<| NEWBORN HANDOUT FOR PARENTS |>

… a TPPC informational handout.

Revised 10/16/2021

You ARE your baby's advocate!

Nobody knows your baby like the parents do. YOU are the voice, action, and the advocate for your baby. My promise to you is that we will listen to your concerns and check them out as we can. If you truly feel that something is not quite right, then speak up, let us know. If after you have spoken up and you still are not satisfied, I encourage you to get a second opinion.

CONGRATULATIONS!!!

The Perkins Pediatric Clinic staff congratulates you on the birth of your new baby. Our main goal is to maintain the highest standards of care for you and your baby. Here are a few helpful hints that you as a parent can use to assist in protecting your new baby. The arrival of your baby is an event of love and excitement. We are happy to be part of your happiness. Many questions will arise during the next few months and we hope this booklet will provide answers to help you care for your baby. Your baby is different from all other babies. He is an individual and will develop at his own pace. Comparisons to other babies are not helpful and may cause you needless worry. This booklet is meant to give general information and may not apply to all infants. We will be happy to answer specific question as they arise.

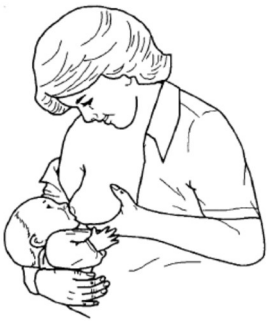
LOVE

This is the most important thing you can give your baby. From you, your child will learn to trust and return love. A new baby at home is a big adjustment for everyone, especially the baby. Be patient and enjoy each other. Remember your baby has all his senses: hearing, vision, touch, taste, and smell. Nurture all these senses from the beginning and participate as your baby progresses through the wonders of development.

FEEDING

Breast Fed: If you intend to breast feed you will be given the opportunity to start within the first few hours. It is important for your baby to develop a strong attachment to the breast, so we recommend offering only breast milk. Do not worry if your breasts do not seem to have a large supply of milk at first. This is natural and your baby has a reserve of fluid and energy to make up for an initial lack of breast milk. We recommend allowing your baby to nurse 5-7 minutes on the first breast then as long as needed on the second breast. Switch the breast that you start with at each feeding to allow equal stimulation of the breasts. The more your baby nurses the more milk that will be produced. Fluoride, vitamins and iron will be added to your baby's diet at the proper times to ensure all nutrients are adequate. Please talk with us or consult the breast-feeding specialist if you have any questions or problems. Remember, don't get discouraged in the first few days. With a little teamwork we can make breast feeding a successful and enjoyable experience for you and your new baby.

Breastfeed?



- Breast milk is easier for your baby to digest than formula.
- Breast milk is always clean and safe. Your baby cannot catch a cold from it or be allergic to the milk.
- Breast milk protects your baby against colds, infection, and allergies by passing antibodies that fight infections from your body to the baby's. Breast fed babies have fewer serious illnesses. Breast milk also helps prevent diarrhea and other digestive disorders.
- Breastfeeding helps your uterus return to its normal size faster.
- No preparation or sterilization of bottles is necessary.
- It is less costly, as there is no need to buy formula or bottles.
- Breast milk is almost always available. How much your body makes depends on how often your baby nurses. Your body supplies the amount of milk your baby demands.
- Breastfed babies have less gas, less spitting-up, and sweeter smelling stools.
- Breastfeeding often results in more bonding between mother and baby.
- The government's WIC program will provide extra food for women who breastfeed.
- Most medicines can be taken by mothers who breastfeed.
- After your milk supply is established (4 - 6 weeks), you can give expressed breast milk from a bottle, if you would prefer.

Other facts about Breastfeeding

- Your figure and breasts will return to their normal size when you have finished breastfeeding. Whether or not breasts sag depend on age, pregnancy, and heredity, not breastfeeding.
- Many American women continue breastfeeding even after returning to work or school. If you want your baby to have all or mostly breast milk, then you will need to pump your breasts during the time you are separated. If pumping proves too difficult, many mothers can continue breastfeeding their babies on off hours and have formula given during the workday. Your body will adjust to not making milk after several days. Many mothers can nurse their babies once or twice a day for many months without expressing their milk is between feedings.
- All new mothers need to eat well-balanced, regular meals. Nursing mothers often return to their pre-pregnancy weight before mothers who bottle feed because they burn extra calories which were gained during pregnancy.
- If you nurse, drink enough liquid to satisfy your thirst. Some mothers drink a glass of water each time they breastfeed.
- A nap during the day may be needed to give your body extra energy to make breast milk.
- A woman can easily breastfeed her baby in public by dressing conveniently.

Can anyone Breastfeed?

You can successfully breastfeed if you want to, unless your doctor says it is medically unsafe to do so. Do not worry about not knowing how to breastfeed, as the nurse in the hospital will be very helpful. Breast size has nothing to do with how much milk you can produce. It is your baby's suckling that starts milk production. The more your baby suckles the more milk you will make.

Bottle/Formula Feeding?

Babies who are bottle fed are given sterile water first, then are offered formula by 8 hours of age. A formula is provided by the hospital but if you have a special preference let me know. Your baby may start with an ounce initially but will increase to 2-4 ounces per feeding by 2 weeks of age. Most babies wait 3-4 hours between feeding though some are more frequent feeders. A baby should not want to eat more frequently than every 2 hours; but if he does continue to seem hungry, he may need to be rocked, held, played with, or given a pacifier to suck.

- Bottle feeding can be done by fathers or helpers right away. Breastfeeding mothers will want to wait 3 - 4 weeks.
- Nursing takes more commitment from the mother because the baby will need to be fed every 2 - 3 hours (8 – 12 feedings/day) during the first few weeks. If you bottle feed, your baby will eat 6 - 8 times a day, have shorter feedings, and can be fed by another family member.
- Formula is sold in most food and drug stores, and although very expensive, is available in ready-to-use cans and bottles.
- The government's WIC program provides formula to eligible families.
- You may be more comfortable feeding you baby from a bottle when in public.
- Bottle feeding requires sterilization and cleaning of equipment, mixing formulas, and making sure that the formula does not spoil before being offered.
- Not all babies can tolerate cow or soy-based formulas.
- Formula-fed infants have more ear infections and upper respiratory infections and are more likely to suffer allergies.
- Bottle fed babies have more gas during feedings, tend to spit-up more than breastfed babies, and have foul-smelling stools.

How long will my baby need formula?

Usually babies need to drink formula for the first year of life. Avoid adding anything to the formula, including honey, sugar, cow's milk, or cereal. Your baby's health care provider will give you information when to start solid foods and cow's milk.

What kind of formula should I give my baby?

Discuss the brand of formula with your doctor. Formula comes in different forms. Talk with your health care provider about which form is right for you and your baby. Here is some information on the ways formula is packaged and how to mix it. Also, check the expiration date on the label of the formula. It is not safe to give your baby expired formula.

- **Ready-to-Use Formula:**

This type of formula comes in ready-to-feed 4-ounce bottles or cans of different sizes. If you purchase the cans, pour the formula into your sterilized bottle. Place a sterilized nipple on the bottle after filling. Ready-to-Use bottles do not come with a nipple. You will need to use your own sterilized nipple. This type of formula is the most expensive.

- **Concentrate:**

Concentrate will cost you less and you must read the mixing directions on the label. Mix the concentrate with equal amounts of water. For example, if you want 4 ounces of formula use 2 ounces of concentrate and 2 ounces of water. You will need sterilized bottles ready to fill after mixing the formula. Cap with a sterile nipple.

- **Powder:**

The least expensive type of formula is powder, but it takes the most time to prepare. Mix 1 scoop of powder to every 2 ounces of water. For example, if you need to make 4 ounces of formula; use 4 ounces of water and add 2 scoops of formula. You will need sterilized bottles ready to fill after mixing the formula. This kind of ready-to-mix formula comes in cans or single-serve packets.

Can I use tap water to mix formula?

Yes, most pediatricians advise that you can use city tap water. Check with your doctor to ask if boiling the water is necessary.

How long should I refrigerate formula after mixing it?

Use refrigerated formula within 24 - 48 hours of mixing. For your baby's safety, throw away unused formula after 48 hours.

Can I change formula if my baby does not like it?

Treat formula like a medicine. Call your baby's health care provider for advice on changing the brand of formula. Do not change the brand because you have seen an advertisement or have a coupon for a different brand. If you think your baby does not like the formula or has problems digesting it, **call The Perkins Pediatric Clinic, LLC.**

Here are some common signs to watch for when babies have problems with formula:

- Vomiting right after the feedings
- Recurring diarrhea or constipation
- Frequent bouts of crying after feedings
- Signs of colic with a firm, enlarged and tender tummy right after a feeding
- Fussy behavior and/or frequent night waking
- A rough, rash on the face and around the rectum (opening for bowel movements)
- Frequent colds and/or ear infections

If your baby has one or more of these signs, talk to your baby's doctor before changing the formula.

Remember, all your baby needs is breast milk or formula for the first 4-6 months of life. Additional water is optional and if given should be given after a feeding. Cereals, juices, and other foods should wait until at least 4 months of age. Also. I suggest NO eggs, citrus fruits or juices, or honey as allergies can develop and honey can carry botulism which affects infants by paralyzing their lungs.

Getting Feeding Started…

- ☑ Feed your baby every 3 - 4 hours. If the baby sleeps for longer than a four-hour period during the day, then wake the baby for feedings. Plan to feed your baby at least 6 - 8 times in 24 hours.

- ☑ Do not worry if your baby takes only 1 ounce of formula at each feeding (every 3-4 hours) during the first few days. Gradually, your baby will take a little more formula each day. By the end of the first week, your baby should eat at least 1 - 3 ounces at each feeding.

☑Relax, sit down, and make yourself comfortable. Hold the baby in a semi-upright position while feeding.

☑To get your baby's attention, stroke the cheek with your finger or the tip of the nipple. Your baby's head will turn and the mouth will open in response to the stroking. When you place the nipple the mouth, your baby should begin sucking.

- ☑ Hold the bottle at an incline so the nipple fills completely with formula. This will help prevent your baby from swallowing a lot of air.
- ☑ If the baby is working too hard, tires easily or becomes frustrated, the hole in the nipple may be too small. If your baby gulps air or formula leaks out of the corners of the mouth, the hole may be too large. To test the nipple, turn the bottle upside down. Formula should rip about 1 drop a second.
- ☑ About halfway through each feeding, stop and burp your baby. You also may try burping if your baby wants to stop eating too soon. Burping helps your baby get rid of the extra air in her or his stomach. The air causes a baby to feel full and uncomfortable. Spitting up a small amount of formula is normal and often happens at feeding time.

