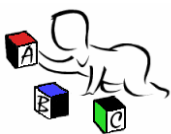


# Your Newborn

*By Dr. Minick*



*Premier Care  
Pediatrics*

# Important Phone Numbers

**Premier Care Pediatrics..... (813) 657-PEDS**

**Brandon Regional Hospital..... (813) 681-5551**

All Children's Hospital..... (800) 456-4543

St. Joseph's Hospital..... (813) 870-4000

Tampa General Hospital..... (813) 844-7000

University Community Hospital..... (813) 972-7272

All Emergencies..... 911

Poison Control..... (800) 222-1222

My Pharmacy is: \_\_\_\_\_ (813) \_\_\_\_\_

24 hr Pharmacy: \_\_\_\_\_ (813) \_\_\_\_\_



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## **LETTER TO PARENTS**

Dear Parents,

Congratulations on your new addition! A new baby is certainly the greatest gift a person could receive. Whether this is your first child or your fifth, we at Premier Care Pediatrics look forward to helping you in any way that we can. Together, we can help to ensure that your new baby grows up healthy and strong.

As you begin this new journey, we expect that you will have many questions and concerns. In talking to parents, we have found that most mothers and fathers would receive benefit from a reference book that addresses commonly asked questions and common issues of infancy. We have designed this book to address a wide range of common concerns and routine newborn care. We feel that this book, in combination with the teaching that we will provide at your child's routine visits, will help you in the day-to-day care of your child.

As always, we continue to look for ways to improve our practice and teaching. If there is any information that this book does not provide, please let us know. We will be periodically updating this book based on your suggestions. You can either tell one of our staff at your next visit, send us a letter, or use the suggestions page on our website (<http://www.premiercareped.com>). We look forward to helping each other to improve the care of your children. We wish you happiness during these first days with your new baby, and we are looking forward to answering any questions that you may have for us.

Sincerely,

Dr. Minick and Partner  
Premier Care Pediatrics, PA

## GENERAL INFORMATION

Premier Care Pediatrics is dedicated to helping parents provide the best care for their children. Pediatrics is a unique field of medicine in that most of the care we provide is in the form of preventative medicine. Keeping your child healthy is our first priority and is the reason why it is important to follow the American Academy of Pediatrics' (AAP) recommendations for routine well child visits. These are the visits during which we will talk to you about developmental milestones, proper routine care, feeding, growth, safety issues, and any other questions you may have as a parent. These visits are also important because they will allow us to track your child's growth and development. We will also be providing routine immunizations to help protect your child from serious illnesses which could lead to severe impairment and even death.

This book is designed to help answer your questions regarding the routine day-to-day care of your child. If there is anything that is not addressed in this book or that you have additional questions about, please feel free to call our office at anytime. We look forward to assisting you in the care of your beautiful child.

### **When Should You Call the Doctor?**

Oftentimes, parents are concerned about when to call or when not to call the doctor. Let us start by saying that we welcome your call at anytime. If you are concerned enough to consider calling your doctor, then pick up the phone and do so. A mother/father's instinct is frequently right on target. When you call us, please try to describe in as much detail as possible what is going on with your child. The more information we have, the better our advice will be for your child. The following information is meant to help you understand the signs and symptoms of illness in children. Use this as a guide for when you should always call us, but again, if you are concerned or unsure, give us a call. We would rather receive many calls which turn out to be false alarms than to have a parent not call because he/she doesn't want to bother us and have a child end up in the hospital with a serious illness.

#### **Newborn to 3 months:**

1. Rectal temperature over 100.4°F
2. Irritability-unable to calm down
3. Refusing to take a bottle or nurse
4. Difficult to wake up, not waking to feed
5. Repeated vomiting or vomiting becoming increasingly projectile
6. Decreased number of wet diapers and/or AM diaper not very wet
7. Any rash
8. Redness around the umbilical stump (newborns)
9. No urine for 24 hours (especially with new circumcisions)

#### **Infants and Children greater than 3 months:**

1. Oral/Rectal temperature greater than 102°F
2. Irritability-unable to calm down
3. Refusing to eat/drink
4. Repeated vomiting
5. Persistent crying and or inactivity

6. Diarrhea-frequent loose, watery stools or if any blood or mucus
7. Any rash beyond a simple diaper rash

### **Office Hours**

Our office is open Monday through Friday from 8:00 AM to 5:00 PM.

### **After Hours**

There is always a pediatrician on call for emergencies. When the office is closed, the phones will be answered by our skilled answering service which will triage your phone calls and contact the physician on call. Please use our after hours service only for urgent or emergency situations regarding your children. If you are calling for prescription refills, appointments, or minor concerns, try to wait until office hours. Sometimes, referring to our website may answer many of your minor concerns.

When you call after hours, make sure you provide the answering service with your name, your child's name, your child's date of birth, the problem or concern that you are having, and a working phone number where you can be reached. If you have not heard back from the physician within 10 minutes, please call our office number again and let the answering service know that you have not received a call. Please stay by the phone until you receive a call back. If your child's condition is worsening, and you feel that he/she needs immediate attention, call 911 or take your child to the emergency room.

While waiting for a call back, make sure that you have a pen and paper, your pharmacy phone number (or 24 hr. pharmacy if yours is closed), your child's current temperature, and a list of current medications that your child is taking.

### **Emergency Room or Hospital Visits**

Please be sure to call your pediatrician or our answering service prior to taking your child to the emergency room. We may be able to help answer questions over the phone or even to see your child and save you a trip to the emergency room and a long wait. If your child is seriously ill, and you feel that he/she needs to be seen at the emergency room, call us once your child has arrived to let us know that you are at the hospital. We prefer that you go to a hospital with a pediatric emergency room so that your child will receive the best care possible. We prefer to admit to Brandon Regional Hospital, when possible. Many times, we will make the effort to meet you and your child in the emergency room when admitting him/her is necessary. A list of local hospital phone numbers is included on the front cover of this booklet for your reference.

To avoid being charged for the entire visit, make sure that the hospital that you are taking your child to accepts your insurance policy. Of course, as always, if your child is severely ill and requires immediate attention, go to the nearest emergency room or call 911 and worry about insurance later.

### **Labs and X-rays**

Most of our labs are sent to local laboratories, however, we do perform hemoglobin levels, accuchecks (blood glucose), rapid group-A strep, rapid pregnancy tests, and urinalysis in our office. Labs which are sent out generally take 24 hours to obtain results. Cultures have to grow on special plates and take 48-72 hours to grow in most cases. You

will always receive a phone call from our office for any abnormal lab results or any positive cultures. We will make every effort to call you with negative results as well, but sometimes, if the office is very busy, we may not be able to call all negative results. You may feel free to call the office anytime you are concerned and want to know the results of your lab work.

### **Billing/Office Fees**

We handle all of our billing in the office and bill electronically with the insurance companies. **Co-payment is due at the time of your office visit prior to being seen by the physician.** It is your responsibility to make sure that our physicians are covered by your insurance company. Our office staff will try to confirm this information prior to your visit. Please visit our website for a complete, up-to-date list of insurance plans for which our physicians are providers.

### **Insurance**

For a complete, up-to-date list of insurance plans for which our physicians are providers, please visit our website (<http://www.premiercareped.com>).

### **Appointments**

Appointments are always scheduled based on need and availability. On most days, we will have a few open slots for same-day appointments. If there is an emergency, we will always try to work you in. When you call to schedule an appointment, remember to let our staff know the purpose of your visit (well child check-up, sick visit, follow-up, conference, or expectant mother interview.)

You will receive a reminder phone call the day prior to your visit. If you need to cancel your appointment, you will be given the opportunity to do so at this time. Please try to cancel appointments at least 24 hours prior to the visit to allow us to schedule other children at that time. We need to work together to ensure that we are able to see everyone in the most efficient fashion.

### **Questions during office hours**

Phone calls will be answered by our office staff and a message will be taken for the nurse or physician. You will always receive a call back the same day, and if you do not, please let us know so that we may correct the problem. Calls will be returned in order of importance.

If you are calling for advice or for a prescription refill, please give our staff the following information so that we may best serve you: child's name and date of birth, any known allergies, pharmacy name and phone number, child's temperature if ill, your name, and a phone number where you can be reached for most of the day. Make sure you have pencil and paper ready when we call you back.

If you are calling for lab or x-ray results, please provide our staff with the child's name, child's date of birth, the type of study/labs that you are looking for, when the test was performed, and who the physician was that your child saw. One of our nurses or the physician will call you back with the results.

To return your call in a timely manner, we often have the nurse call you back while the physician is seeing patients. If you would still like to speak directly with the physician, let the nurse know, and she will pass the message along to the physician. Many times, the physicians will return the majority of the calls at noon and at the end of the day. Please bear with us if we are extremely busy and it takes us a while to return your call. As always, if there is any problem, or if your child is getting worse, call us again and update our staff.

## **YOUR NEW ADDITION IS HERE**

Your baby has just been born, and you are full of questions about what is normal, what to expect from your baby, and what you need to do. This book has been designed by the pediatricians at Premier Care Pediatrics to help you in your search for answers to all of your questions. This section covers from the time of birth through the first few weeks of life and is designed to answer general questions to help you make it to your first visit with your physician outside of the hospital. If you should have any questions or concerns not answered here, please feel free to call our office.

