



INSTRUCTIONS IN THE CARE OF THE NEWBORN INFANT

I. INTRODUCTION

These instructions are written to aid you in caring for your newborn during the first several weeks. They are general guides only: use them where they are helpful; disregard them where they do not apply to your baby or your situation. Your baby is a distinct individual.

Listen carefully but cautiously to the advice of well-meaning family and friends. While a helpful but not overbearing family member or close friend is of great assistance during the first few days at home, remember that your child is different from theirs and their experiences will not be totally applicable to your situation. In addition, there is a large body of "folk" advice available which is often more colorful than factual. So collect suggestions from a variety of sources, but temper them with your own judgement and your own special knowledge of your baby.

II. IN THE HOSPITAL

- A. DOCTOR VISITS** - After your baby is born, the hospital nursery will notify our office. If the infant appears normal to your obstetrician and to the nurses in the newborn nursery, we will first see your baby on our regular hospital rounds. Should the baby experience any difficulty during labor or delivery, or is a sick newborn, he will be followed by a Neonatologist until his problem has resolved. Your infant will be seen by the doctor each morning and you will be advised of his daily progress. Nursery visits will be made on a rotational basis by members of our group; you will probably meet one or two members of our practice during your hospital stay. We hope that you will ask us to discuss with you any questions which you may have concerning your baby.
- B. NURSE VISITS** - After your baby is delivered, your newborn will usually be placed under special warming lamps to help him regain body heat lost during delivery. After several hours of warming, he will be bathed. The baby can remain in your room throughout the hospital stay or may go back to the nursery for periods of time. Techniques for infant feeding are discussed in another section of these instructions. Help with specific problems can be obtained from the nurse who helps care for your baby. These nurses are experts in feeding techniques, each having the experience of feeding many babies before. Use them; ask for their assistance in helping you develop a suitable feeding technique for your baby. Do not be overly concerned with minor feeding problems during the first several days. New babies often show little interest in feeding initially; some have frequent spitting; others are difficult to "burp". We will follow your infant closely and will investigate fully if his behavior is truly abnormal.
- C. NEWBORN FEATURES** - Certain normal features of newborns often cause concern to parents during the hospital stay. Seldom are they of importance to the infant's health and should cause no worry.

These features include:

- (1) Misshapen Head (Molding) - The skull of the newborn is not firm as in older children and adults. It is often abnormally shaped immediately after birth due to the pressures exerted on it during passage through the birth canal. It will assume a more normal shape within a few days or so.

- (2) Curved Legs and Feet - Part of a baby's adaptation to the uterus is having legs and feet that curve and bend to help them fit inside. Most often, lower legs curve inward, and the feet fold and curve inward to some degree. These should straighten with time. We check the feet by noting whether they will assume a normal position with gentle pressure.
- (3) Rashes - Newborns have a variety of skin problems. Should your child have an abnormal rash, we will notify you.
- (4) Birth Marks - Most areas of redness or pigmentation present at birth will disappear within several months. Red splotches are almost always present on the upper eyelids and the back of the neck. These are prominent collections of small blood vessels and will gradually fade.
- (5) Jaundice - The amount of yellow pigment (bilirubin) in the blood rises in all infants soon after birth due to the inability of the baby's liver to change the pigment to a substance that can be eliminated by the body. In some babies, the concentration of this pigment reaches a level at which a slightly yellowish-orange color (jaundice) may be noticed in the skin. It causes no problems in the baby unless it rises to an extremely high level. If a baby becomes jaundiced, we will take the necessary measures to prevent it from rising extremely high. Usually, this pigmentation is a normal condition and should cause no concern. If there are more serious reasons for the jaundice, we will notify you promptly; otherwise, don't worry.

Above all, enjoy your baby during the hospital stay. You will have plenty of assistance in caring for him. Use this time to get acquainted. Attempt to learn correct techniques of infant care but avoid being rigid or overly concerned. It is most important to the total well-being of the child that your initial contact with him or her be a pleasant, relaxed experience. We are more interested in the warmth of relationship that develops between the baby and his or her family than in what he or she eats, whether or not he or she wears an undershirt, or what type of soap he or her uses. Your first duty is to love him or her; specific methods of daily care are much less important.

