

## YOUR NEW BABY

### INTRODUCTION

Welcome to Parenthood! There is never only one “correct” way of raising children. Each family – and all the members in it – is unique with special needs and personalities. As you gain experience, you and your baby will grow together. Confidence, understanding and enjoyment will replace fear and confusion of the unknown. Relax, enjoy!

### ENJOY YOUR INFANT

Your new family has a whole new world to discover together. You will learn from each other by sight, touch, sound, taste and smell.

Newborn infants can briefly focus on and follow objects. They typically prefer brightly colored, or high contrasting (red, black, and white) pictures and toys. The human face is the infant’s favorite thing to focus on. Spend time holding and talking with the baby, making eye contact. As you hold each other in the hospital, you will realize that even the youngest baby responds to human faces and voices. Before long the baby will seek out your face and find it the most appealing thing to focus on.

Infants are very sensitive to touch. Cuddling, stroking, and swaddling (secure wrapping in a blanket) provide a feeling of comfort. Babies delight in feeling warm, hearing the heartbeat and smelling another human being. Talk together during feeding, holding and changing times. The baby will babble back very early. No matter what the topic, your baby is a great audience. Music is also soothing, whether it’s soft music or your own singing.

Skin-to-skin contact is an activity that parents can do with their babies to enhance bonding. It has also been shown that skin-to-skin time improves the baby’s ability to maintain body temperature, digestion, and stabilize heart rate and breathing. It also reduces stress hormones in both babies and their parents. Mothers *and* fathers are encouraged to have skin-to-skin time with baby each day.

It is important for you to become aware of the baby’s needs so that you can meet them to the best of your ability. You will stimulate your infant’s senses and develop your parenting skills while holding, talking and playing together. You will be teaching your child that you love them and that they can securely explore their environment.

### FEEDINGS

Feeding your baby should be an enjoyable experience for both of you. The basic idea is to use this period of closeness to snuggle and stimulate the baby. Direct breast feeding, breast milk feedings, or formula feeding will provide adequate nutrition for your infant. Newborn babies have a small stomach, and do not initially take large volumes during feeding. Many babies lose weight up to 5-10% after birth until regular feeding is established.

Babies are capable of showing cues that demonstrate hunger. Early hunger cues include blinking or eye fluttering, bringing hands to face/mouth, or making a suckling motion with the lips – these can be subtle. Rooting (turning the head/searching for food) is a more obvious hunger cue. A very hungry baby may appear tense and frustrated.

**Breast Feeding:**

Breast milk is produced by women in response to pregnancy and childbirth, and provides the specific nutrients a baby needs to grow. Colostrum is the first stage of breast milk produced, and is high in protein, fat-soluble vitamins, minerals, and immunoglobulins (antibodies that passively protect the baby from a variety of illnesses). During the days to weeks after birth, breastmilk will change in composition and appearance. While breastfeeding may come easily to some mothers, do not be worried if you initially experience challenges. As you and your infant become more used to breastfeeding, and with frequent feeding sessions, it will become easier. All babies who are fed breastmilk should be given a vitamin D supplement daily, which is available over the counter. Our office, as well as the hospital lactation consultants, is always available to help with any questions you have about breastfeeding.

**Tips:**

- A supportive nursing bra is helpful to support your breasts and provide access for feeding.
- If you experience sore or cracked nipples, breast creams and ointments can be used for soothing and healing.
- Aim to use both breasts, alternating which breast you offer first. The most reliable method to fully establish your breastmilk supply is frequent nipple stimulation/suckling and emptying the breasts.
- To remove the infant from the breast, break suction by inserting your finger into the corner of the baby's mouth.
- Mothers should also continue to take a multivitamin supplement. Aim to drink 64 oz. of water per day, or to maintain satisfaction of thirst. There are many products marketed to "increase breastmilk supply" – you can always ask us first what is recommended. Breastfeeding mothers require about 500 additional calories per day, of nutritious foods. Calorie restrictive diets are not recommended for nursing mothers.
- If you will be apart from your infant (for work, travel, etc.), it is still possible to provide breastmilk to your baby. This requires some planning and preparation, and we are always able to help with supporting you in how to do this.
- The vast majority of commonly used over-the-counter and prescription medications are safe to continue when breastfeeding. Call our office with any questions.

