

Newborn Booklet



Dell A. Shepherd, M.D., F.A.A.P.

Kathy S. Lopez, M.D., F.A.A.P.

Vijay K. Prasad, M.D., F.A.A.P.

*Our mission is to provide the finest quality
Pediatric care in a pleasant and caring environment!!!*

Volume 1, Issue 2

Table of Contents

Feeding and Nutrition.....	4
Breastfeeding.....	4
Common Concerns	4
Getting Started	4
Nursing.....	5
Sore Nipple Prevention & Treatment	6
General.....	7
Bottle and Formula Feeding	8
Solid Foods	9
Hygiene and Skin Care	8
Umbilical Cord.....	10
Circumcision.....	10
Female Genital Area.....	10
Diapering.....	10
Skin Care	11
Baby Acne.....	11
Dental Care.....	11
Sleep Position	11
Is This Normal?	12
Safety.....	13
Auto Safety	13
Home Safety	13
Personal Safety	14
Illness	10
Jaundice.....	14
Elevated Temperature	15
Vomiting and Diarrhea.....	15
Ear Infections.....	16
Office Visits	16
Well Baby/Child Checks	16
Weight Checks	16
Immunizations.....	16
Well Baby/Child Checks, Weight Checks & Immunization Schedule.....	17
General Office Instructions.....	18
Office Visits	18
Missed & Late Appointments.....	18
Emergencies	18
Fees and Payments	18
Location.....	19
Office Hours	19

NEWBORN CARE INSTRUCTIONAL BOOKLET CONGRATULATIONS!!

You just had a baby. What an exhilarating, miraculous, frustrating, happy, tiring, and life-long challenge. Having a new baby can be so exciting that it's difficult to remember all of the things you've been told by your doctors and nurses in the hospital. We, the doctors of Adolescent and Child Care Specialists, have put together some of the more important information for you to have available when you first get home with your baby. However, if a question or problem should arise prior to your first scheduled office visit we ask that you call our office and talk to one of us or our nurses. This booklet is designed to get you through the first several weeks as you and your baby get to know each other; it is not a substitute for our advice but merely a supplement to it.

FEEDING AND NUTRITION

Nutrition will never be more important than during infancy. Whether you are breast feeding or bottle feeding, together we can decide if and when you need to make a feeding change.

Breastfeeding

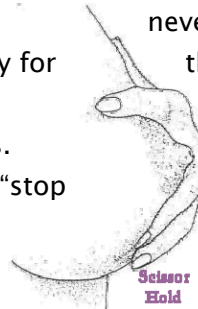
You have chosen a very natural way to feed your baby, but it may not seem very natural to you. With the decline in the number of mothers who breast feed their babies we have fewer role models from which to learn this art. One of the most important factors in making this successful is to have a support person to call and to give you suggestions and encouragement. If you have any questions call the Great Plains Regional Medical Center Breastfeeding Helpline at 696-7389 or call our office.

Common concerns

One of the most common concerns is if the baby is getting enough to eat. In general you can judge how much goes in by how much is coming out. The baby should have at least 5 to 6 wet diapers per day and may have many more than this. Breastfed babies tend to stool fairly often, but each baby is different. Your baby may stool after every feeding or only every other day.

Getting Started

Ideally, breast feeding is started by putting the baby to the breast immediately after birth. After this feedings are “on demand”, but hours apart during the day. This is important not only for nourishment and hydration but also to stimulate the more milk. Breast feeding is an infant-driven process. should not be on a strict schedule or controlled with “stop the first week it may take 3 or 4 minutes for the milk well over 15 minutes for the fat content to rise. most helpful to stimulate both breasts frequently, by



never more than four the infant's breast to produce Early feeding watch timing". In to let down and Although it is having the infant

feed from both, using the second breast may not always be possible before the infant drops off to sleep only to awake in an hour or two. Sore nipples usually are not associated with the length of nursing time, but the position of the infant at the breast. When mothers complain of sore nipples, the first step is to observe the infant being put to the breast with particular attention to the position of the infant in relation to the mother; that is, abdomen facing abdomen and infant facing the breast.