Once your baby has entered into this world, he will be visited by a pediatrician in the hospital daily for check-ups. It is very important that your new baby is watched closely for the first few days of life. It is during this time period that we can often pick up problems which can be corrected when evaluated early. We hope that your chosen pediatrician, whether it is us or someone else, is able to visit and examine your baby in the hospital. It is much easier to answer questions that may come up when the pediatrician has seen the baby in the hospital.

Typically, you and your baby will be discharged from the hospital within 48-72 hours. If there are no problems with your baby at the time of discharge, we like to see your baby for the first visit at 10-14 days of life. If you are discharged prior to 48 hours, we like to move that visit up to day of life 3-4. We want to be assured that your baby is doing well, is feeding well, and that he/she is not developing jaundice to the point where we need to intervene.

When new babies are born, there is always a rush of family and friends that want to see and hold your new addition. One issue you should be aware of is that during the first few weeks of life your baby has a weakened immune system and is more susceptible to infection. For this reason, it is important to limit visitors and especially to limit the handling of the baby. You especially want to limit visits by other children who could potentially be ill.

A second way to prevent your child from catching an illness is through proper hand washing. Anytime a visitor wants to touch or hold the baby, they should wash their hands thoroughly with soap and warm water. Antibacterial soap may be helpful, but the most important step is rubbing the hands together vigorously for at least 15 seconds and then rinsing with warm water.

Once you are home from the hospital, please call our office to schedule your first well baby check-up as mentioned above. If any concerns come up before your visit, please call our office, and we will discuss your concerns. We may need to see your baby sooner.

In the sections to follow, we will address many of the common issues and concerns that will come up as you begin this exciting journey with your beautiful new baby.

## FEEDING YOUR INFANT

Nutrition plays a vital role in your child's growth and development, especially during the first two years of life. As pediatricians, we always recommend breastfeeding as the best source of nutrition for your newborn. We encourage mothers to continue breastfeed for as long as possible during the first year of life. Breastmilk is unique in that it provides your baby not only with the best nutrition, but it also provides special substances that help to protect your baby from infections and illnesses. If you are unable to breastfeed, there are many formulas on the market which provide an excellent alternate source of nutrition. There is no one best formula, it is a personal choice, and different formulas are tolerated differently by individual babies. You will have to try different formulas and decide which is best accepted by your infant. Never give cow's milk to your baby before one year of age. It does not contain the correct amount of fat and nutrients to help your baby to develop and could cause your child to develop a protein allergy that will affect them later in life.

### **How often should my baby feed?**

Each infant may be slightly different in his or her feeding pattern, but in general, there are a few guidelines to help you with feeding your new baby. Breastfed babies usually need to nurse every two to three hours and will typically feed on each breast during each feed. The length of time that an infant feeds can be widely variable. On average, most babies feed 10-15 minutes on each side. Formula fed infants usually feed every three to four hours and finish the bottle within 30 minutes. Most term infants will take two to three ounces at each feed. If your baby is taking an unusually long time to feed, is choking on the feeds, turns blue, can't catch his breath, or becomes sweaty when feeding, please let your pediatrician know immediately. These behaviors could be signs of a serious medical problem.

Most new parents worry about getting their baby on a set feeding schedule. While it is a good idea for the baby to get used to routines and schedules, it is generally best to allow the baby to set his own feeding schedule within the general guidelines above. As long as the baby is eating approximately every two to five hours and gaining weight appropriately, you should allow him to do so. During the first two weeks of life, an infant should not sleep more than five hours between feeds. This may put him at risk of hypoglycemia.

Parents will often tell us that their baby needs to eat every hour to hour and a half. Many times what may happen is that the baby is crying every hour and the parents first response is to feed the baby. Of course, the baby will calm down and feed, even though he may not be ready for a full feed. When your infant cries and it has not been two to three hours since the last feed, check for other reasons for the crying. Most of the time, the baby is crying because he needs his diaper changed, is too cold or hot, was woken up by a loud noise, or needs to be comforted. Don't always assume that crying means the baby wants to be fed.

### **How much should my baby eat?**

As mentioned above, typically breastfed babies feed for a total of 20-30 minutes, and formula fed babies consume two to three ounces initially with each feeding. These amounts can be somewhat variable with different infants. The best indication that your baby is getting the correct nutrition is your child's growth. We will be tracking this growth with each visit. During the first few days of life your baby will lose 5-10% of his birth weight as he is learning how to feed. This weight should be gained back by 10-12 days of life. Typically infants will double their birthweight by six months and triple it by one year.

Babies are generally reliable in letting you know when they have had enough at any given feed and also when they are still hungry and want more. Your infant may eat five ounces at one feed and two the next feed. This is completely normal. With this in mind, it is possible to overfeed your infant and this possibility needs to be addressed. If your baby is taking an unusually large amount at each feed and always seems to spit-up after the feed, he is probably taking too much at a time. You may want to try cutting back on the amount he eats and to monitor his growth closely. We are happy to help you with this task.

### **Can I give my baby water?**

In general, your baby should not be given any plain water to drink for the first four months. Giving water will reduce the amount of formula that your baby takes and will lead to poor nutrition. In the first few months, it can also lead to electrolyte imbalances and major problems for your baby. When using water to mix formula, you should always use either distilled bottled water or boil the water yourself and allow it to cool before mixing it with the formula. This is the best way to prevent your baby from becoming ill from bacteria or parasites that may live in tap water. Make sure you always follow the instructions for mixing on the formula label. Always level the scoops and do not dilute the formula.

### **When should I burp my baby?**

Burping is important to help remove air from your baby's stomach that he swallows during the feed. Breastfed babies should be burped between breasts and at the end of the feed. Bottle-fed babies should initially be burped after each ounce of formula or breastmilk. Some babies swallow more air than others, and you will get a feel for how much air your baby swallows and how frequently he needs to be burped as you get used to feeding him.

There are several good techniques for burping your baby, and you will determine which method works best for you and your child. The first is to place your baby on your chest with his head resting on your shoulder. Pat or rub in an upward motion firmly on his back. The second method is to sit your baby on your lap either facing forward or sideways and support the chest and head with one hand while patting or rubbing the baby's back with your other hand. The third method is to place your baby face down on your lap, making sure the face is not buried and that he can still breathe while patting or rubbing his back as in the other methods.

## **Spitting Up (Wet Burps)**

“Spitting up” or “wet burps” is when your baby brings up small amounts of formula or breastmilk, typically after a feed or when burping. Most babies will spit up on occasion, and some babies spit up with every feed. Frequently, this is caused by gastroesophageal reflux which is very common in babies. Most babies outgrow this condition by six months of age. As long as your baby continues to grow and gain weight appropriately, there is usually no cause for concern. Sometimes, the spit up comes out of the nose as well as the mouth. In these cases, make sure you have a bulb syringe (nasal aspirator) available as babies rely on their nose to breathe and do not know how to breathe through their mouths. There are steps you can take to help reduce the incidence of spitting up and allow your baby to feed more comfortably:

1. Burp your baby frequently during the feeding (after each breast or each ounce)
2. Use nipples with smaller holes to slow the feeding down
3. Make sure there is no air in the nipple, you may want to use special bottles that allow air to enter from the bottom of the bottle rather than the nipple
4. Keep your baby lying in an upright position at a 30-degree angle for 30-60 minutes after the feeding

## **Vomiting**

When should you be concerned that your baby is doing more than just spitting up? Vomiting is when your baby brings up larger amounts of the feed. Usually, this will appear to be more forceful in nature. Again, you want to have a bulb syringe available for those times when the formula or breastmilk comes out of the nose. Anytime that your baby begins vomiting and is not just having wet burps, please call us for an appointment so that we can see your child. If your child is gradually experiencing worsening episodes of vomiting that are becoming projectile in nature, we need to know immediately. This could be a serious condition that requires surgery. The other scenario that we worry about is if your child has had any kind of blow to the head and develops vomiting. In this case, your baby needs to be seen immediately in our office or in the emergency room.

## **BREASTFEEDING YOUR BABY**

Whenever possible, breastfeeding is the best source of nutrition for your baby. We understand that there are certain circumstances in which mothers will be unable to breastfeed their baby. Should you decide to feed your baby formula, we want you to know that this is certainly acceptable to us as well. The important thing is that you and your baby are happy and are bonding well.

When you first begin to breastfeed, especially for new mothers, it is a time for learning. Both you and your baby need to learn the best way to work together to develop a comfortable feeding method and schedule. Most mothers will have to try multiple times before their baby will get the hang of latching on. This is completely normal. Remember to have patience during the first few days, and do not give up. Your baby will catch on eventually. Some parents become concerned during the first 1-2 days that their baby is not getting enough nutrition and will begin to supplement. While supplementing will provide extra nutrition, it sometimes will interfere with your baby's ability to latch on to your breast. He will learn to latch on to the bottle and may have difficulty or even refuse the breast. As long as your baby is latching on and is getting some breastmilk, there is no need to supplement with formula. It is expected that your baby will lose 5-10% of his birthweight during the first few days of life as he learns how to feed.