**Bottle Feeding:**

You can bottle feed your baby using expressed breastmilk, or commercially available infant formulas, or any combination of the two! An every two to four hour feeding schedule is common with bottle fed babies.

*Breastmilk feeding:*

Your medical insurance provider should provide you with a breast pump and equipment for free or little charge. Expressing breastmilk is a very commonly used practice to feed your baby. In addition, donor breast milk is another option for offering breastmilk to your baby. There are a number of local banks that offer breastmilk, which has been tested for illness and harmful bacteria. Please call us with any questions about breast pumps, expressing your own breast milk, or donor breast milk.

*Formula feeding*

Infant formula is readily available and is easy to prepare using either ready-to-feed, concentrated, or powdered forms. Ready-to-feed formula is often easiest to use during the first busy days at home. The concentrated and powdered forms are easily prepared by mixing with water. Be sure to follow the directions on the product or ask our office about how to prepare infant formula.

**Tips:**

When preparing a bottle of breastmilk or formula, you can choose to offer it to the baby cold, at room temperature, or warmed. A bottle can be warmed in a pot or cup of hot (not boiling) water, or using a designated bottle warmer, for a few minutes. Do not warm bottles in a microwave oven, as fluids heat unevenly and may be too hot even if the bottle feels cool.

- Test the warmth on your wrist: it should be warm, but not hot.
- Test the nipple: it should flow freely, but not in a stream. Most babies feed best using a “Stage 1/Slow Flow” nipple. Too small a nipple hole could cause the baby to fatigue from suckling, while too large a nipple could lead to gagging or choking.
- Pace the baby while feeding; you can hold the bottle nearly parallel to the ground and allow the baby to slowly suckle. During feedings, you can pause to burp your baby. Most infants take about 15-20 minutes to finish a bottle.
- Each feeding may be different. During the first weeks of life, most babies will take between 2-5 ounces per feeding, gradually increasing with age. Your baby will appear physically relaxed, and may even fall asleep, when full.
- *Never* prop a bottle during feeding. The bottle could slip into the wrong position and cause choking. A baby should never be placed in bed with a bottle.

**Bottle Preparation and Storage:**

Brand new bottles, nipples, or pacifiers should be first washed in hot soapy water, and then sterilized in boiling water prior to first use. You do not have to sterilize bottles after this unless you wish to, or unless instructed by the doctor. Hot, soapy water and a cleaning brush is all you need to clean these products.

Breastmilk can be expressed and stored at room temperature, in the refrigerator, or in a freezer. You can use the chart below as a guide for how to store expressed breastmilk. Try to store breastmilk in smaller, 2-3 ounce volumes, to prevent waste. If your baby does not finish the full bottle of breastmilk, it can be refrigerated and used again at the next feeding. If left at room temperature, an unfinished bottle of breastmilk should be used within 2 hours.

<u>Room Temperature</u>	<u>Refrigerated</u>	<u>Frozen</u>	<u>Deep/chest freezer</u>
4 hours	4 days	9 months	12 months or longer
-some sources allow up to 6-8 hours	-some sources allow up to 8 days	-can be thawed overnight in refrigerator, or slowly in a cup of warm water -once fully thawed, should be used within 24 hours	

Formula, once prepared, must be used within 4 hours if left at room temperature, or within 24 hours if refrigerated. Once a baby begins to feed from a bottle of prepared formula, that bottle should be consumed within 1 hour, or discarded.

**Other feedings:**

Do not introduce foods other than breastmilk or formula until your baby is 6 months old, or until directed to do so by your doctor. Cereal or baby foods should never be given in a bottle. Once your baby is 6 months old, you may offer water to them in a sippy cup. Bottled nursery water is not necessary unless your water supply is unreliable or contaminated.

