



# Caring For Your Baby

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**Where Compassion, Care and Dedication Come First**



## NEW BABY

### our New Baby

**Y**ou Congratulations! The arrival of a new baby into your life is one of the most wonderful things that will ever happen to you. Having a baby is both exciting and anxiety provoking for many new parents. Your life is forever changed in a way no one can explain; it is both the hardest job you will ever have and the most rewarding. This page is designed to help you know what to expect when your baby is born.

Follow your obstetrician's advice about when to call or go to the hospital. When you arrive at the hospital, you will be asked "who is your child's pediatrician:" just give them our doctor's name - that's all you need to do! After your baby is born, the nurses will contact us and give us information and an assessment of the baby's condition. Most of the time, newborn babies are fine, and if this is the case, we will see the baby on rounds the next morning. If the baby is having any problem, we will be down to see the baby or we will have the neonatologist (hospital based doctors who specialize in the care of sick newborns) see your baby. Dr. Maaytah or her associates make rounds on the newborns at Northwest Hospital and Baptist St. Anthony Hospital.

While you and your baby are in the hospital, I will come by each day and check the baby and see you; I usually round early in the morning or at lunch. We will then see your newborn in the office within a few days after discharge to make certain everything is going well. If you have a boy and choose to have him circumcised, I arrange for it to be done in the hospital.

### SPECIAL SITUATIONS

**S** If your child was born at a birthing center, please call our office immediately after delivery so we can make arrangements to see your baby.

If your child is adopted or was in the NICU (newborn intensive care unit), please make an appointment to have the baby seen in our office as soon as possible after the baby is discharged from the hospital.

**A NOTE ABOUT YOUR INSURANCE:** Newborns are not automatically covered on your insurance. You must contact your insurance company to ADD your baby to your plan. This must happen within 30 days of birth. Please add your baby as soon as you get home from the hospital, then call and verify the baby's coverage BEFORE the 30 days has passed.

## Home from the Hospital

# H

After your baby goes home from the hospital, there are a few very important things to remember:

- ▶ Newborns should not be around many people. Please do not take your newborn out in public (to the store or work) or allow anyone around the baby that may be sick. You should be careful with exposing your baby to illnesses until after the baby is 2 months old.
- ▶ If your newborn baby has any temperature  $> 100.5^{\circ}$  (TAKEN RECTALLY) you must call us immediately
- ▶ Do not give your newborn baby any medication unless directed by our doctors
- ▶ Babies usually feed every 2-3 hours during the day and 3-4 hours during the night
- ▶ If your baby is not feeding well after you go home or seems to be “looking yellow or orange” please contact us so we can evaluate the baby

# N

## Newborn Characteristics

All babies are different. Here is a summary of some of the physical characteristics and newborn behavior that your baby may have. Each of them is normal findings. Take a minute to examine your baby, looking for some of these characteristics.

- ✓ Soft spot: The anterior fontanel, a diamond-shaped soft area at the top of the skull. It's okay to touch it! Don't worry if it pulsates. It should close over between 6 to 18 months.
  - ✓ Caput/Cephalohematoma: Fluid-filled swellings on the top of the scalp. They'll usually go away within a few days to months after birth.
  - ✓ Ears: A pit or dimple in front of the ear is not uncommon. Rarely, these may get infected, so call us if you see redness or swelling. Also, the ears may be soft and folded over, but will assume normal shape soon.
  - ✓ Eyes: Eyelids may be swollen for the first three days. The white of the eye may have a scarlet-colored hemorrhage on it. This will resolve within 6 weeks. Your infant's eyes may occasionally look crossed in the first two months; call us if it persists.
  - ✓ Watery Eyes: This may be a blocked tear duct. Most of these open up by one year. Call us during office hours if there is a lot of mucus or yellow discharge.
- ▶ Stuffy Noses: It is very common for infant's noses to appear to be stuffy. Hold a mirror directly under each nostril. If mist appears on the mirror, the nostril is open. Try saline drops (one drop each nostril as often as needed) down each nostril. The stuffiness disappears as the nostrils get bigger (around 2 - 4 months).
  - ▶ Mouth with white spots: Epithelial pearls are found on the gum or hard palate and are about the size of a pinhead. They'll go away by 2 months. Thrush consists of white patches on the tongue and inner cheeks. It can be confused with milk or formula (which easily wipes off.) Call and talk to our phone nurse if you think your child may have thrush.
  - ▶ Skin: Many babies get red blotches with a small white lump in the center (about the size of a pencil eraser head) all over their body. They'll come and go for the first 1 - 2 weeks. It's called erythema

toxicum. Sounds and looks serious. It's not.