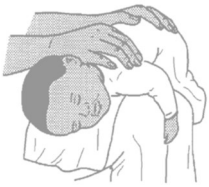
BURPING YOUR BABY

During feedings, newborn babies swallow milk and air. Air in the stomach can make your baby feel full and uncomfortable. This may cause your baby to stop feeding too soon. Burping will help your baby bring up excess air and keeps your baby comfortable.

If you are breastfeeding, burp your baby after the first breast. If you are bottle feeding, burp your baby after every ½ ounce at first or every ounce is the baby spits up.

- ✓ To burp your baby well, you will need to:
  - Position your baby so there is some pressure on the stomach
  - Pat, gently rub, or apply gentle pressure on the back with your hand.

- ✓ There are 3 ways to burp your baby:
  1. **Over the shoulder**
     Hold your baby firmly against your shoulder and rub or pat your baby's back with your hand. Provide support for the baby's bottom and lower back with the other arm.



2. **Face down on your lap**

Place your baby face down on your lap with the head resting on one leg and the stomach area over the other leg. Support your baby with one hand while patting, rubbing, or by applying gentle pressure on the back with the other hand.

3. **Sitting up**

Sit the baby in your lap with the body leaning forward. Support the chest and head with one hand while patting the back with your other hand. If there is no burp after 2-3 minutes, lean your baby back slightly with the chest as upright as possible. Then pat, rub, or gently put pressure on the back. If getting a burp takes longer than 5 minutes, continue to feed or stop as the baby desires.

☑ Allow your baby to decide when he or she has had enough to eat. Do not force your baby to finish a bottle. Towards the end of a feeding, the baby may fall into a light sleep. You may still notice some sucking movements. This is just a reflex and does not mean that the baby is still hungry. Let the baby suck on your finger or a pacifier.

Feeding time should be pleasant for both you and your baby. Hold your baby close and talk softly during the feeding. Skin to skin contact also will help you feel closer to your baby. This can be done by wearing short sleeves or partially undressing yourself and your baby. Your baby will enjoy the warmth and feel of your skin. Use this time to relax, interact and bond with your baby.

COMMON QUESTIONS

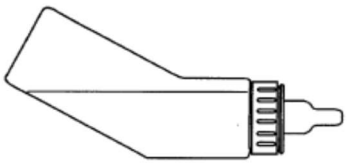
What type of bottles and nipples should I use to feed my baby?

No one type of bottle or nipple is better than another. You and your baby are the best judges. Here is some information to help you decide which type of bottle and nipples to use.

- **Bottles**

There are 2 types of bottles: glass bottles and plastic bottles. Some bottles use plastic liners. You may know them as the Playtex Nurser®. The plastic liners collapse while the baby feeds decreasing the amount of swallowed air.

The newest type of bottle is the Johnson & Johnson Health flow ®. This plastic bottle has a bend in the middle. The bend in this bottle fills the nipple completely with formula and helps prevent your baby from swallowing air during feedings. This reduces the amount of air swallowed.



- **Nipples**

Nipples come in many shapes and with different hole sizes. Shapes include the standard, natural shape (orthodontic), and expandable nubbin. The nubbin nipple is for use on plastic bottles with collapsible plastic liners.

Small nipple holes are for newborns drinking formula. Larger nipple holes are for older babies. Nipples made from silicone are the easiest to clean, do not get gummy, and do not taste rubbery.

Should I give my baby water or other fluids?

If your baby is getting enough to eat, you do not need to give your baby any other fluids like water or juice **unless** advised by your baby's Health care provider. Extra water may be needed when your baby is older and eating solid food.

How will I know my baby is getting enough to eat?

Ask yourself these questions if you are not sure:

- Does your baby suck and swallow without gagging or choking during the feeding?
- Does your baby have 6 or more wet diapers over a 24-hour period?
- Does your baby have a bowel movement or dirty diaper every day?
- Is your baby sleeping between feedings?
- Is your baby gaining weight and filling out his/her baby clothes?

If the answer is **yes** to these questions, you can be sure the baby is getting enough to eat.
If the answer to these questions is **no, then talk to your baby's health care provider right away.**

What is the safest way to heat a bottle of formula?

Heat a bottle of formula by running warm water over it or placing it in a pan of warm water. **Do not place a bottle in a pan of water on the stove and bring it to a boil.** This destroys the protein in the formula and makes it too hot for the baby to drink. Check the temperature frequently by shaking a few drops on your inner arm. The formula is ready when it no longer feels cold. Use the formula right after you have heated it. **Do not microwave formula.** Microwaving causes uneven heating. The bottle may feel cool to you, but the formula inside can be **very hot** and burn your baby.

Other safety tips:

- **Do not let the baby take a bottle of formula lying flat.** It is common practice to give babies a bottle when putting them to bed. However, feeding a baby in this position increases the chance of ear infections and choking. Decay of baby teeth and jaw problems are also common if you feed in this position.

- **Never lay a baby down with a propped bottle**. Propped bottles increase the risk of choking.

- **Discard any formula left in the bottle after a feeding.** Formula spoils easily once bacteria from the baby's mouth backwashes into the bottle. If the baby does not finish the leftover formula within 3 hours, throw it away.

- **Do not give your baby homemade formula.** Formula made from cow's milk (fresh or evaporated) does not have the same nutrients as commercially made formula. Babies cannot digest cow's milk.

Enjoy your feeding time together. Relax and let your baby learn that feeding time is a pleasant time.

STERILIZING BOTTLES & NIPPLES

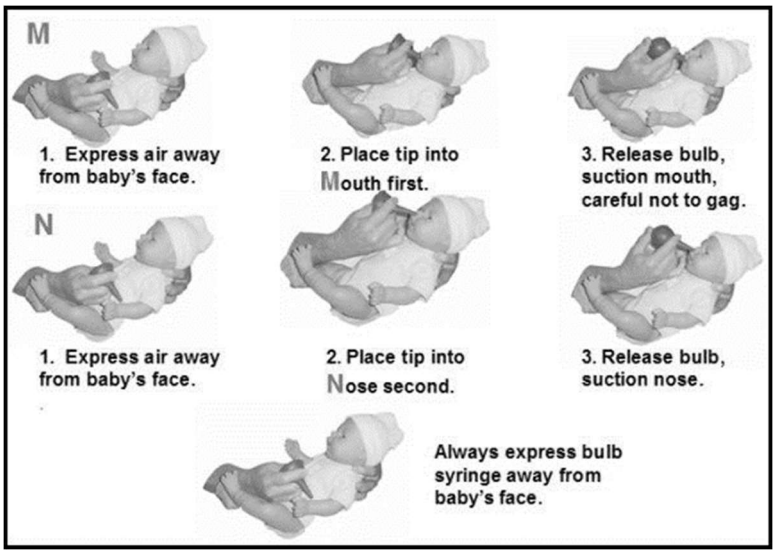
It is important to sterilize bottles, nipples, nipple caps, and rings for as long as your baby's doctor recommends. This will help protect your baby's health.

- To sterilize, you will need a large pan with a lid, tongs or 2 large spoons, and clean towels.
    1. Place the clean open bottles and accessories in the pan with enough water to cover completely. Be sure the bottles are full of water to prevent them from breaking.
    2. Cover with the lid and bring to a boil.
    3. Boil for 15 minutes.
    4. Remove them with the tongs or spoons. Let them air dry on a clean dish towel or drainer for about 1 hour before refilling with milk.
- You also can use your dishwasher for sterilization. The water temperature must reach 180 degrees to properly sterilize equipment. If you are not certain of the water temperature, make sure your hot water heater is set on 120 degrees or medium heat. Wash your bottles and nipples first before placing them in the dishwasher.
- Always wash and sterilize new bottles, caps, rings, and nipples.
- Rinse the bottles and nipples right after a feeding for easier cleaning later.
- Wash all items used for baby feeding in a clean dishpan with hot soapy water before washing your other dishes.
- Wash the bottles in hot soapy water and remove the milk scum with a bottle brush. Clean nipples with a small brush and squeeze hot soapy water through the nipple holes. Turn the nipples inside out, repeat the same procedure, and rinse well.

USING A BULB SYRINGE

The bulb syringe

- Express the air away from baby's face
- Suction mouth first (M)
- Suction nose (N)
- Remember the alphabet (I, M, N, o, p)



SUCK & SWALLOW Activities for Your Baby

These steps may help to build the strength of your baby's mouth muscles, and increase the
rhythm and endurance of the sucking action.

- Wash your hands.
- With your thumb and first finger on your baby's cheek, gently press in and hold it for 3 seconds. Do this 5 - 7 times.

- With your first finger, roll out the baby's lower lip and then let go. Do this 5 - 7 times. Each time it should be a little snappier.
- Take your first finger and gently but firmly rub all surfaces of your baby's gums. Do this for about 60 seconds.
- Take your first finger and push it gently but firmly up on the roof of your baby's mouth. Hold it there for 3 seconds. Then push firmly down on the tongue and count to 3. Repeat 5 - 10 times.
- Take your first finger and move it gently but firmly back and forth on the roof of the mouth. Do this for about 60 seconds.
- Insert a pacifier or finger into your baby's mouth and turn it slowly. This should cause strong sucking motions.

SAFETY

Keeping your infant safe is a crucial and constant task.
Below are some important safety items:
Car Seat: This must be always used. Be sure it is installed properly, and your baby is secure. Do not listen to those who tell you it is safer to hold a baby or place a baby on the floor in the car seat. All other children (and yourself) must be buckled in. REMEMBER, IT IS THE LAW. A car seat may be rented from the hospital, please ask the nurse if you need one. The State Laws are changing, contact DMV for advice.

Falls: Never leave your baby unattended on any surface or turn your back on him. Even a newborn can occasionally roll.

Burns: Do not handle hot liquids or cigarettes while you hold or dress your baby. Be careful if any hot substances are near as your baby will soon roll and reach for things.

Choking: Do not put any small objects or hard food into your baby's mouth. If your baby does choke on something, do not shake him or reach in his mouth. Turn your baby on his side and allow him to cough up the material or place him face down and firmly pat between the shoulder blades to help clear the material. If choking continues or breathing is difficult, immediate medical attention should be sought (ie: 911).

CHILDREN AND ANIMALS

Never leave your new infant unattended around small children or animals. Either of these can do unintentional harm to a baby.