For centuries mothers have successfully used the scissors hold of the breast to assist in presenting the breast to the infant. Women who have sore nipples, small hands, and large breasts, or an infant who has difficulty latching on may find the C-Hold more effective. In either case, the hand must be sufficiently back from the nipple to allow the infant to grasp with ease the areola (the circular area



of different color surrounding the nipple of the breast) 1 1/2 to 2 centimeters from the base of the nipple. The areola and nipple will elongate to form a teat, which will touch the roof of the infant's mouth and the tongue. The infant must be able to hold the breast in place when the mother takes her hands away.

The average breast feeding infant nurses every 2 to 4 hours for 10 to 12 feedings a day for the first few weeks, but may nurse as often as every hour or as long apart as every 4 hours. Individual feeding lengths vary. Some infants nurse briskly and can be done in 10 minutes on a side; others take longer. A mother will learn her infant's pattern of long and short feeds. The milk supply is well established after 10 to 14 days. Weight gain is about 1 ounce per day when the milk supply is established. A means of monitoring adequate breast milk intake is monitoring the baby's weight, and counting the number of wet diapers, which should total five to six per day. Occasionally an infant who is well fed and gaining weight may seem to demand excessive sucking; this infant may benefit from a pacifier.

Breastfed babies tend to regain their birth weight by two weeks. If you are concerned about your baby's weight, please call our office and schedule an appointment for a weight check.

Nursing

Wear a bra, especially at night. Make sure that you burp the baby between breasts. Start on the same side you finished with at the previous feeding. Be comfortable in a quiet atmosphere with no interruptions. Take phone off the hook if need be. Be sure that the baby latches on well; try different positions. Always release the suction before you remove your baby from the breast. Do this by placing a clean finger in the side of your baby's mouth between his jaws. Don't take him away until you feel the suction break.

Sore Nipple Prevention—To prevent nipple tenderness, start with correct positioning and latch on.

- **Cradle Hold:** Place a pillow or two in your support the baby. Place your baby's head of your arm. Make sure your baby is towards you—chest to chest—at breast



Cradle hold

lap to on the crook turned level.



Football hold

- **Football/Clutch Position:** Put a pillow or two at your side to help support your arm and your baby. Support your baby's neck and the lower back of his head in your hand, with your forearm supporting his upper body against your side.

- **Lying down position:** Lie with pillows supporting your top leg, which is bent your baby on his side



on your side your back and forward. Place facing you.

Sore Nipple Treatment

- **Nipple care:** Let nipples air dry for at least 15 minutes after nursing. Don't use soap to wash; use cream only after nipples are dry; don't wear nursing pads all of the time.
- **Sore, cracked nipples:** Don't nurse on sore side. You will need to hand express or pump some milk out each nursing on the sore side to be comfortable. You may use Lanolin on sore nipples. When you start back, start first with the good side and then break in the sore side for a few minutes (just like you did when you started to nurse). Increase the time nursing as nipple starts to heal.
- **Mastitis (plugged duct):** Contact your obstetrician. Put heat on the area, take Tylenol and get plenty of rest. Again you may need to express enough milk before nursing on the sore side to be comfortable. When you are ready to start nursing, break the sore breast in gradually as you did when you started nursing.

General

- **Breast milk:** Can be frozen for up to 6 months. Put it in a plastic bag and date the bag. Make sure that you thaw milk quickly.
- **Mother's nutrition:** Baby takes about 500 to 1000 calories out of your body daily. Eat a well balanced diet. Drink plenty of fluids, at least 8 to 10 glasses of water daily.
- **Foods to avoid:** Garlic, onion, chocolate, spicy foods, (tomato paste based foods), gassy foods (cabbage, cauliflower, broccoli, beans, fresh vegetables). Don't drink a lot of coffee, tea, or coke because of the caffeine. NutraSweet appears to be safe.
- **Medications:** Check with your doctor about prescribed medication. Tylenol occasionally for a headache will not hurt your baby. Do not take harsh laxatives. Mineral Oil is okay for mom to take. You should continue to take prenatal vitamins. Start your baby on vitamins at 1 month.
- **Weaning:** The ideal time for nursing is 9 to 12 months. You may go longer or shorter if you choose. If you stop nursing before your baby is 12 months old, you will need to use formula up to 12 months old. Check with your pediatrician for which type to use.
- **Normal breast-fed baby's stools:** Stools should be yellow, mustard colored and seedy appearing. It can be normal to have an occasional green stool. There may be many stools initially, but may decrease to 1 stool every 3 to 5 days.

