

## **Introduction**

Whether this is your first baby or your fifth, your baby is a special, entirely unique individual with its own personality. Most mothers of newborns are excited and nervous. Even if this isn't your first, many mothers report that they have forgotten what it was like to care for a newborn.

### **The First Weeks:**

For most mothers, the first weeks at home with a new baby are the hardest of their lives. You'll probably feel overworked, and possibly overwhelmed. Inadequate sleep will leave you fatigued. Caring for a newborn can be a stressful responsibility. The solution is to ask for help. No one should be expected to care for a young baby alone.

### **Visitors:**

Only close friend and relatives should visit during the first 6 weeks at home. They should NOT visit if they are sick. If you have other children, encourage visitors to pay special attention to them as well as the baby. No one wants to be rude, but try not to let visitor impose on your need for rest and recuperation in the first days and weeks after the baby is born.

### **Siblings:**

Sibling rivalry usually occurs when the new babies have an older sibling between 1 and 5. The older child may vacillate from pride and possessiveness to frustration and anger. Anticipate these moods and accept them. Even sympathize with your child about how hard it feels to have a new baby invade their privacy. Then reassure him/her and allow him/her to participate in the baby's care under your strict supervision. Let him/her know how proud you are and set aside a few minutes a day for private time for the two of you.

### **Preventing exhaustion:**

Every young baby awakens one or more times each night. The way to avoid sleep deprivation is to know the total amount of sleep you need each day and try to get that sleep in bits and pieces. When your baby is napping, take a nap yourself. If you don't take care of yourself, you won't be able to take care of your baby.

### **Postpartum Blues:**

More than 50% of women experience postpartum blues on the third or fourth day after delivery. The symptoms include tearfulness, tiredness, sadness, and difficulty thinking clearly. The main cause of this temporary reaction is probably the sudden decrease of maternal hormones after delivery. Since the symptoms commonly begin after the mother comes home from the hospital, the full impact of being totally responsible for a newborn may also be a contributing factor. Many mothers feel let down and guilty about these symptoms because they have been led to believe they should be overjoyed about having a baby. The postpartum blues usually resolve in one to three weeks. By this time, the mother's hormone levels have returned to normal, she develops efficient routines, her sense of control over her life improves and her confidence rises.

### **Dressing:**

Babies certainly need to be protected from the cold, but contrary to popular belief, should not be overdressed. They should be dressed in as many layers as would keep you comfortable, with perhaps one additional thin layer. In an air-conditioned environment, keep the baby in a t-shirt plus a stretchy or nightgown. However, when outside in hot weather or inside heated homes in the winter, just a t-shirt or light stretchy may be enough.

### **Going Out:**

You can take your baby outdoors at any age. Babies go outside when they leave the hospital and again when they come to our office. Since most babies love getting out and since fresh air and some exercise is good for everyone, we recommend that you try to go out with your baby every day. Even as the weather cools down, continue going out with your baby. We wouldn't want either of you to get trapped inside from October until April. Protect your baby's skin from the sun with a bonnet/hat and clothing that covers most of the body. In the spring, summer and fall always apply sunblock on any skin that is exposed to the sun.

### **Sleep:**

Always place your baby on his back to sleep or nap. This has been proven to be the safest position for your healthy baby. It is known that putting baby's on their backs is the only thing that decreases the risk of SIDS (Sudden Infant Death Syndrome) by up to 50%. The other known link to SIDS is maternal or second hand smoking, so if you are going to smoke or someone smokes, you should smoke outside, wash your hands and change your clothes before picking up the child.

Alternate the head position: turn the head to the left one day and to the right the next day, so that the head grows symmetrically. We discourage the use of a wedge that keeps the baby on the side.

Babies sleep between 12-18 hours a day. Newborns sleep 2-4 hours at a time with brief wakeful period in between. Day/Night reversal is a common problem and is treated by interrupting daytime sleeping periods. That way, the baby learns to sleep better in the night. As babies get older their daytime wakeful periods get longer and they begin to sleep longer at night. By two months, some babies sleep up to six hours at night. While it will not necessarily be the same amount each day, or the same for every baby, babies will get as much sleep as they need and most babies will develop a schedule. Babies can tolerate a moderate amount of noise without waking, and it is not necessary to modify everyday household sounds. If you feel your baby isn't sleeping well, don't hesitate to call our office.