TRAVEL AND VISITORS

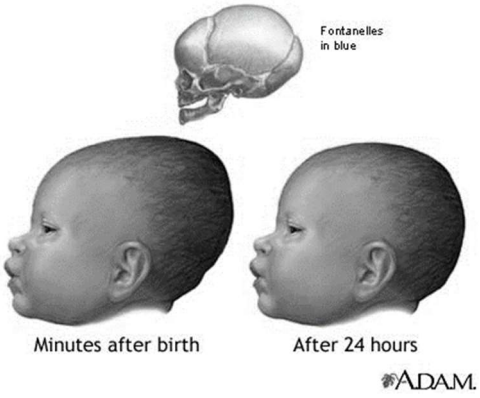
In general, it is best not to take long trips away from home during the first two months. Trips to the store, friends' homes, and social gatherings should be limited. Visitors should be limited and must wash their hands before handling your baby. Always remember that a runny nose of an older person is possibly a life-threatening case of RSV for your baby. When taking your baby outdoors, take care to shield him from direct sunlight, stiff breezes, and insects. Clothing should be appropriate for the weather and overdressing should be avoided.

HOW YOUR BABY WILL LOOK AND BEHAVE

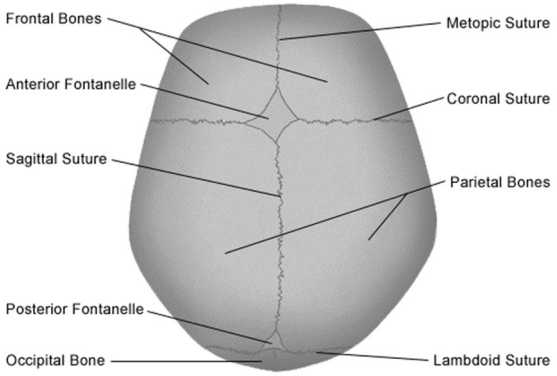
As a new parent, you may have questions about your baby's looks and behavior. Below are some common physical features and behaviors you may notice in your baby soon after birth.

HEAD & HAIR

Your baby's head may appear too large for its body. The head makes up one-quarter of your baby's total body size. It is an average of 13 – 14 inches around at birth.



Your baby's head may look out of shape. This is from the molding of the skull bones during labor and birth. Swelling of the scalp or slight bleeding under the scalp may also give the head this appearance. These changes are temporary. The head will become round and smooth in the next few days.



Your baby's fontanelles or "soft spots" are areas where the skull bones do not join. However, the bones are held together by a tough membrane. The fontanel on the top of the head is diamond shaped and closes by 18 months of age. The fontanel on the back is shaped like a triangle and closes by 6 weeks of age.

Your baby may be born with a full head of hair or none at all. It is common for babies to lose most of their hair by 1 year of age.

EYES & VISION

VISION. Your baby's eye color depends on skin tone. A newborn's eye color will usually be gray-blue if fair-skinned. If dark-skinned, eye color is usually brown. By 6 months to 1 year of age, your baby's eye color becomes permanent. Hold your baby about 12 inches from your face when you talk or play. A newborn baby can see objects 8-12 inches away.

Of course, all newborns are beautiful, but they do show signs of the trauma of birth. Your new baby's eyes might look puffy. You may notice that your baby will look cross-eyed. A newborn's eye muscles are weak at birth. Over the next several weeks, eye muscle strength will improve, and your baby can better focus on objects.

HOW BABIES SEE THE WORLD. A newborn can make out blurry faces at birth - even through swollen lids. You may notice her blinking or squinting. These are newborn habits that will soon go away naturally. A newborn baby focuses best on objects about 12 inches away. She will look to the right and left rather than straight ahead, and enjoy looking at faces and black-and-white patterns. Infants seem happier in a well-lighted room.

KEEPING BABY'S EYES BRIGHT
How to preserve your baby's precious eyes.

NORMAL EYE DISCHARGES
Swelling may result from delivery or from drops placed in your baby's eyes at birth to prevent infection. These signs will all disappear in a few short weeks (and so will the bent ears, skin rashes, pointed heads and flat noses). When your newborn baby cries, you may not see tears. Tear ducts may not function for the first several weeks after birth. The "drops" or ointment placed in your baby's eyes at the time of birth may cause some discharge and swelling. This usually goes away in the first days after birth. Many newborns' eyes have a crusty, yellow discharge that goes away

by the fifth day. This is not an infection. If the swelling and discharge don't clear up, or if they begin after the first 24 hours, they may be caused by an infection or a blocked tear duct. Call your doctor for advice.

PROTECT EYES FROM DAMAGE
As your baby grows, eye exams should be part of her well-baby exams. Keep her away from pointed objects and blowing dust. Remove particles in the eye by pulling the upper eyelid out and down over the lower lid or use the corner of a clean handkerchief to remove it. Do not rub the eye. If you cannot remove a particle, if your baby's eyes are injured in any way or if there is discharge, swelling or redness, call your health care professional.

HEARING

Babies can hear loud and soft noises at birth. Loud noises may cause your baby to startle, while soft noises may help calm your baby. Your baby quickly learns the difference in voice sounds. Your baby will turn its head to a familiar voice, especially mom and dad's voice. If her ears are bent forward, you can speed the return to normal ear position by smoothing the ears back against her head when putting your little one to sleep.

Listening To Mommy. Babies first hear the world while still inside their mothers. They may already be used to familiar sounds when they're born, and sleep right through them. Newborns react to loud noise by startling. Watch how your baby responds to your voice, and to singing or music. If she never responds, talk with your health care professional.

GUARD SENSITIVE EARS
Never put anything in your baby's ears, not even a cotton
swab. Wipe her outer ears with a washcloth or cotton ball. Her ear will clean itself naturally. If something has gotten in her ear, turn her so her ear faces down, and move her head very gently so it falls out. If this doesn't work, call your health care professional.

TASTE & SMELL

Newborns can taste and smell at birth. Your baby will be able to taste formula or breast milk. Avoid the use of heavy perfumes and smoking around your baby.

SKIN

At birth, you may notice a think white cheesy-like covering over your baby. This is called vernix caseosa. Vernix helps to protect your baby's skin while in the uterus. Over your baby's forehead, nose, and cheeks, you may see "whiteheads" or milia. These are plugged immature oil glands that will go away in several weeks. Lanugo is the soft downy hair that may cover your baby's face and body. This hair usually disappears within a few weeks after birth. Stork bites are pale pink marks over the face and neck. These will fade during childhood. Mongolian spots are bluish-black marks found on the lower back or bottom. They are most common in dark-skinned babies and will fade during childhood.

A newborn baby's skin is very sensitive to temperature changes. If your baby becomes cold, the skin may appear blotchy with slightly bluish hands and feet. If overheated, a rash may develop.

Skin Care

Bathing: Give a lukewarm sponge bath until the cord falls off and the navel is healed and dry. Wash the hair with a mild soap and water and brush it daily. A gentle soap such as Dove or Johnson & Johnson's can be used. Always assemble all bathing materials before starting to bathe and devote your complete attention to your baby during bath time. The section further in this handout will be more descriptive.

Birthmarks: Most babies have birthmarks, but they rarely require treatment. You may notice a red coloration at the base of the neck "Stork Bite" or on the forehead "Angel's Kiss". If any marks concern you, please ask us about them.

Rashes: Most babies develop a rash on the face, head and neck during the first few weeks. No treatment is usually required. Most diaper rashes are caused by moisture and warmth. Rinse the skin with water, pat dry, and apply Vaseline sparingly with each diaper change. Leave the skin open to air as much as possible if a rash develops. If any rash lasts over one week, becomes blistered, cracks, bleeds, appears swollen or bruised call us.

CHEST & BREATHING

You may notice your baby's **breathing** is not like your breathing. Babies take little breaths and use the stomach muscles to help breathe. You may even notice short pauses between some breaths. All newborn babies breathe through their nose. The rate of breathing is 30-60 times a minute. The **heart rate** also is rapid at 120-160 times a minute.

Both baby boys and girls **breasts** may look enlarged after birth. The hormones that cross the placenta during the last two weeks before birth causes the breasts to fill with milk. This milk is called witch's **milk.** Do not try to squeeze the milk out. The enlarged breast will go away in about two weeks.

ABDOMEN

The abdomen of your baby may be round and stick out slightly. The stump of the **umbilical cord** is clamped, which is removed 24 hours after birth. The cord will dry and fall off in 10 – 14 days. You may notice a small amount of bleeding. **If there is redness around the umbilical cord or a pus-like drainage, call your baby's doctor immediately.**

GENITALS

You may notice some swelling of your baby's genitals. Genitals are the sex organs you see on the outside of the body. This happens because the hormones that cross the placenta before birth cause a slight enlargement in girl and boy babies. These hormones in a girl may cause the baby to have white vaginal drainage. A girl may also have a slight vaginal spotting. This is known as a false period.

VAGINA AND BREASTS

A mucous discharge is often noted during the first week or two from a baby girl's vagina. A small amount of blood may also be noticed. These are caused by the change in hormones a baby is exposed to after birth and are normal. Do not try to scrub the genital area but instead rinse gently with water during bathing.

The breasts of baby girls and boys may have firm tissue you can feel underneath the nipples. These may feel like small "knots". These are normal and may last for a month or two. A small amount of milky fluid may also be discharged from the nipples and is no cause for concern. Do not manipulate or squeeze the breasts as this can cause infection. If the breasts become red or swollen, please contact us.

CIRCUMCISION/PENILE CARE

Medical Studies no longer support circumcisions as it is painful and puts an infant at risks of surgical, medical and social complications. Should you decide to get this performed based on personal desire, it will be considered optional. Dr. Perkins, after research, will no longer perform circumcisions, so be sure to ask your obstetrician.

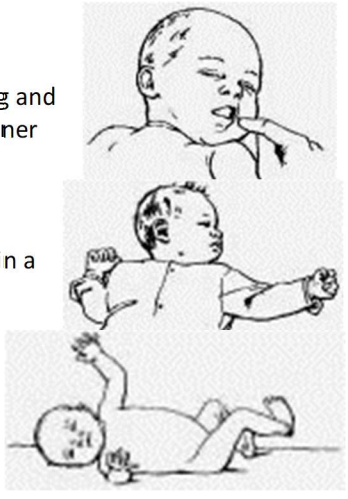
If your son is circumcised, feel free to contact us if increased redness, swelling, pus-like discharge, or difficulty with urination occurs.

If your son is not circumcised, you just need to wash the genitals gently with soap and water. Do not try to pull back the foreskin as this can cause tearing, bleeding, or swelling. The foreskin will slowly come loose over many months or even years (usually by 3 years of age, pulling back the forskin to rinse it is started but not before then.) This is normal. Contact us if the penis or foreskin appears red, swollen or tender.