Bottle and Formula Feeding

There are many infant formulas on the market and you have probably been bombarded with samples in the hospital. There are 3 main types of formula.

1. Cow-Milk (Enfamil, Similac, Carnation)
2. Soy-Based (Prosobee, Isomil)
3. Pre-Digested formulas (Alimentum, Nutramagin)

Many babies do well with a cow-milk based formula. In certain circumstances your baby may need another formula. Call our office and we will discuss this with you.

Newborn babies generally take 1 to 3 oz of formula every 3 to 4 hours. They will generally have 5 to 6 wet diapers per day and may have more. Stools should be yellow/brown and seedy. All babies are different and may have none or many stools per day.

Feed every 2 to 4 hours during the day and when they wake at night unless otherwise directed by your doctor. Feed the formula recommended by the pediatrician. Burp every 1/2 – 1 ounce.

Make sure that you boil bottles 15 minutes or put in dishwasher until baby is 1 month old. If using concentrate, mix formula 1:1, use within 24 hours. Formulas contain all needed vitamins. Ask your doctor about fluoride.

Solid Foods

Since the recommendations for feeding solids change as more scientific information is obtained, and all babies have individual needs, we will discuss the introduction of solids with you at one of the routine well baby visits at our office. Some general guidelines are:

- **Cereal:** Begin feeding cereal 3 to 4 months after the baby is born. Start with rice, then oatmeal. Mix with breast milk, water, or formula and feed it with a spoon. Do not use an Infafeeder.
- **Juice:** May start if needed at 6 months. Use apple or white grape juice– dilute 50% with water. Never give more than 4 oz per day.
- **Vegetables:** 4 to 5 months, start with any one, but feed the same one for 3 days before starting a new one. No corn.
- **Fruits:** Begin feeding at 4 to 5 months or after vegetables. Again, feed the same one for 3 days before starting a new one. No citrus fruits.
- **Meats:** Begin feeding after 6 months or after cereal, vegetables and fruits.
- **Cup:** Introduce the cup at 6 months, if you wish, once a day so they will get used to drinking from it. Take off bottle at 9 to 15 months.

These foods should not be fed until your baby is:

- 6 months old: Wheat products such as crackers, toast, mixed cereal, Cream of

- Wheat.
- 9 months old: Whole milk and milk products.
 - 12 months old: Eggs, orange juice or other citrus juices, berries, chocolate, honey, peanut butter and fish.

HYGIENE & SKIN CARE

Most babies do not require a complete bath more often than every 1 to 2 days, since the only areas which really need cleaning (the mouth and diaper areas) are usually cleaned several times a day.

