



THINGS TO REMEMBER:

1. The first few weeks are the hardest,
2. You will eventually have a full night's sleep.
3. You will get a lot of advice from friends and family, some of which may be good, and others not. If you are confused about what to do, call your doctor's office.
4. Write down your questions before appointments to ensure you get them answered.
5. Write down instructions or advice, which are easy to forget or remember incorrectly.
6. If your child is ill, take the temperature BEFORE you call the doctor. No one can guess a fever accurately by hand.
7. If you cannot keep an appointment, please call and cancel. Please consider that missed appointments may mean that others experience delays in obtaining them,
8. If your child goes to a daycare center or babysitter while you work, give them a letter authorizing your child to be seen by a doctor or by an emergency facility in case of accident or illness.
9. Know the telephone number and hours of your pharmacy.
10. Enjoy your new baby!

Adapted from Welch Road Pediatrics, Judith Murphy, MD, Kim Harvey, MD, Jelena Vukicevic, MD, Gary Sharron, MD, Sonia Nader, MD, Katrien Burlinson, MD, Annette Hwang, MD, Remington Fong, MD, Justine Barnard, RN, PNP; Palo Alto, California.

IMPORTANT PHONE NUMBERS

Baby's Doctor _____

Mother's Doctor _____

Pharmacy _____

Poison Control _____

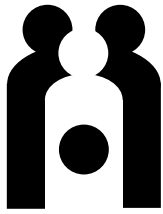
Emergency _____ 911 _____

Other Important Numbers _____



Our Mission – The Maternal Infant Network of the Capital Region facilitates collaboration among health, education, government, and community services to promote the best health for women, mothers, and their infants in Albany, Rensselaer, and Schenectady counties and surrounding areas.

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**MATERNAL
INFANT
NETWORK**
OF THE CAPITAL REGION



A new baby presents an exciting & challenging time.

This handout will help you learn about your new baby and how to care for it.

Each baby is unique: some are quiet; some are more active.

Each has their own eating and sleeping patterns.

Watch and listen and you will learn what your newborn needs.

Please remember, for specific questions or concerns always call your baby's doctor.

CRYING

Babies cry for a variety of reasons - hunger, wet diapers, and gas bubbles. Try to find the cause and calm your baby. Call your health care provider if your baby's crying seems unusual.

FEEDING

It is important to feed your baby when he or she is hungry - breast-fed babies eat every 1-2 hours, bottle-fed babies every 3-4 hours. Feeding is a great time to get close to your baby and learn to know each other. However you feed your infant, make sure you hold your baby and talk and soothe the baby. Early signs of hunger: making quiet fussy sounds, sucking on hand or fist, or rooting (infant turns head towards breast or bottle or side looking for nipple).

BREAST FEEDING

During the first few days after the baby's birth your breasts will produce colostrum, an important nourishment for the baby. Nursing the infant for roughly every 3 hours is sufficient for stimulation of milk production. Your milk should come in by day three to four. Most breast-fed infants nurse every 1-2 hours during the day and every 2-3 hours during the night for the

first week. In an attempt to promote good sleep/wake patterns, you may want to wake your baby during the day if the baby sleeps more than four hours. It is not necessary to awaken the baby for nighttime feedings unless specifically instructed to do so (for example because of jaundice or poor weight gain). Try not to stimulate the baby during the nighttime feedings, so that he or she learns the difference between day and night.

Remember that infants cry for a variety of reasons, only one of which is hunger (others are wet diapers, trying to pass even a soft or loose bowel movement, being over or under bundled, during diaper changing or bathing, or just being tired and/or over-stimulated). Try not to respond to each cry by offering the baby the breast. They should not need to be fed much sooner than 1-2 hours, and if they are, may be getting just a small amount each time, increasing their frustration. Conversely, try not to forestall nursing for a prolonged period if the infant acts hungry, for prolonged crying and fussing produces an exhausted infant, who then may nurse for a short time, and then fall asleep. In other words, expect to nurse every one and a half to two hours for a while, and be flexible. Remember, most infants sleep through the night by three to four months!

Even if you plan to breast feed exclusively, you may want to consider offering a "relief bottle" once a night or so, after about 2-3 weeks. This allows the infant to "accept" a bottle in your absence, and for the father/partner to participate in the feeding of the infant (and helping out a tired mother). Pumped breast milk may be used if available, or you can use one of the standard infant formulas with iron (Enfamil, Similac). You do not need to sterilize water or bottles when preparing for bottle-feeding.

