

Newborn Handbook

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Poison Control

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Table of Contents

Congratulations!.....	6
General Tips for Phone Calls	7
Getting to know your baby.....	8
Noisy Breathing	8
Sneezing	9
Hiccups	9
Spitting up	9
Grunting, Red in the face, Straining with bowel movements or infrequent bowel movements	9
Swollen Breasts and Vaginal Bleeding.....	10
Blue feet/Hands.....	10
Dry Skin.....	10
Birthmarks	10
Puffy eyes	11
Facial rashes	11
Bowed Legs.....	11
Newborn Jitters	11
Weight Loss	12
Umbilical Hernia or “Outie” button belly.....	12
Intestinal Gas.....	12
Head shape.....	12

Feeding your baby.....	13
Breastfeeding.....	13
Bottle and Formula Feeding.....	18
Solid Foods.....	19
Baby hygiene and care.....	20
Bathing and Other Basics.....	20
Nails	20
Navel Care.....	21
Vaginal Mucus.....	21
Diaper Rash.....	21
Uncircumcised Boy.....	22
Circumcised Boy.....	22
The Nursery.....	22
Clothing.....	23
The Pacifier.....	23
Crying.....	23
Sleep.....	25
Laundry Hints.....	27
Illness.....	29
Fever.....	29
Taking Baby's Temperature.....	30
The Common Cold.....	31
Ear Infections.....	34

Sore Throat.....	35
Vomiting/Diarrhea.....	35
Infants and disease exposure	36
Teething.....	37
Well child visits.....	38
Safety.....	39
Auto Safety	39
Home Safety	40
Personal Safety.....	40

Congratulations!

The birth of a baby can be exhilarating, miraculous, frustrating, happy, tiring, and a lifelong challenge! There are often tears of joy as well as tears of frustration and feelings of being overwhelmed. We want to work hand in hand with you in the care of your child, providing you with the necessary information to care for him and help him to grow and develop healthily. We are available to care for your child when he is ill and to reassure you when he is not. We strive to be with you throughout your journey.

We have put together this booklet to guide you through the newborn period. Whether this is your first child or not, this booklet serves as a resource for what to expect during the first year of life. Of course, this is an overview and not a comprehensive user guide for all babies. As you will learn, not all babies follow the rules, and there are times when you have tried everything you know without improvement. This booklet is not meant to be a substitute for the specific advice of your child's pediatrician. If you have questions that are not addressed in this booklet or need more answers, we are here to help you with that, too.

General Tips for Phone Calls

- ***For life-threatening emergencies when moments count, call 911 or take your child to the closest emergency room for stabilization.***
- Please call during regular office hours for general pediatric questions. We will return your call the same day.
- For children that are ill or need attention the same day: We do have same day “sick” appointments that are available daily. Please call when the office opens as 7:00 AM. Please try not to wait until late afternoon to call about a child that has been sick all day.
- For Emergency Calls after office hours: If your child is ill and you need advice at night, one of our physicians will be available to answer your questions; however, if your questions can wait until morning, we would appreciate your calling when the office is open.
- Please take your child’s temperature prior to calling for advice regarding an illness.
- Have a pencil and paper ready in case we need to give instructions. If calling after hours, keep your phone available after calling the doctor if possible. The caller ID may show as “Private”.

- Have your favorite daytime and nighttime pharmacy numbers ready should we need to call in a medication. If you wish to refill medications, you can generally call the pharmacy and ask them to fax a refill request to our office. You shouldn't need to call our office directly. We will not refill medications on the weekends and after hours.
- For poisonings call the Poison Control Center at 1-800-222-1222, and then call your physician.
- Should we fail to return your call after office hours within a reasonable amount of time, call again as a safeguard against telephone trouble, wrong numbers and human error.

Getting to know your baby

Before you know if something is wrong with your baby, you need to know what behaviors are normal. It can take some time to get to know your newborn, so we have listed some common normal baby behaviors that may be concerning to you.

Noisy Breathing- Most babies will have a rattle sound when they breathe, and parents may think that the baby always has a cold. If the child is exhibiting no other signs of illness, do not be too concerned. Little babies (like all human beings) normally have mucous in their noses, but sometimes have trouble expelling it. Infants breathe through their noses during the first few months. Excess mucous may be removed with a nasal suction bulb and saline solution

Sneezing-All babies sneeze repeatedly. This does not mean they are getting sick. They are just cleaning their noses.

Hiccups- Babies will frequently have hiccups, and they usually bother the parents more than the baby! Do not be alarmed.

Spitting up- Many parents become very worried because their baby spits up during the first few days. Fluids which the baby has in his stomach after birth may cause it to be upset. Also, it is not unusual for your baby to bring up food during the first few months whenever he burps or after he has been active. Although spitting up is an inconvenience, it seldom is a serious problem in a child who is growing and developing normally. Time and acceptance on your part usually handles this problem best.

Grunting, Red in the face, Straining with bowel movements or infrequent bowel movements- Just as your baby develops their own feeding patterns, he will develop his own schedule for moving his bowels. Normal stool patterns can include a bowel movement after each feeding or one every second or third day. Initially, the stool is a tar-like black sticky material. With the onset of breast milk feedings, the stools become yellow, and can be seedy or pasty, semi-formed or loose. Formula-fed babies will have pasty stools; while breast fed babies will have a thin, smoother loose stool. The consistency varies daily with each bowel movement. You may have noticed that the baby's muscles are generally weak - that is why he doesn't sit up or control his head well. The

same applies to the abdominal muscles, which, in older children and adults, provide the force to move the bowels with control. Your baby has to work harder and longer to have his bowel movement. It is not unusual for a baby to grunt, fuss, and turn red when he is preparing to move his bowels. Instead of becoming anxious, keep him secure and comfortable. Two problems concerning bowel movements should be brought to our attention:

Crying or screaming with the passage of the stool.