- ▶ Acne: Begins around 2 weeks of age and lasts until 4 to 6 months. Baby lotion may make it worse. Keep clean with soap and water.
- ▶ Dry skin: Babies lose their outer layer of skin after they are born. You'll see flaking. Especially around the ankles, feet, hands and extremities. Remember, they've been living inside a fluid environment for the past 9 months. Avoid using a lot of baby lotion. Just let it flake off.
- ▶ White Bumps: On the face and chest are called milia. They look like pimples. They'll go away in 2 months. Note: if your baby has blisters, call our office immediately.
- ▶ Stork Bites: These are flat, pink/burgundy birthmarks found on the back of the neck, or above the nose and eyes. Most of the facial marks will go away by 18 months, 25% of the neck birthmarks will remain, but are covered by hair.
- ▶ Breast enlargement: May occur in male and female newborns in the first few weeks of life and may last for 6 months to 1 year. It's due to hormones that have been passed on by the mother before birth. You may even notice a drop of milk coming from the enlarged breast.
- ▶ Umbilical cord: You'll sometimes see some yellowish discharge underneath the dried cord. The cord should fall off between 10-30 days of age. There may be some oozing of blood for a few days as the cord separates. This is normal and you should continue cleaning the cord as you were instructed at the hospital. Don't be afraid to lift up the dry part in order to apply rubbing alcohol to the moist part below. Call us immediately if there is red streaking, swelling or inflammation around the cord.
- ▶ Genitals: Girls may have a white, sometimes blood-tinged discharge from their vagina in the first two weeks. No need to worry. 10% of girls will have a moist pink skin tag coming from the vagina: this will resolve over 1 to 2 months. Boys may have a fluid collection in their scrotum called a hydrocele. If it seems to change in size, call us during office hours.
- ▶ Circumcision: You may see some yellowish skin on the head of the penis or at the end of the remaining foreskin. This will return to normal in 10 days. If your child has a plastic device after the circumcision (the Plastibell), this will fall off within two weeks. Keep the circumcision clean with water 3 times a day. Apply petroleum jelly (Vaseline) to the circumcision to avoid sticking to the diaper. If there is marked redness or swelling of the skin with streaks running toward the body, call our office.
- ▶ Bowel Movements: Stools may vary in color and consistency, but are most often mustard yellow with a "cottage cheese" consistency. During the first few months, most babies strain when they stool. This occurs even when the stool is soft. Don't worry about this unless your baby's stool is hard or has a clay consistency. Call us if your breastfed newborn is stooling less than four times a day in the first two weeks of life.
- ▶ DON'T WORRY ABOUT:  
(The following behaviors are normal and should disappear within three months)
  - ❖ Hiccups
  - ❖ Sneezing

- ❖ Yawning
- ❖ Spitting up
- ❖ Straining with bowel movements when stool is soft
- ❖ Chin or lip quivering
- ❖ Passing gas
- ❖ Jitteriness of arms and legs when crying
- ❖ Startling to noises with brief body stiffening (called the Moro reflex) Mild congestion of the nostrils (very common in a dry climate!)

## Colic

**C**olic can be one of the major stresses in child rearing. The colicky infant usually cries for at least several hours a day, more often in the late afternoon and early evening hours. It begins in the first few weeks of life, peaks in the fourth to sixth week, and then typically resolves by the third or fourth month of life. Your child may display sudden and intense crying which is accompanied by stiffening, drawing up of the legs, and passing of gas.

