



Caring For Your Baby

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NEW BABY

YOUR NEW BABY

Congratulations on the arrival of your baby and welcome to TLC Pediatrics. 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. We are a group of Board-Certified Pediatricians and Nurse Practitioners who specialize in the care of infants, children, and adolescents. We strive to provide the highest quality and comprehensive care for your child. As a new parent, you probably have a mixture of emotions, ranging from excitement and joy to fear and concern. We want to help you feel comfortable and confident with your parenting skills by providing education and guidance. This guide is designed to assist you in finding answers to many of the common questions that parents of newborns frequently ask. We hope you find this material helpful.

Phone and Email Advice

Our triage staff is trained to handle many of your questions and will be happy to assist you. They can help you decide if your child needs to be seen in the office or if there is something you might try at home first. Our goal is to return calls within one hour. If you do not receive a return call from us within a reasonable amount of time, please call us back. If your question requires the attention of a practitioner, one will call you back as soon as possible. Please visit our website for additional information.

After Hours

If you believe you have a life-threatening emergency, dial 911 or go to the nearest emergency room. For urgent medical concerns that cannot wait until our regular business hours, call our answering service through our three office numbers. Please have a pharmacy number available when calling. If we feel that your child needs to be evaluated, we may refer you to an urgent care facility or local hospitals. If your call is not returned in a reasonable amount of time, please call the service back and let them know this is the second time you have called.

Insurance

Babies are not automatically covered on insurance plans. Therefore, before your baby arrives, we recommend that you check with your HR department or member services to see how your individual health plan works, and to begin the process of adding your baby to the insurance. The following is helpful information about insurance and answers to some of our frequently asked insurance questions:

- always bring your insurance card to the office
- know your benefits and co-pay amount
- know your primary care physician (PCP)
- know the effective date of the current policy

PREPARING FOR YOUR BABY'S ARRIVAL

The anticipation of having a child can be overwhelming. Being prepared before birth can alleviate some stress and concerns for your family. Here are some suggestions to help you get ready.

CPR

Infant CPR (cardio-pulmonary resuscitation) provides you with the skills needed to help your baby in the case of an emergency. We recommend that all caregivers (including grandparents and babysitters) get trained in CPR. If you are not able to take a full class (offered by hospitals, Red Cross, etc.), consider purchasing CPR Anytime (www.cpranytime.org). Endorsed by the American Academy of Pediatrics, this program is equipped with a 20-minute DVD and an infant mannequin and will help you be ready in case of an emergency.

Immunizations

For protection against the Flu and Pertussis (whooping cough), parents and caregivers should receive the Influenza vaccine (annually) and Tdap vaccine. TLC Pediatrics can administer these for you at your infant's check-up.

Deciding About Circumcision

Current evidence indicates that the health benefits of newborn male circumcision outweigh the risks of the procedure. Specific benefits include prevention of urinary tract infections, penile cancer, and the transmission of some sexually transmitted infections, including HIV. It is ultimately up to the parents, however, to decide whether circumcision is in the best interest of their child.

Breastfeeding Classes

Both Northwest and Baptist Saint Anthony Hospitals offers breastfeeding classes to give moms the peace of mind and readiness to start nursing their newborns.

Car Seats

Infants should ride in rear-facing car seats until they are at least two years of age. Check out www.chop.edu/carseat for a virtual car seat demonstration and www.seatcheck.org to locate a certified car-seat inspection station in your area. Baby Supplies We Recommend. The following items will be helpful to have at home for your baby's arrival:

- digital thermometer
- diapers

- baby wipes - fragrance free
- diaper ointments (Desitin Maximum Strength or A& D Ointment)
- petroleum jelly
- triple antibiotic ointment
- acetaminophen (Tylenol)
- simethicone drops (Mylicon, Lil Tummies)
- saline nose drops
- rubber nasal aspirator or Nosefrida SnotSucker
- pedialyte solution
- cool mist humidifier
- baby cleanser – fragrance free (such as Eucerin Baby Wash & Shampoo, Dove Baby tip to toe wash, Aveeno Baby Cleansing Therapy Moisturizing Wash)
- baby lotion – fragrance free (Eucerin, Cetaphil, Aquaphor)
- detergent for clothes – fragrance free (Tide Free, All Free and Clear)
- Vitamin D drops (such as D-Vi-Sol, Carlson, Baby D Drops)

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.

SPECIAL SITUATIONS

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.

BABY'S ARRIVAL

Prior to leaving the hospital, your baby will have several tests to make sure he or she is healthy.

IN THE DELIVERY ROOM

The Apgar Scores

The Apgar test helps the physician estimate your baby's general condition at birth. The scores are taken twice: first at one minute (the "one-minute Apgar") and then at five minutes (the "five-minute Apgar"). The Apgar is scored between a zero and ten. The APGAR assesses your baby's Appearance (color), Pulse (heart rate), Grimace (reaction to stimulation), Activity (tone), and Respiration rate. Babies who endure difficult deliveries may have a low Apgar score at one minute (score less than five) and then spontaneously improve at five minutes (score greater than 7).