### **Crib safety:**

Crib bars should not be more than 2 3/8 inches apart. There should be nothing in the crib, any stuffed animals, toys, pillows or plush bumpers. There should be a snug-fitting mattress. You can use a sleep positioner, or a wedge if needed.

## **Dealing With Your Crying Baby**

### **Crying:**

It is easy to forget that crying is one of the only ways a new baby can communicate with us. They may cry if they are cold, hot, tired, bored, hungry, wet, uncomfortable or in pain and distress. Give your baby attention and don't worry about "spoiling" your baby. Check to see if he/she is wet or hungry. Try to calm your baby. Many babies have a "fussy time: at the same time each day. Late afternoon and evening hours are common. This pattern starts around 3 weeks of age. If you are concerned about the nature of the crying or if it is excessive or you can't appear to calm your baby down, please feel free to call our office or make an appointment.

**If the baby's obvious needs are met, then try some of these soothing methods:**

**Swaddling** - your newborn's own body movements can be startling and upsetting. Swaddling can be very helpful.

**Contact**- hold the baby in your arms or lay him/her on your chest or belly. Pat his/her back or stroke his/her head.

**Motion** – Walk with the baby in your arms, in a stroller or ride in a car. Use an infant swing, cradle, or rocking chair.

**Sounds** - Talk, sing or play soft music

**Pacifier** - Many babies need to suck even when they are not hungry. We recommend trying a pacifier for newborns and not using them once your baby is old enough to be comforted in other ways, about 6-12 months. To avoid choking, never tie a pacifier around the baby's neck or use a bottle nipple as a pacifier. Working hard to calm your baby is an investment and will not spoil him/her. If nothing else works, he may be over-tired or over-stimulated. Putting him/her to bed and letting him cry 5 to 10 minutes be what he/she needs.

**Colic :**

Is when babies cry for 3 or more hours a day, for 3 or more days a week for 3 or more weeks, is the definition of "colic". Babies that cry, crying is the only way a baby can tell us the parents what is wrong with them. In most cases, babies who cry do not have a serious problem. When babies have colic, it can be due to excessive gas (from something mom is eating in a mother who is nursing), or a sensitivity to formula. You can try things like mylicon or gripe water, swaddling, applying pressure on the belly, or even soothing soft sounds can sometimes help.

**What you should have at home after you deliver:**

- Normal saline nose drops
- Bulb syringe
- Thermometer (digital rectal)
- Vaseline
- Nail file

**Baby Care:**

**Diapers:**

In order to prevent diaper rash change your baby's diaper frequently, approximately every two hours. You can use petroleum jelly to help protect the skin to help prevent a rash. If a rash occurs, you can use zinc oxide, preferably Desitin Original, which has the largest percentage of zinc oxide, 40%. You want to apply with every diaper change and not wipe off between changes. In females it is not uncommon to have either vaginal discharge or bleeding at first, this is from maternal estrogen withdrawal.

**Cord care:**

The umbilical cord usually falls off within a few weeks. You need to keep the cord dry, sponge bathe only. You do NOT need to apply alcohol to the cord. If any redness, foul odor or discharge is from the cord please contact our office.

**Bathing:**

Sponge bathe until the cord is off and the belly button is fully healed. We recommend bathing no more that every two days will avoid causing excessively dry skin. We recommend either Eucerin baby wash, cetaphil or dove soap. A newborns skin usually peals. Moisturizing creams are only cosmetic and should be avoided.

**Nails:**

Using an emery board to file the nails will probably be easier and safer than an infant nail scissor.

**Circumcision:**

If your son is circumcised, keep the area clean. Apply petroleum jelly or antibiotic ointment to the area to help prevent it from sticking to the diaper area.

**Vaginal discharge:**

Newborn girls normally have slightly swollen vaginal areas with white discharge for a few days. They may even have a small amount of vaginal bleeding. This results from exposure to high levels of estrogen during the pregnancy and resolves on its own.

**Breasts:**

Both boys and girls have swollen breast tissue in the first few weeks.

**Moro Reflex:**

This normal startle response to loud noise and sudden movements occasionally occurs during sleep and disappears by about two months of age.

**Hiccups and Sneezing:**

Occur frequently in the newborn period and are normal and don't require treatment.