- **Umbilical Cord:** Until the cord has fallen off and the umbilical area healed, give your baby sponge baths to avoid soaking the cord. Clean the base of the cord, where it is attached to the abdomen after every diaper change with a Q-tip dipped in rubbing alcohol, and keep the diaper edge rolled so that the cord will stay dry. Sometimes, after the cord falls off, there are a few drops of blood; this is normal unless it becomes heavy or persists. After the cord is off and healed, you may bathe your baby in a tub.
- **Circumcision:** If your baby has been circumcised, Vaseline should be applied to the penis at each diaper change, until healed. With uncircumcised males, daily gentle cleaning of the areas around the foreskin without forced retraction of the foreskin is recommended.
- **Female Genital area:** Be sure to clean between the labial folds with water, or soap and water if dirty. Always clean from the top to the bottom. For the first month, many baby girls have a mucousy vaginal discharge, and some have a small amount of vaginal bleeding. This is a result of hormones received from their mothers.
- **Diapering:** Applying Vaseline after cleaning may help prevent diaper rashes and is helpful in treating minor irritations. For mild diaper rashes, we recommend leaving the area exposed to the air as much as possible and using Desitin or zinc oxide ointments. If the rash is severe or persistent, call our office to make an appointment for a doctor to see your baby.
- **Skin Care:** For extremely dry skin, Moisturel, Lubriderm lotion, or Nivea cream may be helpful.
- **Baby Acne:** At about 3 weeks old, many babies develop facial acne, a result of female hormone withdrawal. This usually lasts 1 or 2 months, and requires no special treatment other than washing with soap and water.
- **Dental Care:** When the front teeth first erupt, they should be wiped off (front and back) with a wet wash cloth after each feeding. Once the back teeth (molars) begin to erupt, you should begin to use a small, soft-bristled toothbrush at least once a day, preferably before bed. You must continue to do this for your child for years, since children can't do it well themselves until age 6 or 7. If any teeth touch each other, you should floss between them. You should never put your

baby to bed with a bottle with any fluid except plain water, since all other liquids can cause rapid tooth decay. Prolonged use of the bottle is strongly associated with tooth decay. Wean your baby from the bottle between 9 to 15 months.

SLEEP POSITION

According to the American Academy of Pediatrics, you should now place your infant on his side or back when putting him down to sleep. This is because recent studies have shown a decrease in incidence of Sudden Infant Death Syndrome (SIDS) in infants who sleep on their backs. There is no evidence that sleeping on the back or side is harmful to normal infants. There are still certain infants who may need to be placed on their stomachs including:

- Premature infants with respiratory distress (severe breathing problems)
- Infants with symptoms of gastroesophageal reflux (severe spitting up)
- Infants with certain upper airway abnormalities

While the risk of SIDS for infants who sleep on their stomachs may be higher than those who sleep on their sides or backs, the actual risk of SIDS when placing infants on their stomachs is still extremely low.

IS THIS NORMAL?

Your baby will do some things all babies do just because they are babies.

- Sneezing: Newborns will sneeze frequently. They do this to clean out their noses. Also babies born in the winter may seem congested as heat may dry out their nasal secretions. We suggest saline nasal drops and bulb suction as needed to clean out your baby's noses.
- Shaking: Newborn baby's nervous systems are very immature and they may make many odd shaking movements. As long as the movement can be stopped by gently touching the arm or leg. If the shaking is persistent, associated with deviation of eyes or chewing motions please notify us immediately.
- Redness and grunting with Bowel Movements: Most babies will make funny faces, turn red and grunt with bowel movements. This does not mean they are constipated as long as the stool is soft.
- Crying: This is your baby's way of saying "I'm hungry, I'm tired, I'm cold, I'm hot, I'm bored, I need changed." Eventually you will know exactly what your baby needs. Most all babies have a fussy time each day. This could be late afternoon or evening. Your baby could cry up to one hour and this can be perfectly normal. If you have fed, changed, made sure the baby is not sick, snuggled with your baby and they still continue to cry it is ok to put them in the crib or bassinet and let them cry it out. That way your baby will learn how to calm themselves and put themselves to sleep. This makes life much easier for you and your baby as they get older and you are able to put them in the crib

- awake and have them drift off to sleep.
- Gas: It is natural for your baby to pass gas. It does not mean they are allergic to the food they are eating. One way to reduce the amount of gas is to frequently burp the baby during feeding.
 - Eye Cross: This occurs normally in the first few months. Your doctor will check this during routine well baby exams.

SAFETY

Auto Safety

After the immediate newborn period, the leading cause of death and injury in infants and children is auto accidents. Your baby should always be placed in the rear seat facing backwards for air bag safety. The car seat should be marked that it is an approved product. It's the law and its good sense that you must secure your baby in an approved car-safety device. Make it a habit to use a car seat 100% of the time your child is riding in a vehicle. You should be a good role model and a safe driver or passenger by using your seat belt. General weight guidelines are:

- Newborn to 20 lbs. rear-facing
- 20 to 40 lbs. forward facing in rear seat after 1 year of age
- 40 to 80 lbs. booster seat.