Recurring small hard, bead-like stools.
(Constipation means hard pellet like stools, not infrequent ones.)

Swollen Breasts and Vaginal Bleeding- Both male and female babies frequently have swelling of breast tissue, and female babies often have some bloody discharge from the vagina during the first week of life. These are related to stimulation of the tissue by the mother's hormones during the pregnancy and gradually go away after birth.

Blue feet/Hands- Often a baby's hands and feet will look blue in color. This is a common occurrence and need not cause alarm.

Dry Skin- Dry, flaky skin is perfectly normal for several weeks after delivery and usually requires no treatment.

Birthmarks- Most babies have a collection of red, mottled spots on the backs of their necks and between their eyebrows. These spots generally fade

with time. It is very common for dark-skinned infants to have a dark spot at the base of their spine. This, too, will fade with time.

Puffy eyes- Many infants will have puffy eyes for several days after birth. This swelling is temporary and is nothing to worry about.

Facial rashes- These are common in the first few months of life and are due most often to maternal hormonal influences or irritations to the infant's skin. These rashes will upset you, but they will soon fade. The best treatment is simply to help keep the area dry and clean. Rashes may appear like small, shiny, white pimples without any redness around them or collections of a few small red spots or smooth pimples on the cheeks. At times they fade, and then get red again.

Bowed Legs- The legs of the newborn are normally bowed from the curled up position in the uterus for the nine months of pregnancy. Until the child starts to walk well, the legs will probably remain bowed because nothing has stimulated them to change. Likewise, the feet may turn slightly inward or outward, but this is usually normal. If you have questions concerning the walking pattern of your child, please ask us at the next well child checkup visit.

Newborn Jitters- Most infants startle easily and may jerk violently when disturbed. This is normal reflex. It may involve the arms, legs, chin, and at times, be vigorous.

Weight Loss- Your baby is born with an excess of calories and water from which he is self-nourished for the first few days. For this reason the baby will want very little of the first feedings offered him, and may lose up to 10% of his weight. For example, a 7½ lb baby can lose up to 12 ounces before he starts to gain. Most of this weight loss occurs in the first 24 hours. By the 4th or 5th day your baby will begin to show an increased appetite and then a slow but steady weight gain.

Umbilical Hernia or “Outie” button belly - It is typical for a baby to have an umbilical hernia. In utero, there was a small opening in the abdominal muscle wall that would let blood vessels pass from the cord to the deep organs of the body. This served as the baby’s lifeline. Once the cord is off, the muscle slowly grows together and the hernia disappears. For many infants this process is completed by one year of age. Most others are closed by 4 years of age.

Intestinal Gas- Babies pass gas freely without control from the gastrointestinal tract. This gas comes from a combination of swallowed air and fermentation of food in the digestive process. It is normal and it is not necessarily the cause of colic.

Head shape- The head shows the stress of labor. The head will return to its normal shape within 5-7 days after birth.

Feeding your baby

The bond of love between parent and baby grows strong when feeding time is pleasurable for both. At feeding time, your baby receives nourishment from both his food and your love. The food helps him to grow healthy and strong. The love, generously given, helps him feel secure. When feeding your baby, you should be comfortable. This will help you relax and enjoy feeding your baby. Hold your baby in your lap with his head slightly raised and resting on the bend of your elbow. Whether breast-feeding or bottle-feeding, hold your baby comfortably close.

Breastfeeding

You have chosen a very natural way to feed your baby, but it may not seem very natural to you. With the decline in the number of mothers who breast feed their babies, we have fewer role models from which to learn this art. One of the most important factors in making this successful is to have a support person to call and to give you suggestions and encouragement. If you have any questions, call our office.

➤ Common concerns

One of the most common concerns is if the baby is getting enough to eat. In general you can judge how much goes in by how much is coming out. The baby should have at least 5 to 6 wet diapers per day and may have many more than this. Breastfed babies tend to stool fairly often, but each baby is different. Your

baby may stool after every feeding or only every other day.

➤ Getting Started

Ideally, breast feeding is started by putting the baby to the breast immediately after birth. After this, feedings are “on demand”, but never more than three hours apart during the day. This is important not only for the infant’s nourishment and hydration but also to stimulate the breast to produce more milk. Breast feeding is an infant-driven process. Early feeding should not be on a strict schedule or controlled with “stop watch timing”. In the first week it may take 3 or 4 minutes for the milk to let down and well over 15 minutes for the fat content to rise. Although it is most helpful to stimulate both breasts frequently, by having the infant feed from both, using the second breast may not always be possible before the infant falls asleep only to awake hungry in an hour or two. The best way to avoid this is to feed your baby immediately after his nap rather than nursing him to sleep.

