

# Happy & Healthy Pediatrics

Pediatric, Adolescent, & Breastfeeding Medicine



## Newborn Care

### Introduction:

Nothing is a more life altering event than having a baby. Whether this is your first baby, or your fifth, your baby is a special, entirely unique individual with its own personality. It takes time for you to learn the baby, and for them to learn you. There is always some level of anxiety that accompanies the birth of a child. That is where we come in. Our ultimate goal is for you to enjoy your newborn. We want to be your “guide” and “village” as we support you through this journey.

### Baby Care:

- Umbilical cord: Keep the area dry. There is no need to use any alcohol or clean it in any way. Just leave it alone. Keep the diaper rolled down so that it is open to the air. It usually falls off 1-2 weeks after birth. **When it does fall off, it might bleed slightly or produce some thick yellow stuff. Don't worry, that is normal.** Just wipe it away with a dry paper towel. We will check it in the office. All parents hate the way the umbilical cord looks as it is drying up and falling off-you are not alone. You have to think of it as hair and nails, it is attached to the body, but it does not have nerve endings. It doesn't hurt the baby at all, so you don't have to be afraid to touch it.
- Bathing: A warm wet washcloth, every 2-3 days, is all you need until the cord falls off. Newborn's skin is very dry and flaky. Newborns are like little snakes, they shed that whole top layer of skin. You can put Vaseline on any dry, cracked areas. There is no need to use anything on the skin other than water and Vaseline, until the umbilical cord falls off. After that, see skin care handout.
- Nails: Newborn's nails grow very quickly. Using an emery board to file the nails is safer than using infant scissors or clippers. Another safe way to shorten the nails is to bite them off. This is what they do in every other place around the world, and there have never been any reported injuries.
- Eyes: Newborn's eyelids may be swollen after birth-this is normal and will improve in a few days. Several newborns also have **eye discharge/crustiness** on and off for several weeks/months. This is usually due to a **clogged tear duct**. If the eyes are red and there is profuse discharge all day long, please call for an appointment. If you occasionally see a little discharge/crustiness after sleep and the eyes are not red, then **just wipe the discharge away with a warm wet towel**. This eye discharge is normal for up to 1 year of life and may be intermittent.

- Vaginal discharge: Newborn girls have a slightly swollen vaginal area with thick, white discharge for a few days. You do not need to get the mucous out. In most cases, it will just come out on its own. A smaller percentage of little girls also get blood from the vagina which looks like a small period. Don't have a heart attack if you open the diaper and see some blood. It is normal, due to hormones left from mom prior to delivery, and will resolve on its own in a few days.
- Breasts: Both little boys and girls may have swollen breast tissue for a few weeks. These "Baby Boobies" are completely normal and have no significance.
- Moro Reflex: This is a normal startling response to loud noises and sudden movements. It disappears after 4 months of age.
- Hiccups and sneezing: Both occur frequently in the newborn period, are **normal** and don't require treatment. You can feed the child during the hiccups without any problem. Sneezing does not mean the child is getting sick or has seasonal allergies-it is a normal behavior for the age group. The child may sneeze once or 40 times-the number of times they sneeze has no significance.
- Nasal Congestion: **Nasal congestion and mucus are both completely normal for the age group.** If the baby has just spit up, or had a "wet burp", milk will often get stuck in the back of the nose causing congestion. Newborns often sound like pugs-those small snorty dogs. This is especially true when they are lying flat on their backs during sleep, since gravity is not helping them keep the milk down. You can use normal saline drops in the nose as needed, and a nasal aspirator if the child is so congested they cannot feed well (Babies are obligate nose breathers when they are sucking to feed). Otherwise, we recommend ignoring it. If the boogies are not bothering them, don't let them bother you. A cool mist humidifier is also worthwhile in the winter months. **This is the number one thing that drives all new parents crazy. It is just a sound. Don't worry. It is normal for the first year of life intermittently.**

Spitting up: ALL BABIES SPIT UP. It is normal and expected. You do a lot of laundry in the beginning. If the spit-ups are very forceful, frequent, and the child seems very uncomfortable while spitting up, then please call to make an appointment. Most babies are "happy spitters"-they spit up all over you and are smiling right afterwards.