Home Safety

Your house should be child-proofed once your baby can get around (by crawling or scooting). Child-proof latches on low cabinets are helpful, but all poisons, detergents, drain cleaners, cleaning solutions, polishes, cosmetics, after shave lotions and medicines should be placed in high cabinets, well out of your baby's reach. Electrical outlet covers should be used. Avoid toys that can fit into baby's mouth. Make sure cribs and changing tables are away from drapery cords.

Personal Safety

To guard against accidental choking, avoid tying anything around your child's neck, such as a pacifier or necklace. Avoid pinning a pacifier or toy on a long cord, shoelace, ribbon, etc. to your baby's clothing.

ILLNESS

Infants less than two months of age can get sick very fast if they are infected with germs instead of just a cold. Because of this you should limit your baby's exposure to illnesses and day care until the baby is at least two months of age. Group day care will create many exposures for babies.

There will be times when babies can't avoid illness. Whenever family members bring home colds and fevers, brothers and sisters especially, the baby will usually catch them

too. Making good hand washing the rule is the best way to help prevent young infants from catching infections. Mothers who are nursing and become sick may continue to nurse unless told not to, because the germs that cause colds and stomach flu do not pass into the breast milk.

If your baby becomes sick, it is very important to take an accurate temperature. Take temperature axillary (under arm) and ADD one degree. The presence or absence of a fever is one of the main findings that tell us if the baby needs to come for a sick visit. Young infants under two months of age with fevers must be checked to see if they have a serious infection instead of just a cold.

Jaundice

Some healthy babies develop a yellow coloring to their skin and eyes during the first week of life. This yellow color is called jaundice, and it is caused by the increase in the blood of a normal waste product called bilirubin. Bilirubin is a pigment that is produced by the breakdown of red blood cells and it is present in all healthy babies and children, normally in very low levels. In some healthy newborns the amount of bilirubin increases so much that it spills over into the skin, resulting in a yellow color to the baby. Most babies who become jaundiced are perfectly healthy. If you think that your baby is looking yellow, you need to call the office.

Elevated temperature:

- Low grade fevers less than 101 degrees: Dress lightly, give lots of cool liquids.
- For fevers 101 to 103 degrees: Push fluids, and give Tylenol. If your baby is less than six weeks old notify the office immediately.

If the following medicines need to be given, follow the dosage guidelines below:

Tylenol *Infant Drops*

- Under 14 pounds: 1/2 dropper liquid (.4 on the dropper).
- 14 to 22 pounds: Full dropper (.8 on the dropper).
- Over 22 pounds: Consult bottle dosage.

Ibuprofen ***Infant Drops***—Do not give to infants less than 6 months old.

- Under 12 lbs: 0.6 cc
- 12 to 17 lbs: 1.25 cc
- 18 to 23 lbs: 1.8 cc

Vomiting and diarrhea

Start clear liquids **ONLY** (no milk, fruit juice or solids) for 12 to 24 hours. You can give your baby Pedialyte. Call the office to let us know what is happening.

Ear infections

Avoid ear infection by never propping up the bottle and no bottle in bed. Have head higher than body when feeding.

OFFICE VISITS

Well Baby/Child Checks

You will see the doctor for well care checks. Please call the office to make an appointment so that we can schedule the appropriate time needed.

Weight Checks

Please call in advance so we know when you are coming to have your chart ready. Weight checks are done from 9:00 am to 11:30 pm and 1:30 pm to 4:30 pm. You will not see the doctor for these visits.

Immunizations

Please call your insurance company before coming to your appointment to verify coverage of immunizations. If you do not have coverage, you will be responsible to pay for the immunizations. The West Central Health Department will give immunizations, by appointment for minimal cost.

See next page for schedule of Well Baby/Child Checks, Weight Checks and Immunizations.

