

BREASTFEEDING

We encourage breast feeding. It is the ideal nutrition for a baby, providing all necessary nutrients for up to the first six months of life. It also provides additional benefits to the baby's immune system. For allergy-prone infants, it may minimize the risk of developing food allergies. Whether you ultimately nurse for a few days, a few weeks, or a few months, there will be a great benefit for your baby. Breast feeding past 12 months old is a personal choice for the mom. There are few, if any, nutritional or immunologic benefits for the baby breastfed past 12 months old in a first-world country.

When nursing, it is important that you be relaxed and in a comfortable position, sitting or lying. Position the infant such that its abdomen is facing you body. Grasp your nipple with your finger below and thumb above the nipple and press slightly so that the nipple sticks out. Bring the baby to our nipple (not the nipple to the baby). Tickle the lower lip with the nipple; this usually will encourage the baby to open its mouth wide; then move the baby up to the breast. While nursing, be sure your baby has the entire areola -- the dark circular tissue around the nipple -- in its mouth so that the gums squeeze it. This is how the milk is released or expressed.

Much of your milk is released in the first 10 minutes of nursing, but many babies have additional need for sucking and will continue to obtain some milk past that time. Successful nursing is accomplished by studying the baby and not the clock. When you want to remove the baby's mouth from your breast, break the suction by inserting your finger in the corner of the mouth. Give the infant an opportunity to burp one or two times during the feeding. After a reasonable try at burping, place the baby on the other nipple. It is a good idea to alternate which nipple is offered first. Sometimes babies will swallow little air and may require less burping.

For a healthy, term infant it is not necessary to offer supplemental water after nursing. It is normal for a baby to lose weight over the first few days of life. Feeding extra water does not decrease the incidence of jaundice of newborns. Frequent feedings may decrease jaundice. Whether to feed the infant on demand versus on a schedule is parental preference. Newborns should be breastfed every 2 to 3 hours around the clock.

It is important for nursing mothers to eat well balanced diets and to drink plenty of fluids. Some babies may be sensitive to some foods in your diet such as caffeine, onion and garlic. Usually the food you have ingested will enter your milk supply 8-12 hours after it has been ingested and remains up to 24 hours. Some medications you ingest may be passed through the breast milk to the infant. Please check with check with our office or your obstetrician prior to taking any medications while nursing.

Prenatal vitamins should be continued through the duration of breastfeeding. Also, a DHA fatty acid supplement should also be considered for nursing moms. Discuss supplementation with your baby's pediatrician.

During the first few days of life, a baby may be slow to nurse, fall asleep easily, be hard to awaken, or cry during or after feeds. Don't be discouraged. Almost all babies can be successfully breastfed. Let us know if you are having problems.

Co-sleeping, or allowing the infant to sleep with the parent, is NOT necessary for successful breastfeeding. Co-sleeping can be dangerous in that the parent can overlie on the infant causing

injury or death. Also, an infant can suffocate in the loose bedding or pillows of the parent's bed. Please obtain advice from your baby's pediatrician before co-sleeping with your infant.

Supplemental pumped breastmilk or supplemental formula may be needed by the infant or desired by the family. Please discuss supplemental feeding with your infant's pediatrician should the infant have a feeding problem or if there is a parental desire to supplement. Pumped milk or formula can be fed with a bottle and nipple. Cup, spoon, syringe or dropper feeding for supplementing is usually unnecessary in healthy term infants. Ask your baby's pediatrician for further advice about when and how to supplement.

BREASTMILK COLLECTION AND STORAGE

First wash hands well. Wash breast pump equipment that comes in contact with the breast, milk or collection containers in the dishwasher or with hot soapy water. Get into a comfortable position before pumping. Following pumping instructions listed in your breast pump manual.

Breastmilk can be stored in specially designed plastic bags, plastic bottles, or glass bottles. If you freeze the breastmilk, leave space at the top of the container as it will expand with freezing. Mark the date and amount on storage container.

Fresh breastmilk can be stored at room temperature for 6 to 10 hours. Breastmilk can be stored for 72 hours in the refrigerator. Milk can be stored for 6 months in the freezer portion of a refrigerator-freezer. Milk may be stored for 12 months in a deep freeze. Do not refreeze milk that has been thawed. Thawed milk may be kept up to 24 hours in the refrigerator.

To thaw frozen breastmilk, warm at room temperature or run warm (not hot) water over the frozen milk container. Never microwave breastmilk. Fat in breastmilk will separate when thawed, so mix milk after thawing.