BOTTLE FEEDING

Bottle-feeding with formula is an acceptable and nutritious alternative to breast-feeding. There are three general categories of infant formula: cow's milk-based, soy-based, and special elemental formulas for infants with allergies or digestive problems. We recommend the cow's milk formulas with iron (Similac, Enfamil), unless there is a strong family history of allergy to it. Formula takes slightly longer to digest than breast milk, so babies can generally be fed every 3-4 hours. Babies tend to prefer their formula warmed slightly, or at room temperature, but be careful not to overheat or use a microwave. Micro waving the formula can



produce deceptively warm milk and is not recommended.

All of your equipment should be kept thoroughly clean, but it is not necessary to sterilize water, bottles, nipples, etc.

Most babies will need to be burped halfway through the feeding and again at the end, in the upright position. A small amount of spitting up is normal.

A baby should never be fed a bottle that has been propped up and left, either initially, or later when the infant can hold the bottle alone. This can promote tooth decay (the so-called "bottle caries") or cause choking. Both breast milk and formula are balanced sources of nutrition for infants for at least 6 months. Therefore, you don't need to start solid foods or juices before at least four to six months. Introduction of solid foods will be discussed at the appropriate time during the well baby visits with your baby's doctor.

SLEEPING

Most newborns sleep quite a bit—up to 18 hours or so a day. They normally waken every few hours during the night to feed initially, but begin to sleep longer periods by 4–6 weeks, and usually through the night by 3–4 months.

INFANT SLEEPING POSITION

The American Academy of Pediatrics now recommends that infants be put to sleep on their backs or their sides, rather than on their stomachs. (This recommendation was made on the basis of some studies, which showed an increase risk of sudden infant death syndrome when infants were placed tummy down.) A good motto is "Back to Sleep; Front to Play".

STOOLS

Many parents become overly concerned with their baby's bowel movements. They may anticipate that they should occur with a certain frequency, color and texture. A wide range of frequency is considered normal. Breast fed infants, particularly, may have a stool with each feeding. Others have one stool per 3–5 days. Anything in between that is normal. It may take a few weeks for your infant's pattern to be established, but by then you will know what is usual for your baby, and therefore, what constitutes diarrhea or constipation. Many infants will start with frequent stools and suddenly change to infrequent stools at around 1 month of age.

The initial stool is called meconium, which is sticky, tarry, and black, green or brown. There may be a transitional greenish stool after a few days, followed by a mustard-colored very loose or seedy stool. This yellow stool should be present by 5–6 days. If not, this may indicate your infant is not getting enough to eat, particularly if breast-fed. Most, if not all, infants strain, grunt or even cry before and during bowel movements, and they may seem (sound) explosive.

URINE

Your newborn will have urinated prior to being discharged from the hospital. When your baby is 2–3 days old, he/she should urinate at least 3–4 times a day. Once your milk comes in, he/she should urinate at least 6–8 times per day. Less urine output may indicate he's not getting enough fluids, infants will often have a chalky, salmon color discoloration in the urine or on the diaper. Parents often mistake this for blood but it is a normal urinary crystal.

BATHING AND CORD CARE

Your infant should be sponge bathed only until the umbilical cord falls off (usually by 1–2 weeks, but can be as long as a month) and the umbilicus area is dry. After that, bathing 2–3 times per week is usually adequate.

The umbilical stump should be kept dry and open to air; fold diaper down below the area. The stump will dry up and turn old and fall off in about 2 weeks. Before the stump falls off, the tissue appears stringy, yellow, sometimes oozes a little blood, and may have a slight odor. If the skin on the abdomen around the umbilicus ever becomes bright red or there is a strong odor in the first few weeks, call your doctor.

Infant skin is very sensitive, so application of creams and lotions is not usually necessary and may produce rashes. Cracking of their dry hands and feet may be treated with a little Vaseline or A&D ointment.

SKIN RASHES

Erythema Toxicum

This is a normal newborn rash that may appear on the second or third day and come and go for up to a few weeks. It has been described as looking like fleabites, because of its red base and central small bump. This is a NORMAL rash and does not require any treatment.

Neonatal Acne

This "rash" is a result of maternal hormones, and is manifest as acne pustules over the face, head, and neck or upper chest. This begins at about 3–4 weeks, may last 2–3 weeks, and requires no treatment.

Diaper Rash

There are basically two kinds of diaper rash: that caused from urine and/or stool in contact with the skin, and yeast infection. In general, urine rashes spare the creases in the groin, as babies keep their hips flexed. Yeast tends to like warm, dark, moist places like the groin creases, although may spread to the entire diaper area. Yeast also tends to be very bright red and with individual papules ("dots"). This yeast rash needs to be treated with an antifungal cream. There are several preparations available over-the-counter, such as Micatin or Lotrimin. Urine rashes can be treated with Desitin, Balmex, or A&D ointment. A pustular, blistered, or other rash, especially if accompanied by fever should be discussed with a physician.

