

Caring For Your New Baby

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Dear Parent,

Congratulations on the birth of your new baby! The next few months will be an exciting time for you, and concerns regarding the care of your baby are common. Thank you for choosing Little Rock Pediatric Clinic as your child's medical home. Please be assured that we will be available to answer any questions you may have about your new baby.

Many of the anxious moments and difficulties that arise with the arrival of a new baby can be settled before they become a problem, provided the parents are prepared and have received important information. Even if this is the second or third child, many facts about babies may have been forgotten, and, as is so often said, "They are all different." We hope that this booklet will answer some of the questions not covered in our hospital visits and suggest that you read through it and keep it handy for future reference. Should further questions arise after you are discharged, we will be happy to discuss them with you by phone during regular office hours, or at any time in the case of an emergency. Of course, you are always welcome to make an appointment if you feel your baby needs to be examined by a physician.

Again, congratulations and thank you for choosing Little Rock Pediatric Clinic. We look forward to caring for your new baby and serving as a resource for your family now and in the coming years.

Sincerely,
The Physicians & Staff of Little Rock Pediatric Clinic

Caring For Your New Baby

INTRODUCTION

At the time of birth, infants are taken from an environment where it is unnecessary to breathe, eat or even control their own body temperature. They are required to take over these essential body functions all at once, which requires a tremendous adjustment on the part of the infant—not to mention the parents. This immediate transition period lasts for several days and is a very special time for you as a new parent. Do not be afraid of your new bundle of joy. Hold and cuddle him, talk and sing to her. Enjoy this special time in your life!

You will discover that newborn infants are little miracles, but they also cough, sneeze, spit up, lose weight, cry and act sleepy. These characteristics should be expected, so do not be alarmed. We will discuss these and other newborn characteristics, as well as how to care for your infant, in the following sections.

FEEDING IN GENERAL

The nutrition and nurturing your infant receives during feedings is very important for his/her growth and development. Whether you breast-feed or give your baby formula, you should be relaxed and in a comfortable position. Hold your baby in your lap with his head in the bend of your elbow. Do not feed your infant while he/she is lying flat, and never “prop” the bottle.

Babies generally eat every 2-4 hours, and we recommend feeding “on demand,” not according to a rigid schedule. Let your baby indicate when he or she is hungry; they will usually do so by crying. Often babies will be sleepy in the first 24-48 hours after delivery and may need to be awakened for feedings.

BREAST FEEDING

Breast milk is the ideal source of nutrition for your baby. Breast milk contains antibodies that fight infection, as well as unique fats and proteins that have been proven to boost the development of infants. These unique substances are not available in any commercial formula. Other benefits of breast feeding include the convenience of not having to prepare bottles as well as the economic advantages.

For the first 2-4 days after delivery, your breast will produce small volumes of colostrum, a form of breast milk that is highly concentrated and rich in nutrients, calories, and fat. The colostrum, although minimal in volume, is all your infant needs at this time because he or she is born with extra fluid in his body that will keep him well hydrated until your breast milk comes in, which

is usually on the third day after delivery. There is no need to supplement your infant with formula or water during these first few days.

It is, however, important to nurse your infant frequently, approximately every 2-3 hours or 8-12 times in a 24-hour period. This will stimulate your milk supply and keep your baby satisfied. You should nurse your baby on both breasts at each feeding and allow your baby to completely empty each breast. This usually takes 10-20 minutes on each breast. The next feeding should begin on the last breast your baby nursed from.

As a nursing mother, you will need to continue to take your prenatal vitamins as long as you continue to nurse your baby. You also need to drink plenty of water (at least eight 8-oz. glasses a day) and eat a nutritious diet. There are no specific foods that you need to avoid, but if you suspect that a particular food you are eating is causing your infant to be upset, then try eliminating that food from your diet for a while. You should limit your caffeine intake while you are nursing, because it can pass into your breast milk and may cause fussiness and wakefulness in some babies. It is also recommended that you avoid drinking alcohol while you are nursing, as it will pass into the breast milk as well. If it is necessary for you to take any medications, please consult us beforehand.

If you have any questions or concerns about breast feeding, please let us know. We have many resources for the nursing mother and will be happy to help.

FORMULA FEEDING

If you decide not to breast-feed, we will recommend an appropriate formula for your baby. It is important to select a commercial formula that contains all of the nutrition that your baby will need for the first year of his or her life. The preparation of the formula will depend on the type of formula you choose: powdered, concentrated, or ready to feed. The water, bottles, nipples and containers in which the formula is prepared do not need to be sterilized if city water is available. Using bottled water to prepare formula is not recommended, as it may contain bacteria and does not contain fluoride, an important nutrient. The bottles and nipples should be washed in the dishwasher or in very hot water. If city water is not available, then the bottles should be sterilized and the water should be boiled.

