

NEWBORN CARE HANDBOOK

Helpful information for Parents

Congratulations on your new baby!

Baby's Name: _____

Date of Birth: _____

Birth Weight: _____ Length: _____



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There are many issues that all parents face when they begin to care for their child.

This newborn booklet was designed to be a short guide for some of the most common questions that arise when parents begin the process of getting to know and care for their new baby

**STATE OF CONNECTICUT POISON
CONTROL CENTER
1-800-343-2722 TDD# 860-679-4346**

IMPORTANT ITEMS TO HAVE AVAILABLE

- * Rectal thermometer
 - * Infant nasal syringe
 - * Medicine dropper.
 - * Saline solution (ocean)
 - * Alcohol and cotton balls
 - * Cool mist humidifier
 - * Diaper cream (like Desitin, Balmex)
 - * Glycerine suppositories
 - * Infant's Tylenol
- (To be given only under medical supervision)

CAR SEATS

When you travel your baby must be secured in a good quality car seat. The American Academy of Pediatrics has recommended age and weight requirements for car seats and booster seats.

SPECIAL ALERTS AND CONCERNS

The following are some of the concerns to call the pediatrician:

- * Rectal temperature of 100.4° or higher.
- * Decreased feeding, whether in quantity or in frequency of feeding periods.
- * Frequent vomiting or diarrhea.
- * Decreased urination. Should have a wet diaper every 6 hours.
- * Excessive sleepiness or lethargy.
- * Breathing difficulty, grunting, or excessive coughing.
- * Color changes: blue around the mouth or yellow color (jaundice)
- * Excessive crying, where your baby is inconsolable, or you notice that the cry has become high-pitched or different in quality.
- * Redness or swelling or foul odor from the cord.
- * Redness or discharge from the eyes.

REMEMBER, IF YOU FEEL THAT SOMETHING IS NOT RIGHT, PLEASE FEEL FREE TO CALL AND ASK FOR OUR ADVICE.

HAND WASHING:

Good hand washing has been shown to be the best preventive measure against infection. When you bring your new baby home, please remind everyone to wash hands before touching your baby.

WELL CHILD CARE SCHEDULE.

Your baby receives the first metabolic screen (a blood test), a hearing screen and the first hepatitis B vaccine in the hospital.

The first visit to the Pediatrician's office is usually 1-2 days after discharge from the hospital. A second visit is typically scheduled at 1-2 weeks of age. It may be sooner if any special medical concerns have been identified. After that, your baby will begin regular checkups starting at one month of age.

At each visit, the baby will have a physical examination with measurement of height, weight and head circumference, a developmental assessment and the recommended blood tests and vaccines. Anticipatory guidance regarding feeding and care of the baby will be given. All your concerns will be addressed.

Your baby should receive several vaccines in the first year of life and boosters later, according to the immunization schedule. Information on each type of vaccine will be provided to you. Please read each pamphlet carefully and discuss any concerns at each visit

FEEDING

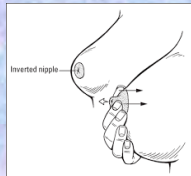
Feeding is one of your primary concerns for your new baby. It is also a good indicator of how well your child feels. Your new baby will need to feed approximately 2-3 ounces every 2-3 hours, about 8-10 feedings in a day. The decision as to how you will provide nourishment for your baby is a personal one. Choose a comfortable chair in a quiet room. Try to prevent any possible distractions.

It is important to remember that feeding should be a happy, loving experience for parents and the child. No matter how you feed your baby, remember you are feeding your baby with Love!

BREAST FEEDING

There are many advantages to breast-feeding. It is convenient, inexpensive and provides the most natural, complete and high-quality nutrition for your child. The sucking itself will help your uterus shrink down. You may even feel uterine contractions during your first few nursing sessions. Nursing also relieves the discomfort of full breasts. Breast fed infants are less likely to develop allergies and infections. There are also protective factors that can be transmitted from mother to infant through the milk.

Mothers need to start preparing for breast feeding even before the birth of the baby.