CIRCUMCISION CARE

If your infant was circumcised, you will see a new layer of skin form over the tip (the glans) in 3–4 days. Often there is a fine yellow film over this area initially. There may be swelling and asymmetry for 1–2 weeks. Check with your doctor to see how to care for your baby's circumcision. Some doctors recommend Vaseline; some recommend Vaseline and gauze and some recommend nothing. A small amount of bleeding is acceptable. Any significant bleeding or lesions containing pus should be reported to your physician.

JAUNDICE

If your baby is jaundiced (a yellow hue to the skin) at the time of discharge from the hospital, the plan for follow-up will be discussed with you at that time. A certain amount of jaundice may be normal (what we call "physiologic jaundice") depending on how old the baby is and how much of the body appears yellow. If at any time your infant appears yellow from the face down to the legs, or the whites of the eyes become yellow, call your doctor immediately.

NORMAL TEMPERATURES AND FEVERS

It is important that you are aware that fever in an infant less than 2 months of age is considered to be very serious, usually requiring hospitalization. This is because of their inability to contain infection in one place, as an older person does, and their minimal antibody formation. Even a viral infection (such as a "cold") can be serious in an infant. They must, therefore, be protected from people who are not well, especially avoiding contact with their hands. Good hand washing before handling an infant is always a good idea anyway.

Normal rectal temperature;

97 - 100°F or 36.1 - 37.8°C

Abnormal

but not necessarily a significant temperature elevation
more than 100°F or more than 37.8°C

Fever

100.4 F or 38°C

Too low:

less than 97°F or less than 36°C

Please call your doctor

if your baby in the first 2 months has a temperature that is outside the "normal range". In older infants and children, fever can be treated with a weight-appropriate dose of acetaminophen (Tylenol). The dose of Tylenol is 10 mg per kilogram, or roughly 5 mg per pound. How the child is acting and other associated symptoms present are more important than the height of the fever in determining whether a serious illness is present.

MATERNAL HORMONAL EFFECTS ON THE INFANT

Maternal hormones have a range of effects on the infant. Both male and female infants may have breast tissue enlargement. Milk may even be expressed from the breasts. Girls may have a small amount of bloody discharge from the vagina in the first week. They also have a clear milky vaginal discharge. Boys may have a dark, pendulous scrotum.

NORMAL VARIATIONS AND MISCELLANEOUS NUANCES

Hiccups

occur frequently, and are difficult to do much about. They usually don't bother the infant. Vigorous burping occasionally seems to help.

Sneezes

occur frequently also, especially right after birth, and do not indicate a "cold". Many infants have some degree of nasal congestion after birth, also in the first few weeks of life. Because they are primarily nose breathers, you may hear every bit of mucus in their nose. If the infant seems to be annoyed by this, use the bulb syringe you received from the hospital to suction the nose.

Periodic Breathing

Infants often have periods of irregular breathing, in which they may alternately breathe rapidly and shallowly, or deeply, with pauses that may seem unusually long. This is normal, and should not concern you if the infant does not appear distressed,

Eye Discharge

Many infants have a small amount of eye discharge (yellow or clear) after birth. If when wiped away, not much returns, or only after many hours, this usually resolves on its own without treatment. A copious amount of yellow or green discharge that quickly re-accumulates when wiped needs to be reported to your physician.

Adapted from Welch Road Pediatrics, Judith Murphy, MD, Kim Harvey, MD, Jelena Vukicevic, MD, Gary Sharron, MD, Sonia Nader, MD, Katrien Burlinson, MD, Annette Hwang, MD, Remington Fong, MD, Justine Barnard, RN, PNP; Palo Alto, California.

Hepatitis B Vaccine

The American Academy of Pediatrics and the CDC recommend that infants be immunized against Hepatitis B. This is a serious viral infection of the liver, which affects 200-300,000 people/year in the US. There are 5-6,000 deaths/year related to acute Hepatitis B infection or complications of chronic infection (7 - 10% of infected adults become chronic carriers).

The infection is primarily transmitted by blood and sexual activity, so the highest risk groups are IV drug abusers, blood transfusion recipients, people with multiple sexual partners etc. However, 30 - 40 % of infected individuals, are not considered high risk, yet still have acquired the virus by casual contact. Adolescents have the highest rate of acquisition of the infection. The younger the individual is at the time of infection the more likely the development of chronic infection. Infants who become infected with the virus have a very high rate (up to 90% in some studies) of chronic infection, and thus later complications (liver cancer and cirrhosis of the liver).

The vaccine is extremely safe, as it is genetically engineered (not made from live virus or human donors as it once was), and is generally without side effects. There is typically no fever and minimal if any residual soreness at the injection site. A series of three doses is required for complete protection. It is now recommended that infants receive the first dose shortly after birth. This may be given in the hospital or at the first checkup in the doctor's office.

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