

PERSONAL CARE PEDIATRICS. P.A.

Newborn Discharge Instructions

www.pcpmds.com

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Please familiarize yourself with our website www.pcpmds.com. On the site you will find all surveys that **must be completed BEFORE** each scheduled visit, vaccine information sheets (VIS), and a variety of information on nutrition, psycho-social issues, and common diseases and treatment. In addition, you will be able to access the complete medical record, including vaccines, office visits, medications, and growth charts. You may even request referrals, medication refills and future non-urgent appointments.

Below are a few hints to help you get through the next few weeks with your new baby. If you still have questions, please write them down as they occur to you and do not hesitate to ask us about them during your hospital stay or office visits. Remember that all babies are different. You will soon learn what is normal for your baby. Please familiarize yourself with our web site, we will refer to it frequently.

It is especially important that all caregivers in your home receive the adult pertussis vaccine - also known as Tdap. This will protect your baby from getting pertussis or whooping cough from you. Your baby is not protected from whooping cough until after the 6-month vaccines. Babies who get whooping cough are almost always hospitalized and frequently end up in an intensive care unit. Please protect your baby from this very serious and sometimes fatal, but preventable disease. You can get this vaccine before you leave the hospital, our office, at your doctors, or at most commercial pharmacies.

WEIGHT

During the first few days of life, newborns may lose 4-10 oz. of weight before they start to gain. Most infants will have regained their birth weight by ten days of age.

FEEDING

Breast: Breast milk is the ideal nutrition for your baby in the first 18 month of life. You should nurse from both breasts, emptying one breast completely before starting on the second. The next feeding should begin at the breast where the last feeding was completed. Total nursing time will vary from 10-20 minutes on each breast. During the first few feedings, start with five minutes on each side and gradually increase to prevent sore nipples. Feedings should be on demand; generally, every 1 ½-3 hours. The American Academy of Pediatrics (AAP) currently recommends vitamin D supplementation (400 IU per day) for breastfed infants beginning in the first few days of life. Your pharmacist can recommend products available over the counter.

Formula: Formula should be warmed in water not in the microwave. Formula should be discarded after a feeding and not placed back in the refrigerator. You may leave a bottle out at room temperature for 1-2 hours. Babies should be fed generally every 3-4 hours. When you see that your baby is emptying a bottle, add another ½ ounce to the bottle. On average, a two-week-old will take 3-4 oz. every 3-4 hours. Do not bottle prop. You should not awaken your baby for day feedings unless more than five hours has passed since the last feeding. Do not wake your baby during the night for feedings, unless your baby is less than 7 lbs.

General: There are several signs that will indicate to you that your baby is drinking enough and include: (a) baby appears satisfied after feedings (b) wets 6 or more diapers per day (c) has stools (d) gains weight.

Water: Water is not necessary during the first few months since both breast milk and formula consist of a significant percentage of water. If you are giving water, it, must be sterilized and cooled to room temperature. Purchasing Nursery Water is not necessary.

Solids: The American Academy of Pediatrics recommends that solid food not be initiated until after 6 months. Early feedings do not help your baby sleep through the night and may result in allergies and childhood obesity.

SPITTING UP/VOMITING

All babies will occasionally spit up after a feeding. Frequent burping may help. If your child is vomiting frequently and in large amounts, please call our office for an appointment.

BATHING/SKIN CARE

All babies peel in the first few weeks. No treatment is necessary. Babies frequently get rashes especially on and under the face. In most cases, no treatment is indicated. Do not use diaper wipes in the first few weeks. You may use paper towels, or a washcloth.

Sponge bathe your baby until the umbilical cord falls off and, if you have a boy, until the circumcision is healed. Use only a soft washcloth and warm water. You may use Dove Sensitive, Johnson Naturals, Eucerin Baby Wash, or Aveeno Baby Wash. After the cord separates and the circumcision has healed, you may give your baby a tub bath.

UMBILICAL CORD

Over the first 5-21 days of life, the umbilical cord stump will naturally dry up and separate or fall off. There may be a small amount of blood which will ooze from the cord as the separation process begins. This is normal. If cord site swells, turns red in color, or has a foul odor, please call the office. The baby may have a bath only **AFTER** the cord falls off.

CIRCUMCISION

Apply Vaseline with each diaper change. This may be applied directly on the penis, on the inside of the diaper or on a gauze pad placed over the penis. Clean gently. The area should heal within a week. A whitish adherent material attached to the head of the penis is normal in the few days following the circumcision.

