

Foreword

This book is intended to help you with some of the common questions that may arise in the care of your newborn and/or toddler. Though it is not a complete reference manual, it should serve as a guide to help you solve common problems in child care.

Hopefully this book will answer many of your questions. If you have questions or problems you cannot solve using this book, feel free to call our office. A nurse will be happy to help you solve the problem, or arrange an appointment if we need to see your child.

After your newborn has been examined and discharged from the hospital, he/she should be seen in my office by one week of age. You should try to make your appointments for this and other "well-checks" in advance as much as possible. Well-checks are not emergencies and are not "worked-in" to an otherwise full office schedule. If your child is sick, we will see him/her within 24 hours, and in most circumstances, on the same day.

Well check-ups will be due for your child at prescribed intervals (2, 4, 6, 9 months, 1 year, 15 and 18 months, 2 years, 3 years, etc...). At these visits your child will be weighed and measured, examined, given any needed vaccinations, and you will be given information about age related growth and development.

Office Hours: Monday - Friday 8:00 to 12:00 noon & 1:00 to 4:00 PM.

We see patients by appointment only, but if you call earlier in the day we can usually work in acute or urgent visits the same day. If your child's problem is a life threatening emergency, you should take him/her to the closest emergency room.

I can be reached after hours and on weekends by calling the office to get the call number, then calling and leaving a message.

Normal Newborn Characteristics That Cause Concern

Weight Loss

Normal newborns will eat very little of their first few feedings. It is common and normal for newborns to lose up to 10 % of their birth weight. For example, a 7 lb. 8 oz. baby may lose up to 12 ounces before starting to gain weight. Most of this weight loss occurs in the first 24-36 hours. By 4-5 days of age your baby will begin to show an increased appetite and a slow but steady weight gain. Most babies will gain back to their birth weight by two weeks of age. We will see your baby and weigh him/her at one and two weeks of age.

Head Size

Babies' heads are relatively large and usually have some degree of change in shape due to the trip through the birth canal. These are normal variations, especially with your first child, and will gradually resolve. Sometimes there is bleeding under the covering of one of the skull bones. This is a cephalohematoma and may take up to three months to disappear, but rarely causes any problems. If a scalp lead heart monitor (fetal scalp electrode) was required for your baby, there may be a small scratch on the scalp. This too will heal.

Jaundice (Yellow Skin)

Many babies develop some jaundice by the 2nd or 3rd day of life. This is usually normal and is not a cause for concern. If the jaundice is severe or the eyes are yellow, we will check your baby's bilirubin level. If it is high enough for concern, your baby will be treated with a phototherapy blanket at home until the level is safely lowered. Breastfed babies sometimes develop jaundice, but it is less likely to harm them, and breastfeeding rarely needs to be stopped for this.

Hiccups

Many infants will have hiccups after feedings. These are normal and do not harm the baby. Hiccups will stop on their own in a few minutes. They do not require any treatment and in fact, many home remedies may cause your baby harm. Given time, your baby's hiccups will stop without any special attention.

Burping

Babies normally swallow a certain amount of air during feeding and crying. Newborns should be burped after each ounce of formula or between breasts. Older babies require less frequent burping. Air that is not released by burping will be passed as gas rectally. While this is sometimes uncomfortable for the infant, is not harmful and requires no special treatment. If your newborn seems unusually "gassy" you may try 4 drops of infant simethicone before feedings to break up gas bubbles.

The Mouth

Usually no teeth appear until 4-6 months of age. Small white, pearl-like swellings filled with liquid may be observed on the roof of the mouth and gums. These are normal, will resolve in time and do not represent infection. Many babies may develop "thrush", a common yeast infection of the inner lips, inner cheeks, and tongue. This presents as a white cheesy coating which does not wipe away easily. This is rarely serious and can be treated with a prescription medication should it occur. Breastfeeding Mom's may also require treatment of their breasts.

Sneezing And Noisy Nasal Breathing

It is common for your baby's nose to become stuffy or congested in the first few months of life. Sneezing is your baby's way of clearing secretions. Babies prefer to breathe only through their noses during the first few months of life. Occasionally you may need to relieve nasal congestion with saline nose drops (salt water from your pharmacy). Often a rubber suction bulb called an infant nasal aspirator can be of help in clearing your baby's nose.