Sore nipples usually are not associated with the length of nursing time, but the position of the infant at the breast. When mothers complain of sore nipples, the first step is to observe the infant being put to the breast with particular attention to the position of the infant in relation to the mother; that is, abdomen facing abdomen and infant facing the breast. For centuries mothers have successfully used the scissors hold of the breast to assist in presenting the breast to the infant. Women who have sore nipples, small hands, and large breasts, or an infant who has

difficulty latching on may find the C-Hold more effective. In either case, the hand must be sufficiently back from the nipple to allow the infant to grasp with ease the areola (the circular area of different color surrounding the nipple of the breast) 1½ to 2 centimeters from the base of the nipple. The areola and nipple will elongate, which will touch the roof of the infant's mouth and the tongue. The infant must be able to hold the breast in place when the mother takes her hands away. The average breast feeding infant nurses every 2 to 4 hours for 10 to 12 feedings a day for the first few weeks, but may nurse as often as every hour or as long apart as every 4 hours. Individual feeding lengths vary. Some infants nurse briskly and can be done in 10 minutes on a side; others take longer. A mother will learn her infant's pattern of long and short feeds. The milk supply is well established after 10 to 14 days. Weight gain is about 1 ounce per day when the milk supply is established. A means of monitoring adequate breast milk intake is monitoring the baby's weight, and counting the number of wet diapers, which should total five to six per day. Occasionally an infant who is well fed and gaining weight may seem to demand excessive sucking; this infant may benefit from a pacifier. Breastfed babies tend to regain their birth weight by two weeks. If you are concerned about your baby's weight, please call our office and schedule an appointment for a weight check.

➤ Nursing

Wear a bra, especially at night. Make sure that you burp the baby between breasts. Start on the same side you finished with at the previous feeding. Be

comfortable in a quiet atmosphere with no interruptions. Silence your phone, if need be. Be sure that the baby latches on well; try different positions. Always release the suction before you remove your baby from the breast. Do this by placing a clean finger in the side of your baby's mouth between his jaws. Don't take him away until you feel the suction break.

➤ Sore Nipple Prevention

To prevent nipple tenderness, start with correct positioning and latch on.

- Be sure to sit up in a comfortable chair with plenty of back support.
- Cradle Hold: Place a pillow or two in your lap to support the baby. Place your baby's head on the crook of your arm. Make sure your baby is turned towards you-chest to chest-at breast level.
- Football/Clutch Position: Put a pillow or two at your side to help support your arm and your baby. Support your baby's neck and the lower back of his head in your hand, with your forearm supporting his upper body against your side.
- Lying down position: Lie on your side with pillows supporting your back and your top leg, which is bent forward. Place your baby on his side facing you.

➤ Sore Nipple Treatment

- Nipple care: Let nipples air dry for at least 15 minutes after nursing. Don't use soap to wash; use lanolin only after nipples are dry; change

nursing pads after every feeding or if your milk lets down between feedings.

- Sore, cracked nipples: Don't nurse on sore side. You will need to hand express or pump some milk out each nursing on the sore side to be comfortable. You may use lanolin on sore nipples. When you start back, start first with the good side and then break in the sore side for a few minutes (just like you did when you started to nurse). Increase the time nursing as nipple starts to heal.
- Mastitis (plugged duct): Contact your obstetrician. Put heat on the area, take Tylenol and get plenty of rest. Again you may need to express enough milk before nursing on the sore side to be comfortable. When you are ready to start nursing, break the sore breast in gradually as you did when you started nursing.

➤ General

- Breast milk: Can be frozen for up to 6 months. Put it in a plastic bag and date the bag. Make sure that you thaw milk quickly.
- Mother's nutrition: Baby takes about 500 to 1000 calories out of your body daily. Eat a well-balanced diet. Drink plenty of fluids, at least 8 to 10 glasses of water daily.
- Foods to avoid: Garlic, onion, chocolate, spicy foods, (tomato paste based foods), gassy foods (cabbage, cauliflower, broccoli, beans, fresh vegetables). Don't drink a lot of coffee, tea, or coke because of the caffeine. NutraSweet appears to be safe.

- Medications: Check with your doctor about prescribed medication. Tylenol occasionally for a headache will not hurt your baby. Do not take harsh laxatives. Mineral Oil is okay for mom to take. You should continue to take prenatal vitamins.
- Weaning: The ideal time for nursing is 9 to 12 months. You may go longer or shorter if you choose. If you stop nursing before your baby is 12 months old, you will need to use formula up to 12 months old. Check with your pediatrician for which type to use.
- Normal breast-fed baby's stools: Stools should be yellow, mustard colored and seedy appearing. It can be normal to have an occasional green stool. There may be many stools initially, but may decrease to 1 stool every 3 to 5 days.

Bottle and Formula Feeding

There are many infant formulas on the market and you have probably been bombarded with samples in the hospital. There are 3 main types of formula.

- Cow-Milk (Enfamil, Similac, Carnation)
- Soy-Based (Prosobee, Isomil)
- Pre-Digested formulas (Alimentum, Nutramagin)

Many babies do well with a cow-milk based formula. In certain circumstances your baby may need another formula. Call our office and we will discuss this with you. Newborn babies generally take 1 to 3 ounces of formula every 3 to 4 hours. They will generally have 5 to 6 wet diapers per day and may have more. Stools should be yellow/brown and seedy. All babies are different and may have none or many stools per day.

Feed every 2 to 4 hours during the day and when they wake at night unless otherwise directed by your doctor. Feed the formula recommended by the pediatrician. Burp every 1/2 - 1 ounce. Make sure that you boil bottles 15 minutes or put in dishwasher until baby is 1 month old. If using concentrate, mix formula 1:1, use within 24 hours. Formulas contain all needed vitamins. Ask your doctor about fluoride.