The Vitamin K Shot

All newborns receive an injection of Vitamin K shortly after delivery. Previously called "hemorrhagic disease of the newborn," Vitamin K Deficiency Bleeding (VKDB) is a relatively common (1/200) problem in newborns that can result in severe bleeding. The Vitamin K shot at birth prevents this disease.

Eye Drops

Infants will receive Erythromycin ointment in each eye shortly after birth. This prevents a variety of eye infections caused from exposure to germs during delivery.

Your Baby's Blood Type – Do they test it?

Your baby's blood type will be tested if the mother has O blood type or is RH negative. In these cases, blood type incompatibility in the baby (i.e. baby is A or B, or RH positive) can lead to problems with jaundice. Otherwise, blood types are not routinely tested in the hospital or our office.

IN THE NEWBORN NURSERY

First Exam by Pediatrician

Dr. Maaytah or one of her group she shares coverage with will come We will come and visit you and your baby every day during your stay in the hospital as well as discharging your baby from the hospital. This exam is a comprehensive evaluation of your baby's physical and neurological development and is performed in the newborn nursery. We will come and visit you and your baby every day during your stay in the hospital as well as discharging your baby from the hospital. We will come and visit you and your baby every day during your stay in the hospital as well as discharging your baby from the hospital.

Hepatitis B Vaccine

All babies should begin their vaccinations before leaving the hospital. The first recommended immunization is the hepatitis B vaccine, which is given as a shot in the baby's thigh. Your baby will receive the next series of vaccinations at 8 weeks old. See page 28 for more details about the vaccination schedule.

Hearing Test

All babies will have their hearing tested prior to discharge from the hospital. Hearing loss is the most frequent abnormality detected by newborn screening. To perform this screen, the hospitals and doctor's offices use the Otoacoustic Emissions (OAE). Using a small microphone and a special computer, this test measures a baby's response to sounds. Occasionally, babies do not pass their initial hearing

screen. In these cases, a follow-up test will be performed in our office at the two-week visit. Do not be alarmed if your baby fails the first test. In most cases the follow-up test is normal.

Critical Congenital Heart Disease Screen

All newborns receive a routine pulse oximetry at 24 hours of age or later, or prior to discharge. An abnormal result will help to identify a possible critical congenital heart defect.

Texas Newborn Screen

Prior to discharge, your infant will receive a small heel prick to remove five drops of blood. This blood is then sent out for testing. What diseases are tested?

- Biotinidase Deficiency (BIO)
- Congenital Adrenal Hyperplasia (CAH)
- Congenital Hypothyroidism (CH)
- Cystic Fibrosis (CF)
- Galactosemia (GAL)
- Homocystinuria (HCY)
- Maple Syrup Urine Disease (MSUD)
- Medium Chain Acyl-CoA Dehydrogenase Deficiency (MCAD)
- Phenylketonuria (PKU)
- Sickle Cell Disease (SCD)
- Other Fatty Acid Oxidation Disorders (FAO)
- Organic Acid Disorders (OA)
- Urea Cycle Disorders (UCD)

HOME FROM THE HOSPITAL

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.

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.

DO NOT 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!)

YOUR BABY'S FIRST WEEK AT HOME

Fever

If your baby is two months or younger and has a rectal temperature of 100.4 degrees Fahrenheit (38 degrees Celsius) or higher, call your pediatrician immediately. The doctor will need to examine your baby to rule out any serious infection or disease. Do not give Tylenol until the fever is verified at the office or hospital.

JAUNDICE (yellowing of the skin) is very common in the newborn.

Many normal, healthy infants develop a yellowish tinge to their skin in the first days of life. This condition, called "physiologic jaundice," is a sign that the blood contains an excess of bilirubin. Bilirubin is a chemical released during the normal breakdown of old red blood cells. Everyone's blood contains small amounts of bilirubin, but newborns tend to have higher levels since their immature livers have trouble processing or breaking down the additional bilirubin that exists. As bilirubin levels rise above normal, jaundice will appear first on the face, then on the chest and abdomen, and finally on the legs. Mild jaundice will usually subside without treatment. If the bilirubin level is extremely high and does not decline, there is a risk to the nervous system. Your doctor will order blood tests to determine the cause and may recommend treatment with phototherapy.

Red Flags of Abnormal Jaundice

The following are a few indications that jaundice might be concerning:

- jaundice is seen in the first 24 hours of life
- jaundice persists more than five days of life
- level of jaundice is visible below the belly button

BOWEL MOVEMENT

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.

THE CRYING INFANT

Crying 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. A crying baby is challenging and concerning for all parents. As long as your baby is well-loved, well-fed, warm, and comfortable, you can be assured that you are giving excellent care. It is easy to forget that crying is one of the few ways a baby has to communicate. Crying is your baby's way of saying, "I'm hungry," "I'm wet," "I'm cold," or even "I'm just plain bored." As you get to know your baby, you will begin to understand what is causing your baby to cry and how to soothe him. Soon you will be able to tell the difference between a hungry, bored, hurt, or even angry cry. The Most Common Causes of Crying:

- hunger
- overstimulation
- boredom
- temperature too hot or cold
- soiled diaper
- signs of illness
- clothes too tight

How to Calm Your Baby?