**Sleep position:**

Infants must be placed on their backs, in a separate sleep space from their parent, such as a bassinet or crib. There should be no pillows, soft bedding, loose blankets, or other objects with baby. Sleep positioners are not recommended. Babies should never sleep unattended in infant swings or loungers. Car seats should not be used for infant sleep (it is ok if your baby falls asleep while driving – they often do).

**BURPING, SPITTING AND VOMITING**

Babies often swallow air during feeding. The baby can be burped by holding the infant upright over your shoulder or sitting the baby on your lap supporting the head and gently patting or rubbing the baby's back. To protect yourself and your clothes have a cloth diaper or towel handy for spit up. Be patient, sometimes it can take as long as 10 minutes for the burp to come. All infants spit up from time to time during the first months of life. The muscular closure at the top of the stomach doesn't always close completely and the tube from the stomach to the mouth is short; thus, some stomach contents come up. Frequent burping should decrease the amount, as well as avoiding over-feeding.

Vomiting is spitting up with force enough for the stomach contents to be found several inches away from the mouth. If your infant has vomited, don't refeed immediately. Give the stomach time to rest. This is not necessarily a serious problem, but contact us if the baby vomits excessively or persistently.

**DIAPERING**

Diapers need to be changed whenever they are wet or soiled. Some infants will let you know immediately when they are soiled, but others don't seem to mind. Stool can be very irritating to the skin, and should be cleaned as soon as possible. The baby's skin is sensitive and should be cleaned well with either warm water or gentle diaper wipes. Be sure to wipe from front to back, and in the creases of skin. You do not need to apply diaper creams or ointments with every diaper changes, but it is always recommended to have some type of diaper cream at home in case your baby develops any skin irritation or rash. If your infant has a diaper rash that concerns you, call us.

Diapers can be cloth or disposable. If you wish to use cloth diapers, soak them before doing laundry. Use any good detergent, hot water, and rinse them well.

**BOWEL MOVEMENTS**

Infants' bowel movements are as varied as infants are. During the first few days of life, babies have meconium stools which are sticky, smooth, and very dark greenish-black. After that, the stool appearance will depend on what the infant has eaten. The color and consistency can vary from loose, seedy, and yellow (often associated with babies who are fed breastmilk) to light brown and pasty (usually for babies who are formula fed). The frequency of stooling may also vary. During the weeks

after birth, the bowel is adapting to its new role. Babies may pass stool once per feeding, or even once per week. Constipation is defined as hard, small, dry looking balls of stool, no matter what its frequency. Diarrhea is defined as an increase in frequency and water content of the stools compared to normal. Call us if the baby experiences diarrhea.

It is important to realize that many babies go through contortions, grimaces, and may make a big production while having a bowel movement- they are getting used to the sensation of needing to pass stool. Even if your infant's face turns red, they bring up their knees, or grunt – don't worry; the baby is just working to get rid of stool.

### **NEONATAL ACNE**

In the first few weeks of life, some babies develop an oily, pimple-like rash on their face or upper body, that resembles acne, and is known as neonatal acne. No treatment is necessary apart from gentle washing of the face with a mild soap.

### **BATHS**

Infants perspire but typically do not require baths every day. Infants need nothing more than mild soap and water. Lotions are not necessary. Powder should be avoided.

Sponge bathe the infant until the stump of the umbilical cord falls off and is healed. Place the infant on a big towel on a table, but never leave the baby unattended. Use warm water and mild soap and begin at the top. Don't forget the hair and scalp. Wash with a mild soap or shampoo and rinse thoroughly to prevent cradle cap. When cleaning the ears, nose, etc., clean only the areas you can see. Never put a cotton tip in a place that you cannot see. Leave the diaper area until last; be sure you get into the creases where the stool and urine can collect. Wrap the infant in a towel and gently pat dry. Brush hair afterwards. Babies frequently lose the hair they are born with. Don't worry that you are washing it off! Don't be afraid of the soft spot – gentle washing won't hurt it. Avoid applying oil to face, hair or scalp.

After the umbilical cord falls off, you can start tub bathing. Before you start you should assemble what you will need. (NEVER leave the child unattended on the table or in the tub.)