Solid Foods

Since the recommendations for feeding solids change as more scientific information is obtained, and all babies have individual needs, we will discuss the introduction of solids with you at one of the routine well baby visits at our office. Some general guidelines are:

- Cereal: Begin feeding cereal 3 to 4 months after the baby is born. Start with rice, then oatmeal. Mix with breast milk, water, or formula and feed it with a spoon.
- Juice: May start if needed at 6 months. Use apple or white grape juice- dilute 50% with water. Never give more than 4 ounces per day. It is advisable to start juice in a sippy cup rather than a bottle.
- Vegetables: 5 to 6 months, start with any one, but feed the same one for 3 days before starting a new one. No corn.
- Fruits: Begin feeding at 5 to 6 months or after vegetables. Again, feed the same one for 3 days before starting a new one. No citrus fruits.
- Meats: Begin feeding after 6 months or after cereal, vegetables and fruits.

- Cup: Introduce the cup at 6 months, if you wish, once a day so they will get used to drinking from it. Transition off of bottles at 9 to 15 months.

Baby hygiene and care

Bathing and Other Basics

Most infants need a bath only 2-3 times a week. Clean the face, chin, neck, and diaper area daily. Withhold regular tub baths until the cord is healed. Until then, sponge bathe and keep the cord dry. Use mainly water for the first weeks. Soaps are drying to the newborn's already dry skin. Mild soaps can be used in small amounts. Do use soap daily to clean the diaper area skin. Take care to wash and dry the skin folds at neck, arms, groin, vagina or scrotum. Keep the skin clean and dry. If your baby's skin seems excessively dry, feel free to use an unscented moisturizer once they are 2 weeks old or older. To clean the eyes use a clean cloth or cotton balls dipped in water. You may shampoo the baby's hair with baby shampoos or liquid baby soaps. Use a soft brush to scrub the scalp. Never leave your baby unattended in the bath.

Nails

Keep nails clean and short. Cut them squarely across using clippers or nail scissors, or nails can be filed gently. Have someone help you. One of you hold the baby and the hand or foot, while the other clips the nails. A good time to try nail care is during a nap, as many babies will sleep through this.

Navel Care

Care of the umbilical cord is especially important since this can be the source of a serious skin infection. Do not use a Band-Aid or other covering over the umbilical cord stump. A small amount of bleeding before and after the cord drops off is normal.

Remember, the umbilical cord is not really a part of your infant. It is part of the discarded placenta. There are no nerve endings on the cord. Most cords fall off within two to three weeks.

Vaginal Mucus

Little girls may have white mucus in their vagina with occasional streaks or blobs of blood during the first few weeks of life. This is caused by hormone changes following birth. Simply wipe away front to back while cleaning and bathing. The mucus may take a month to resolve completely.

Diaper Rash

Because babies have sensitive skin, they are prone to developing rashes and irritations, especially in the diaper area. Usually, irritation is due to prolonged periods of wetness or contact with fecal material. Prevention and treatment both require frequent diaper changes. Exposures of the rash to air for several hours a day, avoidance of plastic or rubber pants, and thorough cleansing of the area will heal most rashes. If there is no improvement after a few days of such treatment, a diaper rash cream such as Desitin or A & D Ointment, may be used. If these remedies bring no improvement, please call us for advice.

Uncircumcised Boy

Clean the outside of the uncircumcised penis as you would any other part of the baby's body. The foreskin of the uncircumcised penis is normally attached to the glans of the tip of the penis in layers of tissue. As the baby grows, the skin will eventually separate and allow the foreskin to slide back naturally. You should never try to force the skin back as this could cause bleeding and possible infections. In some boys, the skin retracts by one year of age. In others, full foreskin retraction may occur as late as adolescence. As long as your baby can urinate normally, you should not be too concerned about whether the foreskin retracts yet.

Circumcised Boy

If your baby has been circumcised, your doctor will give specific instructions on how to care for it depending on what type of circumcision is done. If a small plastic ring is attached, simply clean with solution of $\frac{1}{2}$ water and $\frac{1}{2}$ hydrogen peroxide every diaper change until the plastic ring falls off (usually about 3-8 days later). If the foreskin is removed completely, you may be instructed to apply Vaseline on the front of the diaper until the circumcision heals.

The Nursery

Your baby should have his or her own room if possible. Furnishings should be of a type that is easily cleaned so they will not collect dust. All painted items should be lead free. The baby may sleep in a bassinet, or you may use a crib from the start. The mattress should be firm and flat and protected with a waterproof cover. No pillow should be used. The mattress should fit snugly and there should be no more than two fingers width between the crib and the

sides of the mattress. Bumpers are no longer recommended. Try to keep the temperature between 68 and 75 degrees. Provide adequate ventilation, but avoid drafts. Usually, a single baby blanket will be enough covering, even in cold weather.

Clothing

Your baby requires no more clothing than an adult and perhaps less. Make an effort to dress the baby according to the temperature without overheating him. If the baby perspires, then he is too warm. Clothing should be loose fitting, lightweight, and soft textured.

The Pacifier

All babies have an instinctive need to suck. This need goes beyond the sucking that accompanies feedings and is often confused with a need for more food. If your baby has been fed, but is busily chewing its thumb or fingers, you may wish to substitute a pacifier.