During the first few days of breastfeeding, your milk will not have come in yet. When your baby feeds he will be getting a clear yellow fluid known as colostrum. This substance is full of nutrients, and although the amount produced seems small, it is appropriate for what your newborn is able to eat. Typically, your baby will nurse every two to three hours, even through the night. After the first few days, you will begin to produce breastmilk, and the volume will gradually increase. Remember that your milk production relies on the supply and demand principle. The more your baby nurses, the more milk you will produce. Likewise, the less your baby nurses, the less milk you will produce. Therefore, if you begin supplementing because you feel you are not producing enough milk, your baby will not be nursing as often, and your milk supply will diminish even more. It is best to continue breastfeeding and to encourage your baby to do so.

Before beginning a feeding, it is always a good idea to rinse your breast with water and dry. The best way to encourage your baby to latch on is to rest the baby's head on your arm or hand and to stroke the baby's cheek with your nipple. Your baby is born with a rooting reflex which will cause him to turn his head towards the cheek that you stroke, in search for your breast. Make sure that you do not try to turn your baby's head with your hand as this will upset him and disrupt your attempt to feed. Typically babies should feed from both breasts each time they feed. You want to start each feed with the breast you ended on during the last feed. The reason for this is because your baby will typically empty the first breast and then finish his feed on the second breast leaving milk remaining in that breast. When it is time for the next feed, the second breast is more likely to be engorged. An easy way to remember which breast you last fed on is to pin a safety pin to the bra on that side.

At the end of a feed, many mothers have found that placing lanolin on the breasts will help to prevent sore cracked nipples that result from the frequent feeding that babies

require. Lanolin is completely safe for the baby and you do not need to worry about putting this on your breasts. It does not need to be washed off, but some women find it helpful to rinse or wipe off excess prior to breastfeeding.

### **Sore Nipples**

Sore nipples are frequently a normal processes for the first 7-10 days while you and your baby are getting used to breastfeeding. There are several other reasons that can lead to soreness that should be considered as well. The first consideration when you are dealing with sore nipples should be to make sure that your baby is latching on properly. This is the number one cause of sore nipples. Make sure that your baby is taking the entire nipple and areola (dark area surrounding the nipple) into his mouth. Soreness occurs when the baby is only nursing on the nipple. If you have one nipple that is bothering you, try beginning each feed on the opposite side. Babies tend to nurse most vigorously on the first breast. Remember to return to the usual pattern once your nipples are no longer sore. If you are experiencing severe discomfort and feel you must stop feeding for a short period, make sure that you express your milk with a pump to keep your supply up.

### **Medications While Breastfeeding**

Many medications taken by nursing mothers will be passed on to the baby in the breastmilk. Make sure that you check with your pediatrician prior to taking any medications, either prescription or over-the-counter. If we are unsure, we will investigate and let you know whether or not the medication is safe to use while nursing.

### **Alcohol and Breastfeeding**

As with medications, alcohol is passed into your breastmilk and will affect your baby. It is best to avoid alcohol while breastfeeding. If you decide to have a social drink, be sure to do so right after you breastfeed (while your breasts are depleted of milk). You may also choose to dispose of the following feed by expressing your milk and throwing it away. To do this, you must either have stored breastmilk to give your baby or use formula for that feed.

### **Smoking and Breastfeeding**

Nicotine is passed to the breastmilk as well. It is currently unclear what effects this may have on your baby. Additionally, mothers who smoke while breastfeeding are exposing their babies to secondhand smoke. This exposure increases your baby's risk of Sudden Infant Death Syndrome (SIDS), respiratory illnesses, and ear infections.

### **Your Diet While Breastfeeding**

It is very important for a nursing mother to maintain a healthy, well-balanced diet consisting of at least three meals/day. Make sure you drink plenty of fluids (avoiding caffeine) as breastfeeding depletes your body of fluid more rapidly than if you weren't nursing. There are certain foods that can cause your baby to become gassy, colicky, or have loose stools. These foods to avoid include tomatoes, onions, cabbage, broccoli, chocolate, and spicy foods. The best way to assess if any foods are causing problems for your baby is to keep a food diary for 24 hours as typically this is the time period during which the problem will present and resolve. Once you figure out the "problem" food, cut it out of your diet and watch for improvement of your baby's symptoms. If you cannot

find a trigger or if the symptoms are persistent (>24 hours), your baby may have true colic which will be addressed in a later section of this book.

On a rare occasion, babies can be allergic to cow's milk in a mother's diet. Symptoms typically present within minutes to an hour after breastfeeding and include diarrhea, rash, fussiness, and gas. The best way to determine if this is occurring is to cut out all dairy from your diet for two weeks, then return the dairy items one at a time to your diet to see which item causes a problem for your baby. Before doing this, please talk to your pediatrician about your concerns, as there may be other causes for your baby's discomfort.

### **Supplementing With Formula**

Some mothers choose to or need to supplement with formula for various reasons. Remember that you need to express your breastmilk at regular feeding intervals in order to keep your supply up. If you do not do this, your milk supply will decrease. Also remember that you can express the milk and refrigerate or freeze it and use it to supplement.

### **Storing Breast Milk**

Breastmilk needs to be stored properly, if not used within 30 minutes after expressing. Remember that you should not use the bottle from which your baby fed to store fresh breastmilk. You should always store milk in either a sterilized container or appropriate breast milk storage bags. Breastmilk can be refrigerated for up to 24 hours. If frozen in a standard freezer, you may keep the milk for 2 months. If stored in a deep freezer at 0°F you can keep it for up to 6 months. When heating or thawing breastmilk, always use a container with warm water and sit the bag or container of milk in the water. Never microwave the breast milk! Always check the temperature of the milk by shaking a few drops from the nipple onto your wrist to assure that it is not too warm before feeding your baby. Only thaw the amount of milk that your baby can consume within 24 hours. Refrigerate any leftover milk after each feeding and never refreeze the milk.

**For more information on breastfeeding, check out the *AAP Women's Guide to Breastfeeding* on the internet at '<http://www.aap.org/family/brstguid.htm>'.**

## FORMULA FEEDING

Formula is commercially available in three different forms: ready-to-feed, powder, and liquid concentrate. All forms are equal in their nutrition. Babies will tolerate the various forms and even brands in different ways. It is up to you and your baby to decide which is best tolerated by your child. No matter which form you decide on, make sure that you read and follow the directions for mixing the formula on that container. There is variability between brands on how to mix the formula. Always use a level scoop when measuring powder. Never mix more or less water than the instructions tell you to use. You should always use distilled bottled water or boil and cool the tap water before mixing it with formula.

### How Much Should I Give My Baby?

Typically when you first start feeding your baby formula, he will be taking two to three ounces every three to four hours, if full term. The following is a guide to help you assess how much formula your baby should be consuming in a 24 hour period:

Newborn to 4 months	20-30 ounces
4 to 6 months	28-32 ounces
6 to 9 months	24-32 ounces
9 to 12 months	24-30 ounces

Keep in mind that the best gauge of proper nutrition in your baby is normal growth and development. We will be monitoring your child's growth and development closely at each well child visit and will keep you up-to-date on how your child is developing.

### Warming the Formula

Always use a container of warm water and sit the bottle of formula in the water to warm it up. Never use a microwave to warm formula or breastmilk! Make sure that you always check the temperature of the formula on your wrist to make sure that it is not too warm. There are several commercial bottle warmers on the market which work well to rapidly warm the formula. Make sure you follow the directions that come with each individual warmer and always shake the bottle and check the temperature of the milk on your wrist before giving the bottle to your baby.

### What Type of Bottle is Best?

There are many different types of bottles on the market today. There is no one best bottle for formula feeding your infant. This is one of the many things that you will just have to try for yourself and your baby to see which bottle works out best. Most of the bottles available today are excellent and should work just fine. Some bottles come with bag inserts to help reduce air bubbles and these are often good if your baby has problems with gas or even wet burps. Always make sure that you boil the bottles and nipples for the bottles before the first use and allow them to cool before filling them.

### **Choosing Nipples for Your Bottle**

This can be a little trickier than choosing the right bottle. You want to make sure that the nipple size is appropriate for your baby's mouth. In general, you can go by the sizing that the companies label the nipples with. The next important variable is the size of the hole on the nipple. You want to ensure that the hole is not too large so that your baby will not get too much formula when he sucks. This will lead to increased spitting up, choking, and may not satisfy his need to suck. If the hole is too small, your baby will not get enough milk, and he may tire out before finishing a feed. Always check the nipples periodically to make sure they are not worn out. Again, boil the nipples before the first use to sterilize them.

### **Creating the Best Feeding Environment**

Before you begin to feed your baby, make sure that he has a dry diaper, is awake and hungry, and is comfortable (not too cold or hot). This will ensure that your baby will be focused on feeding and not distracted by being uncomfortable. You want to choose a location to feed that is both comfortable for you and for your baby. Hold the baby close to you and with the head slightly raised. Make sure that as you hold the bottle, there is no air in the nipple as this will cause your baby to swallow air and become full sooner because of air in the stomach. It may also cause increased fussiness and spit-ups. Never prop a bottle or leave the baby alone to feed. This would put your baby at risk of choking and even aspirating formula into his lungs.

### **Cleaning Up After a Feed**

It is always best to clean the bottles and nipples immediately after use to prevent the formula from sitting inside the bottle and causing a foul odor. If you do not have time to wash right away, or if you plan to use a dishwasher, always rinse the bottle and nipple with warm water first. You should always use warm soapy water to wash the bottles and nipples. It is best to use a brush that will fit into the nipples and bottles for better cleaning. Rinse them well with hot water and allow them to dry thoroughly before storing in a cabinet. Never keep leftover formula from a used bottle. Always dispose of this and make fresh formula for the next feed.