Breasts increase in size during pregnancy and often the nipple is flat or even inverted. Lactating breasts are big and it is difficult for a baby to latch on to a nipple which is flat or inverted.

Gently massage the breast starting from the chest toward the nipple. Do this in a circle. Then from the near the axilla (underarm area) to the bottom of the breast. This way all parts of the breast are massaged.

Pull the nipple out to prevent it from inverting. Start doing this as you approach your due date and continue doing it after the baby is born.



For the first 2 days, the breast will produce colostrum. It is the clear fluid which is full of antibodies and immunoglobulins, which help protect the baby. This is usually enough for the baby. Generally, the milk will 'come in' on day three. The breasts feel heavy and often painful. To relieve the congestion, continue massaging your breast as described above.

Rinse your breasts with clean water during your daily bath or shower. Avoid soap, disinfectants, and any substances that could dry or damage your skin, nipples, or areolae.

Before you begin to nurse, seat yourself in the most relaxed position with great back support. Wear comfortable clothes and drink lots of fluid. Pick a nursing position most convenient for you. Place a pillow on your lap if needed.

Make sure your baby is tummy-to-tummy with you at all times. Make sure you bring your baby to you, and do not try to lean into the baby as this will cause severe strain on your neck and shoulders. The baby's nose should be opposite the nipple.

You must continue your prenatal vitamins and eat a balanced diet with extra 200-500 calories and 20 grams of protein a day. Extra fluids should be taken as determined by thirst.

During the first one or two postnatal days, **colostrum** provides adequate nutrition for your baby and sucking gives the signal to increase milk production in your breasts. Your breast milk will go into full production around the third postnatal day. At that time, you will notice a “letdown” reflex which will be felt as fullness in your breasts.

Nurse your baby for 15-20 minutes on each breast before switching. Alternate the breast you offer first at each feeding. If you let your baby suck longer, you may develop sore, cracked nipples which will become painful with every feeding. If your breasts become persistently swollen, red or painful contact your doctor.

Breast-feeding mothers are very concerned that they are not sure if their baby has got enough. If your baby has a wet diaper every 4-6 hours, latches on vigorously, appears satisfied, and quiets down after a feeding, these are all good indications that your breast-feeding was successful.

The correct latch !



Breast feeding should not hurt!

If you feel pain beyond the first 30 seconds, stop, break the suction and get the baby to open the lips to grasp as much of the areola as possible.



As a daily treatment for your nipples you may express a few drops of milk after feeding, massage it gently into the skin, and let it dry. You may apply a small amount of purified natural wool-based emollient, also known as Lanolin, to your nipples and areolae. Lanolin supports moist wound healing.

Contact your doctor if you have painful, Cracked or bleeding nipples when breastfeeding.

Now you need to help the baby latch on to the breast. Your baby's mouth should cover most of the bottom of your areola and some of the top, not just your nipple, so those glands are stimulated when the baby sucks.

If your breasts are large or your baby's mouth is small, you can make it easier by holding your breast to help guide the nipple to your baby's mouth. Grasp the breast on the sides, using either a “C” hold or “U” hold. Make sure to keep fingers far from the nipple so you don't affect how baby latches on.

Aim the nipple toward the baby's upper lip/nose, not the middle of the mouth. You might need to rub the nipple across the top lip to get your baby to open his/her mouth.

The baby's head should be tilted slightly back.



Breastfeeding positions!



Breast feeding twins!



BURPING

Your baby should be burped on a regular basis. This prevents the buildup of gas in the intestinal tract. You should encourage your baby to burp after feeding on one breast or half way through the feeding. The sitting position, in your lap, holding the chin up and supporting the chest, or positioning your baby against your shoulder is usually successful. When comfortably positioned, gently patting or rubbing the back will stimulate burping.

FORMULA FEEDING

Formula feeding is the closest alternative to breast-feeding, and is a good source of high-quality nutrition for your baby. It is recommended that your baby start with a formula containing IRON. You should NOT feed your baby any cow's milk. If there are any problems, we strongly suggest that you discuss it with us before you change formulas.