ARMS & LEGS

After birth, your baby's arms and legs look bent and are held close to the body. Most newborn babies' hands are folded tightly like fists. The legs also appear bowed. This gives the appearance that the arms and legs are too short for the body. However, this is temporary. By 3-4 months of age, the arms and legs stretch out. The hands unfold and your baby will begin reaching for objects. As the legs grow longer and stronger, your baby will crawl, sit, and walk.

REFLEXES



Your baby will be born with many reflexes for survival and safety. Survival reflexes include sucking and swallowing. The rooting reflex is closely related to sucking. This reflex occurs when the cheek or corner of the mouth is stroked lightly. Your baby will turn its head to that cheek and begin to suck.

The safety reflexes are the gag reflex to prevent choking and the cough reflex to get rid of mucous. Other common reflexes include the tonic neck, Moro, and grasp reflexes. If you see your baby lying in a "fencing" position, this is known as the **tonic neck reflex.**

When your baby becomes startled, he or she will thrust out both arms. This is known as the **Moro reflex.**

The **grasp reflex** is very strong at birth. If you place your fingers in the palm of your baby's hand, he or she will grasp your finger very tightly. All reflexes are important and help your baby's doctor to determine if your baby has a healthy nervous system.

SLEEP

Newborns usually sleep often and well during the first few weeks. Some babies sleep up to 20 hours per day (remember you should feed your infant every four hours, so wake him). Some twitching or jerking during sleep is expected. You may also note occasional sighs, gasps, and pauses of several seconds. These are normal during sleep or napping

SLEEP POSITION

A baby should be laid down on its side or back to sleep. We no longer recommend placing a baby on his stomach to sleep. Recent information has shown a possible relationship between Sudden Infant Death Syndrome (SIDS or Crib Death) and babies sleeping on their bellies. While sleeping on the side or back is not a guarantee against SIDS, we do believe it is the wise thing to do currently. Exceptions are made in special conditions and we shall discuss these with you if needed.

DRESSING

Your baby is comfortable at the same room temperature which you enjoy. Do not overdress your baby. A loose shirt and diaper are sufficient in a warm room. A light cover can be used in drafty areas and during sleep. Outside, your infant should be protected from direct sunlight and stiff breezes. Do not wash clothes in harsh detergents or use scented softeners as they may cause rashes. (Dr Perkins recommends Cheer Free detergent).

BEHAVIOR

Your newborn baby will probably spend a lot of time sleeping or eating. Your baby may be very alert and gaze at you and dad shortly right after birth. However, your baby may become very quiet and drowsy several hours after birth.

During the next fours weeks, your baby will spend less time sleeping and more time awake. Babies have two types of sleep states, deep sleep and light sleep. During a deep sleep state, your baby will remain still with little body movement. In a light sleep, some body movements can be seen. You may notice your baby smile, fuss briefly, or make crying sounds. Awake states range from drowsy to crying. The most important awake state is the alert state. When the baby is quietly alert, this is the best time to feed, play, and talk to your baby.

Crying is a response to unpleasant stimulation. The baby needs to be claimed and held. Information about these different states will help you know what your baby needs.

COPING WITH CRYING

- ☑ Cuddle and hold your baby closely. The baby may feel your calmness and become quiet.
- ☑ Rock, walk, or dance with your baby.
- ☑ Decrease the amount of stimulation your baby gets. For example, take your baby into a quiet, dim room.
- ☑ Change the diaper.
- ☑ Listen to soft, soothing music (classical lullaby).
- ☑ Expose your baby to white noise, i.e. vacuum, dryer, dishwasher, and fan.
- ☑ Take your baby for a ride in the stroller or car.
- ☑ Put your baby in a baby swing.
- ☑ Offer a "noisy" toy that shakes or rattles.
- ☑ Sing or talk in a quiet, sing-song way.
- ☑ Put the baby in a soft front carrier, close to your body.
- ☑ Lay your baby down across your lap and gently rub or pat his or her back.
- ☑ Massage the body and limbs gently using warm lotion or oil (avoiding the face).
- ☑ Swaddle your baby tightly.
- ☑ Feed and/or burp your baby.
- ☑ Offer a pacifier, holding it in the baby's mouth if necessary.
- ☑ Give the baby a bath.
- ☑ Remove yourself and let someone else take over for a while. If a family member is not available, consider hiring someone for short periods during the week.
- ☑ Offer a soft cloth such as a cloth diaper or a small blanket. Clothing with Mom's smell seems to work wonders.
- ☑ If nothing works, put the baby in the crib where he or she is safe, close the door and turn on the TV or radio. Take a fifteen-minute break and begin at the top of this list again. ***Remember, some babies need to let off steam and crying is their way of doing just that.***

When to call the doctor

Call your infant's doctor if your baby has any of these symptoms:

- ✓ Fever
- ✓ Diarrhea
- ✓ Hard stools
- ✓ Poor weight gain
- ✓ Excessive spitting up of formula
- ✓ Vomiting

- ✓ Blood in stools
- ✓ Poor feeding

Things to remember

A baby who cries too much despite everything you do to comfort him/her can make the parents nervous and angry. It is important for you to remember the following things:

- ✓ Colic is not your fault
- ✓ Your anger and frustration are normal
- ✓ Your baby is not angry with you
- ✓ Your baby is healthy despite the excessive crying

CRYING AND COLIC

Crying is your baby's way of communication. Soon you will learn what your baby's cry means. It is not always for food. Some fussiness is normal, especially at night. A pacifier may help during the first few months if your baby has a strong need to suck. Longer periods of crying often occur after 2 weeks of age lasting until 2-3 months of age. Some parents find their baby gets a belly ache after feeding. This is known as colic. I suggest first a few ounces of water to help calm your baby. A swing, the vibration from a dryer or vacuum, or a ride in the car (in the car seat!) can also help relieve this discomfort.

SYMPTOMS OF COLIC

Colic usually begins by 2 to 3 weeks of age and may last 3 or 4 months. Colicky infants usually cry at least 3 hours a day. This is 2 1 /2 times more than non-colicky infants. The crying may or may not occur at the same time each day, but usually happens more often in the evening. The baby does not stop crying when usual ways of comforting, such as holding and feeding, are tried.

The colicky infant usually shows these signs:
Flailing arms and legs
Clenched fists
Arched back
Draws legs up toward the abdomen
Bulging and tense abdomen (tummy)
Struggling and angry when held

POSSIBLE CAUSES OF COLIC

No one knows the real cause of colic, but some things that may be related include:
Exposure to tobacco smoke
Stomach spasms
Immature nervous system
Gas pain
Hormones out of balance
Immature digestive system
Allergy to milk
Tension or emotional stress in the baby's environment

WAYS TO HELP YOUR BABY

There is no sure treatment for colic, so nothing you try will comfort your crying baby every time. The following suggestions have been tried by other parents who have had colicky infants. You may try:
Cuddling your baby.

Taking your baby for a ride in a stroller or car.
Placing your baby in a wind-up swing (prop a young infant with blankets) (Picture 2).
Rocking and cuddling your baby in a rocking chair.
Giving your baby a pacifier (many infants are soothed by extra sucking).
Burping the baby often while feeding to remove as much air as possible from the stomach to reduce excessive gas. Massage the baby's stomach.
Playing soothing music or tapes of heartbeat (to soothe you and the baby).
Carrying your baby in a front pack.
Walking while holding your baby.
Running the vacuum cleaner or washer. (The constant sound can be comforting to your baby.)

WHEN TO CALL THE DOCTOR

Call your child's doctor if your baby has any of these symptoms:

Fever
Diarrhea
Hard stools
Poor weight gain
Excessive spitting up of formula
Vomiting
Blood in stools (bowel movements)
Poor feeding

THINGS TO REMEMBER

A baby who cries too much despite everything you do to comfort him can make the parents nervous and angry. It is important for you to remember the following things:

Colic is not your fault.
Your anger and frustration are normal.
Your baby is not angry with you.
Your baby is healthy despite the excessive crying.

SUGGESTIONS FOR PARENTS

Colic is not a minor problem. It affects 1 in 4 infants and can cause the entire family a great deal of distress. Please be assured that colic will end between the infant's third and sixth month of life. Until then, the following suggestions may be helpful:

Do not feed your baby every time he cries.
Arrange for a relative, friend, or babysitter to stay with the baby while you get out of the house one evening a week. Go see a movie, shop, go out to dinner, or just take a walk.
Try to rest when your baby naps. Enough rest will help relieve your tension.
Caution: Never shake your baby. Shaking will not stop the crying and could cause serious brain damage. Again, Tag-Team with someone to allow you to get out, clear your head or just get some rest.

If your baby has prolonged crying, is inconsolable or has any fever with his crying, contact us.

BATHING YOUR NEWBORN BABY

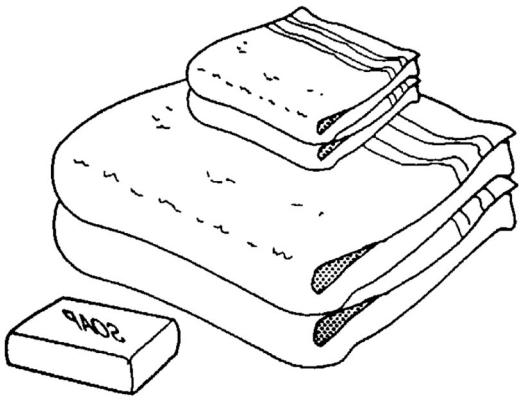
This section will help prepare you to bathe your baby safely and to give special care after the bath. Bath time can be a happy time for both parents and baby. This time allows the baby to play without the restriction of clothing. It is also a time for the parent and baby to get to know each other, to touch and make eye contact.

When you bathe your baby, it is up to you. The bath can be a good morning routine, or one done to get ready for bed. It is, however, a good idea to bathe your baby before a feeding. If you bathe your baby right after a feeding, your baby may vomit.

Your baby's nurse will show you how to give your baby a bath. You will not need to bathe your baby every day. A soap bath of the whole body can be given 3-4 times a week. On the other days wash the hands, feet, and diaper area with soap and water. The face is to only be washed with water. As soon as the umbilical cord falls off and the area is healed, you may give your baby tub baths. The cord usually falls off between 10 days to 2 weeks. Until this happens, give your baby a sponge bath.