**Jaundice:**

Is a common and usually harmless condition in newborn infants. Jaundice is the yellowish discoloration that can occur in the whites of the eyes and on the skin. The most common kind of Jaundice is called physiologic jaundice which appears in the 2<sup>nd</sup> to 3<sup>rd</sup> day of life in healthy babies that resolve without treatment. It can occur in breast and bottle fed infants. This occurs because the liver is not yet fully matured and able to rid the body of bilirubin. If you notice yellowing of the eyes or skin please contact our office.

**Lacrimal Duct Obstructions:**

It is common in the newborn period to have some discharge from the eye and excessive tearing secondary to a Lacrimal Duct Obstruction, or a "blocked tear duct". If this occurs you should start with warm compresses and lacrimal duct massage (which runs from the medial aspect of the lower eye lid, where the eye lid meets the nose, running down the length of the nose). If the eyes appear red or the eyes are now closing shut, call our office.

**Breast Feeding /Bottle Feeding:**

All babies lose a few ounces to as much as 10% of their birth weight in the first few days of life. Most are back to their birth weight by one week for formula fed babies and as long as two weeks for breast fed babies. We agree with the American Academy of Pediatrics that breast-feeding is the preferred method of feeding for almost all babies. Nursing decreases the baby's risk of developing diarrhea, lower respiratory infections, ear infections and even provides health benefits to the mother. Nursing also represents a unique way to bond with and nurture your newborn. For mothers who decide not to breast feed, bottle-feeding with Enfamil Lipil is the best substitute.

Feeding time is one of your baby's (and your) most pleasant experiences. A feeding schedule should be flexible, allowing your baby to eat when he/she becomes hungry. At first baby's usually will need to feed every 2-3 hours and as they become older may be able to wait for 4 to 5 hours. Try to burp your baby during and after feeding. Burping helps to remove swallowed air. Sometimes a baby will not be able to burp, don't worry and don't try to force one. Don't be alarmed if your baby spits up a little, when being burped.

If you are breast feeding, it is optimal to feed 10- 15 minutes on each side, alternate sides with each feed. You will need to drink at least 10, 8 oz. glasses of water daily. When feeding if you are breast feeding you should not only take your prenatal vitamin but should give the baby tri-vi-sol or Di-sol. This is because of the rise in requirements of vit. D, for all newborns. If you are using Enfamil newborn, you will not have to give the vitamin, the required amount of vit D was added into the formula. Once your child is on other formula you should use the vitamin. Once your baby is 6 months of age, we recommend you start Poly-vi-flor with iron. This should be continued until 3 years of age, at which your child will start a multi-vit with fluoride, since there is no fluoride in the water.

### **Sterilizing:**

Sterilizing anything for your baby is unnecessary and potentially dangerous. Simply clean bottles and nipples with soap and hot water and let them dry thoroughly.

### **Elimination:**

Newborns have 4-6 wet diapers and 2-4 soft bowel movements daily. Stools can vary in color from yellow, brown or green. Your baby's first stools are black-green, tarry, and sticky. These are called meconium. By day 2 or 3 the stool will become brown then green and seedy, common in formula fed babies. A breast fed babies stools are generally yellow, soft and seedy after the meconium stage. An infant's bowel movements can vary from one with each feed to one every week or two. As long as the baby is feeding well, is comfortable, and the bowel movements are soft, the frequency is not important. Babies may push and strain even with the soft bowel movements, but hard, pebbly bowel movements mean that the baby is constipated and we should be notified.

### **Car Safety Seats:**

It is now recommended by the AAP to be rear facing until age 2. It is still NYS law to be rear facing until 1 year of age AND 20 lbs. This law may change. If your child out does the weight capacity on your infant seat, you can get a converter seat which can be both forward and rear facing. Your child should remain in a 5 point harness until he/she outgrows the weight capacity of that seat and should be at least 4 years of age before switching into a booster seat. It is also now recommended by the AAP, that a child remains in a booster until 4 feet 9 inches. Again it is NYS law that you must be 8 years old and the same recommended height. This means that some children will remain in boosters until 10 or more. No child is permitted in the front seat of a car until 13 years of age.

### **Conclusion:**

The health of your baby and your peace of mind are most important to us. To minimize interruptions during office hours, we return non-urgent phone calls at 1 pm and toward the end of the day. If a problem arises at any other time, please feel free to contact us and we will return your call as soon as possible.

The birth of your newborn is extremely exciting. We at Lake Grove Pediatrics, feel privileged to share this event with you and look forward to guiding and supporting you.

**Notes:**