### ▶ Cause

The cause of colic is unknown. Although many people assume that it is a result of intestinal pain, the cause seems to vary with each infant. Air swallowing, immaturity of the intestinal tract, immaturity of the nervous system, a hypersensitivity to a protein in cow's milk, a sensitivity to environmental stimuli, and low progesterone have all been suggested as possible factors.

### ▶ What to do about Colic

**Don't Blame Yourself.** It is natural to become frustrated and angry over a child who won't stop crying. Some parents will begin to question their parenting skills, thinking that "I must be doing something wrong!" Try to relax. Fortunately, colic usually resolves by itself over time.

**Never Shake your Baby!** Anxiety and frustration have led parents to shake their baby in an attempt to make them stop crying. Shaking can lead to bleeding in the brain and it must be avoided at all times! Call us immediately if you have just shaken your newborn or if you feel the urge to harm your infant.

**Feed your Baby Calmly.** Feedings should be quiet and not hurried. Handle your baby gently. Avoid distractions by discouraging telephone calls and well-meaning visitors, especially during the peak periods of colic.

**Try a Variety of Calming Methods.** Each baby responds to these methods differently. Try to find the right one for your child: gently rocking or walking, swaddling, "shooshing", an infant swing, soft music, "white noise" from the TV/radio, taped uterine sounds, auto rides, and pacifiers. A child carrier (e.g. "Snuggly") has been shown to be of benefit when used consistently. Try bathing your baby or simply undressing her. Some parents have found success with putting their child in a car seat and putting it on top of the dryer when it is running. (Be sure to hold on!)

**Minimize Air Swallowing.** Use frequent burping and proper bottle position. If your baby is bottle-fed, make sure that the hole in the nipple is big enough. If your baby tends to pass a lot of gas, you may try Mylicon drops, an over-the-counter remedy which is harmless.

**Avoid Cow's Milk.** A few studies have shown that a small percentage of infants are sensitive to a protein found in cow's milk. If you are bottle feeding, try changing from a cow's milk -based formula

to a soy-based formula or a lactose-free formula. For nursing mothers, it may be necessary to avoid all milk products for one week to see if your child's colic diminishes. Some doctors will also recommend avoidance of other types of food such as chocolate, spicy foods, and "gassy vegetables" like cucumbers and broccoli. If these measures don't help, call us during office hours @806-353-7900 to consider further formula changes.

Plan Ahead. If your child is fussy during dinner time, prepare the meal earlier in the day so that you can devote all of your time to your baby. Housework may have to wait.

Take a Break. Many people feel reluctant and guilty about giving their child to another to take care of. Spouses, partners, friends and relatives can each take their turn with a colicky child. Don't try to do it alone!

## **F** EEDING YOUR BABY

### ▶ Breast Feeding

Breast milk is good for your baby. It is superior to any alternative form of infant formula and is uniquely designed to meet the nutritional needs of your infant. It contains antibodies which will help protect your baby against illness. Breastfeeding is easy, inexpensive, and convenient; there are no bottles to wash and no formula to prepare. Breast milk is easy to digest, and less allergenic, thus there are fewer problems with constipation and diarrhea. Breastfeeding provides a special bonding for baby and mother. It also helps mom get back into shape by contracting the uterus. Most infants' breast feed 8 to 10 times a day. A demand feeding schedule is generally best. However, you might try to get your baby on something of a schedule by waking her up to feed every three hours during the day if she/he hasn't awakened on her /his own. If she/he sleeps a long stretch, it is preferable for it to be at night.

While breastfeeding may be the natural thing to do, it helps to know a little about how to do it. Here are a few steps to help you get started.

- ✓ Wash hands with soap and water.
- ✓ Hold your baby close to your breast and turn your baby so you are tummy to tummy.
- ✓ Hold the breast in your hand and gently stroke the baby's lips with the nipple until the baby opens wide. Your baby has a "rooting reflex" which will make him turn his mouth toward your touch.
- ✓ Pull the baby onto your breast, helping him to take in as much of the brown area of the nipple as possible.
- ✓ Nurse the baby on both breasts, about 10 minutes per side, burping in between.
- ✓ To remove the baby from the breast, place your finger in the corner of his mouth to break the suction. Proper positioning of the baby on the breast and using different positions to hold your baby while nursing is very important to reduce nipple soreness.

