd/4th day after delivery. It is important to **start nursing immediately** [even for C-sections], because *colostrum* (a yellowish substance) satiates your baby like condensed milk and nutrients/anti-bodies that protects your baby from infections.

You may demand-feed or feed on schedule, and you may nurse as long as you are comfortable. For ideal nursing, baby must be **positioned correctly**, while letting you relax as you feed baby. You may experiment with different positions like cross-cradle/football hold until you find one that you both are comfortable with. If you hear swallowing, the baby's mouth appears to be wide open (fish-mouthed), and most of your areola (area around your nipple) is in baby's mouth, it indicates good latching. Ideally, 10-15 minutes on each side is recommended, but no pressure if it takes longer, especially initially.

If your baby gains weight, urinates at least 4 times a day, and has 4-5 golden yellow stools, and appears satisfied, baby is **feeding adequately.**

### **Sore nipples**

The most common cause of sore nipples is poor positioning.

Following a proper breastfeeding technique minimizes sore nipples. It may help to express some breast milk, coat your nipples with it, and let air-dry.

Wash your breasts once a day and do not use soap. Nurses may recommend Lanolin ointment to bring some comfort.

A good **reference site** is *kellymom.com*. Two good books are *The Womanly Art of Breastfeeding* [Wiessinger, West and Pitman] and *The Importance of Responsive Feeding* [Amy Brown, MD].

## EXPRESSED BREAST FEEDING

When unable to put baby to your breast, I recommend expressed breast feeding [EBF] via pump as your best alternative. Hospitals often recommend the Medela-Lactina pump, which may be available via WIC. Advantages of EBF are another family member can feed baby in your absence. Expressed milk may be stored in a freezer for up to 7 months, which is **invaluable when you return to work!**

**Tip:** Sharp Mary Birch offers pooled breast milk for adoptive mothers when surrogates cannot produce enough breast milk.

## JAUNDICE

In jaundice, the skin and whites of the eyes (sclera) are yellow because of increased amounts of a pigment called *bilirubin* in your baby. If your baby is jaundiced, the doctor orders a blood test called serum *bilirubin*, and will discuss the results with you. Most babies look jaundiced by the third day of life, and this peaks at 5-7 days, and then disappears. This is physiological jaundice, and is due to the **normal** breaking down of red blood cells in newborns. Sometimes, this jaundice begins when baby is less than 24 hours young, and the pediatrician usually monitors this, while your baby is still at the hospital.

Another kind of jaundice begins around 7 days and may persist into 6 weeks of life, and is usually due to breast-milk. Breast-milk **naturally** contains a substance that promotes jaundice. This **does not mean** that your breast-milk is not good for your baby. This type of jaundice is usually not serious, and it is advisable to continue breastfeeding. In general, the more your baby feeds, stools and urinates, the faster this type of jaundice leaves baby's body.

## BOWEL MOVEMENTS

Bowel movements of newborn babies vary in size, color, consistency and frequency. One baby may have several bowel movements daily and another none for days. Stools may be yellow, brown or green - firm, loose or pasty.

Change your baby's diaper immediately after each bowel movement or after wetting. Wash the soiled area with a soft, moistened cloth/soap-and-water and pat or air dry. Pre-moistened *towelettes* are acceptable, but some baby-skins will not tolerate them due to their medications and perfumes, which may become causes of skin irritation.

## DIAPERS

Both cloth and disposable diapers work well as long as they are changed frequently. Disposable diapers tend to hold a lot of urine without feeling wet, and should be changed at least every 2-3 hours, even if they do not seem to need it. Urine is converted to ammonia and could burn baby's skin, causing a diaper rash. Frequent changing is the best prevention for diaper rash. Vaseline, A-D ointment and *Desitin* help but will seldom cure diaper rash. If

baby develops a rash that does not improve with these efforts, call your doctor's office. Avoid using powders containing large amounts of talc, as baby may breathe it in, and may develop lung irritations.