## **SOLID FOODS**

Dietary habits are a very important part of every child's life. As with most habits, a child's nutritional pattern will be set early on in life and is reinforced with repetition. It is important to set a routine early and follow it as your child grows, to help establish good dietary habits. With this in mind, every child is different and you must respect and work with this. You cannot force a child to eat if he does not want to do so. You should also never use food as a punishment or a reward.

One important issue to address is when it is appropriate to start solid foods. Many parents will try to start solids too soon in an attempt to help their baby sleep through the night. This is not appropriate and can harm your baby if he is not ready. Solid food is not a necessary part of a baby's nutrition before 4 months of age. In addition, your baby is not developmentally ready to handle the thicker texture of baby food before 4 months. Most babies will gag if you attempt to give them solids before they are ready. Starting solids early means that you will also run the risk of causing an allergic reaction by giving your baby foods that his body is not prepared to digest.

### **Beginning Cereal**

When your child is between 4-6 months of age, you may begin introducing rice cereal. The first time you introduce it to your baby, you will want to mix the cereal with formula or breastmilk until it is a thin, liquid consistency. Mix a small amount, as your baby will not eat very much to begin with. Begin by offering your baby a small amount on a baby spoon. If at any point, your baby gags or chokes, he is not ready, and solids should be put off for several more weeks and then tried again. For the first few attempts, your baby will push most of the cereal off of the spoon, but he will gradually get the hang of using it. After several feeds, when you feel your baby is getting the hang of a spoon, begin to thicken the cereal each time you feed until it reaches the consistency of baby food. You may then try oatmeal and barley cereals, waiting 3-4 days before introducing each new cereal. Now you are ready to move on to Stage 1 baby food.

### **Stage 1 Baby Food**

Stage 1 baby foods consist of individual fruits and vegetables and should be the first baby food that your baby is fed. When you are ready to start, there are a few rules to follow. Begin with a single fruit or vegetable (fruits are often tolerated better because they are sweet). Stick with this fruit/vegetable for the next 3-4 days and do not introduce any new foods during this time. This will allow you to see if your baby is going to develop any allergic reaction to the new food. If diarrhea, constipation, vomiting, or any rash develops, stop feeding this food and discuss with your pediatrician. After 3-4 days you may introduce the next fruit/vegetable and so on.

### **Stage 2 Baby Food**

Once your baby has successfully tried all of the fruits and vegetables, you are ready to move on to Stage 2 food which are basically mixed fruits and mixed vegetables. Meats are generally introduced last and typically around age 7-8 months. Some Stage 2 foods contain meat mixed with either vegetables or fruits.

### **Stage 3 Baby Food**

Stage 3 baby food contains small pieces of food mixed in with the puree. Typically you should start this stage around 9-10 months when your child is beginning to mash food with his gums and/or beginning to cut teeth. Again, if your baby gags or chokes when trying Stage 3 foods he is not ready and you should try again in a few weeks.

### **Finger Foods**

Your baby is ready to try finger foods once he is taking stage 3 baby food. In general, once your baby is mashing food with his gums and cutting teeth, you may introduce finger foods. The best “crackers” for your baby to hold and self-feed are Gerber’s Wagon Wheels and Biter Biscuits. While these foods tend to be very messy, they do not break apart very easily and are less of a choking risk than some other finger foods. You may also want to try Rice Krispies or Cheerios which will allow your baby to begin developing his pincer grasp.

### **Foods to Avoid**

First, we should mention the foods which pose a major choking risk. These include hot dogs, peanuts, whole grapes, and popcorn. The Gerber graduate hot dogs are acceptable as your baby begins eating finger foods because they are more the texture of Vienna sausages. The problem with hot dogs (and other encased meats) is that they are spongy in texture, and if a piece becomes lodged in the airway, they are very difficult to remove and can result in death.

Below is a list of some other foods that you should avoid at an early age to prevent allergies from developing. Beside each item is the earliest age at which you should introduce these foods.

Cow’s Milk	1 year
Honey/Corn Syrup	1 year
Egg whites	2 years
Seafood	2 years
Peanuts/peanut butter	3 years

Of the above items, honey and corn syrup deserve special mention. Parents often think they are helping their child by adding honey or corn syrup to a bottle or using it to sweeten the pacifier, but what you might not know is that it could kill your child. Honey and corn syrup are not pasteurized. Therefore, they can contain botulinum spores. These spores when swallowed by adults and older children are of little consequence, but in infants, they can mature in the immature GI tract and produce the botulinum toxin that causes botulism, a sometimes fatal condition in infants. For this reason, you should never give an infant honey or corn syrup in any form. Parents frequently ask if it is okay to consume honey while breastfeeding. Spores are not absorbed into the blood stream and therefore cannot be passed to a baby. It is therefore safe for a breastfeeding mother to consume honey or corn syrup.

## WATER AND JUICE

We get questions all the time about when to give water or juice to a baby. First, let us say that when it comes to juice, it is not an essential part of a baby's diet. There is little nutritional value in juice. That being said, there are certain times that juice may be useful. Once babies start on cereal and subsequently solid food, sometimes the stools become more firm and your baby may begin straining to have a bowel movement. In these cases we will often recommend giving your baby 1-2 ounces of juice per day either in a sippy cup or mixed with the cereal.

When giving juice to a baby, you should always dilute it with an equal amount of water, at first. You should always use 100% juice, not fruit drinks which are mostly sugar. Never use unpasteurized juice in an infant. The best juices to use to help with constipation are juices that begin with the letter 'P'. These include pear, peach, and prune. White grape juice is also useful. Most parents begin with apple juice because they are most familiar with it. Sometimes apple juice will soften the stools, but it can also cause constipation, so we recommend trying one of the other juices first. You can buy small 4oz bottles in the baby aisle of most grocery stores, Walmart, Target, etc. The following is a guide for limiting juice in your child.

<b>Age</b>	<b>100% juice</b>
0-6 months	no juice unless advised by physician
6-12 months	4 ounces or less (dilute with equal amount of water)
1-6 years	6 ounces or less
6-18 years	12 ounces or less

You should avoid giving your baby citrus juices such as orange, pineapple, or grapefruit juice until one year of age.

Water should never be given under 6 months of age unless directed by your physician. Once your baby is taking solid foods, you may offer him a sippy cup of water with meals. We recommend limiting to 4 ounces until one year of age. Babies need to continue consuming formula or breastfeeding until one year of age. Giving your baby too much water will take away from the amount of nutrition he is receiving and can lead to health problems. Always use distilled bottled water or boil your tap water and cool when using in formula or giving to an infant less than 6 months.

## VITAMINS AND FLUORIDE

Vitamins are an important part of a baby's diet. Fortunately most infant formulas and even breastmilk contain the vitamins that your baby requires, with the exception of Vitamin D in breastfed babies. Make sure you are using a formula enriched with iron unless otherwise directed by your physician.

Should your baby require additional vitamin supplementation, most vitamin drops are available over the counter. The best way to give these drops is by placing the dropper in the side of the mouth at the back corner near the base of the tongue and squeezing the bulb on the dropper several times to release all of the medication. This way you bypass the majority of the taste buds, making the experience more pleasant for you and your baby. Younger babies do not have the ability to move foods/liquids forward with their tongue so they will have to swallow the medicine. You can also mix the medicine in a small amount of food or formula but your baby may taste it and refuse to eat.

Fluoride is not needed until six months of age. At this point, it is very important for babies to receive the correct amount of fluoride in their diet. The main source for fluoride is from tap water or fluoridated bottled water. If you are using bottled water that does not contain added fluoride (most brands do not), your child will need fluoride supplementation. Most city regulated tap water contains the recommended amount of fluoride to prevent tooth decay and is sufficient for your child. If you have well water, you need to have your water tested to determine if it contains enough fluoride.

You should never use fluoride toothpaste until after 2 years of age because children younger than this will swallow most of the toothpaste and can get too much fluoride. This can lead to a condition called fluorosis of the teeth where permanent white spots develop on the surface of the teeth. When using fluoride toothpaste over the age of 2, use only a pea sized amount and make sure that your child is spitting the toothpaste out.

Vitamin D is important because it helps to prevent a condition known as rickets where the bones become deformed. The AAP currently recommends that all babies receive at least 200IU of Vitamin D per day. If your baby is receiving at least 17 ounces of formula per day, he is receiving sufficient vitamin D to meet the daily needs. Breastfed babies may not be receiving enough, depending on sunlight exposure and the mother's vitamin D status. Therefore, the AAP recommends that all breastfed babies receive supplemental vitamin D starting before 2 months of age.

## **UMBILICAL CORD CARE**

One of the most frequently asked about areas of a newborn is the umbilical cord. When a baby is born, the cord is clamped and cut. Immediately, the baby's circulation begins to change, and blood is no longer circulated through the umbilical cord. The cord will begin to dry up. As the baby progresses, the cord will begin to pull away from the body. This usually occurs at 1-3 weeks. When you notice the cord coming loose, do not pull at the cord as you may cause damage to the baby. During this time of cord separation, you should use alcohol swabs on the dry base of the umbilical cord to help prevent infection as well as to help dry out the stump.