- ✓ offer a feeding if the last feeding was more than two hours ago attempt to burp your baby
- ✓ offer a pacifier
- ✓ change diaper if soiled
- ✓ check temperature in room
- ✓ check that diaper or clothing is not constricting
- ✓ swaddle infant in a blanket
- ✓ cuddle
- ✓ turn off all lights and sounds

- ✓ place baby in swing, crib rocker, sling or front pack
- ✓ talk or sing
- ✓ turn on music or heart beat simulator
- ✓ walk with baby in your arms
- ✓ car or stroller ride
- ✓ put baby in crib and allow to cry and fuss for a brief period RELAX! Your baby can tell when you are tense and will often also become tense and cry.

FEEDING YOUR BABY

The American Academy of Pediatrics (AAP) and the World Health Organization recommend exclusive breastfeeding for the first six months of life. The AAP also suggests that women try to breastfeed for the first 12 months of life because of the benefits to both the mother and baby.

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. Although the ideal goal is to breastfeed for at least the first year, your baby will benefit from whatever amount of breast milk he receives, even if just for a few weeks. Since breastfeeding may not be the best choice for all mothers and babies, feeding your baby with formula is another satisfactory alternative.

Benefits of Breast milk and Breastfeeding

Benefits For Baby

- decreases the incidence of SIDS
- decreases respiratory and diarrheal disease
- reduces ear infections
- decreases the likelihood of obesity later in childhood

Benefits For Mother

- aids in weight loss
- decreases the risk of osteoporosis
- reduces risk of breast, uterine, endometrial and ovarian cancer
- economic savings of over \$2000 per year in cost of formula

GETTING STARTED

Good positioning and latch-on are the keys to successful breastfeeding

To feed the baby, turn her body chest to chest with mom. Support your breast with one hand and the base of the baby's head with the other hand. Place the nipple at her lip, and then stroke her lips with the nipple to prompt her to open wide. Next, gently, but quickly pull her towards the nipple to help her latch onto as much of the areola (the darker area around the nipple) as possible. The baby's chin should be tucked into the breast while the tip of the baby's nose should be just touching the breast.

Be Calm, Comfortable, and Close

Stay as relaxed as you can. A nursing pillow may be used to help support the baby. Several nursing positions may be useful: holding the baby under your arm like a football, placing the baby across your body, or laying the baby on top or next to you. Breastfeeding should not be painful. Make sure the baby is latched onto as much of the areola as possible. If the latch is causing a lot of pain, break the suction by placing a finger in the baby's mouth, then retry. Once the baby has a good latch, feeding should proceed without pain. Signs of an effective latch-on

- ✓ all of the nipple and as much of the areola as possible in baby's mouth
- ✓ lips flanged or turned out
- ✓ baby stays on breast
- ✓ absence of pain
- ✓ the baby displays signs of swallowing (long jaw motions)

Colostrum and Mature Milk

Commonly called "liquid gold," colostrum is the first milk your baby receives. It is a yellow to clear colored liquid that provides protective antibodies and multiple other benefits. After 48 – 72 hours, your milk will begin to change and increase in quantity.

How often should you breast feed?

The more often a newborn feed, the quicker the supply of breast milk will come in. Breast milk production is related to supply and demand. Before your milk supply is established Normal routine. A healthy newborn should feed 8-12 times per day. Feedings are approximately every 2 or 3 hours with one 4 to 5 hours stretch, hopefully at night. Each feeding is often 10 – 15 minutes per breast. Waking your baby. During the first few days to weeks, it is important to wake and feed your baby every 3 hours during the night to help establish a good milk supply. Once your infant is above the birth weight, this is no longer necessary.

After your milk supply is established– Breastfeeding "On-Demand"

It is ok to feed "on demand" when your milk supply is established, your baby is having wet and dirty diapers, and has become an expert at feeding. Become attuned to your baby's hunger cues, but try not to let him sleep more than 3-4 hours during the day without feeding, or you might create a "night owl." In time, your baby will take a 4-5 hour stretch at night. As long as your baby has started to gain weight, this is OK!

Methods to wake your baby include:

- undressing baby down to the diaper
- changing the diaper
- rubbing his toes or back
- placing a cool wet cloth behind his neck
- holding your baby upright

Clues that your baby is hungry:

- increased alertness, rooting around the breast, sticking his tongue out, sucking on hands, or opening and closing the mouth
- crying or fussing is a late sign of hunger

What are signs your baby is receiving milk?

- hearing the milk being swallowed (sounds like a soft “k”) or a “suck-pause-suck” during feeds
- breasts feeling less full after feeding
- baby seems content between feedings
- baby eating every 2 to 3 hours

How many wet diapers are signs my baby is feeding well?