Baby's crib should have slats no more than 20" apart, safe in design features, and a snug-fitting mattress. Avoid blocking baby's breathing inadvertently with large pillows, floppy toys or loose plastic sheeting in the crib. A healthy infant should be placed on baby's back when put to bed.

## **CIRCUMCISION**

If your son was circumcised, it will take 7-10 days to heal. Clean the area with a cotton-ball and warm water and add *vaseline* to the penis tip and to the front of the diaper, to prevent the healing area from sticking to the diaper. Do both of these at each diaper change. If the *plastibel* method was used, the ring should fall off by the eighth day. If the *gomco* method was used, the yellow bandage should come off by the third day. If the bandage is still in place, it should be unwrapped and removed. Call your doctor if you see excessive swelling, marked bleeding, discharge or fever.

## **GENITALIA**

If your son was not circumcised, the penis may be gently cleaned daily. Do not pull back the foreskin to clean under it. Baby girls may have a bloody or whitish discharge from the vagina for the first 2-10 days, which is normal.

## **THE OTHER PARENT**

Dad has an important role from the day baby is born. He should actively participate in bathing, changing, dressing and feeding baby, acts that reinforce the love and affection for baby from BOTH parents. Dads also aid in mom's breast feeding by massaging her, offering her pillows, positioning baby, etc., which encourages mom and also prevents her from tiring soon.

## **SLEEPING**

Sleeping times and patterns vary with each baby. Newborn babies sleep on an average 13-16 hours daily. By about one week, baby's sleeping patterns could be coordinated so that baby sleeps more during the night and less during the day. By about six months, baby may be ready to sleep alone in baby's own crib all night.

## **POSITION**

The AAP recommends that babies should be placed on their sides or on their backs. Recent studies have shown this to reduce the incidence of crib-death. If you do find baby on baby's stomach, do not panic. Gently reposition as suggested above.

In the first few months of baby's life baby's head grows quickly and the shape of the head could change if pressure is applied to one area for a long period. Babies usually vary the positions of their heads while sleeping. Since they spend long periods of time on their backs, there have been instances of some developing flatter areas on their heads, when they face the same direction for long periods, with their heads pressing against a flat surface or a mattress.

## BREAST ENGORGEMENT

Sometimes, your breasts could get engorged making it difficult for you to feed your baby. Still, it is recommended to put baby to the breast as baby offers the best suction. As baby sucks, your breasts empty and become less engorged. Breast engorgement is not a reason to stop breastfeeding. It is often due to clogged breast ducts and the powerful action of your suckling baby opens them up.

In case of painful engorgement of the breasts, please consult with your doctor.

## BREAST AND BOTTLE FEEDING

While breastfeeding, it is essential to continue with a good, balanced diet for yourself and to continue to take your pre-natal vitamins. It is a misconception that what you eat affects your baby, as insignificant amounts are actually excreted in breast milk. Another misconception is you need to drink extra milk while breastfeeding. It is however necessary to drink plenty of fluids.

Virtually all medications enter your breast milk, so seek advice from your doctor before starting any medications. However, most medications e.g. antibiotics, are not harmful to your baby, even if excreted in breast-milk. It is okay to breastfeed even if you have a cold, as you produce antibodies at the time, that beneficially transfer to the baby.

Any feeding that a breastfed infant receives in place of breast milk is called supplemental feeding. Suggested supplemental feeding:

- SIMILAC PRO ADVANCE
- GERBER GOOD START GENTLE
- ENFAMIL NEWBORN

Alternatives to above lactose-based formulas:

- ENFAMIL GENTLEASE
- SIMILAC SENSITIVE

Please follow the manufacturer's instructions when preparing the infant formula. Shake the bottle well to ensure uniform heating and mixing of the constituted formula. Test the temperature of the formula on your wrist before giving it to your baby. The temperature should be lukewarm. Do not microwave to heat the formula as this may result in uneven temperatures.