WELL BABY/CHILD CHECK, WEIGHT CHECK AND IMMUNIZATION SCHEDULE

- 1 Week–Weight Check
- 3 Weeks–Well Baby Check
- 4 to 5 Weeks–Weight Check
- 6 to 8 Weeks–Well Baby Check with Pediarix, Hib and Prevnar immunizations
- 3 Months–Weight Check
- 3 ½ to 4 Months–Well Baby Check with Pediarix, Hib and Prevnar immunizations
- 5 Months–Weight Check
- 6 Months–Well Baby Check with Pediarix, and Prevnar immunizations
- 7 to 8 Months–Weight Check
- 9 Months–Well Baby Check with blood count
- 12 Months–Well Baby Check with Hib and Prevnar immunizations
- 15 Months–Weight Check with MMR and Varivax immunizations
- 18 Months–Well Baby Check with DTaP immunization
- 2 Years–Well Child Check
- 3 Years–Well Child Check
- 4 Years–Well Child Check
- 5 Years–Kindergarten Physical/Well Child Check with DTaP, IPV and MMR immunizations
- 6 Years–Well Child Check
- After 6 Years–Well Child Check every 2 years

GENERAL OFFICE INSTRUCTIONS

Office Visits

All office visits are by appointment only. If your child is ill and you wish to have the doctor see him/her, please call for an appointment after 8:00 am. Unannounced office visits can rarely be handled efficiently. If you have an appointment for one child and wish to have a second child seen, please call us beforehand, so that we can make adequate time adjustments to provide proper attention to both children.

Missed and Late Appointments

Your office visit has been reserved for you and your child. Should you find that you cannot keep the scheduled time, advise our office well ahead of time. Please remember that if you fail to notify us in advance, we may charge you for the time that was allotted to you. The same caution applies to arriving late for your visit. If you come later than the scheduled time, you may have to wait while patients who were prompt are seen or your visit may have to be rescheduled.

Emergencies

Should an emergency arise, call the office immediately or go to Great Plains Regional Medical Center Emergency Room after hours.

Fees and Payment

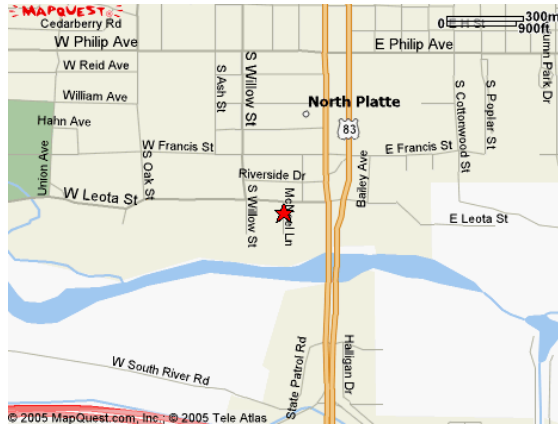
We will continue to provide quality pediatric service at as reasonable cost as possible. Our fees are based on several factors:

1. The amount of time spent providing the service.
2. The review of systems.
3. The years of training necessary to acquire skills in diagnosis and treatment.
4. The time spent in continuing education to keep current with rapidly expanding pediatric knowledge.
5. The responsibilities we assume in caring for well and sick children.

A major factor in helping to hold down costs is attempting to eliminate monthly billings. Therefore, it is our request that payment is made at the time the service is rendered. Payment by cash, personal check, Visa and MasterCard is acceptable. If your family has insurance coverage which will cover the cost of the visit or portions thereof, you must present your current insurance card at the time of the visit, otherwise we ask that you pay for the service. We ask that all copays or coinsurance amounts be paid at the time of the service. If you are not sure what these are, it is our policy to collect 20% of the charges.

If you encounter any problems financially, please feel free to discuss this with our Accounts Manager.

Location



Office Hours

Monday–Friday 9:00 am to 5:00 pm—Closed from 12:00 to 1:00 pm
Saturday 9:00 am to 12:00 pm—Ill visits only, no physical's



Dell A. Shepherd, M.D.

Kathy S. Lopez, M.D.

Vijay K. Prasad, M.D.

210 McNeel Lane
North Platte, NE 69101

Phone (308) 534-9230
Fax (308) 534-5016