### ▶ How do I know my baby is getting enough milk?

1. Your baby should have at least 6-8 wet diapers per day and frequent bowel movements. Call us if your newborn is stooling less than 4 times a day in the first two weeks of life.
2. Initially, your baby should nurse 8-14 times over 24 hours (every 1 1/2 to 3 hrs.). In the first 2 weeks of life, you should wake your baby for feedings if she sleeps beyond 5 hours.

3. Your breast should feel full before feeding and softer after your baby has nursed.
4. In general, your baby should seem satisfied and content after feeding. If you are concerned, you should call us. We may want to have the baby weighed.

▶ **Collecting and Storing Breast Milk**

Situations arise where you may need to be separated from your baby; school, work or an evening out. When this occurs, you may wish to pump and store your milk ahead of time. There are a number of different breast pumps available and you will need to find the one that fits your needs.

Breast milk may be stored in the refrigerator for 48 hours. To freeze breast milk, first cool it in the refrigerator, and then put it into the freezer. Frozen breast milk should be used within 3 months if it is stored in the freezer compartment of a refrigerator. Milk stored in a deep freezer is good for 6 months. Remember to label the breast milk with the date that you pumped it. Thaw milk in the refrigerator or in warm water just before feeding. Thawed milk must be used within 24 hours.

Note: freezing breast milk destroys some of its antibodies.

You may introduce a bottle of breast milk or formula at 2-3 weeks of age (2-3 times/week). This is enough to get your baby used to a bottle, but not so much that it will compromise your breast milk supply.

▶ **When a Nursing Mother is Ill and Needs to Take Medications**

When a mother becomes ill, she should not interrupt breastfeeding for fear that she may make her baby sick. Breast milk passes immunity to the baby in many circumstances. Frequent hand washing will also decrease the risk of contagiousness.

If you are nursing while ill, it is generally best to avoid most medications. If you wish to take medicine, the following medicines may be taken safely (at the recommended dose) without risk to your baby:

- **For fever: Acetaminophen, Ibuprofen**
- **For colds:** nasal sprays (e.g. Afrin, Neosynephrin); Benadryl (Other antihistamines may be given, but there may be a slight decrease in mother's milk supply)
- **For pain:** Acetaminophen, Ibuprofen, Codeine, Naprosyn
- **For infection:** Antibiotics do not usually produce adverse effects in breast-fed infants.
- **You may take:** Penicillin (e.g. Amoxicillin), Cefzil, Suprax, Keflex, Augmentin

▶ **For weight reduction**

After your child reaches one month of age, you may take products with Aspartame (NutraSweet) or saccharin. Mothers who carry the gene for phenylketonuria should consult us before taking Aspartame. If you are taking a medicine which is not listed here, please call and speak with one of our providers or phone nurse.

▶ **Bottle Feeding**

Like breast feeding, bottle feeding is best accomplished on demand. Use an Iron Fortified Formula. Do not use low iron formulas. Feed your baby when she seems hungry; stop when he loses interest or goes to sleep. If your baby wants to sleep more than 3 to 4 hours during the day, we'd suggest waking her up to feed, so that any long sleep periods come at night.

▶ **Bottle Preparation**

There is no need to boil water for formula or sterilize bottles and nipples if you live in a city with sanitized water. To avoid bacterial infection you should thoroughly wash the bottles and nipples in hot soapy water using a bottle brush. Most bottles may be placed in the dishwasher. Always rinse your infant's bottle after it is empty to avoid bacterial growth; it is very hard to remove dried milk after it hardens.

When preparing formula, you should always start with clean hands. Here are some general guidelines for mixing formula:

- ✓ Ready to Feed: No Mixing required. Pour directly into bottle.
- ✓ Concentrated Liquid: This must be mixed in a 1: 1 ratio with water. If you make a 4 ounce bottle, add two ounces of concentrated liquid to two ounces of tap water.
  