Crying

All normal newborn babies cry a certain amount of the time, just as they sleep and suck. During the first few weeks, crying is about the only way they have of expressing themselves and of telling you their needs. A baby may cry when he is hungry, too cold, too warm, has an “unburped” burp, has a wet or soiled diaper, wants to be held, or just because they feel out of sorts.

It is very common for a baby to cry or fuss at about the same time each day, often in the evening, and they may go on for quite a while for no apparent

reason. This period of fussiness often causes concern for new parents because they usually think that their baby is still hungry. It's tempting to keep offering more milk, but this seldom really helps for more than a short time. Sometimes, a stroller ride or a warm bath at the fussy period helps relax the baby. Holding the baby doesn't hurt, either.

A reassuring fact about crying is that this causes no physical harm to the infant, so you need not worry if your baby cries or fusses for a while before you attend to his needs. In fact, many new babies fuss for fifteen or twenty minutes after each feeding or before going to sleep. It is really pretty good exercise.

The amount of time a baby spends crying peaks at about 6 weeks (3 hours average). By 12 weeks the crying time decreases to approximately one hour a day on average. If your baby is fussy or colicky, here are some things to know:

- Your baby will outgrow colic.
- Your baby's crying is not causing emotional damage. The colic is not your fault.
- It did not happen from something you did or did not do during your pregnancy or early days with your baby.
- It just happens.

Not all fussiness is colic. There can be medical causes of extreme fussiness in infants. Acid-reflux and an allergy to cow's milk are among the more common medical causes of extreme fussiness.

Here are some suggestions for calming a fussy baby:

- The first thing to do is to make an appointment with your baby's doctor to be sure there isn't any medical reason for the crying.

- Motion seems to help soothe colicky babies. This includes walking the baby, rocking, using a wind-up infant swing, or going for a ride in the car.
- Some infants settle down if they are swaddled firmly in a blanket.
- Some babies settle down when held against a warm chest, even if you are still.
- Some babies settle down with music or a recorded heartbeat.
- Some babies prefer steady noise, like a vacuum cleaner.

Colicky babies often seem eager to eat, and then cry in the middle of feeding. A pacifier may soothe a colicky baby. If nursing, try eliminating the following foods from your diet: all beans, chocolate, nuts, berries, coffee and other caffeinated drinks, cow's milk, cabbage, onions and excessive sweets.

If you eliminate cow's milk from your diet to relieve your baby's fussiness, be sure you talk to your doctor about a calcium supplement for yourself.

If you smoke cigarettes, **STOP!** Don't hesitate to have your baby reevaluated by your baby's doctor if the crying doesn't improve.

Sleep

During the first 10-14 days, most newborns will sleep more than they do anything else. They usually awaken for feedings and then sleep in between. Babies usually sleep through the night between 3-4 months. Prevention of sleep problems begins in the newborn period. Putting your baby down while drowsy, but not fully asleep is recommended.

Sudden Infant Death Syndrome (SIDS) is the leading cause of death in infants older than one month of age. SIDS frequency peaks in babies two to three months of age and is less common after six months of age. While the causes of SIDS are not known, researchers are beginning to understand the risk factors for SIDS. The following are highlights from the November 2005 American Academy of Pediatrics Policy Statement on SIDS. The entire statement is available in the Health Topics section of the AAP website, www.aap.org.

- **Back to Sleep:** Placing your baby to sleep on his back is the most effective way to prevent SIDS. Since the “Back to Sleep” campaign began in 1992, the incidence of SIDS has dropped by more than 50 percent in the U.S. Babies placed on their sides tend to roll onto their stomachs while they are sleeping; the side position is not safe. Babies who sleep on their backs are less likely to vomit and choke than babies who sleep on their stomachs.
- **Keep your baby’s face and head uncovered** during sleep. Tuck covers in so that your baby does not wriggle under the covers, or else dress her warmly and put her down without any covers. Keep fluffy toys and pillows out of your baby’s bed. Do not use a bean bag or water bed for your baby.
- **Keep baby in your room but NOT in your bed.** This is probably the most controversial of the new AAP recommendations. A baby who sleeps in his parents’ room is less likely to die from SIDS but sharing a bed with your baby is not safe. Sleeping in the same bed as parents is thought to

increase the risk of SIDS by increasing the chance of covering the baby's face with soft bedding and/or increasing the chance of overheating the baby. The safest place for a young baby to sleep is in a bassinet or crib next to their parents' bed.

- Don't let your baby get overheated. Overheating increases the risk of SIDS. Do not overdress your baby for sleep nor use too many blankets. Do not keep the room too warm.
- Avoid cigarette smoke. Infants whose mothers smoked during pregnancy have a higher incidence of SIDS. Smoking also increases the chance of SIDS after your baby is born. No one should smoke in a house where a baby lives or visits. No smoking in the car either.
- Offer a pacifier at naptime and bedtime. The reduced risk of SIDS is compelling, and the evidence that pacifier use inhibits breastfeeding or causes later dental problems is not. The AAP recommends use of a pacifier throughout the first year of life, when placing the infant down to sleep. The pacifier does not need to be reinserted when the infant falls asleep and the pacifier falls out of the mouth. If the infant refuses the pacifier, he should not be forced to take it. For breast-fed infants, delay pacifier use until a month of age to ensure breast-feeding is established.