Keep the one you are given in the hospital. Be gentle to avoid injury. Do not use OTC cold remedies under 3 years of age unless instructed.

Eyes

An antibiotic ointment (Erythromycin) is placed in the eyes of all newborns to prevent infections from the birth canal. Sometimes newborns may have some irritation and discharge from the eyes. This will usually clear in a few days. If the discharge persists or is green, we need to see the baby in the office. It is common for small blood vessels in the eye to rupture during birth causing the whites of the eyes to be red. This will clear over a period of 1-2 weeks.

Skin Rashes

The newborn's skin is very sensitive and frequently has various blotches or redness that may cause concern, but most of the time these are normal changes. Occasionally, a baby's hands and feet will remain blue for a few days. This is normal and will resolve without treatment. The newborn's skin frequently dries and peels. This does not harm the baby, in fact it is part of the baby's protection against infection and should rarely be treated. Some babies have a rash similar to acne, called milia. This is normal and is a response to Mom's hormones. This, too, will go away without treatment. Never pick or open these lesions. Many newborns have red blotches over their eyelids or on the back of their necks. These are not really birthmarks and the facial markings will fade with time. Many different skin rashes and skin changes are common to infants, especially until about 3-4 months of age. Most are better not treated with lotions or creams. Bring your baby in for an exam if a particular rash worries you.

Vaginal Spotting And Breast Changes

Babies are affected by their mothers' hormones. Almost all baby girls will have small amounts of vaginal discharge, sometimes streaked with blood. This is called pseudomenstruation and is normal. Baby boys' scrotum may also be affected and appear swollen or more red than expected. Both boys' and girls' breast tissue may be affected causing breast buds. These hormone related changes will go away as your baby gradually loses your hormones, usually over the first few weeks of life.

Bowel Movements

Baby's bowel movements vary in number and character greatly. Some babies have several bowel movements a day while others go once or twice a week. The normal consistency varies from liquid to formed but should not be hard dry balls or pellets. Bowels vary according to feeding choices. Breastfed babies tend to have looser, more frequent, less foul smelling stools while formula fed babies are more prone to constipation and generally stool less often.

Once cereal and vegetables are added to your baby's diet (after 4 months old) the stools will change character again. Babies have to work long and hard to move their bowels, this is not a behavior they have yet become accustomed to. It is normal for them to grunt, strain, turn red, and even cry. These behaviors do not mean your baby is constipated, as long as the consistency of the stool is normal. If your baby goes 3 days or more between stools or the stools are hard and dry, call us for instructions. Change your baby's diaper as soon as possible after every bowel movement to avoid rashes. Clean the diaper area gently but completely each time. Always wipe from front to back on baby girls to avoid contamination of the vaginal area with stool. A&D® Ointment is a good moisture barrier to help heal and prevent rashes. Avoid powders.

Colic

Colic is extreme fussiness, usually during a particular part of the day, when the baby simply will not be comforted. Generally, colic begins around 2-3 weeks of age and continues until about 3 months of age. It tends to be worse in the evening or at night. During colicky periods the baby's stomach may distend with gas.

He or she may draw legs up, scream or pass gas rectally. Changes in formula usually do not help. What may help:

1. Relax and care for your baby calmly, your anxiety will make this worse.
2. Rocking, holding, walking, and /or singing to your baby.
3. Taking your baby for a short ride in the car seat.
4. Burping your baby frequently and properly after every feeding.
5. Using a pacifier.
6. Placing your baby on her stomach and rubbing her back while holding the baby on your lap.
7. A warm bath for baby.
8. Probiotics for infants.

If all else fails, there are some medications for bowel pain that seem to help some infants. Call us if you feel your baby has a serious case of colic.

Routine Infant Care

Cord And Navel Care

The cord and navel should be cleaned with an alcohol prep a couple of times a day until completely healed. Frequently there are a few drops of blood seen on the diaper or clothes from rubbing against the cord stump. The cord will usually fall off in 2-3 weeks. Once the cord has fallen off you may submerge your baby for bathing.