III. NUTRITION

- A. **GENERAL** - Nutrition is the most important aspect of the care given to your new baby. The most common cause of poor growth is improper nutrition. Proper feeding should begin during the newborn period. Nutrition requirements are supplied during the first few months either by breastfeeding or by bottle-feeding. We encourage you to breastfeed your baby. Breastfeeding provides many benefits for both mom and baby. Breastfeeding provides a unique emotional experience for the nursing mother and the baby. Breast milk has antibodies which will help prevent and fight infection. Almost every mother will have sufficient milk for her baby, and almost every baby will thrive on either breast milk or formula. This decision is one you will have to make based on your own preferences. Either will be satisfactory as long as you are comfortable with it.
- B. **FEEDING SCHEDULE** - Whether breastfeeding or bottle-feeding, we recommend a demand feeding schedule after a good weight gain is established. Most infants will establish a pattern of feeding every two to four hours. In general, a demand feeding schedule allows the infant to guide you in supplying his actual food needs.
- C. **BREAST FEEDING**
 - (1) Technique - Cleanliness is of utmost importance. The breasts should be washed with soap and water daily.

One of the secrets of breastfeeding is relaxation. You should sit and rest several minutes before beginning to nurse. Seated comfortably and holding your baby with his head supported place a finger on each side of the nipple and press slightly so that the nipple protrudes. Do not push the baby toward the breast. Instead, gently stroke the cheek nearest the breast. He or her will then turn his or her head and search (root) for the nipple. If the breast is excessively full or swollen, he or she may not be able to establish a good hold, and you may have to manually express some of the milk during the first feedings.

We recommend nursing at both breasts each feeding. Your baby will get most of the milk during the first 10 minutes of each nursing. During the first few days of breastfeeding, you may wish to nurse 8 - 10 minutes per breast, extending this time as you and your infant become adjusted to breastfeeding.

- (2) Mother's Diet - Your diet while nursing should be a well-balanced one just as you followed during pregnancy. There are no essential foods. Extra milk is usually recommended as it is an excellent source of protein and calcium. You should try to avoid any food that seems to cause stomach upset or loose stools. There are many drugs secreted in breast milk. Always check with us or your obstetrician before taking any medication. Smoking is never helpful and is not recommended. You should continue taking your prenatal vitamins.

D. BOTTLE FEEDING

- (1) Types of Formula - Formulas we recommend may be purchased in three preparations:
 - a) Powdered formula is convenient and the most economical. It is prepared by measuring out your water in 2 oz increments and adding one scoop per every 2 oz. of water. (1 scoop formula for 2 oz of water, 2 scoops of formula for 4 oz of water)
 - b) Concentrated liquid formula is available in 13 oz. cans and is prepared by adding equal amounts of water to the concentrated formula A 13 oz. can with added water gives 26 oz. of properly mixed formula.
 - c) Ready-to-feed formula comes in small disposable bottles and in quart cans. No preparation is necessary. It is very convenient but more expensive.
- (2) Types of Bottles - Satisfactory feeding technique can be achieved with either glass, plastic, or the disposable "Playtex" type of bottle. We have no preference in the type you should use.
- (3) How to Prepare Formula - (Please do not heat bottles in the microwave.)
 - a) Powdered Formula – Due to a risk of Cronobacter infection, please follow these instructions on preparing powdered formula (especially for infants under 3 months of age.) Always wash hands with soap and water before preparing formula. Make sure that your formula is not expired and that the container is in good condition. Keep powdered formula lids and scoops clean and close containers of formula as soon as possible. Boil water and let it cool to no less than 158°F/70°C before pouring it into a clean and sterilized bottle. Water should cool to this temperature within 30 minutes after boiling. Add the desired number of scoops of powder and appropriate amount of ounces of the boiled water into a clean bottle. Shake the bottle vigorously rather than stirring the mixture. Immediately cool the formula to body temperature to ensure it is not too hot before feeding your baby. Run the prepared, capped bottle under cool water or place it into an ice bath. Do not let the cooling water get into the bottle or on the nipple. Before feeding the baby, test the formula's temperature by shaking a few drops on your wrist to see if it is too hot. Use formula within 2 hours of preparing it. If your baby does not finish the entire bottle of formula, throw away

leftover formula. If you do not plan to use the prepared formula right away, refrigerate it immediately. Use refrigerated formula within 24 hours.