- First Day of Life: at least one wet diaper
- Days 2 or 3 of Life: at least three wet diapers
- After 4 or 5 days of Life: at least six diapers every day, with clear colorless urine
- Note: In the first few days, infants urinate small amounts, making it difficult to detect in the absorbent diapers.

How many dirty diapers are signs my baby is feeding well?

- The first few days after birth your baby’s stools are a sticky, black substance called meconium.
- Stool will become runny and seedy, and change to a mustard color once milk volume increases.
- By day 5, there should be 3 to 4 stools per day.
- After the first month, some breastfed infants will stool only once every 5-7 days! This is NOT constipation unless the stools are difficult to pass.

Weight Gain and Loss

Expect your baby to have an initial weight loss before regaining her birth weight by 2 weeks of age. Many babies will lose up to 7% of their body weight in the first week of life. Your healthcare provider will see your baby in the office 3-5 days after birth to check the baby’s weight.

Storage of Breast Milk

To best retain the properties of breast milk, store breast milk in either glass bottles or polypropylene plastic bottles.

5-5-5- Rule

- Breast milk may be kept at room temperature for 5 hours.
- Breast milk can be stored in the refrigerator for up to 5 days.
- Breast milk can be stored in the back of the freezer for 5 months.
- Label and use oldest milk first.

Thawing or Warming Breast Milk

- Thaw or warm milk by placing under warm tap water.
- DO NOT MICROWAVE bottles of milk.
- Thawed milk must be used within 24 hours or discarded. Do not refreeze milk or save an unfinished bottle for another feeding.

Maternal Diet

It is a common misconception that a breastfed baby will become sensitive to many of the foods a mother eats. There is no “list of foods” that every nursing mom should avoid. While you are breastfeeding, it is generally recommended that you eat whatever you like unless you notice an obvious reaction in your baby. Certain foods may result in changed behavior for a very small percentage of babies. Since every baby is unique, his reaction to a food will also be unique.

Continue eating well-balanced meals, drinking plenty of water (to quench thirst), and limiting excess caffeine. In addition, continue to take your prenatal vitamins while you breastfeed.

VITAMINS AND FLUORIDE

Vitamin D

The American Academy of Pediatrics recommends vitamin D supplementation for babies 2 weeks of age and older who are exclusively breast feeding or taking less than 32 ounces of formula per day. Vitamin D supplements are available over the counter as part of a multivitamin preparation (poly-vi-sol or tri-vi-sol) or by itself (d-vi-sol).

Fluoride

If you use well water or non-fluoridated bottle water when preparing infant formula, or if you are exclusively breastfeeding, we will prescribe fluoride drops for your baby starting at 6 months of age. As an alternative to fluoride drops, 6-8 ounces of fluoridated water will provide the recommended daily amount of fluoride.

Iron

Breastfed and formula-fed infants have enough iron stored in the blood until 4-6 months of age. At this age, iron-fortified cereal should be introduced. If cereal is not started at this time, then vitamins (poly-vi-sol with iron) should be started.

FORMULA FEEDING

Although breast milk is the ideal nutrition for babies, infant formulas are a safe alternative to breast milk. Most formulas are derived from cow's milk that has been extensively modified so that a baby can digest and utilize the nutrients.

Powder, Concentrate, or Ready to Feed

While ready-to-feed formula is the most convenient, it is also the most expensive and does not contain the recommended amount of fluoride. We suggest using powder or liquid concentrate and adding either tap water or "nursery water" (fluoridated bottled water). If you use well water or non-fluoridated bottle water, we will prescribe fluoride drops for your baby starting at 6 months of age. If using powdered formula, the CDC recommends using water heated to 158 degrees to mix formula. See this link for more information, <https://www.cdc.gov/features/cronobacter/index.html>

How Much and How Often?

Newborns

A newborn may initially take about 1-2 ounces per feeding. After a few days, she will take 2-3 ounces per feeding every 3-4 hours.

First few weeks

During the first couple of weeks, you should feed your baby on demand. Wake him if he sleeps more than 4-5 hours during the day.

After the first month

Most babies follow a more predictable schedule of four or more ounces about every 4 hours. By six months of age, most babies will take 4 to 5 bottles of 4-8 ounces each. In general, most babies consume between 20-32 ounces of formula per day.

Stools from formula-fed infant

Babies fed formula often have stools that look like strained peas, but any shade of yellow, green, or brown is okay. These stools are also thicker and pastier than breast milk stools. Normal frequency for dirty diapers may range from three or four times per day up to once every couple of days.

Bottle-feeding tips:

Angle the bottle to avoid swallowing of air and place the infant in a semi-upright position. This prevents choking and drainage of formula into the eustachian tubes of the ears.

Never prop a bottle.

- Warm a bottle by placing it in hot water for a few minutes.
- Test a few drops on your wrist to make sure the formula is lukewarm.
- NEVER use a microwave to heat a bottle.
- Use the correct nipple size. A baby will gulp or gag if the hole is too large.
- Find a nipple shape your baby prefers.
- Burp the baby several times during a feed.
- Do not let your baby sleep with a bottle. This may cause severe dental decay. For comfort, use a pacifier instead of a bottle.