Items Needed:

1. Basin of warm water (not hot).
2. Two large bath towels.
3. Soft clean washcloth
4. Mild soap.
5. Clean diaper and clothing.

Some infants love bath time, while others cry. By three months, even the screamers have learned to relax and enjoy the water. Bathing is a wonderful time for you to get to know and marvel at your infant, but be careful—the baby's biggest joke will be to splash mommy and daddy. The first belly laugh often comes by soaking you from head to toe. Be sure water heater temperature is set to <120°F to avoid accidental burns from bath water.

**UMBILICAL CORD**

The cord usually falls off in the 2nd or 3rd week of life. Until then, you will see it as a bluish-purple dried tag hanging from the tummy. Until the cord falls off, it should be kept clean and dry. There may be some oozing of blood from the navel during healing, which should be complete one week after the cord has fallen off. Do not bandage or bind, it will cause more harm than good.

**EYE DRAINAGE**

Excessive tearing of the eyes with or without redness is usually due to a blocked tear duct. This can occur in one eye, or both eyes simultaneously. Because the tears do not drain normally, these babies could develop eye irritation. The vast majority of babies with blocked tear duct(s) will resolve without intervention during the first year of life.

**CIRCUMCISION**

If the area around the penis is red or raw, use a fresh container of petroleum jelly. Smear the petroleum jelly on a gauze strip and apply the gauze around the tip of the penis until the area looks healed. When the area is healed, warm soap and water is all that is necessary

**HORMONES FROM MOTHER**

The mother's hormones are present in the infant at birth. These hormones are responsible for some enlargement of the infant's breast and female infants may also have some vaginal discharge, mucus and/or blood. These symptoms will disappear as the baby excretes the hormones.

**CLOTHING**

Use yourself as a guide when deciding what to dress your infant in. If it is hot out and you are wearing as little as possible, that's what your infant will be the most comfortable in. If you are bundled in a sweater, then the baby needs to be bundled. Booties, socks or bare feet will do until the baby starts walking. Keep clothes simple, because you will find most children will attempt to roll over, twist, or put up some sort of struggle while being dressed. Be sure to wash all new clothing items before wear.

**OUTDOOR TRIPS, TRAVELING AND VISITORS**

Babies can go out at any age. Use the same rule for going out as you do for dressing, dress the infant as you would dress yourself. Fresh air and stimulation are good for both of you, but try to avoid going out in inclement or severe weather conditions. It is a state law that infants riding in cars must be in a rear-facing car seat. It is absolutely necessary to have a car seat ready when you bring the baby home from the hospital. It is required by law that all children must be secured in an appropriate child restraint system (a car seat or booster that meets National Highway Traffic Safety Administration (NHTSA) safety standards). It is a law in Illinois, and most other states, that children under two years of age remain in the rear facing position. Shop around – you can find good car seats at reasonable prices. Take caution if receiving a used car seat from someone else – as it is impossible to determine if that car seat could be damaged or expired. Avoid using any accessories in your car seat that did not come from the manufacturer, and limit bulky clothing (coats, winter suits, etc.) as these can interfere with the restraint system.

Infants can fly on all commercial airlines. The baby may experience ear discomfort while taking off and landing, which can be minimized by giving the infant something to suck on – breast, bottle, or pacifier. Car seats can be checked through as baggage, but it is actually recommended to seat your child in a car seat even while riding on the plane. Some airlines, especially for longer flights, have infant beds available. Notify the airline in advance that you are flying with an infant. You should limit flying with an infant for the first 1-2 months of life unless it is unavoidable, and especially during the first 14 days of life.

Your friends or family may want to visit with your new family. If and when you are ready to welcome visitors, you can follow these tips. Avoid allowing yourself, your partner, or the baby to get too tired. It is best to limit the number of visitors, and exposure to crowds and toddlers, especially during the first 2 months of life when the baby is more susceptible to infection. Make sure everyone washes their hands before they plan to touch or hold the baby. Do not let anyone kiss your newborn baby! Even people who do not look sick can transmit illness that could be severe in a young infant. The Center for Disease Control and Prevention (CDC) recommends that everyone who is going to be around your baby (including family and any caregivers) have a current vaccine for whooping cough (Tdap). We also recommend that those same individuals have updated influenza and COVID-19 vaccines.