BREAST ENGORGEMENT

Fullness to the breast will develop during the first week after delivery. This normal postpartum fullness usually diminishes within 3 to 5 days.

If engorgement occurs, apply moist warm packs or take a hot shower to relieve tenderness. Express or pump milk before breastfeeding to relieve engorgement pressure. Gentle massage of the breasts before and during breastfeeding, relaxation techniques, and ice packs to the breasts after nursing can relieve engorgement pain.

FORMULA FEEDING

Like breastmilk, formula gives new babies all the nutrients they are known to need for a healthy start in life. If you choose not to breastfeed, we recommend using a cow's milk based formula unless otherwise instructed by your doctor. Low iron formulas should not be used. Generic or store-brand formulas may not be equal to branded formulas. Please do not change formula without discussing it with your doctor first.

When you feed your baby, tilt the bottle so that the neck of the bottle and nipple are always filled with formula. This helps your baby get formula instead of swallowing air. If energy is not wasted sucking air, your baby is more likely to take enough formula. Air in the stomach will give a false sense of fullness and may also be uncomfortable.

Your baby has a strong natural desire to suck. Sucking is par to the pleasure of feeding time for the infant. Since babies will keep sucking on a nipple after it has collapsed, take the nipple out of the baby's mouth occasionally to keep the nipple from collapsing. This makes it easier to suck and gives time to rest.

Never prop the bottle or leave the baby to feed alone. The bottle can easily slip into the wrong position. Remember that the baby needs the security and pleasure it gets when held close at feeding time. This is a special time to relax and enjoy each other's company.

You may find that your baby needs a chance to burp halfway through a feeding and again after a feeding. Even if fed properly, babies usually swallow some air. The way to clear the swallowed air is to burp the baby. Hold the baby upright over your shoulder and against your chest supporting the head, or across your lap on his stomach and pat or rub his back gently until he burps.

Be flexible. Most babies feed every 2 to 4 hours during the day and will awaken one to two times at night during the first few weeks. In formula feeding after the baby is back to birth weight, it is not necessary to wake a new baby at night if he or she sleeps longer.

The amount of formula babies take will vary. Newborns take from ½ to 2 ounces per feeding and will gradually increase this amount by the end of the first week of life to 2 to 4 ounces every 2 to 4 hours. Generally, most babies will not take more than a quart (32 ounces) per day by one month of age.

Sterilization of the bottles used for formula is not necessary. It is recommended that bottles and nipples are washed thoroughly with soapy water and then rinsed, or they may be washed in the dishwasher. Bottle and nipple brushes are available to help in cleaning. The formula may be poured into the bottles and stored safely in the refrigerator for 24 hours. A bottle that has been partially drunk by the baby is good for 2 hours after the child started eating. Microwaves should not be used to warm bottles, as the milk may become scalding hot while the container is not even warm to the touch. This could cause a serious injury to the baby.

The water for mixing formula does not need to be boiled unless your tap water is unsafe for drinking. Purchasing special nursery or baby water to mix formula is not necessary but is not harmful either.

BOTTLES AND NIPPLES

There are many types and brands of baby bottles and nipples on the market. It is fine to use most any baby bottle. Different nipples may be tried to see if one is preferred by your baby.

The nipple holes should be the right size for the baby to suck easily. When the holes are the right size, warm milk should drip as readily as possible without forming a steady stream. If the nipple holes are too small, the baby may tire during sucking before completing a feed. If nipple holes are too large, the baby gets formula too fast.

PACIFIERS

Pacifiers are generally fine, but first discuss with your doctor whether to use and when to start use. Pacifier use must be stopped between 15 and 24 months old or even sooner to prevent tooth malocclusion. Pacifier use is associated with decrease SIDS (sudden infant death syndrome) rate.

FEEDING SOLIDS, WATER, & JUICE

Newborns should not be given extra water. There are adequate amounts of water in breastmilk and formula. If the baby is not urinating at least 3 times per day or is constipated, call his pediatrician.

An adequate breastfeeding or bottle-feeding pattern needs to be established and good weight gain and growth should be demonstrated before giving water. Juices are never necessary. Juices contain large quantities of sugar ("natural" sugars are no better than table sugar). This sugar can lead to the baby being overweight or can actually inhibit good growth and weight gain. Also, the sugar is leads to poor tooth development and condition.

Starting solid foods will be discussed at the baby's 4 or 6 month old check up. Feeding solids is important to start by 6 months old to assure good growth but is unnecessary before 4 months old.

Do not feed babies solids through a nipple. Spoon feeding the best way to feed when feeds are started. Do not feed cereal through a bottle and nipple nor add cereal to the formula without discussing it with your baby's pediatrician first.