Newborn babies usually drink 2 to 4 ounces every 2 to 4 hours, but may vary from feeding to feeding. Let your infant take as much formula as he or she will at each feeding. This amount will gradually increase over the next several weeks. We recommend that you feed your baby formula that is room temperature to eliminate the risk of burns by accidentally giving him formula that is too hot. Remember never to heat the formula or bottles in the microwave because they heat liquids unevenly and may result in a burn.

ROUTINE

By the end of the second or third week of life, most infants have established a routine of feeding, sleeping, and wakefulness. The baby's bath should be part of this routine. This schedule does not need to be excessively rigid, but it is important to maintain the routine once it is established. This will help your infant to feel secure and will help you as well.

VITAMINS

If you are feeding your infant formula, it is not necessary to give additional vitamins since they are in the formula. Excessive doses of vitamins can produce dangerous toxicity. However, 400 IU per day of a Vitamin D supplement should be given to the breast-fed infant beginning at birth. These drops are readily available over the counter at most drug stores. If your home is not on a fluoridated municipal water supply, please discuss with your physician whether your child needs a fluoride supplement.

BURPING

After feeding your baby, whether by bottle or breast, you should attempt to "burp" him or her. This will remove excess air from the stomach that may have been swallowed during the feeding. Listed below are some different methods to use to try to "burp" your baby:

1. Hold the baby in a sitting position on your lap, with one hand supporting the chest and chin. Use your other hand to gently pat or rub the baby's back.
2. Hold the baby upright over your shoulder and gently pat or rub the baby's back.
3. Place the baby face down on his or her tummy on your lap and gently pat or rub the baby's back.

If your baby does not "burp" within a few minutes, he or she may not need to, or the baby may do it on his own.

SOLID BABY FOODS

Breast milk or formula will supply all of the nutrition your infant requires for the first 6 months of life. Your physician will advise you on the timing for adding pureed foods. You should only add one new food every 3-4 days so that if your baby has a problem with a particular food, you will be able to easily identify which one it is. We will discuss infant feeding in more detail at your baby's 4-month check-up.

SPITTING UP/VOMITING

Some infants may spit up small amounts of mucus material after feedings for the first 24-48 hours of life due to retained mucus that the infant swallowed during the birth process. This should not be cause for alarm and usually resolves quickly. Some infants will continue to spit up after feedings for the first few months of life. This “reflux” or “regurgitation” is nothing to worry about as long as the infant is healthy and gaining weight. This type of reflux is common in babies due to the immaturity of the lower end of the esophagus where it joins the stomach. Sometimes babies spit up and have other signs of distress when they are having more serious stomach problems or are having problems with their formula. Please consult us if your baby seems to spit up too often, has forceful vomiting, or seems to be in distress after feedings.

BOWEL MOVEMENTS

The normal tar-like, black-colored stools that are present for the first few days of life are called meconium stools. These stools change over the first week of life into yellow, seedy stools in the breast-fed infant or more of a tan-colored stool in the formula-fed infant. Initially babies have several bowel movements in a 24-hour period, usually after every feeding. The number of stools gradually decreases over the first few weeks of life. The exact number and consistency will vary from baby to baby, but it is normal for babies to have up to 6 bowel movements a day, or as few as 1 every 2-3 days. Most babies will appear to strain as they are having a bowel movement and may become red in the face, grunt, or even cry. As long as the stool is soft in consistency, the infant is having a normal bowel movement and is not constipated. If the stool is hard, firm like clay, or pellet-like, the infant may be constipated, and you should consult us.

WEIGHT LOSS

At the time of birth, the newborn has more body fluids than he or she needs once out of the womb. During the first 2-3 days of life, they lose this extra fluid, and therefore lose weight, usually a few ounces. This weight loss is part of the baby’s adjustment to life outside the womb and is normal. Most babies begin to regain their weight by the 6th or 7th day of life and have usually regained their birth weight by 2 weeks of age.

INFANT VAGINAL DISCHARGE

Occasionally female infants may have some whitish colored or even bloody vaginal discharge for the first few days of life. This occurs from normal hormonal influences from the mother to the fetus. After the infant is born and is no longer exposed to the maternal hormones, the vaginal discharge disappears. This vaginal discharge may persist a little longer in breast-fed infants due to secretion of these maternal hormones into the breast milk. The influence of the maternal hormones may also cause temporary breast tissue

enlargement in babies of either sex. Again, in this case, once the infant is no longer exposed to the mother's hormones, the breast tissue disappears.