SPIT UP AND REFLUX

Spit up is NORMAL

Many babies spit small amounts of milk after feeding. This is a common behavior and is caused by a weakness in the lower esophageal sphincter, the muscle between the stomach and the esophagus. This muscle takes several months to fully develop, and until it does, your baby may spit up more often.

How to reduce spit up?

Since the most common cause of frequent spitting is overfeeding, try decreasing the quantity of milk provided per feed and increasing the frequency of feeds.

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!

Gastro-esophageal Reflux Disease (GERD)

When reflux becomes excessive and problematic, we label this Gastroesophageal Reflux Disease (GERD). Excessive reflux can lead to:

- Irritation of the esophagus (esophagitis) making babies irritable, Fussy, resistant to feeding
- Respiratory/airway problems causing babies to wheeze, gag, choke, or have trouble breathing
- Not all babies with reflux actually spit up. Sometimes the acid contents of the stomach reflux into the esophagus (feeding tube) without actually coming out of the baby's mouth. This is called occult or silent reflux and can still be very troublesome.

Unlike colic, where the baby is fussy for a defined amount of time each day, babies with GERD are usually fussy with all feedings.

Worrisome Signs of Acid Reflux

- Poor weight gain from inadequate intake/large volumes of spit up
- Crying or arching of the back after feeding, with or without spitting up

Treatment and Diagnosis

If you are concerned that your baby has problematic reflux (GERD), call the office for advice or an appointment.

INTRODUCTION TO SOLID FOOD

When to start?

We recommend introducing solid foods at 4 to 6 months of age. Signs of readiness for solids include development of good head control, ability to sit well with support, loss of the habitual tongue thrust, and an apparent interest in solid foods.

First Foods

- There is no evidence to support that any particular order of solid foods is superior to any other; however, most parents will introduce a single- grain cereal, like rice cereal, first.
- After your baby is tolerating cereal and spoon-feeding well, we recommend introducing new fruits, vegetables, or meats one at a time (single ingredient) about every 3-4 days.
- There is no evidence that introducing a fruit before a vegetable will promote a dislike for vegetables.
- Watch for signs of allergic reactions, like vomiting or hives. If any food triggers a reaction, stop using that food and contact your baby's healthcare provider.
- A third daily solid meal is generally added when your baby is 8-9 months old.

SLEEP

Tips to reduce risk of Sudden Infant Death Syndrome (SIDS)

The following are the recommendations by the American Academy of Pediatrics to reduce the risk of (SIDS).

- Babies should sleep on their backs from birth up to one year of age.
- Do not place babies to sleep on their sides.
- Place your baby to sleep in the same room where you sleep but not the same bed. This is recommended for babies up to 6 months of age.
- Place babies to sleep in a crib or bassinet with a firm mattress.
- There should be nothing in the bed but the baby - no covers, no pillows, no bumper pads, no positioning devices, and no toys.
- Offer a pacifier at nap time and bed time. The use of pacifiers has been shown to reduce the risk of SIDS.
- We recommend offering a pacifier once breastfeeding is well established. If your baby does not want a pacifier or if it falls out of her mouth, do not force it.
- Do not over dress the infant while he sleeps. Dress the baby in enough clothes to keep him warm without having to use a blanket.
- Keep the room at a temperature that is comfortable for you.
- Overheating your baby may increase the risk for SIDS.
- Avoid exposing babies to tobacco smoke before birth and after.
- Studies show that breastfeeding your baby can help reduce the risk of SIDS.

Swaddling

Many babies take comfort in being swaddled in a blanket; however, swaddling the wrong way can cause hip dislocation. Hip dislocation is an abnormal formation of the hip joint where the top of the thigh bone is not held firmly in the socket of the hip. Please visit : <http://www.choa.org/swaddling> to watch a video on proper swaddling.

Sleep Patterns

While the total amount of sleep babies need gradually decreases over time, newborns typically spend 16 or more hours a day sleeping. At 6 months, this will decrease to just over 12 hours. By definition, 6 hours of uninterrupted sleep is considered "sleeping through the night." It takes most infants approximately 4-6 months of age to be able to sleep six straight hours at night.

Establishing Good Sleep Habits

The basic principle is to feed your baby when she is hungry and to play with her when she is awake. However, when your baby starts to fall asleep while feeding (nutritive versus a non-nutritive suck) or is beginning to fall asleep while being held, you should place her in her crib. By placing your baby in her crib when she is awake and drowsy, you are teaching her to self-soothe, the fundamental skill required to be

able to sleep through the night. In contrast, babies who get accustomed to falling asleep on the breast or while being held tend to wake up more frequently at night crying for help (e.g., rocking, feeding) to fall back asleep.

DAILY CARE

Umbilical cord

The umbilical cord usually falls off in one to four weeks. Keep the stump of the umbilical cord clean and dry as it shrivels up and eventually falls off. To keep the cord dry, bathe your baby with a sponge rather than submersing him in a tub of water. Also, keep the diaper folded below the cord to keep urine from soaking it. After the cord falls off, a scab will develop and occasionally a slightly blood-tinged discharge will be seen. This is normal.