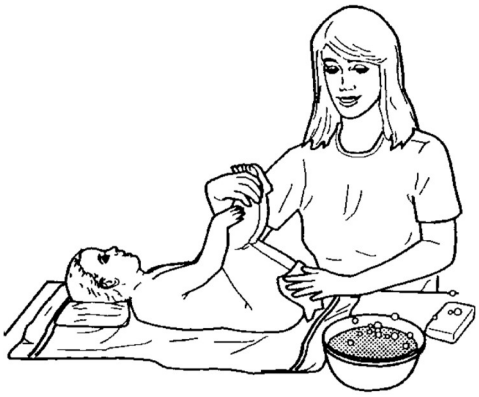
Supplies

- Mild soap, without alcohol or perfumes
- Soft wash cloth
- Towels, regular or hooded
- Container of water if you are not near the sink
- Diaper
- Clothes
- Blanket
- Comb and hair brush
- Manicure scissors or clippers



Safety Tips

- The temperature of the water should be 100 degrees F to prevent chilling or burning. If you do not have a bath thermometer, use your wrist to test the water. It should feel warm, **not** hot.
- The room should be free of drafts, such as open windows or fans.
- **Never leave your baby alone**, even for a second. If the telephone rings or someone knocks on the door ignore it and finish the bath. Accidents can occur quickly.
- Always support the baby's head during the bath. Always keep a firm grip on the baby. A soapy baby can be very slippery.



How to bathe your baby

Until your baby's cord falls off and/or the circumcision heals, give your baby a sponge bath on a folded towel, as shown to you by your baby's nurse. After the cord falls off or circumcision heals you can use a sink basin or infant tub.

1. Arrange all your supplies within easy reach.
2. Wash your hands.

3. Fill the basin or infant tub with warm water.

4. Test the water for the correct temperature.

5. Undress your baby and place him/her in the basin or water or on the folded towel, if a sponge bath is being given.

6. **Eyes**

Use only water and a clean wash cloth to clean the eyes. Begin with the inside of the eye and wash toward the ear. Use a clean part of the wash cloth and wash the other eye.

7. **Face**

Wash your baby's face with water, but do not use soap.

8. **Ears**

Use your little finger tucked inside a wet wash cloth to clean the ears. Never use Q-tips inside your baby's ear.

9. **Hair and Scalp**

While your baby is lying on the towel or in the basin, reach under the baby's back and lift the back and head up with your arm. Cradle the head in your hand and the baby's back lying on your forearm. This gives your baby a sense of security and gives you a firm grip on his or her body.

Wet your baby's head with water. Work up lather with the wash cloth. Apply lather to your baby's head. Gently rub the lather over the head from front to back, to keep the suds out of the eyes. Rinse the head with clean water and pat dry with the towel.

10. **Body**

Work up lather with the wash cloth. Start with your baby's neck and wash the back, tummy, arms, and fingers. Rinse the wash cloth, then rinse the area just washed with water. Again, lather the wash cloth and wash the legs and feet. Repeat the rinsing and lathering of the wash cloth. Clean your baby's diaper area beginning with the front and moving to the buttocks. Rinse and dry your baby with a clean soft towel.

After the bath

1. Dry your baby well
2. Dress your baby
3. Comb or brush your baby's hair
4. Clean your baby's fingernails and toenails with a wash cloth. Use baby clippers to clip the nails. It is important to keep your baby's nails short, so he/she will not get scratched.
5. If you desire, place lotion on the baby, except for the face. Baby powder, if used, should always be put below the waist level, especially with babies with lung problems. Use only corn starch. Never use powder and lotion together because they become caked and irritate the baby's skin.

SPECIAL CARE

- If your baby's scalp (head) becomes scaly, dry or dirty looking, apply baby oil or a small amount of Vaseline. Rub the oil in well and leave it on overnight or for at least 8 hours. Cover the head with a cap to prevent soiling sheets or clothes. If the scalp does not look better after shampooing, you may need to repeat this every day until the scalp looks clean and normal.

If after several days of doing this, the scalp does not improve, call your pediatrician. Always wash and dry the baby's brush after each use.

- If your baby has been circumcised, be sure to follow instructions on how to clean and care for the circumcision. For circumcised boys gently pull back the remaining small portion of foreskin and clean. Do not forcibly pull the foreskin back. No tub baths are permitted until the circumcision heals, generally in 2 weeks.
- For girls, always remember to clean the genitalia from front to back. This avoids getting stool from the rectum into the opening leading to the bladder. Infections of the urinary tract can be common in girls. This infection is a result of germs in the stool getting into the bladder. Also remember to clean between the folds of the genitalia. Stool and pieces of the diaper can sometimes be found in between these folds, so it is important to clean well.

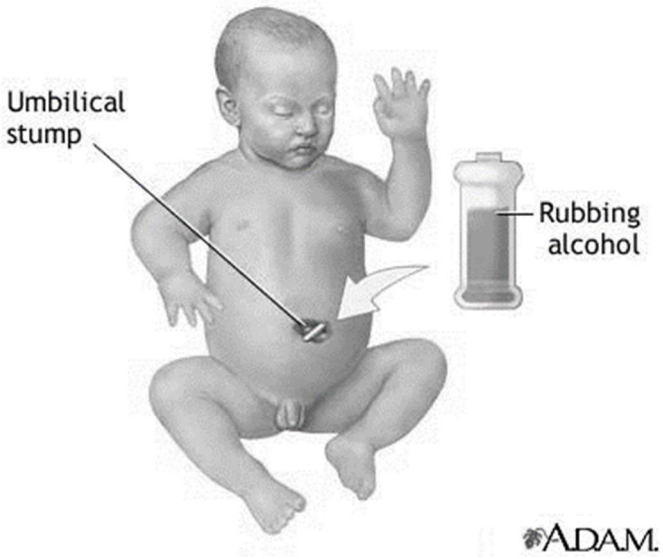
Dry Skin and Peeling: This is normal and requires no special creams or lotions. If the conditions seem severe please contact us.

Navel: Apply rubbing alcohol to the cord after each diaper change. Once the cord is off (10-20 days) continue to clean the area with alcohol until the area is completely dry and healed. Do not tape, place coins over, or cut the dried cord as these may cause bleeding or infections. If the navel becomes red, swollen, drains pus with a foul odor, or oozes blood, please contact us immediately.

CARING FOR YOUR BABY'S CORD

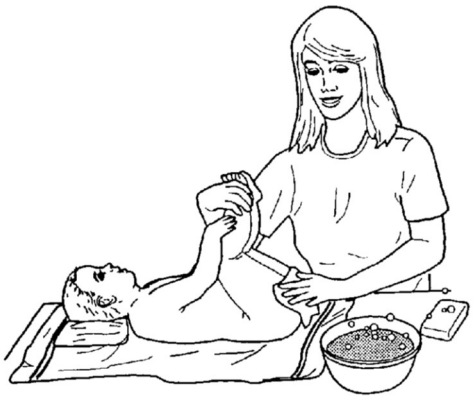
It is important to keep the umbilical cord clean and dry. When you clean the cord, watch for signs of infection such as redness, foul odor, and drainage.

- Keep your baby's diaper folded below the cord stump so it is open to the air and not to urine.
- Use a cotton swab soaked in rubbing alcohol to clean the base of the cord with every diaper change.
- Healing has occurred when the cord is hard, dry, and shriveled, and the base is pink and dry. This often takes about 10 days.
- When the cord falls off, there may be a few drops of blood. There is no cause for worry. If bleeding continues or if there are signs of infection, call your baby's doctor.
- Do not give your baby a tub bath until the umbilical cord falls off and the navel is pink and dry.
- **Do not** put objects suck as corks or silver dollars on your baby's navel. There are germs on these objects that could infect the baby.



DIAPER RASHES

Diaper rash is caused by irritation of the skin from urine and bowel movements. When the diaper is wet or soiled, an infant's skin becomes sore and hurts. Changing the diaper as soon as your infant wets or has a bowel movement is one important way to prevent diaper rash. The following list will help to prevent diaper rash.



- ✓ Gently wash and dry your infant's bottom every time you change the diaper. Clean all skin folds well with mild soap and water. Rinse the skin well and pat dry.
- ✓ If diaper rash is present, keep the diaper off as much as possible. Turn your infant on his/her stomach with a diaper under the hips. The air helps to dry and heal the rash.
- ✓ Plastic pants or throw away diapers may make a diaper rash worse. While your infant has a diaper rash, try not to use plastic pants or throw away diapers. Use a cloth diaper without plastic pants.
- ✓ An ointment or crème may be applied to the infant's bottom. Your infant's doctor will tell you what kind is preferred.
- ✓ If the rash does not improve, call your doctor.

BOWEL MOVEMENTS

This is a source of concern and worry for many parents (and grandparents!). Each baby is different. Some have bowel movements several times per day while others are seldom as once every few days. The color may be green, yellow, or brown and they may be formed, mushy, or seedy. If they are very hard, very watery, or have streaks of blood, please contact us.

SPITTING UP

This is a common occurrence in babies and is rarely serious. It usually does not indicate a problem or allergy to the formula or breast milk. Spitting up can be minimized by the steps below:

1. Burping carefully during and after feeding,
2. Gentle handling of your baby before, during and after feedings (ie no bouncing),
3. Hold the bottle at an angle so air will not get into the nipple,
4. Do not feed your baby lying down flat

If spitting up becomes severe (very forceful or large amounts with every feeding) please contact us.

SNEEZING AND HICCUPS

Babies often sneeze as a way of clearing out mucous from the nasal passages. It does not mean the baby has a cold. Hiccups are a reflex action which is common in babies and usually does not bother them. No treatment is necessary though a pacifier or drink of water may cause them to stop.

STUFFY NOSES AND VAPORIZORS

Many young infants seem to have a stuffy nose. Usually this is due to the small nasal passages which make it difficult to clear the mucous. Dry air, wood stove heat, and cigarette smoke in the air can aggravate this condition. A safe treatment plan includes the things listed below:

1. Vaporizer - a Cool Mist vaporizer is best. Run this 4-6 feet from your baby's bed. Do not add anything to the water. The mist helps keep nasal passages moist and soothed.
2. Saline Nose Drops - Salt water drops can be effective to help loosen mucous.

Directions are as follows:

tsp. salt + 8 ounces of tap water. Boil and cool (like you would a bottle). You can also get a nasal saline spray at the pharmacy, remove the sprayer top and use a clean eye dropper to pull out the drops.

Place 3-4 drops in one nostril, wait 30 seconds, add 3 more drops then suction nose with a bulb syringe. Repeat for the other nostril.

FEVER IN INFANTS & CHILDREN

Many parents fear their infant or child getting a fever or have “fever phobia.” I certainly can understand why. Kids can do crazy things when they get fevers. They don’t sleep well, eat poorly, and behave strangely. Some children can even have seizures due to a quick spike in body temperature. So, it isn’t surprising that beginning as early as the pre-natal consultation, parents ask questions about what to do when their child gets a fever.