BODY TEMPERATURE & FEVER

To accurately check an infant's temperature, a rectal reading with a rectal thermometer is essential. Every home where there are children should have a thermometer. The normal rectal temperature for an infant and child is about 100.0F or lower. If your infant less than 2 months of age has a rectal temperature over 100.4F, check to make sure that he is not over-bundled or over-dressed. Then recheck the temperature. If it is still elevated, call our office immediately or the emergency number if after hours.

UMBILICAL CORD CARE

The umbilical cord stump usually falls off 1-3 weeks after birth. During this time, it is important to keep the cord dry by folding the diaper down just below the navel. Should the area become soiled, you may clean it with alcohol. This area usually appears whitish-yellow in color and is somewhat moist. This area may bleed slightly or ooze as the cord stump detaches and heals. If you notice a foul odor, bleeding more than a few drops, or a discharge from the navel at any time, call our office immediately.

CIRCUMCISION CARE

The circumcision site should be kept clean, and a petroleum jelly such as Vaseline should be applied at each diaper change until it appears healed to prevent the scab from sticking to the diaper. As the circumcision heals, a yellowish-gray scab may develop and is normal. If you notice drainage of pus, redness, or swelling at the circumcision site, call our office for further instructions. If you prefer to have your son circumcised in our office rather than the hospital, please let the rounding physician know.

BATH CARE

You should sponge-bathe your infant until a few days after the cord stump has fallen off; he or she may then be immersed for bathing. You may also use any baby soap and shampoo, or plain white unscented Dove brand soap. However, wash your infant's face with water only. Be certain that you have all the supplies you need for the bath handy BEFORE you place your infant in the tub. NEVER leave the baby unattended in the tub. After bathing, you may apply baby lotion to your baby, but use of powder is discouraged because the baby may inhale the powder dust, which can cause lung disease or lung damage.

ROOM TEMPERATURE & CLOTHING

The room temperature in your house should be comfortable to you and the infant. In the baby's room, it is important to avoid extremes of heat and cold. Try to place the crib away from drafts. Your infant should be dressed

appropriately for the season and similarly to you. On cold days, be sure to layer your baby's clothes. On hot days, it is not necessary to bundle the baby or to keep a hat on him or her.

All infant clothing should be loose fitting, especially around the neck, and should not have any types of drawstrings around the neck or head. Avoid putting necklaces on your baby or tying a pacifier around his or her neck, as these can easily cause strangulation. All infant clothing and blankets should be washed prior to wearing to avoid irritation and rashes.

CRIB, BASSINET, & PLAYPEN

Most infant cribs manufactured since the late 1980s meet safety standards designed to prevent injuries and death. The bars on the crib should be no more than 2 3/8 inches apart. There should be no splinters or cracks in the wood, and the mattress height should be adjustable. There should be no lead paint used on the crib or bassinet, and there should be no posts or knobs that protrude. The rail should be up every time you place your infant in the crib to prevent an unexpected fall. In accordance with the American Academy of Pediatrics' guidelines, we do not recommend the use of bumper guards.

The mattress used in the crib, bassinet, or playpen should be firm and in good condition. NEVER place pillows in these areas. Do not use heavy blankets or comforters to cover your infant. Make certain that there are no holes in the netting of the walls of the playpen or play yard. Ensure that all supporting rails and latches are fully engaged prior to placing your infant in them.

SLEEP

Newborn infants sleep a total of about 22 hours a day for the first 2 weeks, and then they have gradually longer periods of wakefulness as they grow. You should place your infant on the back to sleep to help prevent SIDS (Sudden Infant Death Syndrome) or "crib death." Recent studies have shown a direct relationship between stomach sleeping and SIDS. Infants should not be tightly swaddled after 4 months to allow them to move freely as needed.

We do not recommend placing your newborn in bed with you for sleep. Studies have shown that bed-sharing is especially dangerous when one or both parents are smokers; when the infant is younger than 3 months, regardless of parental smoking status; when the infant is placed on excessively soft surfaces such as waterbeds, sofas, and armchairs; when soft bedding accessories such as pillows or blankets are used; when there are multiple bed-sharers; and when the parent has consumed alcohol. All of these situations increase the risk for SIDS.

JAUNDICE

Some babies will develop a yellow discoloration of their skin and eyes a few days after they are born. This is called jaundice and is due to a build-up of bilirubin, a normal byproduct of the body. New babies are not as effective at eliminating this from their bodies initially. Breast-fed babies are even more likely to develop jaundice. This usually resolves within 5-7 days. However, your baby may need to have blood drawn to check the bilirubin level while still in the nursery or after discharge if jaundice is present.