- b) **Concentrated Formula** - Wash top of formula can with soap and water, open, and store in refrigerator with opening covered by aluminum foil. At feeding time, pour equal amounts of concentrated formula and warm water from the tap into a clean bottle and shake briefly. Return opened can to the refrigerator where it may be kept for 24 hours. It must then be discarded.
- c) **Ready-to-feed** - This preparation comes in cans/containers and no preparation is necessary prior to feeding. Wash can top with soap and water, open, cover with aluminum foil, and store in refrigerator for up to 24 hours. At feeding time, formula is simply poured from the can into a clean bottle. Allow milk to return to room temperature before offering to baby.

IV. NEWBORN CHARACTERISTICS AND BEHAVIOR

- A. **CONGESTION** - The nose and air passages of infants normally contain small amounts of mucus. During the first several months of life, almost all breathing takes place through the nose. The mucus is normally removed from these passages by sneezing and coughing.
- B. **BOWEL MOVEMENTS** - Normal stool frequency in the newborn varies from as many as 8 - 10 stools per day to as few as one every several days. Initially they are often quite loose and usually occur during feedings or soon after. Many babies will strain, hold their breath, cry, and become flushed in the face while having bowel movements; this is completely normal and does not mean that they are constipated as long as the stool is soft. If, however, the stool is very hard, you may add 1 teaspoon of Dark Karo Syrup to a maximum of 3 bottles of formula in 24 hours. This will usually soften the stools adequately. Under no circumstances should laxatives be given to small infants. Should stools contain blood please notify us.
- C. **SLEEPING** – During the first few weeks of a baby’s life some parents may choose to room-share. Room-sharing is when you place your baby’s crib, portable crib, or bassinet in your room instead of having them sleep in a separate room. By room-sharing this will allow you to keep your baby nearby to feed as needed as well as to comfort and monitor your baby through the night. While room-sharing is recommended and safe, putting your baby in your bed with you is not safe. Bed-sharing increases the risk of SIDS (Sudden Infant Death Syndrome) and other sleep related deaths. Please follow these recommendations for a safe sleeping environment for your baby.
 - 1. Always place your baby on his or her back to sleep. The rate of SIDS has gone down since these recommendations have been introduced in 1992.
 - 2. Use a firm sleep surface. The sheet should fit snugly on the mattress. Be sure your crib or bassinet meets safety standards.
 - 3. Do not place anything else in the crib with the baby. Keep all toys, pillows, blankets bumper pads out of the crib or bassinet.
 - 4. Do not overdress your child for sleeping. Dress baby for room temperature. Watch for signs of overheating such as sweating and feeling hot to the touch.
 - 5. Keep baby away from smokers. Secondhand smoke increases the risk of SIDS.
 - 6. You may use a pacifier but if baby rejects it do not force it. If you are breastfeeding, you should wait until nursing is well established before introducing pacifiers.

Newborns will follow their own schedule and over the next few weeks to months you and your baby will begin settling into a new routine. Some babies will have their nights and days mixed up. A few things that may help with this is: keep things quiet and calm during the night. Keep the lights low and

resist the urge to talk to your baby in the middle of the night during feedings and diaper changes. If possible, let your baby fall asleep in their crib so they will learn their crib is a place for sleep. Do not try to keep baby awake during the day in hopes that they will sleep better at night. Often overly tired infants have more trouble sleeping than those who have had enough sleep during the day. When your newborn is fussy it is okay for you to rock, cuddle, and talk with your baby as you calm your baby down. Swaddling can also soothe your baby. You may choose to swaddle your baby by wrapping baby in a light blanket but discontinue at 2 months of age.

- D. CRYING** - Infants usually cry several hours per day. Often they establish a regular period each day of excessive irritability and crying, usually in the late afternoon or early evening. These periods are normal and not cause for alarm. If the infant's feeding and general care needs have been met, crying episodes do not require extra feedings or other special care.
- E. HICCUPS** - This is very common in newborns, is of no importance, and requires no treatment.
- F. HORMONAL EFFECTS** - Hormones received from the mother before delivery may cause transient effects in the baby. Breast enlargement may be present for several days, often with the secretion of a small amount of fluid from the nipples. In female infants, a mucoid vaginal discharge is briefly present and may contain small streaks of blood. These changes are normal and disappear within several days.

