

NEWBORN CARE AND EXPECTATIONS AT HOME

Welcome to parenthood! For first time parents, you are taking home someone who has the potential to completely change your lives. For veteran parents, you already know that your lives have been inalterably changed.

For any concerns you may have regarding the baby, do not hesitate to call our office at 329-5555. Handling questions about well baby care or about minor illnesses is preferable during office hours, but in the event of an urgent concern, or if your child needs to be evaluated by a pediatrician when our office is not open, the Pediatric After Hours Care (founded in 1990 by pediatricians for patients established with pediatricians) is available at **322-1899**. After the PAHC closes, any urgent or emergent situations can be directed to the appropriate person or facility by calling our office phone number at 329-5555 to listen to the detailed instructions provided in our voice mail message. For any ***life threatening emergencies, call 911***.

The following issues reflect the most common parental concerns in the newborn period.

FEEDING

Breastfeeding mothers need lots of emotional support and not lots of company. A lactating woman's thirst cues are strong but her hunger cues may not be. Her diet should contain a minimum of 64 oz of fluid in 24 hours and a minimum of 2000 calories per day. Drinking a lot of milk is not needful to make milk, but drinking a lot of fluid is. Make three sandwiches in the morning and every time the baby feeds, eat half a sandwich. Try to feed the baby on demand, usually every 2-4 hours during the day (timed from the beginning of the feeding to the beginning of the next feeding) and less frequently than that during the night. Babies nursing about 8-15 minutes per breast receive the majority of nutrients available and can be perfectly content. In any case, do not nurse over 20 minutes per breast, because the baby may habitually use the breast as a pacifier. Babies have a strong need for non-nutritive sucking and just because fists are being sucked does not mean that the baby is hungry. Recent scientific evidence points to a decrease in the risk of Sudden Infant Death Syndrome with the use of a pacifier, so introduce one. Do not be deterred by the baby's tongue pushing out the pacifier. Babies have a strong tongue thrust reflex and this can be overcome by holding the pacifier firmly in the baby's mouth. The baby is receiving enough breast milk if he or she is content and gaining weight. The volume of milk that a lactating woman pumps from her breasts is not necessarily indicative of the volume of milk the baby is receiving while suckling at the breast. For help with lactation issues, do not hesitate to contact our Lactation Educator at our office.

Continue prenatal vitamins. The baby will start on Vitamin D at 2 weeks of age, which is available over the counter at most pharmacies or can be easily ordered by the pharmacist.

Formula fed infants typically need to be fed about every 3-4 hours. Use iron fortified formulas that contain DHA and ARA (omega 3 fatty acids). Vitamins are contained in the formula and additional supplementation is not required. Breast fed and bottle fed babies

require burping. Breasts are not an air supply and a breast fed baby may not burp readily—five to ten minutes is adequate to attempt burping. Bottle fed babies swallow more air and may require burping more frequently. If the baby tends to be spitty, burp more frequently. Over-feeding is a common cause of spitting up, but if this persists, call our office.

SLEEPING

Babies need to learn that to be awake during the day is appropriate, except for naps, and to be asleep during the night is appropriate. Swaddle the infant to keep arms and legs close to the body and the baby will feel secure. At 2 months of age, swaddling the baby is no longer recommended. Think about what your future desirable sleeping behaviors are for the baby (perhaps by 18 months of age) and aim for those now. The first big hurdle for parents is to move the baby from their room to the nursery. If this is difficult, begin by “weaning” the baby away from your bedside towards the door, moving him or her a little farther away each night. Parents are very aware of every little noise the baby makes and the sooner the baby is in his or her own room, the better night’s sleep everyone will receive.

ELIMINATION

Breast milk stools may be as frequent as every feeding and may look like diarrhea—green to golden with a seedy appearance. Normal patterns may vary from 10 stools per day to 2 per week. Formula stools are more firm and less frequent and hard stools may occur, especially with soy protein formulas. There is a difference between having infrequent stools and constipation. Constipation is the passing of hard, round balls of stool or not passing stool, accompanied by severe fussiness and persistent rigidity of the abdomen.

Everyone poops and everyone makes gas. The expectation is that babies will pass gas. The gas that does not pass and is squeezed by the normal peristaltic movements of the bowel may cause discomfort and can be safely treated with 0.3ml of Simethicone drops by mouth every 4-6 hours.

ENVIRONMENT

Room temperatures should be kept between 68-72 degrees. A decrease to 62-65 degrees at night is not harmful, but don’t be surprised if the baby sounds “snorty” or congested, due to an increased blood flow to the head and neck area. Babies often appear to have bluish and cool hands and feet so feel the legs, arms or back of the neck as a more accurate guide for the level of warmth of the baby. Please use a rectal thermometer to take an infant’s temperature. In babies under 30 days of age, a fever is defined as 100.5 degrees rectally. In babies over 30 days of age, a fever is defined as 101 degrees rectally. Do not treat with **Acetaminophen** or **Ibuprofen** in this age group, due to the potential of masking other signs of illness. Please call the office to have the baby evaluated, as fever may be the only presenting physical symptom of illness.

SAFETY

One of the most important gifts you can give your baby is a car seat. Keep the baby in the car seat whenever the baby is in the car. Do not allow anyone to hold the baby in the car while the car is moving. Remember that the most common cause of death in the first year of life is being a victim of a motor vehicle accident.

OTHER COMMON PARENTAL CONCERNS

1. Sneezing and hiccoughs are normal and clear the upper airway. No treatment is required.
2. The baby's soft spot on top of the head will not be damaged by touching it.
3. A persistently draining eye for over one week may indicate a plugged tear duct and may require treatment. Eyes may cross up to four months of age because of immature eye muscles and nerves. If this persists beyond that time, treatment may be indicated.
4. Startling and quivering are normal and are due to the immature nervous system.
5. Use no oil or powders on your baby. Peeling of the skin is normal and Lubriderm or Eucerin may be used. Do not use Johnson & Johnson's or Mennen's until after 2 months of age.
6. Bathe the baby every 2-3 days but keep the baby's bottom clean.
7. Breast buds normally enlarge in both boys and girls. Some vaginal discharge and even blood from the vagina may appear in girls, due to estrogen effects from the mother.
8. The umbilical cord falls off in an average of 7-10 days but may persist in hanging on for up to 4 weeks. Keep the diaper folded below the cord until the cord falls off. There may also be some minor bleeding as the cord disconnects. There is no need to clean the cord with alcohol. If it gets wet, dry with a dry Q-tip and dry gauze.
9. Toenails may appear to be ingrown and soft. This is normal.
10. Infant acne/rashes are very common and these too are normal.

REMEMBER, if you feel uncomfortable with the way your baby is behaving, or if you are worried, call our office number at 329-5555 and follow the detailed instructions provided.

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