Occasionally, we need to treat babies with special lights if the level gets too high. If you suspect your child has jaundice, especially if he or she is not eating well or is difficult to wake, call our office.

SAFETY

Accidents are the leading cause of death in children. However, most accidents can be prevented. We have included this list of safety tips to emphasize the importance of safety in your home and car.

- Always make sure your infant or child weighing less than 40 pounds is secured in a car seat whenever you are driving the car, regardless of the distance of the drive. Car accidents are the most common cause of death and injuries in children, and in most cases the use of the car seat is life-saving. Infants less than 2 years of age must be in a rear-facing car seat. The middle of the back seat is the safest location for the car seat. Once the child has outgrown the height and weight rating of a convertible car seat, you may then place them in a forward-facing car seat. However, they should remain in this seat until they weigh at least 40 pounds. It is recommended that children weighing over 40 pounds ride in a booster seat. Make sure that the car seat is installed correctly and fits your infant correctly. Never place an infant in the front seat of a car with a passenger-side airbag.
- To prevent falls, always raise the rail on the crib when you place your infant in it. Do not leave your baby alone on beds, sofas, chairs, counters, or changing tables—even for a second. Do not place the infant carrier or bouncy seat on a countertop or chair, as they can easily topple off.
- NEVER leave your baby alone in a room with a young child or any pets.
- NEVER carry your baby and hot liquids at the same time, and do not hold your baby while you are eating or drinking hot items.

- ALWAYS check the temperature of your infant’s bath water to make sure it will not burn your baby. Your hot water should be set between 120 and 130 degrees Fahrenheit.
- DO NOT allow anyone to smoke around your baby, to prevent accidental burns as well as to avoid the negative effects of secondhand smoke. If anyone in your house is a smoker, have him or her do so outside the home.

WELL BABY CHECK-UPS & IMMUNIZATIONS

Below is the recommended schedule of well baby check-ups and immunizations. At these well baby visits, we will check the growth and development of your baby and perform a complete physical examination. We will also offer guidance and answer any questions you may have. Beginning at 6 months, we recommend an annual flu vaccine, as well as the age appropriate COVID vaccine, including the associated boosters.

<u>AGE</u>	<u>OFFICE VISIT</u>	<u>IMMUNIZATIONS</u>
2 days-1 week	Check-up	None
1 month	Check-up	Hepatitis B
2 months	Check-up	Pentacel, Prevnar, Rotateq
4 months	Check-up	Pentacel, Prevnar, Rotateq
6 months	Check-up	Pentacel, Prevnar, Rotateq, Hepatitis B
9 months	Check-up	None
12 months	Check-up	Varicella, MMR, Hepatitis A
15 months	Check-up	DTap, Prevnar, HIB
18 months	Check-up	Hepatitis A
24 months	Check-up	None
30 months	Check-up	None
3 years	Check-up	None
4 years	Check-up	DTaP, MMR, Polio, Varicella
5- 9 years	Check-up	None
10 years	Check-up	HPV
11 years	Check-up	MenQuadFI, Tdap, HPV
12-15 years	Check-up	None
16 years	Check-up	MenQuadFi, Trumenba
17 years	Check-up	Trumenba

Your baby’s first appointment should be within the first week, unless directed otherwise when we visit you in the hospital. You may make the appointment prior to discharge by calling 501-664-4044. Otherwise, please call to make the appointment once you get home from the hospital.

PHONE ADVICE

Phone calls to your pediatrician for advice and non-emergent problems should

be made during regular office hours. We are open from 8:30 a.m. until 5 p.m. Monday through Friday, and from 8:30 a.m. until noon on Saturdays. Our nurses will handle your call during this time.

AFTER HOURS EMERGENCIES

If it is necessary for you to call after hours, call our answering service at 501-377-1113. The answering service will page the nurse line or the physician on call. Please be aware that the nurse line is staffed by RNs at Arkansas Children's Hospital. They will discuss your concerns and help decide on the best course of action for your child. Many times, the nurse is able to provide advice. If not, you may be directed to an emergency room, or one of our physicians may be contacted for further instructions.

SECURE PATIENT PORTAL

Once your child is registered as a patient, you will be emailed an invitation to create an account on our secure patient portal. The portal allows you to fill out forms, request appointments, order medical records, pay your bill and request refills. You may also send a question to a clinician for advice on a non-emergent issue. After your account is created, access to the portal is via our web site, www.littlerockpediatricclinic.com.

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