**Burping and Gas**: All BABIES HAVE GAS AND THEY BURP AND FART A LOT!!! THIS IS NORMAL. They all wiggle around, grunt often, and seem like they are pushing. This is also normal. You should try to burp at the end of the feeding or if the baby interrupts the feeding. Try for 5-6 minutes. If you don't get a good burp, abort the mission. God created a very ingenious system. If the gas won't come up, then it will go down. Some babies are good burpers, some aren't, and some are only good sometimes. Don't worry.

Sterilizing: YOU DO NOT NEED TO STERILIZE ANYTHING AND YOU DO NOT HAVE TO BOIL WATER. Just wash everything the way you do the dishes you eat off of-hot water and soap or top shelf of dishwasher. You can use any water to mix formula that you drink at home-a filtration system is just fine (Brita, etc.). *Babies do not need to drink water until they are 6 months of age-until then they get all of their hydration and nutrition from the breast milk and/or formula.*

Diaper Care: Use wet paper towel for routine diaper changes or wipes. Make sure the wipes you use are unscented and Alcohol-free. If the child has a diaper rash, don't use wipes until it is healed.

Poops: New parents worry about poops. To know if the baby is getting enough milk, it is more important to watch the urine output than the stools. ***Stools can really vary in frequency-from once with every feed to once a week.*** As long as the baby is feeding well and the poops are soft, the frequency isn't important. The frequency of stooling can also change day by day-there are no trends. They can poop 10 times one day, skip 2 days, and then blow you out the following day. Constipation in infants is not defined by the frequency, but by the consistency. Hard dry pebble like stools, which we fondly call "Doody Balls" are true constipation. Please call the office if your child is making doody balls. In the first few days of life, the poops are still meconium-thick, sticky and black. After that, normal stools can vary a lot in color. Think of the colors of the leaves in the fall: **normal poop can be orange, yellow, green or brown.** They often also contain "little seeds" in them which is also normal. **Normal poops are anywhere from watery and explosive, to soft and smooshy.** Breast milk fed babies especially tend to have watery poops-this is **not diarrhea.** All babies tend to strain while pooping too-they can get "beet red", cry and grunt. This is normal and will improve as the child gets older. It is also common that babies have a gastro-colic reflux which means that they push to poop as they are feeding. This is completely normal.

Dressing: Most new parents tend to overdress their new babies. The same amount of clothing that you feel comfortable wearing is what your baby should wear. Put on as many layers as make sense, counting the blankets, and then touch the baby's chest after being in that environment after 10-15 minutes. If the baby's chest feels cold, put on a layer, if it feels sweaty, take off a layer. Never go by the baby's hands and feet as they are always colder (and often bluish in color which is also normal).

Temperature: Keep the temperature in your home at what you would have kept it at before the baby arrived (65-70 degrees F). It is always better to be on the side of cooler than too warm. You can use fans (which have been shown to reduce the risk of SIDS), air conditioners, heating systems, etc-whatever is needed for the time of year in which the baby was born.

Going Outside/ Visitors: On any day above freezing temperatures, you can take the baby out for a walk. It is good for all of you to get the fresh air. Use mosquito netting over the stroller, even at times when it is not buggy outside, since it will also keep the people out. You want the number of people that are close to and touch the baby to be minimal due to risk of infection. Limit visitors to only very close family and friends. Make sure everyone washes their hands before touching the baby. Other children should get into the habit of touching the baby's feet rather than their hands or face. Stay away from large crowded enclosed places like malls, supermarkets and restaurants until the baby is at least 8 weeks of age.

Sleep: **The baby should only sleep on the back. You should alternate the baby's head side everyday to prevent the baby's head from getting flat in the back.** Most babies do this themselves, but if you notice that your baby is sleeping more often with their head to one side, try to have the baby sleep part of the time with their head to the other side. **BABIES SHOULD NEVER SLEEP ON THEIR TUMMIES AS THIS INCREASES THE RISK FOR SIDS.** Positioners are not recommended! The baby should be the only thing in the crib or bassinet. No loose blankets, no pillows and no toys should be in the crib or bassinet. Bumpers are not recommended due to the fact that they may increase the risk of injury/suffocation. The only bumpers that are safe are the "Breathable Bumpers" which are available in most Baby Stores.