Once the cord has come completely off, you may notice a small amount of bloody or even clear to slightly yellow discharge. If the drainage lasts for more than 2-3 days, if there is thick yellow or foul smelling discharge, if there is any redness of the skin around the cord, or if your baby develops a fever, notify us immediately. This could be a sign of a serious infection. If your baby's cord has not fallen off by four weeks of age, please let us know.

Until the cord has fallen off, do not give your baby any baths in a bathtub where his belly will be submersed under water. This excessive moisture to the cord can delay cord separation and can lead to infection. Once the cord falls off, if you notice a persistent yellow, wet base to the belly button or a round flesh-like nodule of tissue in the belly button, please schedule a visit with us so that we may take a look and assure that nothing needs to be done.

## **GIVING YOUR BABY A BATH**

First let us begin by reminding you that until the umbilical cord has fallen off and healed completely, you should only be using a damp washcloth and warm water to clean your baby. You may use a mild soap such as the baby bath products or Dove bar if your baby has a dirty diaper area. Once you are ready to give your baby a bath, here are a few tips. Make sure the room is warm and there is not any direct airflow (ie. A vent blowing down on the baby). The water should be slightly warm to touch but not hot. It is best to use a bathtub designed for babies which keeps the baby at a slight angle so as to keep the head out of the water.

Wash your baby with a soft cloth and water. It is not necessary to use baby soap on a newborn and may cause irritation to his sensitive skin. When washing the hair, use a gentle baby shampoo and brush the scalp gently with a soft bristle baby brush to help remove any scaly plaques (cradle cap) that may be present. Rinse the head with warm water from front to back, being careful not to allow the water to run down over the baby's face. A hand placed on the forehead helps with this. Be sure to wrap your baby in a soft, dry towel immediately after removing him from the water to prevent him from becoming cold.

Bath time should be enjoyable for both parents and babies. Typically, babies should have a bath every 2-3 days. Bathing too frequently can dry the skin and cause irritation.

## **CLEANING A BABY'S GENITALIA**

### **Circumcised Male**

There are several ways that physicians can perform a circumcision and there is no one best method. Depending on the method used, you will either have a plastic ring left around the tip of your baby's penis known as a plastibell or there will not be a plastic ring. When a plastibell is present, you may wish to apply vaseline or A&D ointment to the tip of the penis to protect it from adhering to the diaper. You should keep the area clean each time you change the diaper. Watch for any signs of redness or yellow drainage from the skin around the plastibell. Do not try to help the plastibell fall off in any way, even if it is attached by only a thread of skin. This can cause significant bleeding and/or damage. The ring should fall off within one week. If it has not fallen off within this time, let your pediatrician know. For babies circumcised without a plastibell, gently clean the area with warm water each diaper change and apply a generous amount of Vaseline or A&D ointment to the circumcised skin. Continue to apply this after each diaper change until the area is completely healed (usually 3-5 days). This will protect the area against infection and also prevent the freshly cut skin from sticking to the diaper and possibly bleeding when the diaper is removed. Any time that stool gets on or near the circumcision, use warm water and mild soap to clean the area. Once the area has healed, with each diaper change you want to gently retract the foreskin and clean with warm water. If you do not do this, often the small amount of remaining foreskin will begin to 'stick' or adhere to the edge of the head of the penis. Over time the adhesions will continue to form toward the tip of the penis and could require surgical repair. This is easily prevented by simply applying gentle traction to the foreskin and cleaning well.

### **Uncircumcised Male**

Uncircumcised males will have foreskin that covers the entire tip of the penis and is "stuck" to the penis when the baby is born. Never forcefully try to retract the foreskin as this will cause significant pain and can harm your baby. When changing a diaper you should gently pull back on the foreskin so that minimal tension is applied and clean the area with warm water. The foreskin will gradually separate from the head of the penis and move freely as your baby gets older. We will demonstrate the proper way to retract the foreskin at your baby's first visit or in the newborn nursery. If at any point you see swelling, redness, or your baby is having a difficult time producing a stream of urine from inside of the foreskin, please notify us immediately.

### **Females**

Proper cleaning of female babies is important to help prevent urinary tract infections. Begin by separating the labia or skin folds with your finger and wipe from the top of the vagina (closest to the belly button) toward the bottom. Use a clean area of the wipe or wash cloth for each wiping motion. This will prevent contaminating the vaginal area with stool. Newborn girls may have a whitish discharge in the vaginal area, and this is normal. It is not necessary to wipe all of the thick white discharge from the skin folds the first time you clean the area. In fact, this may cause irritation. The whitish discharge will disappear after the first few days of life.

**Always remember to wash your hands after every diaper change to prevent the spread of germs from the diaper.**

## PREVENTING DIAPER RASH

All babies will develop a diaper rash at some point in their lives. We hope to provide you with some helpful hints to prevent diaper rashes, to help you recognize when a diaper rash needs to be seen by your pediatrician, and to give you some tips on treating a typical diaper rash.

Rashes are most commonly caused by too much moisture in the diaper area which leads to irritation of the skin. Other causes can include irritation by chemicals in the diapers, wipes, or diaper creams. The following is a list of ways to prevent rashes in the diaper area:

1. Change the diaper frequently to keep the area dry.
2. Use a barrier cream such as Desitin, A&D, or Balmex to provide protection of the skin against the stool. Always apply the cream to completely dry skin only.
3. If a diaper is only wet, clean the baby's diaper area with a cloth and warm water only. Wipes can often cause irritation to sensitive skin.
4. If there is stool present, clean with a cloth and warm water. Sometimes you may need to use a mild soap and be sure to rinse well. Don't forget to apply the barrier cream after the skin is completely dry.
5. If using baby powder to create a dry environment, be very careful. Baby powder can cause severe breathing problems if inhaled by a baby. You should always place the powder on the palm of your hand away from the baby and rub a small amount in the diaper area. Use sparingly because too much will just 'puff' out of the diaper when you pick the baby up and can be dangerous.

Typical diaper rashes appear as redness of the skin in patches. Sometimes these areas become slightly raised. If there is any skin breakdown, bleeding, pimples, blisters, crusting, or red bumps, please have your pediatrician look at the rash. Sometimes a typical diaper rash can become infected with yeast that lives on the skin and this type of rash will not go away with over the counter creams. A prescription anti-fungal cream or ointment is required. The other major concern is when a rash becomes infected with bacteria that lives on the skin. This can be very serious and requires oral antibiotics. When in doubt, we are always happy to take a look.

Once your baby develops a rash, your best bet is to follow the steps above for preventing a rash and to apply a thick layer of barrier cream to protect the skin and to allow it to heal. From our personal experience, there is a diaper cream called Dr. Smith's which can be purchased at any pharmacy that is very effective in treating diaper rash. It is more expensive than other brands, but works very well. Ask us for samples next time you are visiting your pediatrician. Whenever possible, allowing the rash to be exposed to air will often help in the healing process. If the rash is not improving with these steps or is getting worse, please bring your baby in for us to take a look at the rash.

## **BOWEL MOVEMENTS**

Babies are born with a reflex called the gastocolic reflex. Typically when a baby feeds, he will reflexively attempt to empty his bowels. Does this mean that every baby will stool every time he feeds? No. Babies are highly variable in their stooling patterns. Normal can be stooling with every feed to stooling once every 2-3 days. As long as the stool is soft or pasty and your baby is eating well, you should not worry. When babies are first born, the stools will be black and very sticky. This is known as meconium and will gradually change to a softer, yellow-green stool as the baby begins feeding. Typically, when babies are breastfed, the stool will be a yellow-green color and seedy in appearance. Formula fed babies tend to have more green-brown, pasty, and smooth stools. Do not worry if there is a change in the color of your baby's stool; this is normal. As long as there is no blood or mucus in the stool, you should not worry.

Most babies will cry, grunt, turn red in the face, and/or seem to strain when passing a stool. This is completely normal and should not cause alarm. As long as the stools are soft as described above, there is nothing to do. If your baby ever passes hard or formed balls of stool, please let us know, and we can make some suggestions to help relieve the constipation. Never give your baby any laxatives, enemas, or suppositories without talking with your pediatrician first.

## **CRYING**

When you or I want something, we ask for it. When we are cold, we put on a jacket, and when we need to go to the bathroom, we excuse ourselves. Babies are new to this world and have to slowly learn all of these behaviors over the years. The way a baby expresses his needs is through crying. Babies cry when they are hungry, wet, cold, hot, tired, bored, lonely or mad. As you and your baby spend time together, you will learn what each type of cry means for your baby. When your baby cries, think about the situation and why he might be crying. If you just fed him 30 minute ago, he is probably not hungry; maybe his diaper is dirty. Check each possible reason one at a time until you find the cause. Sometimes babies just want to be held, and this is good for both you and your baby. You will not spoil your baby by holding him too much - there is no such thing. If your baby continues to cry, or if you find yourself getting frustrated, lay your baby down and step away for a few minutes to give you and your baby a break. If your baby is acting unusually fussy and not calming down, however, it may be a sign of illness, and you should call your pediatrician for advice.