Laundry Hints

Along with babies, comes lots of laundry! If you plan to use cloth diapers this is especially true. Baby's

laundry requires a few changes from the usual wash day routine because of the tender and sensitive nature of their skin. Many of the products that you normally use for the family wash are too harsh for use on the baby's clothes. Be sure that you read the washing instructions that come with all of your new baby clothes so that you will receive full use from them. Diapers, especially, are made of many new blends and are easily ruined if not washed properly. If you are using a non-automatic washing machine and soap, rinse diapers three times and add one-half cup white vinegar to the final rinse. Very thorough rinsing is a must. If you are using an automatic machine, normal washing procedures may be used with either soap or detergent.

General Hints

- We recommend a mild hypoallergenic detergent for washing diapers. Do not use fabric softener if baby has a rash.
- Wash all new baby clothes, blankets, sheets and other items before using them.
- Use a separate container for diapers and other baby clothes. If you have an extra diaper pail, it can be used for soiled clothes.
- One or two cups of white vinegar in a half-bucket of water make an excellent diaper-soak. It will cut down on the urine odor and prevent an ammonia diaper rash. Liquid bleach also works well.
- Unfold the diapers before placing them in the diaper pail. This affords even washing when you put them in the machine.
- Use hot water for diapers, warm water for other clothes.

- Do not overload the washer. Clothes will not be adequately washed if you pack the washing machine full.
- Rinse thoroughly. If you have your own machine, run the clothes through another rinse to make sure all the soap is rinsed out. If you wash your clothes at a commercial laundry, make sure the machine is not too full to allow adequate rinsing.
- Avoid fabric softeners. These agents contain chemicals that can irritate the baby's skin. For stubborn stains from stools, an occasional washing with bleach is fine—but make sure that you rinse thoroughly. Fabric softeners and dryer sheets have been reported as a common cause of allergic problems in young children.
- Line or tumble dry. If you dry in a dryer, remove the diapers as soon as the cycle is through to cut down on wrinkles and facilitate smoother folding.

Illness

While we do our best to keep your baby well, we know that all babies get sick at some point. Below are some of the more common illnesses, and what you should know about them:

Fever

Fever is one of the many symptoms of an illness. It often accompanies many colds and viruses. Treatment for a fever depends on what you think is causing the fever and how ill the child appears. Under two months of age, call your doctor immediately for any fever 100.4 or more rectally. For older infants and children, if the symptoms are mild and the child does

not appear to be in distress, treat the fever with Tylenol or Motrin/Advil to make him/her more comfortable. The fever itself does not cause any problems. (i.e. brain damage) or will not continue to climb if you do not treat it. Again, we try and reduce the fever only to make the child feel better. You may have your child checked by the doctor if there is any change or the fever persists especially more than three days. If your child appears acutely ill or is having more discomfort, he needs to be seen by a physician. Look for specific sources of the fever: Does he hit his ears or complain of earache, is he vomiting, does he have diarrhea, is he coughing, does he have a headache? Do not use aspirin to control your child's fever due to the link to Reyes Syndrome during viral illness.

Taking Baby's Temperature

The rectal thermometer is the gold standard of infant temperature taking. It is recommended for children under 2 months of age when it's important to know the exact temperature, so your doctor can determine the proper course of action. For older babies, there are more options. When you speak with your doctor, let them know which method you used.

- Rectal Thermometer: Apply petroleum jelly to the thermometer tip. Lay your baby on his belly and hold him steady with one hand on his back. Gently slide the thermometer about a half inch into the rectum, then hold it in place between your second and third fingers for two minutes, or until the thermometer signals that it is done.
- Underarm Thermometer: Place the tip of the thermometer in the center of your child's armpit. Hold his arm against his chest for two to four

minutes. Do not use an arm thermometer in children less than 2 months old because they are not accurate for this age group.

The Common Cold

A “cold” is the word we use to describe congestion in the nose and sinus areas caused by virus. There are many viruses that cause a “cold” and they are all contagious. Most colds occur in the winter because people are in closer contact indoors and can spread the virus more easily. Colds have nothing to do with how cold it is outside. Many parents notice their children getting viral upper respiratory infections (a more specific term for “cold”) as soon as they are around other children, such as day care or nursery school. The average preschool child will get 6-10 viral illnesses each year!

➤ Signs and Symptoms

- Fever that lasts 24 to 48 hours.
- Runny nose that lasts about a week or two: At first the drainage will be clear. After a few days, it will change from clear to yellowish-green and sometimes back to clear. This is because the constant drainage irritates the lining of the nose and causes microscopic bleeding. The tiny blood cells break down and turn yellow and green, just as a bruise turns color. Do not let this normal color change worry you. Sometimes this irritation of the nose will cause a regular nosebleed too.
- Coughing: Many parents worry about their child’s cough because it sounds like it is “coming from the chest”; however, the cough is good because it prevents mucus in the throat from going into the lung. Because your

child's chest wall is thin, the large airways (windpipe and bronchi) project the sound of the cough like a megaphone, so that it sounds and feels loud and like it is coming from the lungs.

- Postnasal drainage down the throat: This often causes a sore throat.
- Achy and tired: Children often get cranky.
- Your child may not sleep well at night because the congestion will wake him/her up. Others may sleep a lot.
- Your child often does not feel like eating because he/she either feels too bad or it hurts to swallow.
- Some children have diarrhea. Others have constipation because they don't eat their normal food.