Babies should not co-sleep in the bed with you due to the increased risk of injury/suffocation. A good negotiation is the “Arm’s Reach Co-sleeper” which allows the baby to be next to you, but is safe-it attaches to the bed. This is also available in most Baby Stores. Newborns sleep a lot in the beginning-up to 22 hours/day. All babies lose a few ounces to as much as 10% of their birth weight in the first few days of life. Most are back to birth weight by 2 weeks. Until the baby regains birth weight, they should be awakened to be fed every 3 hours for a breastfed baby, and every 4 hours for a formula fed baby. **ONCE THE BABY REGAINS THEIR BIRTH WEIGHT-YOU NEVER WAKE A SLEEPING BABY.** Babies are also very active sleepers-they grunt and move a lot in their sleep. This is normal. Don’t worry. It does not mean they are in pain or have excessive gas-all babies do it!

**Day/Night Reversal:** When you were pregnant, the baby slept more during the day as you were moving around and rocking them to sleep, and were more active at night when you were sleeping. Babies still follow this schedule after birth for the first few weeks. To help reset this rhythm, make the daytime environment loud, bright, and active. Speak in full voices, keep lights on, vacuum, etc. At night, make the lights dim, try not to speak to the baby at all, move slower, etc. Sleep when the baby sleeps. If it is during the day, take a nap yourself. Don’t worry, the laundry will eventually get done. You need your rest!

**Tummy Time:** Most people start tummy time in this age group by lying down with the baby on their chest. As the child gets older start putting them down for “Tummy Time” on a mat or blanket on the floor. This helps babies build up their muscle tone. Tummy time is never for sleep time. Do the best you can. Even 5 minutes 2-3 times/day is awesome!

**Crying: All babies cry.** They can be fed, changed, warm, etc. and there are still going to be times the baby is going to cry. This period is usually in the evening/late night hours and is called the “Witching Hour”. All babies get it to some extent. It is part of their *normal neurologic development*. Many parents blame gas on the fussiness, but it is usually during these normal periods of crying that the baby swallows more air, and thereby has more gas. These periods of crying usually improve by 3-4 months of age. The most common mistake we see parents make, is attributing adult emotions to the newborn crying-so when they are crying you think that the baby must be in pain or uncomfortable. That’s actually how you feel that you are projecting onto the baby. You wouldn’t question why a dog barks. Crying for a newborn is the nature of the beast. If you can accept that, it makes life much easier to life. Until then, how do we keep our sanity? Here are a few tricks...

1. Gripe water (a natural remedy made from fennel seed, chamomile and ginger) can calm the baby and help with digestion. It is to be used when the child is cranky and crying. Good brands are “Little Tummys” and “Wellements”. Directions are on the package. Most say not to use less than 2 weeks of age, but you *can* use them less than 2 weeks of age. Most parents think gripe water works really well to help calm a crying baby. It should always be your first line.

2. Little tummies gas drops-they are worth a try if the baby is very gassy and uncomfortable. We recommend trying the gripe water first, and then trying the gas drops if the baby is still very cranky and gassy. They contain the same active ingredient which is in “Gas-x” for an adult. They are safe and the directions are on the packaging.
3. **“The Happiest Baby on the Block” DVD**-a great DVD that shows you some tricks on how to deal with the crying. This is awesome!!! They sell it in most Baby Stores and on Amazon. You can rent it in Verizon on demand.
4. Pacifier-worth using even if you are breastfeeding- to help with the crying. Babies love to suck, so it may really help to soothe them. It will not screw up the breastfeeding, even if started less than 1 month of age. There is evidence that pacifier use may actually decrease a baby’s risk of SIDS. It is NOT a good idea to tie the pacifier to a string around the baby’s neck or attach the string to their clothes. This is a great strangling hazard and must be avoided.
5. **Hold them. Babies love to be held. YOU CANNOT SPOIL A BABY IN THE NEWBORN PERIOD.** They have no memory, so do whatever you have to do that is safe to make the crying better. We are the only mammals who don’t sleep with our young. It is the baby’s instinct to want to be held constantly. A great product to consider is the “Ergo Carrier”. Slings are not recommended anymore since several children suffocated in them, and other carriers cannot be used until the child is older. Check it out online: [www.ergobabycarrier.com](http://www.ergobabycarrier.com). As a mom, I found it a very helpful tool. Make sure that whatever carrier you use, that it is safe for newborns. The NUROO is also a cool new product for wearing babies while doing “skin to skin”-from newborn (even preterm) to 15 pounds. <http://nuroobaby.com/>