Concern about fevers is long-standing in our history. Fever superstitions and ancient fever remedies are ribboned throughout all cultures. For example, Romans would trim the fingernails of those affected with fever. Using wax to attach the fingernail clippings to a neighbor’s front door was thought to transmit the fever to that household. Note: Do not have ancient Romans as neighbors. And, even today, I will occasionally see infants and children whose elders have used a method called cupping to literally suck the fever out of them.

So, here are 5 fabulous facts about fever. Some of these statements may be exactly opposite what our mothers have said about fever. The goal of this post is not to discredit grandma, but to decrease fever phobia and treat fever correctly. And with the right information, maybe the next time our pink-cheeked kiddos come to us with warm foreheads, we might not be so eager to jump to our medicine cabinets.

Please note: The following facts are NOT true for infants under the age of 2 months. Please talk to your pediatrician about newborns with fever.

1. There is no "number" on a thermometer that requires a trip to the Emergency Department. Nope, not even 104F degrees. With very specific exceptions, kids do not have to maintain a "normal" temperature during times of illness. Fever is a normal, healthy way for the body to fight common infections. Bacteria and viruses that attack our bodies love normal body temperature but cannot successfully replicate in hotter conditions. Fever, therefore, reflects a robust immune system's defense against these pathogenic attackers. The bacteria and viruses are the enemy, not the fever they cause.

So, remember: fever is a symptom of illness, not a disease. Seeing a high number on the thermometer means your child's body is doing its job to fight an infection.

2. The severity of fever does not always correspond with the severity of illness. So, what does that mean? A fever is generally defined as over 100.4F degrees in infants less than 2 months of age and 101.0F degrees in the older ones. In the older than 2 months old infants, with few exceptions, the degree "number" over 101F really doesn't matter.

Everyone reacts to a fever differently. So, in addition to the actual numerical value, look for signs of serious illness in your child. Observe his/her level of discomfort, level of activity, and ability to maintain adequate hydration. If you are concerned, call your pediatrician to discuss the next steps.

3. Fevers do not have to be treated with medication. Fevers help the body fight infection. Treating a fever is only necessary when you think your child is uncomfortable. The goal of administering antipyretic (anti-fever) medications should not be to get a high temperature back to "normal." They are simply medications to make your infant or child feel better.

Fevers can make babies & children feel lousy. They can have altered sleep, unusual behavior, and poor oral intake and feedings. If these symptoms are upsetting to your child, please give a fever reducing medication. Treating fever does provide comfort and may decrease the risk of dehydration.

As an aside, if you are coming to the pediatrician's office because your infant or child has a fever and he or she is uncomfortable, please give your child an appropriate dose of an appropriate fever reducing medication prior to coming to the office. You do not have to wait until the doctor "sees them with a fever." A comfortable child is much easier to examine. And a good exam will often determine the cause of the fever, allowing for accurate treatment.

4. Half of you are dosing fever medications incorrectly. As many as one-half of parents do not administer the correct dose of fever reducing medication to their child. This includes both under-dosing and over-dosing. Medications should be dosed according to your child's weight, not age. Always use the measuring device that comes with the medication. If you lose the dosing device, use only a standard measuring instrument (syringe, medicine cup) as a replacement. Household spoons and measuring spoons are not always accurate.

I often hear parents deliberately under-dosing their child. They say, "I didn't really want to give him medication, so I just gave him a half-dose."

A "half-dose" will do nothing. Don't bother.

If you feel that your child needs medication, give the correct dose. If you have questions about your child's dosage or the proper measuring device to use, call The Perkins Pediatric Clinic, LLC.

6. **Fever does not cause brain damage.** In a person with a normal functioning brain, and the ability to cool oneself, fever is normal response to infection. Every normal brain has a internal

"thermostat" that will prevent a person's temperature from getting high enough to cause brain damage. It is only when hyperthermia, or heat stroke, occurs when damage to the brain and other organs will occur. Hyperthermia happens in the rare instances when an individual's brain cannot regulate temperature well (as in a rare case of brain injury) or when an individual is not able to cool oneself (as in a closed car on a summer day.)

Fever due to illness in a normal child will not cause organ damage.

ILLNESS

Babies do not always give obvious signs when they are ill. The signs a baby may be sick are subtle. Contact me immediately if you notice any of the below in your infant.

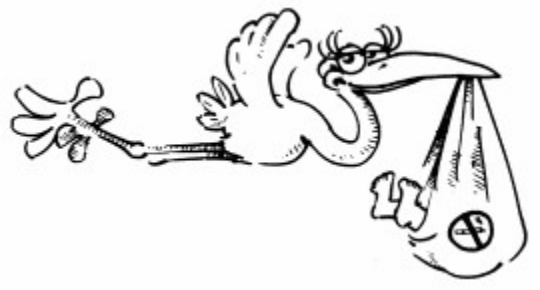
1. Fever over 100.40 - This must be reported immediately if your baby is under 2 months old,
2. Irritability - If your baby acts like he is in pain or cannot be consoled, check his temperature. Contact us if this lasts over 2-3 hours, or if there is a fever.
3. Lethargy - If your baby seems limp, weak, does not focus his eyes, refuses to eat, or moans in discomfort, check his temperature and call us.
4. Vomiting - Should your baby have repeated episodes of forceful vomiting, please contact us, and/or
5. Breathing - If your baby appears to have difficulty breathing (rapid, labored, or very irregular) please contact us immediately or Call 911.

Of course, if your baby does not seem 'right' to you, feel free to call and we can discuss this problem. You know your baby better than anyone else, trust your instincts.

SMOKING

We now know smoke is very harmful to babies and children. It contributes to cause more colds, bronchitis, ear infections and can aggravate asthma. There may even be links to Crib Death or SIDS. It can also contribute to adult heart and lung disease. If you cannot stop smoking, do not smoke in the same house where your baby lives or in the car.

PLEASE DO NOT SMOKE AROUND YOUR BABY!!!!!!!!!!!!



Smoking and your baby

Every mother wants a healthy baby, but smoking can be harmful to your baby before and after birth.

What is Second Hand smoke?

Second-hand smoke is smoke that comes from the burning end of a cigarette. This smoke is filled with more tar, poisonous gas, and nicotine than the smoke inhaled by the smoker. People in the same room as a smoker breathe in second-hand smoke, including babies.

What happens when people smoke around babies?

- ✓ Babies have tiny lungs and airways. Breathing air filled with smoke causes their tiny airways to get even smaller. This can make it harder for babies to breathe.
- ✓ Babies and young children breathe much faster than adults. This means they will breathe in even more smoke that is in the air than adults.
- ✓ Babies of parents who smoke get more colds, allergies, and other lung problems in their first year. This can lead to more doctor visits and more doctor bills.
- ✓ Children have more ear infections and sore throats if their parents smoke. These problems make babies cry and fuss more.
- ✓ Babies may have frequent bouts of colic or stomach upset when they are around second-hand smoke.
- ✓ Second-hand smoke makes asthmas worse.
- ✓ More babies die of SIDS (Sudden Infant Death Syndrome) when they are around second-hand smoke.
- ✓ Babies of parents who smoke are at risk for burns. Burns often happen from ashes falling from the end of a cigarette. More serious burn injuries and death may occur from house fires caused by cigarette smoking or lighters.

What can you do?

- ✓ If you smoke, STOP. Talk with your doctor or nurse to get help.
- ✓ Do not allow people to smoke near your baby. Tell them they must go outside so the baby does not breathe smoke-filled air
- ✓ Do not wear clothes that are worn during smoking around the baby.

DOCTOR VISITS AND IMMUNIZATIONS

Babies should be checked at regular intervals during infancy and childhood. Problems with heart, lungs, abdomen, nutrition and growth and development can occur with little or no obvious signs. Check ups are important for a child's health. Immunizations are crucial to good health for your baby and society. All necessary immunizations can be given in our office.

Below is a schedule of office visits and immunizations. This may be adjusted depending on the special needs of your child and changes in recommendations.