Bathing

Until the cord "falls off" it is best to sponge bathe your baby and not submerge him. This helps prevent infection from a moist cord. The face, ears, and nose should be washed with a soft cloth and plain warm water (no soap). There is no need to clean inside the ears or nose, especially not with a cotton swab, as this can cause serious injury. Wash the head and hair with a mild soap daily or as needed. Use unscented soap, washing in the creases and rinsing well with warm water. In general it is wise to avoid creams, lotions or bath products with any fragrance or color as babies have sensitive skin and these products can cause rashes or even allergic reactions. Oils should not be used, especially on the head. If cradle cap develops, use a small amount of dandruff shampoo, being careful not to get it in the baby's eyes. Avoid powders due to risk of inhalation and skin irritation.

Care Of The Penis If Not Circumcised

Most male newborns have a foreskin that is tight and cannot be pulled back over the penis. No special care other than routine bathing is required at this time. However, as your baby ages, the foreskin gradually separates from the glans of the penis so that most boys can push the foreskin back and clean the glans by the time they enter school. Until that time, the parents must clean daily, with mild soap and water, that area of the glans which is easily exposed. After cleaning, rinsing and drying, the foreskin is returned to its original position. Any signs of infection, redness, swelling or discharge should be evaluated by a physician.

Circumcision Care

Circumcision is no longer considered to be necessary. It is cosmetic surgery. If you have concerns or questions about circumcision, discuss this with our office. We have information that can help you in deciding about this procedure. If you decide to have your son circumcised, this will be done usually before hospital discharge. The nurses will show you how to care for your son's surgical wound with diaper changes. You will need to continue placing Vaseline® on the site at each diaper change until it has completely healed, usually in a week or two.

Exercise, Rest and Sleep

A young baby gets exercise by kicking, squirming, and working her arms freely and crying. Her clothing and bed clothing should not restrict these movements. In addition to these efforts, a little encouragement each day will help her develop strength. A baby gets tired of being in the same position sooner even than an older person. Do not leave the baby sitting for a long time in a place where he cannot see the activity. Try to establish good sleeping habits with regular bedtime hours and nap time. It is good for your baby to learn to sleep through the usual household noises, though a sudden loud noise may startle and wake the baby. Studies have shown that babies should sleep on their back or side, not on their stomach to decrease the risk of SIDS (Sudden Infant Death Syndrome - crib death).

Feeding Your Baby

Proper feeding is one of the most important functions of the parent-infant team. During feeding periods, many of the infant's physical and emotional needs are satisfied. These needs include:

1. Pleasing and satisfying feeling from sucking.
2. Happy feeling of fatigue associated with a full tummy.
3. Warmth and love from being held and cuddled.
4. Proper food and liquid to ensure proper growth and development.

A feeding is successful when the infant has all its sucking needs satisfied, is pleasantly exhausted, has its tummy full of a nutritious mixture, and feels comfortable, loved, secure and ready for a nice period of sleep. During this sleep the baby regains its strength, digests its food, empties its stomach and awakens to repeat the process. These needs can be met with either breast or formula feedings. We recommend breastfeeding because of the many advantages it offers both you and your baby. Your choice should be based on knowledge of both options.

Breastfeeding

Your breastmilk is the only food your baby needs for the first few months of life. Your milk has just the right amount of food products to help your baby grow and is never too rich or too thin. It is tailor made for your baby. Your milk is easily digested by the baby's immature digestive system. Your milk contains substances that help protect your baby from infections, so your baby will have fewer colds, ear infections and diarrheal illnesses. Your milk is always clean and at the correct temperature. Your milk is always ready to feed, requiring no preparation or bottles. In almost every way, breastfeeding is the healthiest choice for your infant, so we encourage you to consider it.

Breastfeeding is less expensive than bottle feeding, since the breastmilk is free. If you qualify for WIC, they will provide additional food to breastfeeding mothers to aid in improving their milk supply. Breastfeeding uses up the fat stores that are gained during pregnancy, in some women this helps them lose their "baby weight." Breastfeeding causes your uterus (womb) to shrink back to its original size, and it causes this to happen faster than if you bottle feed, thus decreasing the total amount of blood you lose in the days after your delivery. Breastfeeding offers you an opportunity to bond with your baby. This type of bonding seems to lessen your chances of having postpartum depression (severe baby blues).