- ✓ Powdered: Add one scoop of formula to every two ounces of water. Measure the water first and then add the formula and shake.
  
- ✓ Breast milk or formula is recommended for your baby's entire first year. Whole milk should not be given to infants under 12 months unless it is recommended by your doctor.

Tip: Always hold your baby during feedings. Never prop the bottle and don't give your baby a bottle in bed.

If your baby doesn't finish his bottle, you may offer it up to one hour later. If refrigerated, you may keep it up to four hours. Bottles for nighttime feedings that are prepared in advance should not be left at room temperature. They should always be refrigerated.

▶ **Vitamins and Fluoride**

Infant formulas and breast milk contain all the necessary vitamins so there is no need to give supplemental vitamins unless we have recommended vitamin D supplementation. Extra fluoride is not needed in any baby less than 6 months of age, regardless of whether they are formula-fed or breastfed. After 6 months of age, certain babies and children may require fluoride supplementation, but only if their primary water source has no or low fluoride content (well water, some bottled water). If you have concerns about the fluoride content in your water supply, discuss this with your pediatrician at the 6 month well baby visit.

▶ **Water**

There is enough water in formula and breast milk to meet your baby's needs, so no extra water is really needed. It may be offered during hot weather or when baby is ill. Once your baby starts eating solid foods, he may require more water.

▶ **Introducing Solids**

Solid foods are not necessary before 4 to 6 months of age. This may be different than the way your mother fed her babies. Solids were added much sooner a generation ago. We know more about feeding now and realize this is not necessary.

- ▶ **When is your infant ready?** It is recommended that solids be started between 4 and 6 months of age. They are not necessary before this time because breast milk or formula provide all the nutrition and calories a baby needs. Feeding solids too soon may cause infant allergies and may

increase their risk for later obesity. Solids do not help babies to sleep through the night.

Some signs which will help you recognize if your child is ready for solids are:

- Baby can sit with some support and turn head away when full.
- Baby is able to swallow food from a spoon
- Baby is drinking more than 36 ounces of formula per day

#### ▶ **How to Begin Solids**

1. Start with plain iron fortified infant cereal, such as rice.
2. Mix 1-2 tablespoons of cereal with breast milk or formula until it develops a mustard-like consistency. Feed with a small spoon. Continue with cereal for 2 - 3 weeks, 1-2 times per day.
3. Next add plain vegetables, then fruit. Try one new food at a time, waiting 3 - 5 days between new foods. Squash, sweet potatoes and carrots are high in Vitamin A and are liked by most babies.
4. Around 9 months, slowly introduce finger breads, cereals, and strained meats. You may try other protein foods such as beans, yogurt and cottage cheese.
5. Avoid egg whites, fresh cow's milk, shellfish, peanut butter, citrus, chocolate and honey until one year of age.

Tip: If using jarred baby foods, mix single foods like chicken, with peas or peaches. These products are better for baby and cost less than combination or mixed dinners.

#### ▶ **Healthy Eating for Your Child**

Many parents have concerns about what, how much and how to get their child, to eat. Parents are responsible for selecting and buying food, making well-balanced meals, setting the timing of meals and snacks, presenting food in a form that the child can handle and setting standards of behavior at the table. The parent is not responsible for how much a child eats, whether he eats, or how his body turns out.



**J** **Jaundice** (yellowing of the skin) is very common in the newborn. In fact, a certain degree of jaundice is normal. It occurs because babies' livers are not completely mature at birth. Rarely is it a serious problem. However, severe jaundice may harm your infant, so we monitor it closely. The substance that causes jaundice is called bilirubin. Occasionally we do a blood test to check the level of bilirubin in the blood stream to determine if any treatment is needed.

#### **D** **on't worry about spoiling**

It is impossible to give your baby too much love. Don't let anyone tell you that you should not hold your baby too much because you will spoil her. Your infant needs to feel totally and absolutely loved. The more you hold your infant, the less she will cry. When your child is older, we may tell you not to spoil her. For now and the next several months, you just can't love her too much. Sometimes, though if you have tried everything, and she still cries, it's OK to put her down and let her cry for a while (see section on crying).