V. NEWBORN CARE

You will be asked to bring your infant to our office for a weight and color check during the first few days of life. This is necessary to assure that the baby is gaining well and that he is not developing jaundice.

- A. UMBILICAL CORD** - The navel cord dries and usually falls off between five days and four weeks of age. The navel area should be kept clean with cotton swabs moistened in water. It should be left open to air and no band or binder should be worn. Do not let the diaper rub or cover the umbilical area. After the cord falls off, the stump may continue to ooze or bleed; continue to keep the area clean. Any excessive or prolonged drainage should be reported.
- B. BATH** - A sponge bath should be given until the navel area is well healed and dry. After it heals a tub bath may be given. Sponge or wash the baby with a mild soap. Baby soaps are available and are fine to use. The water should be lukewarm and the room warm. Begin with the face and wash the genitals last. The outer part of the ears may be cleaned with a cotton swab. Do not attempt to clean wax from the ears with a cotton swab as this packs wax in the ear canal. The scalp should be washed daily using baby shampoo. It should be washed from front to back and the fontanel (soft spots) should be scrubbed as well. No oils, lotions, or Vaseline should be used on the hair. After bathing, the baby should be patted dry with a soft towel. Oils, creams, and lotions are not recommended for the skin early in life as they cut off the circulation of air and may cause rashes.
- C. CIRCUMCISION** - The American Academy of pediatrics does not recommend circumcision as there is no medical reason for it. This procedure may be performed for family or religious preference. If requested, circumcision will be done by the pediatrician while the baby is in the nursery or in the office after discharge from the hospital. Clean with soap and water. Apply Vaseline to penis until well healed. The end of the penis will be red and tender for several days, and a small amount of blood may ooze. If excessive bleeding occurs, please notify us.
- D. DIAPER AREA** - The baby's diaper should be changed as soon as possible after soiling. The area should then be washed with a soft cloth and soap and water. Should a rash appear, more frequent

changes are indicated. It may also be helpful to keep the baby out of diapers for two or three days. Any of the ointments available for diaper rash may be used after each change.

- E. CLOTHING** - Your baby does not require any more, if as much, clothing as an adult. Dress your baby according to the temperature. Many parents keep their babies too warm; watch for this as a cause of fever.
- F. VISITORS** - Avoid excessive handling of your baby by visitors and prevent his exposure to large groups during the first several months. Due to Covid-19 please follow these guidelines to help prevent exposure and infection.
 - 1. Please wait 6 weeks before allowing visitors; exception – can start at 2 weeks if both parties have been quarantining for 2 weeks.
 - 2. Do not allow visitors that have any symptoms including cough, congestion, and/or fever, etc.
 - 3. Limit visitors to as few as possible.
 - 4. Have visitors wash hands before, during, and after they visit.
 - 5. Maintain a social distance of 6 feet; exception would be if both parties did strict quarantining for 2 weeks before visit. Then it would be okay to hold the baby, but g.do not allow kissing.
 - 6. Everyone should be wearing a face mask.
- G. OUTDOORS** - After the two week check-up, you may take your baby out whenever the weather is pleasant. Remember not to dress him excessively or expose him to large groups for a while.
- H. ROOM TEMPERATURE** - Homes should be maintained at an average temperature of 68 - 72 degrees. Provide adequate ventilation during the winter months. Air conditioning is not harmful.

VI. WELL-BABY VISITS

- A. GENERAL** - The primary goal of good pediatric care is the avoidance of health problems. Your infant will be seen on a regular schedule of well-baby visits. On these visits you will be given instructions in the recognition of problems and in preventive measures. The visits will also enable us to identify and correct any abnormalities early. Our primary emphasis will be on growth and development. In order to recognize problems early, children are seen more frequently at first and at gradually longer intervals as they grow older. At each well-baby check, growth measurements will be taken and compared with the normals for the child's age. Similarly, a brief developmental examination will be performed to measure learning progress. Immunizations will be given at well visits as recommended by the American Academy of pediatrics and the Advisory Committee on Immunization Practices.
- B. SCHEDULE OF WELL CHILD VISITS WILL BE AS RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS.**

- Weight and Color visit (2-3 days old)
- 2 Week
- 2 Month
- 4 Month
- 6 Month
- 9 Month
- 12 Month
- 15 Month
- 18 Month
- 2 year
- 2.5 year
- Annual Well Visit beginning at age 3 Years