Breast babies often eat every 2 hours in the first few days of life, giving you plenty of opportunities to practice. You will need to eat healthy, drink 8-10 cups of water a day, continue your prenatal vitamins, and get plenty of rest, in order to make your maximum supply of milk. You should avoid caffeine, nicotine, alcohol and other medications unless they are prescribed by your provider.

Formula (Bottle) Feeding

Commercially prepared infant formulas are satisfactory alternatives to feeding infants if you are unable to breastfeed. However, they are not equal to breast milk. These formulas are made from cow's milk or soy

protein. They do not have the protective properties of breast milk. WIC programs usually provide concentrated liquid forms that require dilution with water. You must use care when preparing and storing formula in order to control the growth of germs that can cause diarrhea and stomach or bowel infections. You must follow the directions exactly in order for the formula to be safe for your baby. Be sure the temperature of the formula is comfortable by testing a few drops on your wrist before feeding. Never heat a baby bottle in a microwave oven. Not only does the formula continue to get warmer after removal from the oven, but microwaving destroys the nutrients your baby needs. It is important to minimize the swallowing of air, burp between every ounce, and take care not to overfeed your baby. You should hold your baby close to your body while feeding him, to help with bonding and his sense of wellbeing. Never prop bottles for baby to feed. This removes the essential human contact associated with feeding and puts the baby at risk for overfeeding, choking and ear infections.

Newborns usually take 1-3 ounces every 2-3 hours and gradually increase their needs as they grow. It is best to feed the baby on demand rather than trying to put the baby on a schedule. He/she will eat when hungry, usually not too much or too little. Spitting is common and normal and may be minimized with frequent burping. Call the office if you think your baby is spitting up too much. When your baby is growing well, wetting at least 4 diapers a day, and is content for 3-4 hours between bottles, he is getting enough. Infants soon establish their own patterns for eating and sleeping based on their individual needs, then other members of the family can start to fit their schedules around the baby.

Tips About Feeding and Feeding Schedule

Because of recent research studies in infant nutrition, recommended feeding schedules have changed (compared to when we were infants). Breast milk or formula should be given till one year of age, then changed to whole milk until age two, then changed to skim milk. Cow's milk should not be given before the age of one year. Solids should not be added to baby's diet before 4 months of age since doing so increases their risk of adult diabetes, food allergies, and obesity.

If you are feeding your baby every 3-4 hours during the day, then during the night you can let the baby wake you up when he is ready for a nighttime feeding.

Feeding Schedule

0-4 months

Commercial formula or breast milk only

4-10 months

Rice cereal 2 servings per day and begin to introduce carrots, squash, sweet potatoes, spinach, peas, and green beans. Add other green and yellow vegetable, introduce meats, and then fruits. Start vegetables before fruits since the fruits are sweet.

Do not start more than one new food every 2-3 days to see if the baby has any problems with it.

10-12 months

begin to introduce table foods but steam them and remove baby's portion before you season your own

* * Some foods are not recommended before one year of age, each due to its own specific risk. These include cow's milk, honey, popcorn, nuts, juice and other sugar sweetened drinks, food high in salt (sodium)

Juices offer no added nutritional benefit to your child beyond that of formula or breast milk. They are sugared water, essentially a soda without carbonation. Think of juice as liquid candy. They should be treated as a sugary treat and given very sparingly unless needed for constipation.

General Infant Care

Babies are sensitive to extremes in heat and cold. Babies are usually comfortable dressed as we are dressed plus one thin layer. Be careful not to overheat by overdressing your baby, as this can cause apparent "fever" when baby is in fact well.

Current law requiring child safety restraints mandate that your baby is always properly restrained whenever in a motor vehicle. If you do not have a relatively new car seat, it may not meet current requirements. Please bring your car seat into the hospital before discharge to assure a proper fit. Also be sure you read and follow the instructions for your car seat. An improperly used seat can be dangerous for your baby. Never remove your child from the car seat while the car is in use. This way your child always expects to be restrained and is less likely to protest.

When you arrive home from the hospital you should have a home ready to receive your new baby. He needs his own bed or crib (appropriate and safe for an infant), diapers, clothes, formula (if you have chosen not to breastfeed) emergency medications (Tylenol® and Motrin®) and bathing supplies. It will take a day or two for your baby to adapt to her new home and start to establish feeding and sleeping patterns. This may be challenging and may deprive everyone in the house of sleep. Mom especially should eat when she can, and nap when baby naps. If you have a pet, introduce them to your new baby with caution. Pets can be jealous, just like siblings. Never make the assumption that either would not hurt your baby.