## **SLEEPING PATTERNS**

When you first take your newborn baby home from the hospital, it will probably seem like all he does is eat, sleep, and poop. Newborns do require a lot of sleep. On average, most newborns sleep between 16-20 hours and this can be during the day or night. Remember that babies do not know the difference between night and day until they are taught. In the beginning, your baby should be sleeping no more than 4-5 hours between feeds. Over the first few weeks of life, this will gradually change so that by 1-3 months of age your baby should be sleeping most of the night.

First and foremost, we want to stress the importance of the “Back to Sleep” idea. The AAP recommends that you put your baby to sleep on his back until the baby is old enough to turn himself over. Studies have shown that this will greatly reduce the number of cases of ‘sudden infant death syndrome’ or SIDS.

So how do you train a baby that nighttime is a time for sleeping? The first key is to keep the room fairly dark, and when you respond to your awakened baby, keep the room as dark and quiet as possible. Do not stimulate your baby by playing or turning on the light. This will only encourage him to wake up. Check the diaper by peeking in the side. If the diaper is not soiled and not completely wet, you may want to postpone changing the diaper until the next feeding. Of course, if your baby has a rash, always change the diaper to prevent worsening of the rash. Gradually, your baby will learn the difference between night and day.

So what should you do when your baby is sleeping through the night and begins waking up again at 6 months? This is a very common occurrence and is a normal part of development. Babies may start waking up at night around 5-7 months of age. The best thing to do is try not to pick the baby up. Comfort by patting on the chest or back. Avoid too much talking and stimulation. Your baby needs to learn to comfort himself and return to sleep. Also, you may try waiting a couple of minutes before entering the room to see if your baby will soothe himself. Some parents choose to use a pacifier, which may help to comfort your baby. Read the section on pacifiers for our suggestions regarding this.

## **TEETHING**

The average age for the first teeth to appear is 6-7 months. However, teething can begin as early as 2 months or as late as 12-15 months. Some babies are even born with a tooth, however, these teeth generally fall out a few days after birth and the babies will still get all of their baby teeth later. Typically, the bottom two front teeth will appear first, followed by the top two teeth.

Signs of teething include increased drooling, chewing on everything, and slight irritability. You can usually look at the gums and see a pale area where the tooth is pushing through the gums. Fever is not a sign of teething and should not be taken lightly. If your baby is fussy, try giving Tylenol as directed in the chart in this book. You can also apply teething gel lightly to the gums. Cold teething rings or a cool, wet washcloth

to chew on will often alleviate discomfort. Babies also may enjoy chewing on biter biscuits.

## **YOUR BABY'S BODY**

### **Head/Scalp**

Your baby is born with a soft spot on the top of his head known as the fontanel. This is the area where all of the skull bones come together. The fontanel is 'open' to allow the bones to grow and make room as the brain grows. Sometimes, you can feel a second soft spot at the back of the head as well. Do not be afraid of the soft spots. It takes a lot of force to cause any damage to your baby.

When your baby is first born, during the first week of life there may be small white flakes in the scalp. This is old skin that the baby is shedding and is completely normal. It may also be accompanied by peeling of the skin on other areas of the body.

Thick, stuck on yellow plaques are known as "cradle cap." These are basically the oils of your baby's skin that collect and dry on the scalp. The best way to prevent this is to wash your baby's scalp with a gentle shampoo several times a week and to be sure to massage the scalp with a soft-bristled baby brush when you wash. Should your baby develop the plaques anyway, you can often remove them by adding a small amount of baby oil to the scalp and brushing with the baby brush or gently scraping with your nail. The oil helps to dissolve the plaques.

### **Face/Neck**

The face is one of the more common areas for babies to develop rashes. This is mostly because your baby's face comes into contact with your face, hands, and lips as well as those of your friends and family, and with formula or breastmilk when the baby is feeding. The best way to prevent rashes is to limit your touching or kissing the baby's face. Instead, try to kiss their head. It also helps to clean the face after each feeding. If your baby should begin to develop a red, slightly raised rash, try applying a gentle, unscented lotion such as Eucerin or Aveeno after cleaning the face with water. Do this several times a day. If there is no improvement or the rash is getting worse, please contact your pediatrician.

Babies will also frequently have small pimples that come and go, known as baby acne. These are due to the presence of maternal hormones in the baby's body. Typically, this will resolve after 2-3 months. If the bumps are getting worse, let your pediatrician know. Never try to pop these bumps as you can cause damage and introduce infection.

The neck and underarms are very common places for babies to develop a moist rash due to the skin being folded onto itself. Moisture becomes trapped and can irritate the skin. The best prevention is to keep these areas clean and dry. If you notice a rash appearing, try applying a small amount of medicated baby powder with your fingers, being careful not to make a 'dust cloud' that your baby could inhale. NEVER shake the powder directly from the bottle onto your baby. This is a sure way to cause your baby to inhale the powder and can be very dangerous.

## **Skin**

Babies have very soft, sensitive skin and are, therefore, more susceptible to irritation and rashes. When using lotions or soaps on your baby, it is best to use the most gentle cleansers designed specifically for babies. Some babies may be more susceptible to irritation and may break out in a rash, even with these lotions. The other source of irritation that many parents do not think about comes from the chemicals in your baby's clothes. You should always wash the baby's clothes with gentle laundry detergent such as Dreft, and never use dryer sheets or fabric softener in the wash. These unnecessary chemicals will often cause pesky rashes for your baby.

Babies are often born with small white bumps on the nose and chin known as milia. These bumps are due to skin gland secretions and will disappear in the first 2-3 weeks of life. Again, never try to pop these bumps as you can cause damage and introduce infection. Any rash that develops in your baby that you are concerned about, please contact your pediatrician and discuss your concerns. We are always happy to take a look at any rash and to make sure that there is not a problem.

## **Eyes**

The first question many parents ask about the eyes is, "When will my baby have his permanent eye color?" Babies are all born with a blue-gray hue to the iris of the eye. Over the first year of life, a baby's eye color can continue to change, therefore, we tell parents that you may not know for sure until one year of age.

When babies are born, the muscles of the eyes are still developing. For this reason, babies will sometimes appear to be crossed-eyed. As long as the eyes return to normal position, there is no cause for concern. This will usually resolve by 6 months of age.

Eye discharge is another frequent concern of parents. Sometimes babies are born with a condition known as lacrimal duct stenosis which causes one or both eyes to tear more than usual. The discharge will always be clear with this condition. The treatment is to massage the inner corner of the eye with a warm washcloth several times a day to help open the duct. Usually this will resolve by 6-12 months. If it is severe, or if it does not resolve on its own, an ENT physician may need to use a special probe to open the duct. Any discharge with color (white, yellow, green, etc.) should be seen by your pediatrician immediately as this may be a sign of infection. Also, any redness should be seen by your pediatrician.

## **Nose**

Babies are born as obligate nose breathers. This means that they rely on their nose to breathe. For this reason, any time that a baby becomes congested, he will have difficulty breathing. Every parent should have a nasal aspirator bulb to use to clear the nose when it becomes congested. You can also place a few drops of saline into the nostrils to help loosen up the congestion prior to using the aspirator.

## **Mouth**

When babies finish feeding, they sometimes will not swallow all of the formula or breastmilk left in their mouth. When this sits in the mouth, it becomes a good medium in which yeast can begin to grow. This condition is known as thrush and appears as white

spots usually on the inside of the cheeks and on the tongue. If you should notice white spots, please let your pediatrician know. Sometimes right after a feed, there will be formula on the tongue that can appear white. If you can wipe the white discoloration off with a soft cloth, it is not thrush. If your baby has a problem with thrush, you can wipe the inside of the cheeks after each feed to remove the extra formula.

## **Ears**

Frequently parents ask us about cleaning their baby's ears. The reality is that most babies do not need to have their ears cleaned unless there is excessive wax production. Always talk to your pediatrician before cleaning the ears. Any ear discharge or drainage should be seen by your pediatrician. Never push any object, including Q-tips, into the ears as you can damage the eardrum. If you can see visible wax on the rim of the ear canal, you can gently rub a Q-tip around the rim without placing the Q-tip into the ear. Now the makers of Q-tips have come out with a safety Q-tip for infants which has a large base with a very short tip that prevents the Q-tip from entering into the ear canal. This type is generally safe to use on your baby.

When giving your baby a bath, it is always a good idea to avoid getting excessive water in the ears. Moisture in the ear canals can lead to bacterial overgrowth and infection. It is not necessary to use any ear plugs, simply avoid pouring water directly over the ear. You can shield the ear with your hand when you rinse the scalp.

## **Fingernails**

Babies have very soft fingernails, but they tend to grow fast. Most babies will scratch themselves on the face if their nails are not kept trimmed. Babies are not coordinated and reflexively grab at whatever comes into contact with their hands. When the hand touches the face, they will grab it and scratch themselves. The best way to trim the nails is to purchase a baby nail trimmer and to attempt to cut the nails when your baby is calm or asleep. Gently grasp the finger and pull back on the fingertip gently to expose the nail. Slide the trimmer around the nail and avoid cutting it too short as you may trim the skin on the finger as well. Inevitably, you will clip your baby's skin at some point because the fingers are so small, and the nails can be hard to trim. Do not let this deter you from trying. It is best for your baby to keep the nails trimmed. The other trick you can do to prevent scratching is to put mittens or socks on the hands.

If you ever notice any redness around the nails, please let your pediatrician know. Sometimes babies can develop infections around the nails and would need to be treated if this happens.