- Keep an eye out for signs of infection, which may include:
- redness and swelling around the base of the cord
- continued bleeding
- foul smelling yellowish discharge from the cord

Circumcision care

Place Vaseline (white petroleum jelly) in the center of a pad of gauze and position the gauze around the head of the penis. Change the dressing at least three times a day and with each diaper change. Three-to-five days after the circumcision, the skin will begin to heal and develop a yellowish scab. At this point, you no longer need to use gauze and Vaseline. If your doctor used a “plastibell” for the procedure, you will not need to use Vaseline or gauze. The plastibell will spontaneously fall off in approximately one week.

Diaper rash

Diaper rash is a result of the skin’s exposure to a wet and warm environment over long periods of time, causing generalized redness and/or bumps. To prevent a diaper rash, change the diaper as soon as possible after the baby wets or has a bowel movement. Wash the baby’s bottom with warm water and apply a diaper rash cream. Use “fragrance free” wipes.

Constipation

Constipation is diagnosed by the firmness, not the frequency of stooling. Most babies grunt and turn red when passing stool; this does not mean they are constipated. Many babies stool every 5-7 days without discomfort. Constipated stools are hard and difficult to pass.

Worrisome stools

- no stool in the first 24 hours of life
- blood in stool
- white or gray stools
- increased stool volume or frequency (may be a sign of diarrhea if more than two to three times normal)
- hard painful stools

Burps

Burping your baby helps remove air that is swallowed during feedings. Hold your baby in one of three positions: upright on your shoulder, upright in your lap, or lying face down on your lap. Then rub upwards on his back or pat gently. If your baby does not burp in less than ten minutes, give up. He will be fine.

Hiccups

Hiccups are spontaneous spasms of the diaphragm and are completely normal. Since they do not harm or bother a baby, no treatment is needed.

Gas

Gas may bother parents far more than it bothers babies. However, if you feel your infant is very uncomfortable, consider trying one of the following: warm bath, infant massage, or Simethicone (Mylicon, Lil Tummies) drops. These drops are safe to use and are sometimes helpful. If your baby is breastfeeding, try adjusting your diet (reducing caffeine, garlic, onions, broccoli, and beans).

Fingernails

Your baby’s nails will be very soft for the first few days of life. Since the nails are so soft and adhere tightly to the underlying skin, attempts to “clip” or cut the nails might lead to injury to the underlying skin and possible infection. The nails harden in seven to ten days. Until then, use an emery board to gently file the ragged edges or keep the hands covered with mittens. By 2-3 weeks of age, you can cut them with nail clippers or blunt scissors.

Bathing and Skin Care

Babies do not need to be bathed daily. In fact, bathing every second or third day will promote healthier skin. Give sponge baths until the cord has fallen off. You should use tap water without soap or a baby wash that is fragrance free, such as Aquaphor Gentle Wash and Shampoo or Aveeno Soothing Relief. Baby lotions that are scented tend to be drying for many children. If you feel your infant needs a lotion for dry skin, we recommend using fragrance free products such as Eucerin and Aquaphor. Clean the outer ear only with a washcloth. Avoid cotton swabs (Q-tips). The ear canals of newborns do not need cleaning.

Stuffy Nose

Most newborns have nasal congestion for four to six weeks after birth. It is probably not a cold. Some congested babies are very loud – snorting, snoring, and sneezing. That’s all normal. If the congestion interferes with feedings or sleep, use saline nose drops and a bulb syringe to clear the mucus.

GERMS, VISITORS, AND TRAVEL

Infants under 3 months old are at greater risk of infection than at any other age. For this reason, we encourage parents to limit exposure to public places, such as airplanes, church nurseries, daycare, or grocery stores. When visitors come to your home, have them wash their hands well before touching your infant. Avoid having young children touch or hold your baby. Avoid contact with people who have flu, colds, fever blisters or other contagious illnesses. Avoid exposure to smoke in the home, car, and public places.

NEWBORN FACTS YOU SHOULD KNOW

Acrocyanosis

Acrocyanosis is a blue color of the hands and feet and is caused by a decrease in circulation. This usually can occur in the early newborn period and is considered normal. It is abnormal, however, to have blue coloring over the lips and chest. If this occurs, call your physician immediately.

Periodic Breathing

Newborns breathe 30 to 60 times a minute, but very erratically. There may be a stretch of several pants in a row, then a long pause, followed by a big breath. That is normal, as long as that pause is less than 10 seconds and your baby remains pink.

Milia

A normal newborn rash on the nose that looks like pinpoint white dots. This rash generally disappears on its own by 2-3 weeks of age.

Newborn Acne

Skin inflammation due to hormonal changes in the newborn period, resulting in small pimples. Onset is usually by 4 weeks of age and lasts until 8 weeks of age.

Stork Bite (nevus flammeus, "angel kiss")

These are newborn birthmarks located at the nape of the neck, eyelids, and forehead. They are bright pink in color and fade over the first year of life. The marks on the neck can last forever.