➤ Treatment

- The cold is a virus. There are no medicines that can cure these viruses yet. We can only treat the symptoms of the virus. So even if you do nothing, the cold will go away.
- If your child is comfortable, we recommend no treatment.
- To loosen and /or decrease mucus drainage, you can use a suction bulb just before eating and sleeping. You can use normal saline nose drops if the mucus is thick. The drops will loosen the mucus and make suctioning easier. You can use these drops as often as necessary since they are non-medicated. You can also use a humidifier at night to moisten the air.

This helps keep breathing airways open and reduce coughing.

- There are some over the counter medications for children that can help decrease mucus for children **over four**. These are not recommended for younger children.
- For children who wake up a lot due to a stopped up nose, Neosynephrine Pediatric nose drops (1/8% strength) can be used at bedtime to help dry up the nose. We do not recommend using this in the daytime or for more than 3 days because using these drops repeatedly can actually make the nose more stopped up.
- To help decrease coughing at night, raise the head in the bed or crib by putting large stable blocks under the front legs of the bed. Raising the head helps decrease the postnasal drip pooling in the back of the throat. Older children can usually raise their heads by using an extra pillow.
- Give your child extra liquids to drink, such as Pedialyte. Some mothers notice that milk seems to make their child's congestions worse when they have a cold: other children do fine with milk. Do not be concerned if your child does not eat very much when he/she has a cold. His/her appetite will come back later.
- Use acetaminophen (Tylenol), Ibuprofen (Motrin/Advil) for fever or general discomfort. Motrin/Advil should not be used in infants under six months of age.

➤ When to Call the Doctor

- If the fever is not gone in 48 hours.
- If the fever goes away and comes back again a few days later.
- If your child's symptoms get worse instead of gradually getting better.
- If your child is under 2 months old (even with a mild cold).
- If your child seems very ill.
- Anytime you are anxious about your child, please call your doctor's office.

Ear Infections

Earache is a common complaint in children. If a middle ear infection is present the pressure change in the middle ear space is causing the earache. Usually the child will also have a fever and may be quite irritable or complaining of decreased hearing ability. Keep in mind, however, that small children sometimes have difficulty localizing pain, and thus not all earaches are due to middle ear infections. Earaches do not represent an emergency situation, but usually should be evaluated within 24-48 hours, during our regular office hours. The pain can cause great discomfort and there are several steps that can help this problem.

- Tylenol or Motrin can be given in appropriate amounts.
- A warm towel or heating blanket can be applied to the affected ear.
- Warm oily drops (baby oil, sweet oil) can be put into the ear canal to help relieve the pain.

Do not use the oil if your child has ear tubes.

If we find a middle ear infection is present, then antibiotics will usually be given to your child.

Unfortunately these medications do not cause a dramatic resolution of the earache or fever. It may

take 24-48 hours before the child begins to improve. In general, we will need to see your child during our regular office hours before prescribing such a medication.

Sore Throat

Most sore throats are caused by viruses as is the common cold and are not treated with antibiotics. Some sore throats, however, are caused by a bacterium called streptococcus. This typically causes swollen tonsils with white patches on them, fever and swollen glands under the jaw. All the symptoms, however, can occur with a viral sore throat as well, so that the exact diagnosis of strep is made by a throat culture. When strep is suspected or proven, treatment with antibiotics is needed. It is extremely important to complete the FULL COURSE of antibiotics to clear up the strep infection and prevent complications. Stopping the medicine after the symptoms are gone does not kill all the strep and can allow complications such as, rheumatic heart disease and kidney disease. Occasionally, a red sand-papery rash associated with strep throat can be seen. This is scarlet fever or scarletina. It is not more serious than simple “strep throat” and the treatment is the same.

Vomiting/Diarrhea

By definition, diarrhea is more frequent or more watery bowel movements. In some infants it may be hard to distinguish this condition from their normal stool pattern. It can be caused by a number of conditions such as: overeating, food allergies, too much juice, antibiotic usage, but it is usually caused by viruses. Vomiting is the forceful emptying of the stomach through the mouth. It is usually caused by

viruses as well. If your child has vomiting and/or diarrhea we will usually advise you to give your child extra fluids (like Pedialyte or breast milk). You should offer smaller, more frequent amounts of liquids rather than giving large amounts at once. Your child may not want solid foods for a day or two, and this is fine. Once the vomiting subsides (usually 24-48 hours), infants may be restarted on their regular formula. If the diarrhea is still persistent (it may last up to 1-2 weeks), the infant may be placed on Isomil DF (or soy formula) or LactoFree for 1-2 weeks. If the infant is taking solid foods, he may slowly begin taking such things as bananas, rice cereal, applesauce, and dry toast (BRAT Diet).

Watch out for signs of dehydration. We find that a sensitive indicator of dehydration is how frequently your child is urinating. In most cases if the child is urinating every 8 hours or so, he is not yet seriously dehydrated. A moist mouth is another indicator of good hydration. These instructions are only guidelines for treating this common problem in children.

If you have any questions, or feel that your child is becoming dehydrated, please give us a call.

Your child needs to be seen if:

- He has no urine output for 12 or more hours
- No tears with crying and mouth is dry
- Blood in diarrhea or vomiting
- Severe abdominal cramps
- Fever for more than 72 hours
- Repeated forceful projectile vomiting especially if under eight weeks old

Infants and disease exposure

Infants less than two months of age can get sick very fast if they are infected with germs instead of just a

cold. Because of this you should limit your baby's exposure to illnesses and day care until the baby is at least two months of age. Group day care will create many exposures for babies. There will be times when babies can't avoid illness. Whenever family members bring home colds and fevers, brothers and sisters especially, the baby will usually catch them too. Making good hand washing the rule is the best way to help prevent young infants from catching infections. Mothers who are nursing and become sick may continue to nurse unless told not to, because the germs that cause colds and stomach flu do not pass into the breast milk.