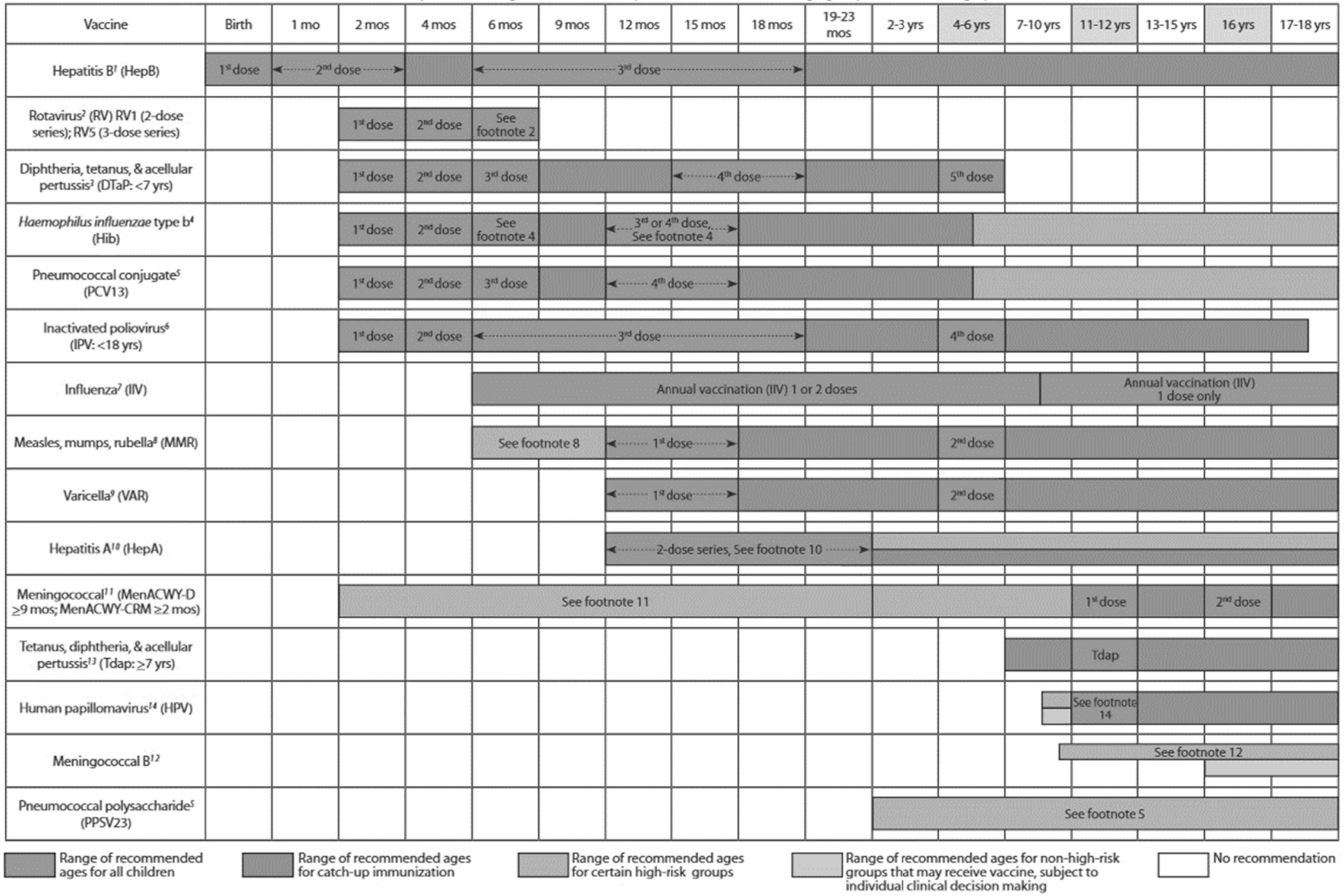
1. **Birth** - Neonatal screen (PKU, Thyroid, Galactosemia) and Hepatitis B #1 (HBV#1)
2. **1 week** - Check-up
3. **2 months** - Diphtheria, Tetanus and acellular Pertusis#1 (DTaP#1), Inactive Polio #1 (IPV #1), Haemophilus influenza type B (HiB #1), HBV #2, Rotavirus #1 (RV#1), Pneumococcal #1 (PCV13#1) and a check-up on growth and development.
4. **4 months** - DTaP #2, IPV #2, HiB#2, Rotavirus #2, PCV13 #2 and a check-up on growth and development.
5. **6 months** - DTaP #3, HiB #3, IPV #3, HBV #3, PCV13 #3 and a check-up on growth and development. *The annual flu vaccination is available starting at 6 months of age.*
6. **9 months** - A check-up on growth and development.
7. **12 months** - Chicken Pox Vaccine (VAR #1), Mumps, Measles, and Rubella (MMR#1), HiB #4, PCV13 #4, Lead Screen, anemia screen and a check-up on growth and development.
8. **15 - 18 months** -DTaP #4. and a check-up on growth and development including Autism screening.
9. **2 years** - Lead screen, anemia screen and a check-up on growth and development including Autism screening.
10. **3 years** - Annually: Anemia screen and a check-up on growth and development.
11. **4-6 years** - Preschool physical, DTaP #5, IPV #4, MMR #2, hearing and vision screen and an anemia screen.
12. **6-18 years** - A check-up on growth and development, hearing and vision screen every 2 years depending of the special needs of your child. Anemia screen every 2 years.
13. **11 years** – Meningococcal types ACWY #1 (MenACWY #1), Tetanus, Diphtheria and acellular Pertussis #1 (Tdap #1) and a check-up on growth and development.
14. **16 years** – MenACWY#2 and a check-up on growth and development.

- *Tetanus and diphtheria boosters (Td) are needed every 10 years unless your child has a trauma and then a booster should be given if it's been longer than 5 years since your last booster.*
- *Human Papilloma Virus (HPV) is available but not required. It is a 3 shot regimen over 6 months for girls and boys*

Figure 1. Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger—United States, 2018.

(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE [FIGURE 2]).

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are shaded in gray.



NOTE: The above recommendations must be read along with the footnotes of this schedule.

Jaundice in Newborn Babies

What is jaundice? Jaundice is a common condition in newborn babies. Jaundice is a common and usually harmless condition in newborn infants. The word jaundice comes from a French word meaning yellow. It describes the yellowish appearance of the whites of the eyes and the skin of many newborn babies. It is usually not dangerous. About 50% of full-term infants and 80% of premature infants have jaundice during the first week of life. With this condition, the skin, and occasionally the whites of the eyes, will appear yellow or light orange. This is due to your baby having increased amounts of a yellow substance in his blood called bilirubin (billy-ru-ben). The bilirubin in his bloodstream will cause his skin to appear yellow or 'jaundiced.'

What is bilirubin? Bilirubin is a natural substance formed in the body by infants, children, and adults. It results from the normal breakdown of red blood cells. Usually, a mature liver is able to remove bilirubin as soon as it is formed, so most adults don't become jaundiced.

Why are newborns often jaundiced? Babies are born with extra red blood cells, which are broken down soon after birth. The liver of the newborn is immature and may not work quickly enough to get rid of the bilirubin. The liver of a premature infant is especially immature, which is why infants born early become jaundiced more often than full-term infants. When the bilirubin begins to build up in the blood, the infant starts to appear yellow. The color change progresses from head to toe, so an infant with mild jaundice may appear yellow only on his face, while one with severe jaundice will be yellow over his entire body.
After being changed by the liver, most bilirubin is removed from the body through your baby's bowel movements. Anything that increases the number of bowel movements (such as frequent feedings) will help get rid of the bilirubin.

When is jaundice a concern? The level at which jaundice may be dangerous depends on many factors: your baby's age, whether he was full-term or premature, and whether he has any other medical conditions. When the bilirubin level becomes too high, jaundice can be dangerous to your baby's developing nervous system. This happens very rarely. If your doctor is concerned that your baby may have serious jaundice, a very small sample of your baby's blood can be taken to measure the bilirubin to see if it is close to a dangerous level.

Terms you should know.

Physiologic jaundice is the usual or expected amount of jaundice frequently seen in infants. Physiologic, or normal jaundice, usually appears on the 2nd or 3rd day of life in healthy babies born after a full-term pregnancy. It often disappears within a week. Doctors estimate that as many as two thirds of full-term babies get physiologic jaundice. It may occur in both breast-fed and formula fed babies.

Pathologic jaundice is caused by an illness or other medical problem. For example, if a baby and mother have different blood types, sometimes the mother produces "antibodies" that destroy the newborn's red blood cells. This condition is called "Blood Group Incompatibility." This can cause a sudden serious increase in bilirubin.

Premature babies are even more likely to get normal jaundice. It may appear later and last longer in these infants, becoming most noticeable between the 5th and 7th days of life.

MAJOR CAUSES

One function of the liver is to rid the blood of yellowish substance called bilirubin (pronounced "Billy Reuben"). New blood cells are being created and old ones are being destroyed throughout life. As the old cells are broken down, hemoglobin, the red part of the cells, is changed into bilirubin and removed by the liver. Until a baby's liver begins to function fully, bilirubin can build up in the bloodstream, causing the skin and the whites of the eyes to become yellow. This condition is known as physiologic jaundice.

- In most babies, jaundice occurs because the liver and the other organs are not yet fully matured. This is particularly true in very small or premature babies.

- High bilirubin levels also can occur for other reasons. Babies who are bruised at the time of birth and babies born to mothers with diabetes are more likely to develop jaundice.

- Two other, more serious kinds of jaundice may occur when the baby's blood type is different from the mothers.

  - One of these conditions is called **ABO incompatibility.** The mother usually has type "O" blood and the baby has either type "A" or type "B" blood. If a baby has this condition, jaundice appears within the first 2 days after birth.
  - Another kind of jaundice occurs when the mother has Rh-negative blood and the baby has Rh-positive blood. When babies have this condition, jaundice may be seen at birth or on the 1st day of life.

- Although there are other causes of jaundice, they are extremely rare.

BREASTFEEDING

Early onset jaundice may be seen in the first week of life. In breastfed babies it is very often caused by a baby not getting enough breast milk. Because he is not drinking very much, his bowels are not moving, and the bilirubin cannot be removed from the body in the stools. The best way to treat this is by breastfeeding more frequently (at least 8 times per day). This will cause the bowels to move more often and remove the bilirubin from your baby's body. Giving extra water will not help. Early, frequent breast feedings, even through the night, may help prevent early onset jaundice.
Late onset jaundice can be seen in the second and third week of life. Bilirubin levels remain higher than normal, but almost never reach a dangerous level. This is probably due to a substance in the breast milk that interferes with the removal of bilirubin. Usually no treatment is necessary for this type of jaundice. Occasionally, a mother may be asked to stop nursing for 1 or 2 days and use an alternative feeding. It is important that a mother pump her breasts during this time so she can begin to breastfeed again as soon as the bilirubin level has fallen.

Breast-fed babies with physiologic jaundice should be fed 10 to 12 times daily, or every 2 to 2 ½ hours, to increase their milk intake. On rare occasions, the doctor may advise that nursing be stopped for 1 to 3 days if the bilirubin level rises too high. The mother can keep her milk supply by expressing milk by hand or with the aid of a breast pump every 3 to 4 hours. Once the jaundice is under control, breastfeeding may be started again.

CHECKING FOR JAUNDICE AND TREATMENT

How to check your baby for jaundice. Remove all your baby's clothes and look at him in the natural light of a window. Press your finger on his skin and look at the color of his skin when you remove your finger, before his natural color returns. If the color you see is yellow, he may be jaundiced.

TREATMENT As stated earlier, physiologic (normal) jaundice is expected to disappear without treatment. However, some babies may require treatment. This depends on whether they were born prematurely, how old they are when the jaundice occurs, the cause of the jaundice, and the severity. In any case, a physical examination and lab tests are done.

How is jaundice treated?

For most babies, jaundice will go away by itself as the infant gets older and the body works better at removing the bilirubin. If a blood test shows that the level of bilirubin is high, your baby's physician may order a treatment using special lights called phototherapy. These lights change the make-up of bilirubin and will help his body get rid of it. Phototherapy has been used

for many years and is safe for infants. It can be done in the hospital, or at home if the infant is well enough to be discharged from the hospital. However, if it is moderately or mildly high, simple exposure to constant sunlight and increased frequency of feeding may help. Simply remove all the baby's clothes and lay them in a bassinet or crib in front of a southern exposed window. Rotate the baby front to back every 15 minutes until the whites of their eyes is white again.

PHOTO-THERAPY

When jaundice does require treatment, a technique called Photo-Therapy is usually used. Photo-Therapy means treatment using light. Either light, sunlight or artificial light, speeds up the removal of bilirubin from the blood by the liver.

- In traditional Phototherapy, the baby's skin is exposed to special, high intensity lights, often called Bili lights. The baby's clothes are removed, and the eyes are covered to protect them from the light. The baby is kept warm in an incubator or under a clear plastic shield that fits across the top of a crib. Temporary, and usually minor, side effects may include rash or loose stools.