Mongolian Spots

A bruise-like discoloration found on the buttocks of darker pigmented newborns. These spots fade over several years and no treatment is needed.

Erythema Toxicum

A normal newborn rash that looks like mosquito bites or fleabites (white pimple with red around it). These may come and go from birth until four weeks of age.

Epstein's Pearls

Tiny white bumps or cysts found on the roof of the mouth in newborns. These are common and normal, and self-resolve.

Cradle cap (seborrhea, dandruff)

A skin problem that causes greasy, flaky, and sometimes red skin on the scalp, behind the ears, besides the nose, and eyebrows. Most babies experience cradle cap, and this resolves usually by 4 months of age.

Breast Engorgement

Swollen breasts may be present during the first week of life in many girl and boy babies and may last for four to six months. Call your healthcare provider if the swollen breast develops redness, streaking, or tenderness.

Vaginal Discharge

Occasionally a light, bloody, or white vaginal discharge may be seen in the newborn female. This is a normal occurrence.

Blocked Tear Ducts (nasolacrimal duct obstruction)

Blocked tear ducts are common and normal in the first 9 months of life and present as white or yellow discharge from the corner of one or both eyes. The eye with the blocked tear duct may also have excessive tearing. If the problem persists beyond then, a referral to a pediatric ophthalmologist may be warranted. When excess eye discharge is noted, wipe away with a warm wet cloth.

Postpartum Depression Screen for Mom

Although postpartum depression is very common, unfortunately most cases go undiagnosed. A simple, new, three-question test has proven very reliable at detecting postpartum depression. What are the 3 questions? They focus on a unique and important part of postpartum depression: excess anxiety. Some anxiety goes with the territory. Parenthood is, after all, a new adventure into the unknown. You love a new person so much, it's normal to feel fear and anxiety. However, when feelings of anxiety and fear dominate your daily experiences with your new baby, it can be a sign of postpartum depression. We would like to know how you are feeling. Please underline the answer that comes closest to what you have felt IN THE PAST 7 DAYS, not just how you feel today.

1. I have blamed myself unnecessarily when things went wrong.
 - a) Yes, most of the time 3
 - b) Yes, some of the time 2
 - c) Not very often 1
 - d) No, never 0
2. I have been anxious or worried for no good reason.
 - a) No, not at all 0
 - b) Hardly ever 1
 - c) Yes, sometimes 2
 - d) Yes, very often 3
3. I have felt scared or panicky for no good reason.
 - a) Yes, quite a lot 3
 - b) Yes, sometimes 2
 - c) No, not much 1
 - d) No, not at all 0

The maximum possible score is 9. Women with a score of 3 or more may or may not be depressed, but deserve further evaluation to be sure. If you are concerned about excessive anxiety or post-partum depression, please contact your doctor (ob-gyn or intern) or speak to one of the medical professionals at RPC.

DO NOT 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).

GOING 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.

SCHEDULE OF CHECKUPS AND VACCINATIONS			
Age	Vaccines	Age	Vaccines
Birth	None	18 Months	DTaP, Hep A
Newborn	none	24 Months	Any vaccine previously missed
2 Week	Hep B if not given in hospital	30 Months	Any vaccine previously missed
2 Months	Hep B, DTaP, Prevnar, Hib, Polio, Rotavirus	3 Years	Any vaccine previously missed
4 Months	DTaP, Prevnar, Hib, Polio, Rotavirus	4-5 Years	DTaP, Polio, MMR, Varic
6 Months	DTaP, Prevnar, Hib, Polio, Rotavirus	6-10 Years	Any vaccine previously missed
9 Months	Hep B	11-12 Years	Tdap, HPV Series, Menactra
12 Months	MMR, Hep A, Varicella	13-15 Years	Any vaccine previously missed
15 Months	Prevnar, Hib	16-18 Years	Menactra

VACCINE POSITION STATEMENT

We believe that vaccinations are essential in promoting your child's health, preventing many serious illnesses and saving lives. Because of the effectiveness of vaccines, many of you have never known a child with polio, tetanus, whooping cough, bacterial meningitis, or chickenpox. Consequently, some parents feel that the vaccines are no longer necessary, and choose not to vaccinate. However, failure to immunize your child may place him at risk and can aid in the re-emergence of many of these serious diseases.

Our goal is that all children cared for by TLC Pediatrics receive the recommended vaccines on schedule. To this end, we will provide all parents with the most recent science-based information and will listen to and respond to all voiced concerns. We believe that neither individual vaccines nor Thimerosal, a preservative used in some vaccines, causes autism. We also believe that giving multiple vaccines together, as recommended by the AAP, is safe, and that the practice to "splitting up" vaccines is unnecessary and potentially dangerous.

Parents who choose to alter or delay the recommended vaccine schedule will be required to sign a statement acknowledging their understanding of the potential risks. Also, altering the recommended schedule will lead to more frequent office visits, resulting in an increase exposure to germs, extra co-pays, and additional fees. If, by your child's two-month checkup, you have chosen not to vaccinate your child at all, we will certainly respect your decision. However, we will suggest that you find another healthcare provider who shares your views. The staff at TLC Pediatric of Amarillo looks forward to partnering with you in promoting the growth, development, and health of your child. If you have any questions or concerns about our policy to vaccinate, please let us know.