Your baby should take approximately 2-3 ounces every 2-3 hours, and have a wet diaper every 4-6 hours. These are good indicators that your baby is feeding well.

FORMULA PREPARATION

Boil water for at least five minutes, when using water to prepare formula. All other utensils, bottles and nipples, should be thoroughly washed and dried after each feeding. Prepare the formula according to the instructions on the container. Store prepared formula in the refrigerator for no more than 24 hours. After that time, it should be discarded. It is not necessary to warm it greater than room temperature.

If you notice that your child is difficult to wake up, difficult to feed, passing frequent watery or bloody stools, or is not urinating well, please call and discuss the problem with your doctor.

STOOLING

Stools change in the first two weeks of life. Initially, they are dark and sticky. They gradually change from dark to green to yellow. They may be as frequent as after every feeding or as infrequent as every 1-3 days. It is normal for your baby to pass soft stools every day or every other day. If your baby passes hard stools, or has a lot of pain with movements, please let us know. In addition, if you notice your baby has a firm or tender abdomen, please call.

VOIDING

Urinating is one way that we are able to see if your baby has taken in enough liquids and is not dehydrated. Your baby should urinate at least once every six hours.

BATHING AND CORD CARE

The stump of the umbilical cord usually falls off in about two weeks. Till then, you should only sponge bathe the baby. Clean the umbilical cord using alcohol and a cotton ball, with each diaper change, gently wiping around the base of the cord stump. If you notice any redness, swelling, tenderness or a foul odor about the cord, please notify the doctor.

Remember to dry thoroughly after bathing. No moisturizers or creams are needed for the first few months of life. A good diaper cream, containing Zinc (20-40 %) is good for prevention of most diaper rashes; but if there is any rash that is of concern, please call.

SMOKING

Second hand cigarette smoke can be a hazard and a source of constant irritation for your baby. If you or other family members are unable to quit smoking, we strongly advise to smoke outside of your home and car.

NASAL CONGESTION

Babies often seem congested, especially those born by C-section. Salt water nose drops will help your child breathe more comfortably

TO MAKE: Mix 1/4 teaspoon of table salt in an 8-ounce glass of warm water. Keep the glass covered. Make up a fresh supply each time or you can use the ready-made saline solution (Ocean).

TO USE: Lie your child down. Put 1 drop in one side of the nose with a dropper. Wait a minute; then suck out that side of the nose with a bulb syringe until you get no more mucus. Repeat on the other side. Do not put drops in both sides at once. You may repeat as often as needed, as frequently as once every hour.

Please call if:

- Coughing becomes worse.
- Breathing is getting worse even after clearing the nose.
- Your baby has a high fever.
- You are concerned about the way your baby looks to you.

SLEEPING

Each baby differs in the amount of sleep they require. In the first few weeks, most babies sleep a majority of the day. As they get a little older, they will begin to develop their day/night cycle.

The currently recommended sleeping position is placing your baby on the back or side. We do not recommend placing your baby on the stomach while sleeping unless there is a medical reason, which requires this.



Bed sharing is strongly discouraged. It has been a cause of suffocation in young infants when adults have rolled over onto them or blankets or pillows have smothered infants.

CLOTHING

In the cold weather, always cover the head, hands and feet. During the warmer months, dress your baby in natural cotton fabrics. It is not necessary to over dress a small baby when they are indoors.

NORMAL NEWBORN BEHAVIORS:

Many behaviors normal in the newborn period. **Hiccups, chin trembling, lower lip quivering, passing gas, sneezing, startle reflex following noise or movement, yawning, straining at bowel movements, irregular breathing (as long as he doesn't pause more than five seconds or turn blue).** Crying does not always mean that your baby is hungry. It may mean that the diaper is wet, that the baby is cold or hot or just wants to be held. With time, they will develop different cries for different problems.

HICCUPS

Everyone gets hiccups at some time. If they occur during feeding time, try to get your baby to burp or relax before trying to feed.