DIAPER RASH

Keep your baby as clean and dry as possible. You may use Vaseline, Desitin, or Vitamin A & D ointment in the diaper area. Avoid powder. If your baby develops a severe diaper rash, please call our office to be seen. Do not use diaper wipes in the first few weeks.

CRYING / SWADDLING

Babies cry for many reasons. Check to see whether your baby is hungry, uncomfortable due to dirty or wet diapers, too cold, or too warm. To soothe your baby, try rocking, walking, or swaddling your baby. When swaddling it is important to leave room for the hips to move. The baby's legs should not be tightly wrapped straight down and pressed together. Swaddling infants with the hips and knees in an extended position may increase the risk of hip problems. If crying persists and the baby is inconsolable, take the baby's temperature and then call us.

NEVER SHAKE YOUR BABY – if you are getting frustrated, put your baby in the crib, and walk out of the room. It is safer for your infant to be alone crying while you calm your frustrations. Newborns can be very frustrating, and if you find yourself getting increasingly more frustrated or depressed, please come in and speak with us. Remember, asking for help is a brave thing to do and makes you a better parent for your child.

BREAST/VAGINAL DISCHARGE

Swelling of the breasts and nodules under the nipples are normal in both male and female newborns after birth. A whitish vaginal discharge and even some vaginal bleeding may occur in females. Clean with a soft washcloth from front to back. This will resolve.

EYES

Increased tearing and/or yellow discharge from one or both eyes may be due to a blocked tear duct. Clean the area with sterile water. If it persists, please make an appointment to see us. Eye color may change up to a year of age. Intermittent crossing of the eye is normal until 6 months of age.

BOWEL MOVEMENTS

Changes in number of stools, consistency, or color are normal. Infants may have anywhere between one stool every few days to one stool per feeding. Breast fed infants tend to have a watery, seedy, yellow mustard-like stool. Formula produces a darker, firmer stool. Babies often strain and turn red while having a bowel movement. They may even pull up their legs and grunt. This is normal. If your baby's stool resembles pebbles, the baby may be constipated. Give water between feedings. If the problem persists, please call for an appointment. If stools suddenly become very watery, frequent and/or associated with vomiting, bloody stools, or fever, call our office immediately.

GAS

All babies have gas. If your baby is exceptionally uncomfortable, try burping frequently, rocking, or placing in a swing. There are products on the market that may help which we can recommend after examining the baby in the office or on telehealth visits.

HICCUPS/SNEEZING

Both are completely normal and occur frequently in the first few months. No treatment is needed.

FEVER

Please call us immediately for any axillary temperature of 100.5 or greater in any infant under 2 months of age. Familiarize yourself with taking an axillary temperature (under the arm pit) - making sure the skin completely surrounds the thermometer. This method is as accurate and equal to a rectal temperature. You do not need to add a degree. Rectal temperatures should **NEVER** be taken.

MOUTH

If you notice white patches on the tongue or palate or on the inner part of the mouth, your baby may have thrush. This is a yeast infection, an infection which is sometimes associated with diaper rash. Please call office for an appointment.

TAKING YOUR BABY OUTDOORS

Keep your baby close to home for the first couple of weeks. Avoid taking baby to crowded places, (i.e. the mall) in the first 8 weeks. After the first couple of weeks, you may take the baby out whenever the weather is nice. Dress the baby as you are dressed but bring an extra outer covering. Protect you baby from mosquitoes by using netting over the stroller.

MISCELLANEOUS

Baby's first office visit is a few days after you leave the hospital. Call in advance for an appointment. Room temperature should be about 74 degrees. Visitors should be kept to a minimum. Anyone who is sick (i.e. coughs, colds) should not be near your baby.

CIGARETTE SMOKING

Exposure to tobacco smoke, even if you smoke outside, increases your child's risk if SIDS (sudden infant death-crib death), asthma, allergies, dental cavities, ear infections, and colds. In addition, smoking increases the chance of your child having to deal with your early death from the complications of smoking, including cancer, emphysema, and heart disease. Smoking also increases the chance that your children will smoke. Give your child the gift of his health and yours – stop smoking today.

SAFE SLEEP

Put baby to sleep on his back, on a firm, snug- fitting mattress. Do not let baby sleep in an adult waterbed, beanbag or sheep skin, or soft yielding bedding or comforters. Do not use crib bumpers or stuffed animals in crib.

REFERANCE BOOKS

American Academy of Pediatrics:
Your Baby, Birth Through 5 Years