## **S**LEEP POSITION

Keep your baby on her/his back while sleeping. This reduces the possibility of Sudden Infant Death Syndrome (SIDS.)

## **B**ATHING

Newborn infants require bathing 2 to 3 times per week. Until the umbilical cord falls off (about 1 to 2 weeks after birth), give your baby a sponge bath. Once the cord falls off, you may give a tub bath.

## **B**owel Movements

The nature and frequency of infant bowel movements varies. Breast fed infant's stools are loose and frequent. They are generally yellow and have curd like lumps in them. Expect your breast fed baby to have several bowel movements each day. Bottle fed infants have firmer and slightly less frequent stools. Don't be surprised if your baby grunts and strains with bowel movements. It does not mean she is constipated unless she passes hard stools. Newborns are simply not used to the discomfort that comes before passing stools.

## **G**oing outside / contact with other people

Going out for a walk around the neighborhood is not harmful, and can be a good break for parents of newborns (and for your baby). Particularly during infant fussy times, a walk or a car ride are often helpful. Infants need one extra wrap compared to parents (For example, if you're comfortable in 2 layers of clothes, infants need 2 layers plus one extra wrap.)

We do recommend that parents NOT take their newborns into areas where exposure to people with illnesses cannot be well-controlled. You should avoid crowded areas, and should screen visitors for illness for baby's first several months of life (especially in winter). Contact with children under 5 who are not siblings should be restricted for similar reasons.

**C**rying is normal. Many newborns have periods of crying during the day. For many babies, this fussy period increases in duration until about 6 weeks of age, then improves and disappears around 3 to 4 months of age. Often this fussy period comes toward the end of the day. When your baby cries, try any one of the following:

- 1) feeding,
- 2) holding,
- 3) using a pacifier,
- 4) checking to see if she is wet,
- 5) singing or rocking or walking,
- 6) Seeing if she is tired and wants to sleep.

Try these in any order, whichever you think is appropriate. The more babies are held, usually, the less they cry. One study of babies who cried a lot found that their crying was dramatically reduced by holding them an extra three hours a day, even when the baby was not crying. One way to hold your baby a lot is to buy a "Snuggly" or a baby sling. Cigarette smoke has also been shown to increase infant crying, so avoid exposure to it. Some babies do well just to be swaddled tightly in a blanket and left alone in a quiet, dark room for 5 minutes.

Most of the time babies respond to one of the measures mentioned above. A car ride is another way to get your baby to stop crying. For some reason they find the vibrations soothing. Some babies also like rhythmic

bouncing on their stomach on your lap or arm. If you've tried soothing your baby, it's also ok to allow 5 minutes of crying followed by comforting. Sometimes, "they just need to cry it out a little."

### **T**houghts about when to call the doctor

It is a good idea to call the doctor when you feel something is wrong and you are feeling anxious. There are, however, a few signs of illness which are of special significance in the first 8 to 12 weeks. A fever in newborns is more worrisome than in older children. Call if your newborn has a rectal temperature greater than 100.4° F. To take the temperature, shake a rectal thermometer down until the reading is less than 97° F, apply a small amount of Vaseline® to the tip, and insert it in your baby's rectum a little less than an inch. Don't force it. Take the temperature while your baby is face down on your lap. Leave the thermometer in for two and one half minutes, and then read.

Another reason to call the doctor is the presence of a cough which occurs at multiple times during the day, or especially during sleep. Sneezing is normal; a persistent cough isn't.

Although there are no absolute guarantees, some signs let you know your infant is not likely to have a serious problem. A reassuring sign is a good appetite. Children just don't eat very well when they are sick. The presence of a smile is also very reassuring. However, you may not be able to use this because most babies don't smile responsively until 5 and a half to 6 weeks. Before that, they may smile when their stomach is full, or in their sleep. Many babies don't begin doing this non-social smiling until around 3 weeks.