

# CUMBERLAND CHILDREN'S MEDICAL GROUP

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## GENERAL PRINCIPLES CONCERNING THE CARE OF YOUR NEWBORN BABY

It is hoped that with the help of the following pages and periodic "Well Visits" that you will have more fun and feel more confident in dealing with your new child. We shall discuss some of the common problems often seen by new parents which, in our experience, occur very frequently and hope that by discussing them you will understand they are not peculiar to you, but are usually variations of "normal."

## NEWBORN INSTRUCTIONS

**FEEDINGS:** By this time, you have decided whether you will nurse or bottle-feed the baby. In thinking over your decision, you are aware that there are advantages to breast-feeding. We, as pediatricians, are most anxious that you pick that method which will satisfy you most and, indeed, which will cause the least anxiety. However, the Children's Medical Group supports the American Academy of Pediatrics in urging breast-feeding as the best for babies as regards nutrition and defense against infection. Whichever method you choose, you will receive instructions during your stay in the hospital. Remember, if you are nursing, the maximum nursing time should be 30 minutes at a feeding. It is important that you build up to this time in order that the nipples do not become cracked.

If you bottle-feed, remember to stay 1/2 ounce ahead in the bottle. This means that if the baby finishes three ounces regularly, to begin 3-1/2 or 4 ounces; when the baby finishes 3-1/2 to 4 ounces, go 5, 6, or 7, or whatever is necessary to keep the baby satisfied. We hope that in this way the baby will go longer between feedings. Do not urge, coax, or force the infant to take more than he wants at any one feeding.

Regardless of whether you are nursing or bottle-feeding the baby, the baby should be fed from 2- to 5-hour intervals. If the baby sleeps longer than five hours during the daytime, awaken the youngster. Allow the baby to sleep as long as possible during the night.

Both breast-fed and bottle-fed babies do not need any solid foods (cereal, fruits, vegetables) until six months of age. However, most parents and doctors would like to have your child get used to the spoon at 4-1/2 to 5 months of age. Babies will be satisfied with breast milk or formula and water even if it is necessary to dilute the formula. Recent evidence shows that babies fed in this manner will be less fat, but more healthy and contented. Every time a baby cries, it does not mean a feeding is necessary. Hugging, playing with, changing diapers, or water instead of milk, may be in order.

The reasons for delaying introduction of solid foods are: (1) ALLERGY - (2) OBESITY. These issues will be discussed during the "Well Visits" here.

New foods are begun with only one food during any four-day period in order that if any food does not "agree" with your baby you will know. Watch for vomiting, diarrhea, rash or wheezing that might indicate a sensitivity to the food being offered. For example, if you begin with rice cereal, after four days you add barley cereal to the baby's diet, and then you have a choice of two foods to offer him. By the end of 12 days, your baby should be taking all three cereals.

The amount of cereal or other solids offered depends upon how much formula the baby is taking. If the baby takes less than 26 ounces of formula in a 24-hour period, cut back on his solids so he takes more formula; conversely, if he takes more than 32 ounces of formula, then increase the solids so the baby does not want as much formula.

Vitamins and iron medicine are necessary only if your baby is premature or over six months of age and nursing. Babies on the usual prepared baby formulas do not need vitamins inasmuch as they are included in the commercial preparation. If your baby needs vitamins, a prescription will be supplied before you are discharged.

**FUSSY PERIODS:** All babies have fussy periods each day. It is expected that some babies will cry for several hours daily. Always respond to a crying infant. A baby cannot be spoiled in the first three to four months of his life. Assure yourself that the infant is dry, fed, not over or underdressed. Soothing, gentle motion and physical contact are the best approaches to helping your baby relax. Cuddling, walking, or rocking are often helpful. Also helpful are windup swings or a stroller ride. If all the infant's needs have been met, and you have exhausted all your resources, no harm is done by simply letting the baby fuss himself to sleep. This fussy period passes by two to three months of age.

**TAKING BABY OUTSIDE:** In leaving the hospital, you will be taking the baby outside to take the youngster home. Air itself does not hurt the baby. It is important, however, to keep the child away from people who have colds, as an upper respiratory infection in an infant can be a very serious illness. Many authorities feel that the baby should not go out for the first three weeks. The principle behind this is simply to keep the child away from groups of people where someone coughing or sneezing may give the child a cold.

**BABY CLOTHES CARE:** All new clothes should be washed before using in order to remove irritants. We suggest that you wash your baby's clothes in a mild soap or detergent. Be sure to rinse all clothing twice. Softeners and dryer static pads leave a residue in the clothing that may irritate the baby's skin, so are not recommended.

**SKIN:** The color will vary from light pink to lobster red. Often the skin may appear mottled. Frequently, the hands and feet will appear blue for the first few days until the infant becomes adjusted to his new "outside" environment. Your baby is born with excess water and loses this excess water during the first few days of life. As this happens, his skin may become very dry, cracked and peel. Mild lotion may be used but is usually not necessary.

The baby should not be submerged in water until the cord is off and dry. During this period, bathing is restricted to sponge baths. If, when the cord does come off there should be some blood or discharge coming from it, we suggest that you soak the area with rubbing alcohol (this will not burn the baby, as there are no pain fibers) each time you change the diaper. This will tend to keep the navel clean and dry.

When daily baths begin, we suggest a mild non-perfumed soap. The baby's face should be washed with water only. Pay special attention to drying the creases and folds of the neck, armpits, and groin.