- A method of Photo-Therapy, called **fiberoptic blanket**, can be wrapped around a baby's upper body. The light is delivered to the baby from the special fibers in the blanket. Since the light is under the blanket, the baby's eyes do not need to be covered.

- Photo-Therapy continues until the amount of bilirubin in the blood is reached and remains at a safe level. Some babies may need to stay in the hospital for an extra day or two or receive Photo-Therapy at home until this happens. The bilirubin level is checked regularly by testing a small sample of blood, often taken from the baby's heel.

EXCHANGE BLOOD TRANSFUSION

Babies with severe ABO or Rh incompatibility or other severe forms of jaundice may need different and more rapid treatment. The most common and effective method is an exchange blood transfusion.

During an exchange transfusion, a tiny, flexible tube is inserted into the vein in the baby's umbilical cord stump. Blood is then gradually withdrawn and is replaced with carefully screened blood. In this way, the excess bilirubin is removed. Exchange transfusions are performed with expert care and produce an immediate and significant decline in the blood bilirubin level.

If your baby has jaundice, you may want additional information about its cause and treatment. The baby's doctor or nurse can answer your questions about your own infant's condition.
Do not be alarmed is your baby has jaundice. Remember:

- Jaundice in newborn babies is very common.

- In most instances, the condition is normal, harmless, and temporary.

- When treatment is necessary, safe and effective methods are used.

In most instances, the jaundice is mild and causes no problems and disappears without treatment. However, if jaundice is severe, or if it is present at birth or appears during the first 24 hours of life, treatment probably will be necessary.

We hope this was helpful to you. Of course, many other questions will arise regarding your baby. Feel free to ask us about any concerns you may have. We shall work together to help your baby grow into a healthy happy individual.

SIMPLE INFANT MASSAGE

Massaging your baby is a very special way to let your baby know he or she is safe, loved, and understood. A daily massage lays the foundation for a lifetime of self-esteem for your baby, and good communication between the two of you. When we touch, we are touched; and when we pay attention in a soft and easy way, we begin to make little miracles happen ...we learn to love.

The following describes "how to" touch your newborn baby in a nurturing, gentle way that satisfies your baby's need to be touched. The strokes are so simple that a young child could learn them, and any member of the family can share in this experience. If you are gentle, and go slowly, you will do these strokes perfectly the first time. "

Getting Started

You will need an oil as a lubricant and a soft pillow or blanket to support your baby. Wrap your baby in a lightweight blanket during the massage for warmth and a sense of security If your baby is cold, do the strokes over the top of his or her clothing without any lubricant. Always keep one hand on your baby's body while you do the strokes. Your baby will feel more secure.

If your baby starts crying or fussing, stop stroking and try to calm your baby. When your baby is calm, continue the massage.

Step 1: Begin with the Legs

Remove one of your baby's legs from the blanket and clothing. Leave the rest of your baby covered. Warm a few drops of oil in your palms.

With one hand, hold your baby's foot, resting your thumb on the sole of the foot and supporting the ankle with your fingers. Use your other thumb and index finger to make a circle around your baby's upper leg. Then, using a back and forth rocking motion, move down the leg.

Cover this leg back up with the blanket and repeat the above on the other leg.

Step 2: The Abdomen

Warm a few drops of oil in your hands and rub two fingers gently around the area of the cord. (Avoid getting oil on the cord). Pressing down with the pads of your fingers about 1/2 inch, and keeping your fingers under the baby's ribs, move your fingers in the shape of a capital "I", and an upside-down "L" and "U."

Repeat the three strokes at least four times.

Step 3: The Mouth

Using one finger, stroke slowly around your baby's mouth using gentle pressure.

Step 4: The Arms

As with the legs, remove one of your baby's arms from the blanket and clothing, leaving the other one covered.

Hold your baby's palm with one hand while you use the other hand to do this gentle stroking. With your thumb and index finger, circle your baby's arm close to the shoulder. Move down the arm to the wrist, rocking your hand back and forth.

Cover this arm back up and repeat the above on the other arm.

Step 5: The Scalp

Cradle your baby's head with one hand. Use your free hand to make small gentle circles all over the scalp. Place your baby's head gently on the pillow when you are finished.

Step 6: The Back

Place your baby in a comfortable position on his or her stomach keeping the legs covered, remove the blanket and any clothing from the back area. Warm a few drops of oil in your palms.

Gently lay your hands on your baby's back for a few seconds, covering as much area as you can. Then, using two or three fingers. gently stroke your baby's back from the shoulders to the buttocks. Finally, starting at the neck, make gentle small circles down the spine. When you're finished, cover your baby back up to keep him or her warm.

Repeat a stroke several times in each area. Apply gentle pressure, using the pads of your fingers, gliding over your baby’s skin without pulling on it.

Remember: there is no "perfect" way to massage a baby. The important thing is to touch and stroke your baby so he or she call feel your love and calming influence.

INFANT CPR

Infant CPR (cardiopulmonary resuscitation) is emergency care given to a baby who has stopped breathing. It is done on newborns and infants during the first year of life. Please read this handout. This information is very valuable and could someday help save your or another infant's life.

While your infant is in the hospital, there may have been some periods when he/she stopped breathing. These periods are called apnea. It is possible that your infant **may** have apnea at home, especially if your baby was premature.

To get ready for your baby's homecoming, put emergency phone numbers on all phones. These numbers should include 911, ambulance, hospital, poison control, and pediatrician. Also, before your baby comes home become familiar with normal breathing. Infants sometimes normally breath slower and shallower when sleeping.

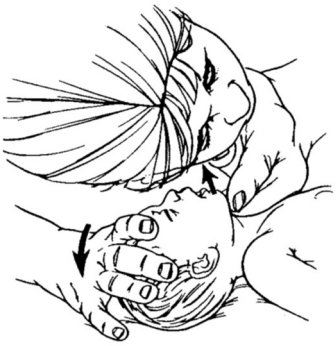
These instructions will help you learn the basics about CPR and how to remove something that is keeping air from going into the lungs (obstructed airway). However, these instructions **DO NOT CERTIFY YOU IN CPR.** Call the Red Cross or American Heart Association to become CPR certified. Encourage others who will be caring for your infant to receive CPR training also.

1. CHECK YOUR BABY

- Look at your baby's color. Bluish skin color means oxygen is not reaching the tissues.
- If your infant does not seem to be breathing, **stimulate** by rubbing the tummy and back. Flicking the foot may make him/her cry. This may be all you need to do.
- Put your baby on his/her back on a firm surface to support the head and neck.

2. OPEN THE AIRWAY

- Place one hand on the forehead and two fingers on the chin. Tilt the baby's head backward with the nose facing the ceiling. If the head tilts back too far, the windpipe may be closed off.



3. CHECK FOR BREATHING

- Put your ear close to the baby's nose and mouth.
- **Look** at the chest for movement, **listen** for breathing from the nose and mouth, and **feel** for breaths on your ear.
- Keep the airway open as you do this.

4. GIVE TWO BREATHS, IF NOT BREATHING

- Open your mouth wide place it over your infant's nose and mouth.
- Give two gentle puffs while keeping the airway open (1 – 1 ½ seconds per breath).
- Take your mouth away from your infant between each breath so the baby can breathe out (exhale).

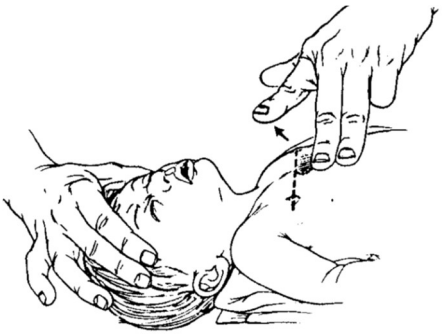
- Breathe in air just enough to make the baby's chest rise and fall.

5. CHECK FOR SIGNS OF CIRCULATION

- The infant has signs of circulation if the baby is:
  - ✓ breathing or responds to rescue breaths
  - ✓ coughing
  - ✓ moving
- Take no more than 10 seconds to check for circulation.
- If there are no signs of circulation, or you are not sure, begin chest compressions.

6. BEGIN CHEST COMPRESSIONS

- Draw an imaginary line between the nipples. Place 2 fingers on the chest, one finger's width below the imaginary line.
- Press down on the chest ½ to 1/3 the depth of the chest. Do this at a rate of 100 times a minute.



7. CYCLES

- Give 5 chest compressions and then 1 breath. Repeat this cycle.

8. CHECK SIGNS OF CIRCULATION AND BREATHING

- After about one minute, check for signs of circulation and breathing. If circulation and breathing have returned, stay with baby.
- If circulation has returned, but baby is not breathing, breathe for your baby once every 3 seconds.
- If no signs of circulation are present, continue the cycle of breaths and compressions, starting with compressions.

9. CALL FOR HELP

- If you are alone when you start CPR, continue for a minute. Then get to a phone, taking your baby with you. Stop CPR only long enough to call for help, and then start CPR. Continue CPR until your baby starts breathing and has signs of circulation or until help arrives.

OBSTRUCTED AIRWAY

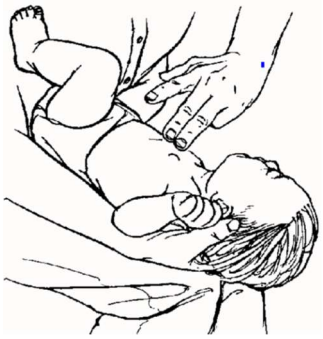
If your infant has difficulty breathing or is choking on an object, you will need to do something to remove the object that is blocking the windpipe. The infant may appear bluish in color, have difficulty breathing or may be making high pitched, squeaky noises.

1. **OBSERVE THE PROBLEM BREATHING, such as CHOKING.**

2. **GIVE 5 BACK BLOWS**

- Support the head and neck with one hand and straddle your infant face down over your forearm. Keep the head lower than the body.
- Give 5 firm back blows between the shoulder blades with the heel of one hand.

3. **GIVE 5 CHEST COMPRESSIONS**



- Sandwich your infant between your hands and arms. Turn your infant on his/her back with the head lower than the body.
- Give 5 chest compressions as you did for CPR, but at a slower rate.

4. **LOOK IN YOUR INFANT'S MOUTH**

- Remove any object, if it is visible, with your fingers.
- Do not put your fingers in the baby's mouth to find the object, **unless**, you see the object.

5. **CONTINUE THE BACK BLOWS AND CHEST COMPRESSIONS** until the object is removed and your infant can breathe.

6. **IF THE INFANT BECOMES UNCONSCIOUS,** begin CPR as described previously.

As always, all of us at The Perkins Pediatric Clinic, are here to help and guide you through this wonderful experience. If you have any questions, concerns, pick up the phone and call us.

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