### **PACIFIERS**

Pacifiers are a healthy way to satisfy an infant's need to suckle. If you desire to use one, we recommend one that is made out of soft rubber, and is only one piece. Pacifiers that require assembly/pull apart, as well as teething necklaces or beads present a choking hazard. Don't worry about breaking the habit. It can and will be accomplished in the future.

### **CRYING**

Crying is the only way an infant has of letting us know he or she wants something. Often, crying means the baby is wet, hungry, or just wants to be held. Soon you'll be able to tell a "wet" cry from a "hungry" cry. Don't worry – you'll never spoil a baby by holding, rocking, walking, or playing with them. You are teaching security, trust, and love.

Some crying does not indicate hurt or specific needs. Sometimes your baby may cry and nothing specific is wrong with them. Many times, the baby will calm down on their own. If you're exhausted or frustrated by your baby's crying, it is ok to place your baby in a safe spot, such as their bassinet or crib, while you step away for a few moments to breathe and calm down.

### **POSTPARTUM DEPRESSION AND ANXIETY**

The majority of parents experience mood shifts after the birth of a child, typically called "baby blues". Postpartum mood disorders, including postpartum depression and anxiety, among others, are experienced by more than 20% of women after giving birth. Research shows that supporting parents and partners are also at risk of developing perinatal depression, as are parents of surrogate-born children and adoptive parents.

Signs of postpartum depression may include profound sadness, worry or anxiety, persistent fears about the baby's health and safety, loss of energy, rapid mood swings and irritability, extreme difficulty sleeping, significant changes in eating habits, or difficulty bonding with baby.

In order to successfully care for your child, you must also care for yourself. Aim to get as much sleep as possible, eat regular meals, and take time for yourself when you can do so. You are always welcome to call our office or your own medical provider with concerns. If you are thinking about harming yourself or your baby, call the National Suicide Prevention Lifeline, at 988, or as a family member or friend to take you to the emergency room immediately.

### **COLIC**

All babies have fussy times which generally are responsive to cuddling, rocking, or walking around. Some babies tend to be fussier than others and are considered “colicky”. Colic is defined as regular recurring fussy crying episodes of 30 minutes or longer, particularly at night. Generally, the baby seems to be in pain, the abdomen is tense, the legs drawn up and the baby wails steadily. These crying periods are usually not responsive to comforting measures. Colic occurs in either breast fed or bottle fed infants who are healthy and growing well. The cause of colic is unknown, but it is usually gone by the time the baby is 10-12 weeks old. Colic can be frustrating for parents, infants and the pediatrician, but there is no good medication to treat it. If you think your baby has colic, please call us. We can give you some suggestions which might help.

### **ILLNESS**

Fever, which is a rectal temperature  $>100.4^{\circ}\text{F}$ , is a medical emergency in the first 2 months of life. If your infant is under 2 months of age and develops a fever, call us. After two months of age, you should contact us if the fever lasts longer than 24-48 hours. A fever is a sign that the body’s defenses are fighting off an infection, which in most cases for children is a viral illness. Whenever you notice a radical change in behavior patterns – the baby refuses to eat, to play, or is not normally responsive – call us immediately.

It is wise to keep individuals with illness symptoms or fever away from the new baby as much as possible. During office hours, a doctor or nurse is available for addressing any illness concerns you may have about your child. After hours, the doctor on call is available for any urgent concerns.

### **ADVICE FROM OTHERS / OLD WIVES’ TALES**

Parenthood brings with it a sudden flow of advice and comparison. There is no need to solicit it; it will find you. Grandmothers, sisters friends, friends of friends, and neighbors will all know the answers (even to questions you have not even thought of yet). Who do you believe? What’s an old wives’ tale? What’s the best? Trust yourselves. Use your own common sense and instincts. Also remember us; we are available and willing to help you sort out what is right for your family and your particular situation. The only really undeniable truth is that all babies and families are unique.