## CONDITIONS THAT MAY AFFECT YOUR CHILD

### **Jaundice**

Jaundice is a condition, mostly in babies, where the skin and whites of the eyes become yellow because of increased amounts of pigment in the body called bilirubin. Bilirubin is produced when red blood cells are broken down in the body. This is a normal process but sometimes there is extra blood in an infant's body, or their liver may not be able to get rid of the bilirubin fast enough. When this happens, the result is jaundice. We worry about jaundice because as the bilirubin levels get too high, the excess bilirubin can deposit into the brain and cause damage. This typically only happens at very high levels that we rarely see because we treat before the levels get this high. There are several different causes of jaundice which we will cover for you.

**Physiological jaundice** occurs to some extent in about ½ of all babies. The reason that this happens is that when babies are born, the liver is still developing and is slow in processing the bilirubin and in helping to eliminate it from the body. Typically, the yellow color will appear at 2-3 days of age and will disappear within 1-2 weeks. Bilirubin levels do not generally reach a high enough level to cause concern.

**Breastfeeding jaundice** occurs in about 5-10% of babies who are breastfed. When the baby begins feeding, the mother's milk supply is still coming in. The relative lack of breastmilk combined with the baby learning how to feed leads to mild dehydration. The result is mild jaundice. Typically, the yellow color will appear at 2-3 days of age and will disappear within 1-2 weeks. Bilirubin levels reach a peak around day 4-6 of life. Levels usually do not require any intervention, but occasionally, they may reach 15mg/dL or greater and require treatment.

**Breastmilk jaundice** occurs in 1-2% of breastfed babies, occurs around 7 days of age, and can last 3-10 weeks. The cause is not completely understood, but the thought is that the milk contains a protein or enzyme that affects the elimination of bilirubin from the baby's body. There is nothing wrong with or bad about your milk supply if this happens. The problem will resolve. Sometimes, giving formula only for 1-2 days while expressing the breastmilk to maintain supply, will bring the bilirubin levels down rapidly. Occasionally, these babies will need intervention.

**Blood group incompatibilities (Rh or ABO)** can cause a rapid rise in the bilirubin levels. What happens is that the mother's and baby's blood types are different and the mother produces antibodies to the baby's 'foreign' blood. These antibodies cross the placenta and enter the baby's blood. The antibodies cause some of the baby's blood to be destroyed. Typically, this jaundice begins in the first 24 hours of life and can be serious depending on the level of destruction of the baby's blood. Treatment is often needed to prevent complications.

**Treatment of jaundice** can help to lower the bilirubin levels and prevent serious complications such as brain damage, deafness, cerebral palsy, etc. Initial treatment consists of phototherapy and sometimes IV fluids. The ultraviolet light used during treatment helps to breakdown the bilirubin so that it can be eliminated from the body. Frequently when we first see jaundice, we will recommend to parents to place their baby

in a diaper only and near a window in indirect sunlight. The ultraviolet light from the sun can help to breakdown the bilirubin as well. You still need to let your pediatrician know if there is any yellow discoloration so that we can see your baby and order a bilirubin level if needed. In rare cases, when levels get dangerously high, babies may need an exchange transfusion where we take blood out that contains too much bilirubin and replace it with fresh blood.

### **Nasal Congestion**

It is very important for parents to understand that babies are obligate nose breathers. This means that they rely on their noses to breathe. Anytime a baby's nose becomes congested, he will become fussy and have difficulty breathing. For this reason, any time that you notice congestion, you should attempt to clear the nasal passages. To do this you will want to use a nasal aspirator (blue bulb) to suction out the nose. Frequently, the congestion is too thick for the bulb to pull out. The best treatment is to place 2-3 drops of sterile saline water into each nostril and to wait one minute before using the bulb. This will allow the saline to loosen up the congestion. Next, suction each nostril 2-3 times until clear. Avoid suctioning over and over at one time as this can cause trauma to the nose.

Cool mist humidifiers will sometimes help to loosen up the congestion. You should never use steam humidifiers around babies. Another helpful suggestion is to raise the head of the crib slightly. This will often help to relieve the stuffiness and to allow your baby to breathe better.

### **Diarrhea**

With babies, diarrhea is when the stools soak completely into the diaper. There are many causes for diarrhea from infection to malabsorption. The concern with diarrhea is that it can lead to excessive fluid loss and dehydration. Please call your pediatrician if your baby should have diarrhea. To prevent dehydration, use the following guidelines:

1. If formula feeding, stop the formula and give Pedialyte or Enfalyte for 12-24 hours. You may then mix the Pedialyte with the formula one to one for the next 12-24 hours and then resume formula.
2. If breastfeeding, continue to breastfeed and supplement with Pedialyte for 24-48 hours.
3. Avoid fruit juices as these can worsen the diarrhea.

If you see any blood in the diaper and cannot see a small tear at the anus causing the blood, please let your pediatrician know immediately. Remember that infectious causes of diarrhea are transmitted via the fecal-oral route. This means that the virus, bacteria, or parasite is shed in the stool and contaminates the environment. You then transfer this contamination to your mouth via your hands. Therefore, handwashing is very important to prevent the spread of the germs contained in the diaper. Anytime you change a diaper or touch the diaper area, be sure to wash your hands well before touching anything.

Always call your doctor if you see any of the following: decreased activity/lethargy, decreased urine output, blood in the stools, decreased feeding, vomiting, or inconsolable crying. Please realize that most babies that have diarrhea develop a diaper rash from all

of the stooling. Make sure that you are applying a thick protective layer of Desitin, Balmex, or Vaseline to the dry diaper area as a barrier.

## **Fever**

Normal body temperature is 98.6 °F with the normal accepted range of 97.6-99.6 °F when taken orally or rectally. When taking temperature in a baby under 6 months of age, always check the temperature rectally if you are concerned that there might be a fever. You may routinely check under the arm (axillary), but if you get any temperature outside of the normal range, always confirm with a rectal temperature. This will give you the most accurate information and will help us the most.

Pacifier thermometers are frequently inaccurate, and we do not recommend these. Thermometer strips that you place on the body are almost always wrong and should never be used. Ear thermometers can be very accurate when used properly, but this is extremely difficult in a baby. We, therefore, recommend that you do not rely on these for accurate measure of temperature. Digital and mercury/alcohol thermometers are very accurate and are the best option for babies.

Never try to measure an oral temperature in a baby as they can not hold the thermometer correctly. Axillary temperature is best taken without clothes to interfere. Place the thermometer in the middle of the armpit and hold the arm folded down at the side over the thermometer.

To take a rectal temperature, you may use either a digital or mercury/alcohol thermometer. Lubricate the tip of the thermometer with Vaseline or A&D ointment before each use. Insert the thermometer no more than ½ inch to avoid any unneeded discomfort to your baby. Follow the instructions that came with the thermometer regarding how long to wait before taking your reading of the temperature. After each use, wipe the thermometer thoroughly with alcohol to clean.

Fever happens when your body is burning energy at a more rapid rate than everyday. Energy consumption leads to heat production that presents itself as a fever. A temperature over 100.4 °F is considered a fever and may be a sign that your baby is fighting an infection. Always call your pediatrician anytime your baby has a fever for recommendations. Babies under 6 weeks of age have an immature immune system and are less effective at fighting off infection. For this reason, they are more susceptible to serious infections. We, therefore, take fevers very seriously in this age group.

Many parents are concerned about the myth that fevers can cause brain damage. The fever itself is a good sign that the body is doing its job. Fever, alone, will not cause brain damage, with the exception of heat stroke where temperatures reach 106 °F and above. It is possible, however, that the underlying cause of the fever could cause brain damage in the case of meningitis or encephalitis.

Four to five percent of children may develop a seizure associated with a fever. This is known as a febrile seizure and is not related to epilepsy in any way. Your child is not at any increased risk of having seizures later in life if he experiences febrile seizures. Most frequently, this type of seizure occurs between six months and two years of age. Typically, they are caused by a rapid increase in temperature and last less than five

minutes. As the fever comes down, the seizure will resolve. Febrile seizures do not cause any permanent damage to your child.

**Your Child Has a Fever, What Should You Do?**

1. If your child is less than three months of age, he needs to be seen the same day. Please call your pediatrician for an appointment.
2. Use light, cool clothing to allow heat to escape and your baby to stay cool.
3. Make sure that the room temperature is around 76-78 °F.
4. Give Tylenol according to the dosing chart below
5. Do not give Motrin (ibuprofen) under 6 months of age.
6. For children over 6 months of age, Always give Motrin with food. Do not give both Motrin and Tylenol at the same time.
7. Do not exceed the recommended doses of Tylenol or Motrin.
8. If the temperature is over 102 °F, or if it is not coming down with the above measures, place your child in a bathtub of warm water and use a washcloth to wet the back and chest. As water evaporates from the body it will help to cool your baby. Never use cold bath water or alcohol, you want to avoid shivering.
9. It is okay if the temperature does not return to normal as long as it comes down with the above measures.
10. Try to get your baby to drink liquid (Pedialyte/Enfalyte or diluted fruit juices). When a baby has a fever, the body loses fluid more rapidly and can lead to dehydration.