Medication Guide

Acetaminophen Dosage Table (for Fever and Pain)

Child's Weight (pounds)	6-11	12-17	18-23	24-35	36-47	48-59	60-71	72-95	96+	bs
Syrup: 160 mg/5 mL (1 tsp)	1.25	2.5	3.75	5	7.5	10	12.5	15	20	ml
Syrup: 160 mg/1 teaspoon	--	1.5	1.75	1	1.5	2	2.5	3	4	tsp
Chewable 80 mg Tablets	--	--	.75	1	3	4	5	6	8	tsp
Chewable 160 mg Tablets	--	--	1.5	2	1.5	2	2.5	3	4	tsp
Adult 325 mg Tablets	--	--	--	1	--	1	1	1.5	2	tsp
Adult 500 mg Tablets	--	--	--	--	--	--	--	1	1	tsp

- AGE LIMIT: Don't use under 12 weeks of age. EXCEPTION: Fever from immunization if child is 8 weeks of age or older.
- MEASURING the DOSAGE: Syringes and droppers are more accurate than teaspoons. If possible, use the syringe or dropper that comes with the medicine. If not, medicine syringes are available at pharmacies. If you use a teaspoon, it should be a measuring spoon. Regular spoons are not reliable.
- Also, remember that 1 level teaspoon equals 5 ml and that ½ teaspoon equals 2.5 ml.
- FREQUENCY: Repeat every 4-6 hours as needed. Don't give more than 5 times a day.
- ADULT DOSAGE: 650 mg MAXIMUM: 3,000 mg in a 24-hour period.
- BRAND NAMES: Tylenol, Fever all (suppositories), generic acetaminophen
- MELTAWAYS: Dissolvable tabs that come in 80 mg and 160 mg (jr. strength)

- SUPPOSITORIES: Acetaminophen also comes in 80, 120, 325 and 650 mg suppositories (the rectal dose is the same as the dosage given by mouth).

ibuprofen (for Fever and Pain) Dosage Table

Child's Weight (pounds)	12-17	18-23	24-35	36-47	48-59	60-71	72-95	96+	bs
Infant Drops 50 mg/1.25 mL	1.25	1.875	2.5	3.75	5			--	ml
Liquid 100 mg/1 teaspoon (tsp)	.5	.75	1	1.5	2	2.5	3	4	tsp
Liquid 100 mg/5 milliliters (ml))	2.5	4	5	7.5	10	12.5	15	20	tabs
Chewable 50 mg Tablets	--	--	2	3	4	5	6	4	tabs
Junior-strength 100 mg tablets	--	--	--	--	2	2.5	3	2	tabs
Adult 200 mg Tablets	--	--	--	--	1	1	1.5	--	tabs

- AGE LIMIT: Don't use under 6 months of age unless directed by child's doctor.
- MEASURING the DOSAGE: Syringes and droppers are more accurate than teaspoons. If possible, use the syringe or dropper that comes with the medication. If you use a teaspoon, it should be a measuring spoon. Regular spoons are not reliable. Also, remember that 1 level teaspoon equals 5 ml and that ½ teaspoon equals 2.5 ml.
- IBUPROFEN DROPS: Ibuprofen infant drops come with a measuring syringe
- BRAND NAMES: Motrin, Advil, generic ibuprofen
- ADULT DOSAGE: 400 mg
- FREQUENCY: Repeat every 6-8 hours as needed

When to call your Pediatrician – Birth to 3 Months

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.

Report any of the following symptoms to your baby's physician:

- A rectal temperature below 97.7 degrees Fahrenheit or over 100.4 degrees Fahrenheit (38 degrees Celsius)
- Refusal to eat for 2-3 feedings in a row
- Forceful vomiting (not just spitting up)
- Less than 6 -8 wet diapers per day
- Very watery or very hard stools
- Blood in stool
- Yellow color of skin or eyes (jaundice)
- Circumcision: bleeding, increased swelling, redness or foul odor
- Listlessness, difficulty awakening, or intense crying for a long time
- Umbilical cord with smelling yellowish discharge, redness, continuous bleeding or swelling
- Eyes with redness, drainage, or swelling
- Baby just doesn't seem right and you are worried
- Call 911 if your baby has blue lips or skin, is breathing very slowly or very rapidly, or is working hard to breathe
- 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.

Recommended Reading and Suggested Books

- [The Nursing Mother's Companion](#) by Kathleen Huggins
- [The American Academy of Pediatrics New Mother's Guide to Breastfeeding](#) by The American Academy of Pediatrics
- [Baby 411](#) by Denise Fields and Dr. Ari Brown
- [Your Child's Health](#) by Barton D. Schmitt
- [The Happiest Baby on the Block](#) by Harvey Karp, MD
- [Your Baby'](#)