### **ACCIDENT PREVENTION**

1. **Car Seat-** have a safe, current vehicle restraint system, as previously mentioned.
2. **Sleep Safety-** Use only cribs that meet current mandatory crib safety standards from the US Consumer Product Safety Commission (CPSC) – visit [www.CPSC.gov/SafeSleep](http://www.CPSC.gov/SafeSleep). Avoid crib mobiles or toys with strings near the crib, including window treatments/blinds with strings or pulleys. Do not place any small objects or pillows in the crib. Crib bumpers and sleep positioners should never be used.



3. Never leave an infant alone with young siblings or pets.
4. Set the water heater thermostat to <120°F.
5. Never leave an infant alone on a bed or other elevated surface from which the baby may fall.
6. Consider planning for future childproofing needs in your home as your baby grows; such as gates in stairways, securing medications and cleaning supplies, and anchoring heavy furniture to the wall, among other measures.

### **EQUIPMENT RECOMMENDED (relocate this section next)**

While you have likely already amassed a collection of baby items commonly listed in many books or suggestion lists, your baby truly does not require a ton of fancy products or gadgets. Being prepared with the following suggested books/resources and items will help you be adequately prepared to care for your new addition.

1. Publications by the American Academy of Pediatrics, including: Caring for Your Baby & Young Child, Birth to Age 5
2. What to Expect in the First Year, by Heidi Murkhoff
3. Healthy Sleep Habits, Happy Child, by Marc Weissbluth

The following items:

1. A safe, current car seat.
2. A safe place to sleep, such as an infant bassinet or crib.
3. Thermometer, preferably one for rectal use (with Vaseline).
4. Nasal aspirator, such as a nose Frida or similar.
5. Aquaphor, which works as a skin barrier ointment that can be used virtually anywhere.
6. Infant onesies or sleeper pajamas.

### **CONCLUSION**

Your new baby requires liberal amounts of love, patience and common sense. Even if you feel unsure about how to handle this new addition to your family, no one, can replace you as a parent. As you become better acquainted with your new daughter or son, your confidence, understanding and enjoyment will grow. We can help you with your problems, reassure and guide you when you are uncertain, but we cannot replace your love and care.

**OFFICE POLICIES**

**Appointments:** Please call our office as soon as possible for your well baby checkup. Scheduling of future well baby appointments is encouraged at each visit. You may request a particular doctor. Well child exams are recommended annually after age 3. Birthday time is a good time for annual well child exams. Please plan ahead and call early to arrange appointments. School exams are mandatory for entrance into kindergarten, 6th grade and first year of high school. If your child has not had an annual exam, please call for this school exam as early as January preceding the September school year. If your teenager intends to play sports or if your child intends to go to camp, these also require pre-entrance physical exams. Please plan ahead and call early to arrange appointments.

**Sick Children:** A large part of our practice is also attending to sick children. For a life threatening emergency, call 911 and go to the nearest emergency room. If your child is ill, please call the office as soon as possible so we can arrange a time for your child to be seen.

**Insurance:** Our office requires that your insurance card is presented each time for verification purposes. Please be familiar with your insurance policy coverage including vaccine coverage. Different companies and policies have different restrictions and regulations. Our staff will try to help. However, the insurance companies are always changing. Please contact the office regarding different HMO's and PPO's that we participate in. If you have insurance coverage for office visits, we will submit to your insurance if we are participants in your PPO or HMO. Co-pays are due at the time the service is rendered for each visit. If your child was hospitalized, we will submit to your insurance carrier if we are participants in the HMO or PPO, otherwise, you will be billed directly. Please read your health care manual. Much time is wasted only to receive denial of payment due to: 1. non-coverage of well baby nursery care 2. newborn has not been enrolled into your health care plan 3. your deductible has not been met Please remember to add your newborn to your insurance policy immediately. Your policy does not automatically include your baby. Some policies will not cover hospital or office visits unless your baby is added within the first 30 days of birth. Please do not delay. Visits and treatment that fall after the 30 day grace period may not be covered and you will be responsible. After your insurance company has paid their portion, the balance due is expected to be paid in full within 90 days.