PERIODIC BREATHING

There may be several pauses close together, followed by a series of rapid, shallow breaths. Then the breathing returns to normal. This is a common condition in babies in the first few weeks of life. It usually occurs when the infant is sleeping deeply, but may occur with light sleep or even when awake.

HEAD

For the first few months of life, the baby will not be able to support his head on his own, so remember to support it while holding the baby. There are two soft spots on the baby's head where the skull bones have not yet completely joined. These close within the first two years of life. They do not require any special care and there is no danger in washing or combing the hair over the soft spots.

CHESTS

The baby's breasts may be engorged for a short period after birth and may actually secrete a milky white fluid. This is normal.



NAILS

Trimming the baby's nails with a baby scissor or an emery board 1-2 times a week is fine. It is easiest to do this when he is sleeping.

SKIN

All babies experience changes in their skin after birth and changes in the skin after birth are common. Premature babies will have thinner, more delicate skin. A baby who comes after the due date tends to have cracked and peeling skin. There is no need for use of lotions or oils. Just allow the top layer to peel off.

Flat pink birthmarks, also called capillary **hemangiomas**, over the bridge of the nose, eyelids or back of neck occur in over 50% of newborns. These may clear up completely by adulthood.

A commonly occurring rash is **erythema toxicum**. It resembles a heat rash and does not require any treatment. If you notice any rash or color change, please call.

A **Mongolian spot** is a bluish-gray, flat birthmark found most commonly over the back and buttocks. Most fade away by 2 or 3 years of age, although traces may persist into adulthood.

Many babies develop **acne of the newborn** over the face, consisting mainly of small red bumps. It first appears at 3 to 4 weeks of age and lasts until 4 to 6 months of age. The cause seems to be the transfer of maternal hormones to the baby just before birth. Since the condition is temporary, usually no treatment is necessary.

Milia are tiny white bumps that occur on the faces of 40% of newborn babies. They appear most often on the nose and cheeks, but also sometimes on the forehead and chin. They are blocked skin pores, which will open up and disappear by 1 to 2 months of age.

EYES

The color of the eyes may change over the next few months. The baby may occasionally appear cross-eyed. This usually resolves, but do tell us if you notice it. If your baby's eye has a watery, clear discharge, he may have a **blocked tear duct**. This is a common condition. The eye discharge may be wiped away with a moist sterile cotton ball. Wipe from the inner aspect of the eye outward.

LEGS

Your baby's feet may be turned in or out or be bowed. This is due to the position the baby was in while inside the womb.

GENITALIA

Female: Your daughter may have a white or even a bloody discharge from her vagina for several days after birth. This is due to the hormones she has been exposed to while in the uterus.

Male: The uncircumcised penis is easy to keep clean; no special care is required. Do not attempt to forcefully retract the foreskin. Only the outside of the foreskin needs to be cleaned in the first year.

CIRCUMCISION

If your son has been circumcised, you should apply Bacitracin to the penis for the first week after the procedure. The penis looks very red and irritated after the circumcision and the ointment provides protection against infection. If you notice any pus, or pain with urination or if, your baby has trouble urinating, please call.

Our providers:

Deepa Limaye, MD is Board Certified by the American Board of Pediatrics in both General Pediatrics and Neurodevelopmental Disabilities. She is the Developmental consultant for the Craniofacial division at the CT Children's Medical Center.

Madelaine McCarthy, APRN is Board Certified by the American Academy of Nurse Practitioners Certification Board (AANP-CB)

Jessica Hinchey, APRN is Board certified by the Pediatric Nursing Certification Board, CPNP-BC, and American Nursing Credentialing Center, ANP-BC.

Guidelines followed:

We follow the guidelines of the American academy of pediatrics.
We are strong advocates of immunization and preventive care.

Appointments:

Sick visits: We believe that every child should be seen as soon as possible and will offer you an appointment the same day with either

After hours care

On call service after hours at all times. Please call the office number **860-676-9000** to reach the on call provider.

We participate in most **major insurance** plans.

We are affiliated with The Connecticut Children's Medical Center, Hartford Hospital.