While feeding, baby's head should be slightly raised and resting on the bend of your elbow. Hold the bottle so that the nipple is always filled with formula, which helps baby receive formula instead of air. Never prop a bottle or leave the baby alone or feed the baby when baby is lying down. Remember that baby needs the pleasure and the security of being held at feeding time. You can tell when baby has had enough when baby stops sucking, frequently turns away or falls asleep. Discard unused formula because it spoils quickly. Refrigerating partially used bottles or retaining them for even an hour could lead to dangerous contamination. After feeding, rinse the bottle with cool water, and squeeze water through the nipple hole to keep it from clogging.

Although some of you may worry that regular iron formula may cause your baby to have an upset stomach, scientific studies show that Iron in Infant formula does not cause these problems. On the contrary, research suggests that delays in language and motor development may occur in babies who do not get enough iron during this phase of their growth.

Sterilizing is not necessary to ensure the cleanliness of feeding bottles and their accessories. It is sufficient to scrub bottles, nipples and caps with hot soapy water and a bottlebrush, squeezing water through the nipple holes. Rinse the soap out well with hot water. Household dishwashers are ideal to wash feeding bottles. Protect the bottles by placing them upside down on a rack or cleaning towel.

If you do sterilize bottles, please scrub off any deposits around the neck and mouth of the bottles. It is safe to stop sterilizing bottles when baby has reached one year of age.

For those planning to breast and bottle-feed, a good time to start the occasional bottle-feed is between 2-3 weeks, and as long as nursing is well established. This allows mom an occasional break and gives family members the opportunity to enjoy the feeding the baby. If you wait longer than 3 weeks to introduce the bottle, the baby may become quite resistant to it. Expressed breast milk is best, and formula is a reasonable alternative.

### **WATER**

Up to 3 months of age, please consult your physician. After three months of age, you may offer your baby 1-2 ounces of water once or twice a day in hot weather or if baby seems to be hungry after feeding. Please make sure the water is sterile and at room temperature. Water should not be offered as a substitute for a feeding, but rather in addition to it.

### **BURPING**

Burp baby half way through and at the end of each feeding to help remove any excess air swallowed. This can be done with your child over your shoulder or sitting up. Some babies require frequent burping, while many do not require much burping. Merely adjust to baby's needs.

### **BATHING**

Use a room that is warm, and not drafty [babies don't do well in extreme temps]. Sponge bathe your baby until baby's umbilical cord has fallen off. 24 hours after this happens, daily immersion baths may be given in a baby bathtub, with gentle baby soap.

### **CARE OF THE NAVEL (BELLY-BUTTON)**

Once home, before the umbilical cord falls off, the cord and navel areas should be kept dry, with good washing around the navel. When placing a diaper fold down the front flap of the diaper, so that it is well below the level of the navel.

When the cord falls off, clean the navel area as usual with soap and water. If at any time, the area of the skin around the cord and navel becomes red, hot and tender please call your baby's doctor immediately.

## COMMON SIGNS OF ILLNESSES

In the first two months of life, report any of the following to baby's doctor:

- Fever with rectal temperature of 100.5 degrees F or greater
- Vomiting repeatedly, or projectile vomiting
- Refusal of bottle or breast several times in a row
- Lethargy (general inactivity)

Excessive crying for an extended period of time (does not include daily fussy period that may occur in the afternoon and early evenings that may last for an hour or two).

---

## SCHEDULE OF WELL CHILD EXAMS AND IMMUNIZATIONS

### Birth - 24 months [2 years of age]

1-3 weeks    1 month    2 months w/shots  
4 months w/shots ⇒    6 months w/shots ⇒    9 months w/iron  
12 months w/shots ⇒    15 months w/shots ⇒    18-19 months  
24-25 months

*AAP recommended*

Every year ages 2-19 years

Shots after the second year

*Boosters at ages 4-5 years.*

*Adolescent doses at 11-12 years.*

### CHECK OFF AGES

When your child had **PHYSICALS/SHOTS**

To help you **REMEMBER THE AGE**

When the **NEXT PHYSICAL EXAM** is due.



BABY  
BIRTH  
BIRTH