Babies are very susceptible to infection for the first 2-3 months of life and should not be knowingly exposed to germs. This means limiting their exposure to people outside of your home. Everyone who holds baby should always wash their hands first and should be free of illness. No one should smoke anywhere in the home of a new baby, and people who go outside to smoke should change clothing before handling your baby. If you can smell smoke you are being exposed. Babies whose parents smoke and babies who are exposed to second hand smoke have a higher incidence of crib death and many more respiratory infections. They are also more likely to smoke as adults. Now is the best time to stop if you or other family members use tobacco.

Diaper Rash

Because babies have sensitive skin, they are prone to have rashes and irritations, especially in the diaper area. Usually irritation is due to prolonged exposure to wetness or contact with bowel movements. Prevention and treatment both require frequent diaper changes. Leaving the diaper off for several hours a day, avoidance of plastic or rubber pants, and thorough cleansing of the area will heal most rashes. Use A&D® ointment or Vaseline® as a moisture barrier. If a rash doesn't heal, let us know and we will be happy to check it.

Pacifier or Thumb Sucking

All babies have an instinctive need to suck. This need goes beyond the sucking that accompanies feeding, and is usually confused with the need for more food. If your baby has been fed, but is busily chewing his thumb or fingers, you may wish to substitute a pacifier. Do not overfeed the baby in an attempt to satisfy his sucking needs. Usually the baby will outgrow this need to suck and will voluntarily give up his thumb or pacifier. Dentists now say that use of the thumb or pacifier is only a problem if it continues past 4 years of age. We do not recommend the use a pacifier or any artificial nipple until breastfeeding is well established.

The Nursery

Your baby should have her own room if possible. Furniture should be easy to clean to prevent collecting dust. Painted items should be lead free. You may use, a crib or a bassinet. The mattress should be firm and flat and protected with a waterproof cover. No pillow should be used. Bumpers may keep head, arms and legs from getting caught in the railing. Room temperature should be kept between 68-72 degrees. Avoid drafts. A single blanket should be enough even in cold weather. Parents need their privacy and baby needs room to move around. It can be dangerous for baby to sleep in the same bed with adults and this is not recommended.

When Your Baby Cries

All normal babies cry a certain amount of time, just as they sleep and suck. During the first few weeks, crying is about the only way they have of expressing themselves and telling you their needs. Your baby may cry when he or she is hungry, cold, wet, too warm, needs to burp, needs to pass gas or simply wants to be held and cuddled. It is common for babies to fuss about the same time each day (usually in the evening) and this may go on for quite a while for no apparent reason. Overfeeding is not the answer to this problem. Sometimes a car ride or a warm bath may help. Some people refer to this as colic. Formula changes do not cure colic, this cures formula intolerance. Expect your baby to fuss for up to 20-30 minutes at a time, this is part of your baby's exercise program. If your baby's needs are met (warm, dry, fed, etc), then sometimes you just need to provide periodic reassurance.

Fever

The most accurate body temperature is obtained with a rectal thermometer. Lubricate the end of the rectal thermometer, insert no more than an inch, and hold it in place for at least one minute, holding the infant's legs steady. A temperature of less than 100 degrees rectally is normal.

For a Tylenol (acetaminophen) and ibuprofen dosing guide, go to <https://drgriffin.org/pediatric-care-immunizations/> . It is OK to use the generic brands.

Developmental Milestones, 0-6 Months

- 1 month Lifts head
Focuses on human face
- 2 months Smiles
Vocalizes (begins to talk and make sounds)
Follows moving objects past the midline
- 3 months Laughs
Follows moving object 180 degrees (half a circle)
Has some head control when pulled to sitting position
- 4 months Squeals
Grasps rattle
Rolls over
- 5 months Reaches for object
No head lag
Turns towards voice
- 6 months Sits with minimum or little support (sitting without support begins at 7 months)
Begins transferring objects from one hand to the other

Vaccines

To learn more about our recommended vaccine schedule, and for a link to more detailed information on each vaccine, go to <https://drgriffin.org/pediatric-care-immunizations/>