**Vitamin D:** All babies need additional Vitamin D (400IU/Day)-whether breastfed or exclusively formula fed. Moms should continue taking their prenatal vitamins.

**Carlson’s Kid’s Vitamin D Drops.** Place one drop onto nipple, pacifier or breast and have the baby suck it off. We prefer this product because the one drop in volume is easy to administer, and it is all natural without any artificial flavors or colors.



**Probiotics:** Probiotics have been shown in clinical trials to benefit newborns in several ways:

- Decrease number of episodes of regurgitation and improve bowel habits-lessens constipation.

- Reduce mean daily crying time (*Improved colic*).                      Decrease risk for thrush and fungal diaper rashes.

Newborns can be given probiotics daily. Infant drops are a good way to provide them to a newborn. You can add 5 drops into a bottle or put in a baby spoon and put it into the baby's mouth. This formulation already contains the 400 IU of Vitamin D recommended daily. So if you use these probiotics YOU DO NOT NEED to also give the Vitamin D listed above.



Signs of Illness: A baby cannot tell you if they are sick or something hurts. Objective findings are difficult to come by. Three very good signs to look for are:

1. Appetite changes
2. Personality changes
3. **A rectal temperature equal or great than 100.4 F.** You have to take a rectal temperature in babies less than 6 months. No one likes to do it, but it is really no big deal. Put a little Vaseline on the tip of the thermometer and stick it in the tushie. The thermometers made now are all digital and give a reading within 3-8 seconds. They are shaped in a way you couldn't put it too far in the tushie-about ½ inch is all you need. If the reading is equal to or greater than 100.4 F, call us right away-even if it is 3am. This is the true definition of fever in a baby, and in a baby less than 2 months of age, we take this number very seriously. Babies run warmer than we do. So if you take the temperature and it is 99 F or 100.2 F, don't worry-just keep an eye on it. You do not need to take the baby's temperature routinely-only if they feel warm to you or are not acting normally. If you do not feel comfortable doing a rectal temperature, bring your thermometer with you to one of your visits with us, and we will show you how to do it.

Circumcision: This is really a personal choice. The circumcision usually heals within 7 days. To aid the healing, apply Vaseline with every diaper change and place gauze on top of the penis. As it heals, the head of the penis will appear less red and you will see some thick yellow stuff on it. This is not pus; this is the normal healing tissue. We will be following the healing of the circumcision closely with you in the office. **Make sure, even after the circumcision heals, that with every diaper change you pull down any excess foreskin and clean well and apply Vaseline to prevent the skin from re-sticking upon itself. You should do this as long as the child is wearing diapers.**

Urination: Newborns urinate 4-6 times/day. Urination is the best sign that the baby is well hydrated and getting enough milk. Sometimes, it is hard to see if the baby urinated since the diapers we use now are so super absorbent and early urine can be very concentrated and low volume. To help you see if the

baby is urinating, place a Kleenex tissue in the diaper over the penis or vagina. If the baby urinated, the tissue will be wet.

Postpartum Feelings: After most women have a baby, they have feelings of tearfulness, tiredness, sadness, and difficulty thinking clearly. The main cause of this temporary reaction is probably the sudden decrease in maternal hormones after delivery. Having a baby is overwhelming and a huge adjustment for the entire family. All new moms “melt down” at some point. We worry more about the moms who do not break down at some point. It is a completely normal feeling, and you are not alone. There are several ways to cope with these feelings:

- Acknowledge your feelings and know that you are not alone.
- Discuss them with your spouse or a friend.
- Don't try to suppress crying or put on a “supermom” show for everyone.
- Get as much rest as possible.
- Get help at home.
- Go out for walks and get some fresh air.
- Get out of the house at least once a week alone, even if it is just for an hour.
- Join a new mom group—we have several offered here in our wellness center.
- Use a carrier to carry the baby—I have found one of the hardest transitions for new moms is the loss of efficiency. It is a loss most new moms really mourn. Before the baby, most women were able to make a “to do” list and knock it right out. That is GONE once the baby comes. The baby wants to be held all day long, and all of a sudden the new mom is not able to even brush her hair during the day. Using a carrier to hold the baby gives the new mom an opportunity to brush her hair, check her emails, throw the chicken in the oven for dinner. It makes a huge difference through this hard transitional period.

### **Vaccines for parents:**

Flu Vaccine: During flu season all parents and caregivers should receive the flu vaccine. Especially if mom is breastfeeding, this will provide antibodies to the baby through the breast milk for the flu (babies are not eligible to receive the flu vaccine until 6 months of age). The flu shot cannot cause illness or the flu.

Pertussis or Whooping cough Vaccine: All parents and caregivers should receive the Tdap vaccine to protect infants from whooping cough. Especially if mom is breastfeeding, this will provide antibodies to the baby through the breast milk for whooping cough (babies are not eligible to receive the pertussis vaccine until 2 months of age). Go to <http://www.soundsofpertussis.com/> for more information on the importance of this vaccine.

### Reducing the Risk of SIDS:

- Infants will be placed on their back in a bassinet with a flat firm crib mattress covered by a fitted sheet. (Supervised, awake tummy time is recommended to facilitate development and to reduce the development of a positional flat head). However, if your baby has rolled from his back to his side or stomach on his own, he can be left in that position if he is already able to roll from tummy to back and back to tummy.
- The crib, bassinet, portable crib, or play yard should meet current safety standards. Check to make sure the product has not been recalled. Do not use a crib that is broken or missing parts, or has drop-side rails. For more information about crib safety standards, visit the Consumer Product Safety Commission Web site at [www.cpsc.gov](http://www.cpsc.gov).
- Infants maybe brought into the bed for feeding or comforting but should be returned to their own crib or bassinet when the parent is ready to return to sleep.
- Place your baby to sleep in the same room where you sleep but not the same bed. Keep the crib or bassinet within an arm's reach of your bed. You can easily watch or breastfeed your baby by having your baby nearby.
- Keep soft objects such as pillows, stuffed toys, quilts, comforters, sheepskin bedding (blankets and sheets) out of the crib or bassinet. Avoid the use of bumpers, wedges, positioners and special mattresses.
- Infants should be dressed appropriately for the environment. Avoid over bundling and covering of the face and head. Parents and caregivers should evaluate for any signs of overheating such as sweating or the infant's chest feeling hot to touch.
- There is an increased risk of SIDS with prenatal and postnatal exposure to alcohol or illicit drug use.
- Breastfeeding and immunizations are associated with reduced risk of SIDS.
- A recent study showed an increase in SIDs with swaddling. Swaddles should be firm, so the infant cannot get loose from it, because loose blankets in the sleep area are a risk factor for SIDS. But the swaddle should not be so tight as to restrict breathing, and it should allow for proper movement of the hips so as not to increase the risk of hip injury. AAP endorses the use of one-piece sleeper called a "halo sack" as an alternative to loose blankets.
- Swaddling needs to be discontinued as soon as the baby is starting to roll over to a prone position (on the belly).
- Pacifier use during nap time and bed time reduces the risk of SIDs. If your baby takes the pacifier and it falls out after he falls asleep, you don't have to put it back in.
- Do not use home cardiorespiratory monitors to help reduce the risk of SIDS. Home cardiorespiratory monitors can be helpful for babies with breathing or heart problems but they have not been found to reduce the risk of SIDS.
- Do not use products that claim to reduce the risk of SIDS. Products such as wedges, positioners, special mattresses, and specialized sleep surfaces have not been shown to reduce the risk of SIDS. In addition, some infants have suffocated while using these products.

All products available at: Franwin Pharmacy 127 Mineola Blvd. Mineola, NY 11501

Ph: 516-746-4720

Hours: M-F 9-7 Sa 9-3