Teething

A baby may begin to get teeth as early as 2 ½ or 3 months of age or as late as 18 months. It can cause a baby to be fussy at times as early as 2 months of age. You can try having him chew on a hard/cold object like a teething ring to alleviate some of the discomfort. If your child appears to be very ill, it is not due to teething, and you should give us a call. Teething does not cause significant diarrhea or high fever.

Well child visits

The mainstay of pediatric care is preventative medicine. During each checkup, your child will receive a complete physical examination, growth measurements, necessary immunizations and/or screening tests appropriate for age. Your provider will also discuss nutrition and development with you. Please feel free to ask questions during these visits! Below is a list of the well child check schedule:

Routine Well Child Visits

Newborn Visit	Well check-up
2 weeks	Weight Check with the nurse
1 month	Well check-up
2 months	Well check-up, vaccines
4 months	Well check-up, vaccines
6 months	Well check-up, vaccines
9 months	Well check-up, vaccines
12 months	Well check-up, vaccines
15 months	Well check-up, vaccines
18 months	Well check-up, vaccines
24 months	Well check-up, vaccines

Information about each immunization will be provided at the time of your child's appointment. If you would like to read about to each vaccine before the appointment, you may look at the CDC website, www.cdc.gov/vaccines/pubs/parents-guide/default.htm

Safety

Auto Safety

After the immediate newborn period, a leading cause of death and injury in infants and children is auto accidents. Your baby should always be placed in the rear seat facing backwards to prevent injuries caused by air bags. If your child must ride in the front seat (in a pickup truck, for example) see if the passenger side airbag can be disabled. The car seat should be marked that it is an approved product. It's the law and its good sense that you must secure your baby in an approved car-safety device. If a car seat has been involved in an accident, even a minor one, it is recommended that you discard it and purchase a new one. For this reason, you should be very cautious about purchasing or borrowing a used car seat. In addition, all car seats have an expiration date, and should not be used beyond that date. Make it a habit to use a car seat 100% of the time your child is riding in a vehicle. You should be a good role model and a safe driver or passenger by using your seat belt. General weight guidelines are:

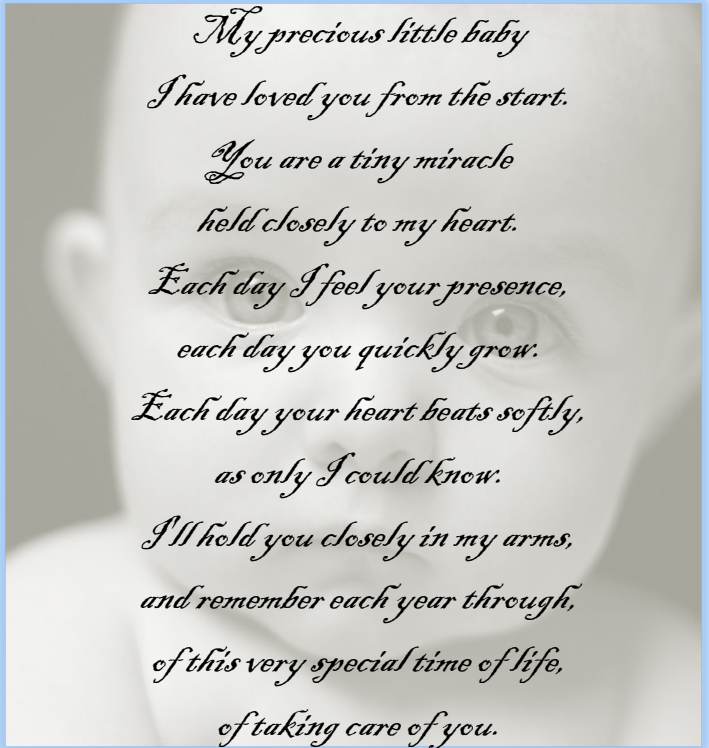
- Newborn to 20 lbs.: rear-facing
- 20 to 40 lbs.: forward facing in rear seat after 1 year of age
- Children 40 lbs. and above should use a belt positioning booster seat until they reach age 8 or 57 inches tall

Home Safety

Your house should be child-proofed once your baby can get around (by crawling or scooting). Child-proof latches on low cabinets are helpful, but all poisons, detergents, drain cleaners, cleaning solutions, polishes, cosmetics, after-shave lotions and medicines should be placed in high cabinets, well out of your baby's reach. Electrical outlet covers should be used. Avoid toys that can fit into baby's mouth. Make sure cribs and changing tables are away from drapery cords.

Personal Safety

To guard against accidental choking, avoid tying anything around your child's neck, such as a pacifier or necklace. Avoid pinning a pacifier or toy on a long cord, shoelace, ribbon, etc. to your baby's clothing.



*My precious little baby
I have loved you from the start.
You are a tiny miracle
held closely to my heart.
Each day I feel your presence,
each day you quickly grow.
Each day your heart beats softly,
as only I could know.
I'll hold you closely in my arms,
and remember each year through,
of this very special time of life,
of taking care of you.*