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## OWNER'S GUIDE for the NEWBORN

Congratulations and welcome to parenthood! Your new baby is a unique individual, and the more you know and understand about his/her characteristics and care, the more confident you will feel. This pamphlet is the first in a series designed to help guide you. We hope it will also assist you in knowing how to communicate with us should problems arise. We look forward to participating in your child's care!

### **FEEDING:**

Breastfeeding mothers should drink at least 2 quarts of fluids per day to stay hydrated and not just milk. You do not need to drink milk to make milk. Make 3 sandwiches every morning and eat half a sandwich every time you nurse your baby. The baby usually will feed 15-20 minutes per breast every 1½ -2 hours during the day and 3-4 hours at night. Do not allow him/her to use your breast as a pacifier. After the baby is well established at the breast, introduce a pacifier by holding the pacifier in the mouth (to overcome the tongue thrust reflex) until the baby learns to suck on it. Babies may not always burp due to breasts not having air in them.

Babies on formula usually feed every 3-4 hours and will take from 2-4 oz with that amount increasing as they grow. Please use iron-fortified formulas and do not change formulas without checking with us. Prepare formula according to the directions on the container. However, the CDC recommends readymade liquid formula for the first 90 days of life. Explore pace bottle feeding to eliminate some of the common difficulties with bottle feeding. Wash bottles in hot sudsy water and rinse well or use a dishwasher. Disposal bag nurser systems are very useful. Boil bottle nipples in 1 qt. of water with 1/4 cup white vinegar for 10-15 minutes once a week to kill any yeast. Burp baby frequently. Spitting up and occasional vomiting is normal. Frequent, projectile vomiting, especially immediately after feeding, is **abnormal**. Call us. Do not use honey or Karo syrup to combat infrequent stooling or hard stools.

## **SLEEPING:**

Babies may sleep 2-4 hours at a time. Wake the baby if he/she sleeps longer than 2 hours during the day or longer than 4 hours at night. By 2 weeks of age, some babies may sleep through the night which is defined as 5 hours at a time. Place the baby on his/her back. By 2 weeks of age, you may want to try weaning the baby away from your bed and out of your room. Allow no pillows, bumper pads, stuffed animals or plastic bags in the crib.

## **ELIMINATION:**

Urine—usually 6 or more wet diapers daily.

Stools—Breast fed babies can stool anywhere from every feeding up to 10-14 days between stools. Stools can be watery green to seedy golden brown. Formula stools are more firm, less frequent and may be hard. Grunting with stools is normal.

Gas—All infants have gas. 0.3ml of Simethicone every 4-6 hours may be used.

## **CRYING:**

Learning what the baby's different cries mean takes time. Crying does not always mean the baby is hungry—nor does rooting. A time of fussiness every day is normal and usually occurs during your dinnertime. If the baby is fed, clean and dry, crying will not harm him/her.

## **PHYSICAL FINDINGS:**

*Umbilical cord:* should fall off in 1-3 weeks. Fold the diaper below the cord until it falls off.

Oozing of blood is normal. Do not use alcohol.

*Circumcision:* Use Vaseline on a gauze pad up to 4-6 days after the procedure. Yellow discharge is normal. Call us for abnormal swelling or bleeding. Do not use Vaseline if a plastic ring is present around the head of the penis.

*Vaginal discharge:* Clear, white or bloody discharge is normal for several weeks.

*Swollen breasts:* Normal in boys and girls; milky fluid may leak.

*Skin:* Peeling is normal. Use Eucerin, Keri Lotion or Lubriderm, but no oils, powders or cornstarch. "Baby" lotions may be used starting at 2 mos. of age.

*Eyes:* may appear to "cross" up to 4-5 mos. of age. Persistent drainage may require treatment with massage and antibiotic eye drops.

*Rashes:* Common in infants due to maternal hormones and clogged pores from oil or sweat, especially on the face. Wash with soap and water and use no oils. Treat diaper rash by "airing" the diaper area and then using a moisture barrier.

*Jaundice:* Usually not a problem, especially if breastfeeding. Call us if the baby is not awakening for feeds, is not vigorous, or is not urinating/stooling regularly.

*Startling and Quivering:* Normal due to an immature nervous system.

*Soft spot:* Normal. Do not be afraid to touch it.

*Sneezing and hiccoughs:* Normal. Babies sound stuffy even when their nostrils are clear because of increased amounts of fluid in their respiratory tissues. Use normal saline nose drops, 2-3 drops in each nostril, wait 5-6 mins. and bulb suction.

*Periodic Breathing:* Normal. Babies breathe rapidly, pause and then sigh deeply and then breathe rapidly again. This is due to nervous system immaturity.

*Fingernails and Toenails:* File with a fine Emery board while the baby is sleeping. Toenails will appear to be ingrown and soft and look “weird.” This is normal.

**BATHING:**

Sponge bathe until the cord is gone. Bathe and shampoo hair every 2-3 days. Never leave the baby alone in the bath or on the dressing table.

**SAFETY:**

Always use a car seat. Follow the manufacturer’s instructions. Never leave the baby unattended. Protect him/her from sun exposure when outside. Keep his/her crib free of small objects. Do not hold or drink hot liquids or smoke anything while holding the baby.

**STIMULATION:**

Smile, sing and talk to your baby. Establish eye contact. Hold and cuddle him/her often. Have tummy time at least 20-30 mins. a day to strengthen neck muscles.

**OTHER:**

Wash the baby’s clothes in Ivory or Dreft and rinse well. Use no bleach. Learn how to use a rectal thermometer to take the baby’s temperature. The rectal temperature is the best assessment of core body temperature. You may travel as soon as *you* feel able. The baby will be fine. Discourage having a lot of visitors for the first 2 weeks to reduce exposure to illness and to allow you to rest. If visitors must come, make them responsible for household tasks and you take care of the baby.

**HEALTH:**

1. Newborn Metabolic Screening. The first screen was performed in the hospital. You have paper work from the hospital to get the second one done. The results will be sent to our office.
2. Immunizations. These begin at 2 months of age. We will provide information to you. An excellent web site written by parents for parents is *pkids.org*.
3. Breast fed babies should start taking Vitamin D. This can be obtained at a pharmacy and no prescription is necessary. Formula fed infants do not need additional vitamins.
4. No fluoride supplements until 6 months of age.
5. You will be given a hand out on Head Positioning Protocols.
6. You will be given an Acetaminophen Dosing Chart in anticipation of your baby’s 2 month immunizations in case you want to pre-dose your baby on the day of his/her appointment. Do **not** give Acetaminophen prior to the 2 month appointment.

#### **WHEN TO CALL THE PEDIATRICIAN:**

1. Baby has a rectal temperature of 100.5 degrees or greater and is under 30 days of age.
2. Extremely lethargic with grunting respirations.
3. Vomiting (not spitting up) more than 2-3 times in 24 hours.
4. Green tinted watery foul smelling stools more frequently than usual.
5. Fewer wet diapers than usual.
6. Poor feeding and decreased suck.
7. Unusually irritable or excessively sleepy/not arousable.
8. ***Parent is uncomfortable.***

If you are dealing with a life-threatening emergency, CALL 911. Otherwise, call our office phone number ***first*** and our voice message will provide detailed instructions on how to obtain medical care for your child when our office is closed. ***(775) 329-5555***