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## **GENERAL PRINCIPLES AND IDEAS CONCERNING THE CARE OF YOUR NEW BABY** **(continued)**

Should the baby's diaper area become irritated, wash the buttocks with soap and water and dry it well after each stool; then apply a protective cream such as Desitin. Let the baby's bottom be exposed to air several times a day. Plastic pants should be used infrequently, particularly in the first two months. Rubberized crib or lap pads are a satisfactory substitute.

Reddish blotches are noted on the back of the head, eyelids, and forehead during the first week. These may become more evident in the weeks that follow but will eventually fade almost completely. These show up more red when the baby cries or is warm. Sometimes there are tiny white spots over the nose. This is called milia, and it will disappear.

**HAIR AND NAILS:** Your baby may have long hair or none at all at birth. The baby usually loses the hair on the head and also that on the body (lanugo). Fingernails may be quite long at birth. It is important to manicure the child in order that he not scratch himself. The best time to cut the infant's nails is when he/she has just been fed or is asleep.

**HEAD:** The head will usually appear large in relation to the rest of the body, and there will be very little neck. The shape of the head when you first see the baby may vary considerably, depending on whether this is your first baby and, therefore, how much molding has occurred during labor and delivery. By the time the baby is discharged from the hospital, most of the overlapping of the bones is gone. There are two soft spots (fontanelles)--one directly on top of the head and one on the back of the head. The soft spot on the back is usually gone by six weeks of age, but the front soft spot may take from eight to twenty-four months to close. It is covered with tough, durable skin and membranes, so that you do not have to be afraid to touch or wash it.

**EYES:** Your baby should be able to distinguish light from dark. He can also see objects that are within 7-12 inches of his face, at least in their general outline. During the first four months, he will often appear "cross-eyed" because the muscles of both eyes are not yet working together. During the first days after birth you may notice some irritation of the baby's eyes, which is usually the result of the medicine instilled at delivery to prevent infection. No treatment should be necessary. Should a discharge from the eyes be persistent for more than 24-48 hours, it should be called to our attention.

**EARS:** At birth, the baby can hear loud noises and may now respond to a spoken voice. Under no circumstances should the ear canals be probed with any substance. The old maxim, "nothing smaller than your elbow in the ear canal," should be carefully followed. When wax appears at the ear opening, it may be picked off with a Q-tip, but only after appearing on the outside of the ear.

**SNEEZING, COUGHING, HICCOUGHING:** These are normal for all newborns and are reflexes. The baby's breathing may vary from rapid to slow and the rhythm may change occasionally. These phenomena are normal and should be no cause for worry.

**BREAST ENLARGEMENT AND GENITALIA:** In both girls and boys, breast enlargement may be apparent for many weeks. This is caused by the hormone of the mother stimulating the baby during her pregnancy. There may be a milk-like discharge, but NO attempt should be made to cause the breast to discharge.

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Likewise, both female and male genitalia seem large for the size of the infant. There may be some moderate vaginal bleeding and spotting up to the 10th to 15th day of life. This is self-limited and is normal.

**CIRCUMCISION:** Vaseline may be applied during each diaper change for the first five (5) days after circumcision. Clean away any stool with soap and water when needed. The foreskin should be pushed toward the baby to insure free movement of the foreskin. Do not force retraction in the uncircumcised infant during the first few months.

**CORD CARE:** Previous instructions have been given concerning the cord and the use of alcohol should there be any discharge. The cord should be exposed to the air as much as possible. Should there be any unusual redness or secretion from the cord, please call our office.

**BOWEL MOVEMENTS (BMs):** The initial stools of the newborn are a dark, greenish-black substance with a sticky tar-like consistency. The stools gradually become greenish-yellow and seedy for a while before they assume the typical yellow color and mustard consistency. If the infant is breast-fed, these tend to be loose and golden yellow; whereas, in the artificially-fed infant, the consistency is more firm. Please remember that the frequency of BMs varies considerably from baby to baby, and they may be as often as with each feeding, to as infrequent as one every three days. The most important feature is the consistency. Should the stool be either too watery or like small pellets, please notify us.

**DRESSING:** Do not overdress your baby. Remember that his body temperature is exactly the same as yours, and he gets as warm or as cool as you do. Dress the baby the way you would be comfortable. You cannot tell a baby's temperature by feeling the hands or feet.

**WEIGHT:** Each baby is born with excess water and will lose this water weight during the first few days of life. We hope that by the fourth day of life the baby's weight is fairly constant, and soon after he would begin to gain. We will follow your infant's weight at each visit.

**VOMITING:** Occasional spitting may mean the infant has been overfed. Persistent or forceful vomiting is an indication to call the office.

**CRYING:** Remember what was previously noted about normal fussy periods. Do not be tempted to feed your baby every time he cries, as overeating itself may be the cause of the distress. Check to make sure the baby is dry and not over- or underdressed. Some infants simply have trapped air and need to burp or pass gas.

**MEDICATIONS:** Due to the unique characteristics, small size and special sensitivities to drugs of the newborn, NO medication should be given without prior approval of your physician. What may have been a "tried and true" medication by our previous generation may now be considered detrimental to your baby's health.

**BABY'S REACTIONS:** Many of these are automatic during the first weeks. A pat on the cheek makes the baby turn his head to that side as if he expected food to come from that direction. Anything that touches the lips will cause sucking motions, whether it is food or not. Touch the bottom of baby's foot and his toes will curl around your fingers. The most dramatic of these early automatic reactions is the Moro reflex. In response to a sudden jolt or possibly over a loud sound, the baby suddenly flings his arms and legs outward as if startled. The Moro reflex indicates that all neuro and muscle connections to the baby's arms and legs are intact. At times, newborn infants seem "trembly." This is only an early, immature reaction which is temporary.