**Tylenol (Acetaminophen) Dosing Chart**

Take every 4 hours as needed		Infant's Drops 80mg/0.8ml	Children's Liquid 160mg/tsp	Fever-all Suppository 120,325,and 650 mg
Dose by Weight	Age	Dropper	Teaspoon	Suppository
6-11 lbs	0-3mos	1/2 (0.4ml)		1/3 of 120 mg
12-17lbs	4-11 mos	1 (0.8ml)	1/2 tsp.	2/3 of 120 mg
18-23lbs	12-23 mos	1 -1/2 (1.2ml)	3/4 tsp.	120 mg
24-35lbs	2-3 years	2 (1.6 ml)	1 tsp.	1-1/2 120 mg 1/2 325 mg

**Motrin (Ibuprofen) Dosing Chart**

Take every 6-8 hours as needed		Infant's Drops 50mg/1.25mL	Children's Liquid 100mg/tsp	Chewable tablets 50mg/tab	Junior Chewable 100mg/tab
Dose by Weight	Age	Dropper	Teaspoon	Tablet	Tablet
12-17lbs	6-11 mos	1 (1.25ml)			
18-23lbs	12-23 mos	1 -1/2 (1.875ml)			

24-35lbs	2-3 years	2 (2.5 ml)	1 tsp.	2 tablets	1 tablet
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## SAFETY

### Cribs, Beds, and Sleeping

Usually your baby will be unattended while in the crib, so it needs to be a safe environment. The most common injuries associated with cribs and beds are falls. Falls occur when the mattress is too high or the side of the crib is left down. The following are some safety recommendations related to cribs and sleeping:

1. Slats should be no more than 2 ¾ inches apart to prevent a baby's head from becoming caught in the opening.
2. There should not be any cutout shapes in the head or footboard for the same reason as #1.
3. Corner posts are dangerous as clothing can become caught and choke your baby.
4. Always make sure that the screws are tight. Any wobble should be corrected immediately.
5. The mattress needs to be at least 4 inches below the level of the side rail when it is in the down position.
6. Once your baby can sit, the mattress needs to be lowered so that your baby cannot lean over the edge. He may pull himself up before you expect it.
7. There should be no space between the mattress and the side of the crib. Babies can become stuck in this space.
8. Crib bumpers should be used with infants only. Once your baby can stand, remove the bumpers and anything else that he can use to step on and crawl out of the crib.
9. Mobiles should be secured out of reach of the baby. Once standing, get rid of the mobile.
10. Always use a firm mattress with a tight fitting sheet to prevent suffocation.
11. Never use a loose blanket and remove stuffed animals for infants. These objects pose a potential smothering hazard.
12. Until your baby can roll from back to front and front to back, always place your baby to sleep on his back. This has helped to dramatically reduce incidence of SIDS.
13. Never prop a bottle when your baby is feeding as this can cause your baby to choke.
14. Do not leave a bottle in the crib with milk or juice as this can lead to tooth decay.

### Changing Table

As much as changing tables are a convenient place to change a diaper, they can also be a dangerous place for your baby if you do not follow these recommendations.

1. The top of the changing table or pad should be higher on the sides than in the middle to prevent rolling off.
2. Never leave a baby unattended, even if strapped to the table, accidents will happen.
3. Always strap your baby to the table if you must step away from the table, even if only for a second. That is all it takes for your baby to roll and fall off.
4. Never let your baby play with a powder bottle as he can inhale the powder and damage his lungs.
5. Keep all supplies out of the baby's reach but within reach for yourself.

## **Highchairs**

Falls are the most common injury associated with highchairs. Our recommendations are as follows:

1. Make sure that all parts are stable and that the chair, if adjustable does not slip.
2. Always strap your child into the seat. It only takes a second for your baby to lean over the side, especially if he drops something and reaches for it.
3. Never place the highchair near a counter or table. Sometimes babies can push on this surface and cause the highchair to tip.
4. Always clean the feeding surface before and after feeding to prevent any buildup of germs.
5. If using a chair that attaches to a table, make sure that the table can support the extra weight. Make sure that there is not a table leg or crossbar within reach of the baby's feet as he can push on this and dislodge the chair.

## **Strollers**

1. Make sure that the stroller is locked into place prior to placing your baby inside.
2. Make sure that your baby cannot reach the release mechanism to fold up the stroller.
3. Always set the brakes prior to placing your baby in the stroller and anytime that you are going to let go of the stroller handle.
4. Always buckle your child into the stroller.
5. Never leave a baby unattended in a stroller.
6. Use the sunshade or a blanket when in direct sunlight.
7. Do not hang any items on the handle of your stroller as this weight can cause the stroller to tip.

## **Car Seats/Booster Seats**

Car accidents kill more children age 1-19 than any other cause. Properly restraining your child can prevent the majority of these deaths. The biggest problem that we encounter is improper use of car seats. The following recommendations will help ensure the safety of your child.

1. Never use a seat made before 1981 when federal safety guidelines went into effect.
2. Make sure you purchase a car seat that will fit easily and securely in your car.
3. Always use a rear facing seat for babies under one year or under 20 pounds.
4. Never put a car seat in the front seat with an airbag.
5. Always follow manufacturer instructions for installing the seat.
6. Use a locking clip on the seatbelt if it does not stay locked on it's own. Remember that the seat should only move about one inch when pulled on.
7. Make sure that all straps are buckled firmly.
8. Always check the temperature of the seat and the buckle when the car has been in the sun to assure that it will not burn your baby.
9. Never leave a child in the car alone, even if the car is running and the air is on.

## **The Kitchen**

There are multiple, potential hazards in any room but especially the kitchen. Here are some tips to prevent injury.

1. Make sure you have a childproof lock on the cabinet where you keep any chemicals (typically under the sink). Some parents childproof all cabinets.
2. Keep all sharp instruments out of reach, preferably in a locked drawer.
3. Unplug all appliances so that they cannot be turned on by a curious baby.
4. Always know where your child/pet is when you are walking and carrying hot liquids.
5. Turn pot handles toward the back of the stove so that your child cannot grab them.
6. If your stove has burner knobs at the front, use knob covers or remove knobs to prevent your child from turning burners or gas on.
7. Use a stove shield to protect against wandering fingers from touching the hot surface.
8. Use an oven lock to prevent your child from opening the door and climbing on the open door. The oven can tip.
9. Never use a microwave to warm a bottle as it can heat unevenly and cause burns.
10. Keep a fire extinguisher in your kitchen.

### **The Bathroom**

You may want to place a childproof latch on the bathroom door to prevent unsupervised access to the bathroom. The following considerations should be taken.

1. It only takes a few inches of water for a baby to drown. Never leave a child unattended in a bathtub, even if in a bath ring or seat.
2. As your child moves out of a bath seat and into the tub, use a nonslip bath mat and cover the spout with a soft rubber cushion.
3. Keep the toilet seat down and use a seat lock to prevent access to the toilet. A child can lean into the toilet, fall in head first, and drown.
4. Hot water heaters should be set at 120 degrees Fahrenheit or less to prevent burns.
5. Start the cold water first and turn off the hot water first.
6. Medicine should be stored in a locked cabinet and in containers with childproof caps.
7. Never leave hairdryers, curling irons, or razors plugged in.

### **General Home Safety**

There are a few safeguards you should consider for your entire house. The following is a list of general safety concerns.

1. Cover all outlets with outlet covers.
2. Block all electrical cords that have to be plugged in so that your child cannot get to the plugs and pull them out or chew on them.
3. Elevate the pull strings for your blinds so that they are out of reach. If the strings have a loop, cut the loop so that you have two separate strands.
4. Keep an eye out for small objects that can be picked up and put in a mouth.
5. Install smoke detectors in all rooms and check the batteries monthly. Change batteries at least once a year.
6. Use safety gates at the top and bottom of any stairs.
7. Anchor tall furniture such as bookcases to the wall. As your child gets older and can walk around, anchor all furniture in his room to the wall. Children will pull out drawers and use them as steps to get to the top. The furniture can tip over and cause serious injury or death.
8. Consider corner protectors on your furniture.
9. Never leave windows unlocked.

10. Never leave plastic bags lying around. They are a serious choking hazard.
11. Firearms should always be locked up and unloaded. Ammunition should be locked in a separate location.

### **The Pool and Other Bodies of Water**

1. Never leave your children alone in or near the pool, even for a moment.
2. If you have a pool, it should have a 4 foot vertical slat fence around the entire pool with a self-locking gate.
3. A power safety cover can be used but is not a substitute for a fence.
4. Have rescue equipment such as a shepherd's hook or life preserver at the pool.
5. Always use a life vest when your child is in the pool. Air floats can deflate at any point and be dangerous.
6. Know CPR in case there is an emergency.
7. If there is a pond, river, water retention area, or lake in your backyard, restrict access with a fence as well. Remember, it only takes a few inches of water for a baby to drown.

### **Pets**

Children are much more likely to be bitten by an animal than adults. Babies and young toddlers should never be left alone with a pet. The following are some safety guidelines to help your child and your pet remain safe.

1. Never leave your child alone with a pet.
2. Teach your child not to put her face near an animal.
3. Make sure your pet is fully immunized.
4. Gradually introduce your pet to your new baby and allow the pet to sniff and lick. Telling a pet no constantly promotes a negative association toward the baby.
5. As your child begins to crawl, watch closely as he will try to crawl onto your pet and grab tails, ears, etc.
6. If your pet ever snaps at your child, strongly consider getting rid of the pet to avoid a serious injury down the road.