VITAMINS AND FLUORIDE

Babies who are formula fed do not require any additional supplementation. The AAP currently recommends your exclusively breast fed infant to receive a daily supplement of Vitamin D (400 IU). Please discuss this with your pediatrician. If your local water supply does not contain fluoride, a vitamin preparation with fluoride may be prescribed.

MEDICATIONS AND SUPPLEMENTS

Do not give Tylenol™ (acetaminophen) before the child is 2 months old or Advil™ or Motrin™ (ibuprofen) until the child is 6 months old without speaking with a doctor first. Also, call for advice before the use of over-the-counter medications for your child, especially if he is under 1 year old.

Herbal medications and supplements are gaining wide spread popularity among adults; however, the safety of these products may not be fully tested or known in children and infants. Some home remedies and herbal medicines can be toxic to infants and children. Please discuss home remedy and herbal use with your doctor before using on your child.

CARE OF THE CORD

Cleanse the base of the umbilical stump with rubbing alcohol on a cotton ball 1 to 2 times a day until the cord comes off. The cord should be dry and fall off between 1 and 3 weeks of age, usually about 10 days old. Do not be concerned if there is a small amount of bleeding as the cord nears separation.

Have your baby seen by a doctor if there is redness around the cord or umbilicus, foul odor or discharge or excessive bleeding. The baby should be seen emergently if he has a fever of 100.5° F or higher.

JAUNDICE

Jaundice is a word describing a yellow tint to the skin. Babies will experience this during the first few days of life. The degree of jaundice is variable and is measured by testing the baby's blood for a level of bilirubin. Bilirubin is a pigment formed as a byproduct of the breakdown of red blood cells. Bilirubin is normally eliminated from the body through the liver. After birth, the liver may not be able to eliminate the bilirubin at a rate that keeps up with its release as red blood cells are broken down thereby causing an accumulation in the blood. Bilirubin usually reaches its maximum level by the 3rd to 4th day of life then gradually decreases to adult levels.

Pediatricians watch the level of bilirubin in a baby's blood because large excesses of this substance can be harmful to the baby's brain. If jaundice is detected, the pediatrician may begin to monitor the bilirubin levels by frequent lab testing. This can usually be done as an outpatient. Most babies who develop jaundice do not need treatment. If the level should rise very high or too rapidly in a short period of time, therapy may be recommended that will be discussed with you.

BATHING

Sponge bathing should be done until the baby's cord comes off and the circumcision has healed. After this, tub baths may be given. Use a mild soap over the entire body as well as the head and face. Rinse well, especially the genitalia. It is fine to use non-perfumed lotions or creams, but baby oils and powders should be avoided. Bubble baths and soaking in soapy bathwater should be avoided for girls in infancy through adulthood because of the increase risk of developing a urinary tract infection. Bath playtime should be followed by shampooing, soaping and rinsing. Then the child should be promptly removed from the tub.

CARE OF THE GENITALIA

Uncircumcised boys need routine bathing of the external skin. The foreskin does not need to be retracted (pulled back) forcefully. Retract the foreskin in the bath as far as it will easily retract, wash, rinse well, then pull back to original position. With time, the foreskin will completely retract with only gentle pressure. If the foreskin is stuck in the retracted position, call your son's pediatrician.

If circumcised, the circumcision usually heals over several days to 2 weeks. Apply Vaseline™ or Aquaphor™ over the circumcision area while it is healing. Watch for swelling, discharge or

bleeding. Do not retract any adhering foreskin forcibly. The circumcision will be checked at each well child visit. If you have concerns prior to the next scheduled visit, please call.

For girls, spread the labia and clean with soap and water by wiping from front to back. Rinse all soap off the area after washing. It is not unusual for secretions to accumulate, and this should be cleansed off. Many girls have a milky vaginal discharge or even blood tinged discharge during the first few weeks of life.

Girls should not take bubble baths from infancy through adulthood as this can increase the risk of urinary tract infections. Playtime or soak time in the bath should be followed by shampoo, soap, and rinse. Then, get out of the bath.

STOOLING

All babies have variable stooling patterns and only generalities can be stated. Breast fed babies usually have looser stools than babies on formula. Breast fed babies' stools may range in frequency from many times per day to once per week; both are fine. Stools can be of various colors. Black, red or white stools are abnormal and require evaluation.

Constipation is a difficult term to define. In general, babies can go several days without a bowel movement and be normal. If you have concerns, call your pediatrician. Avoid laxatives, enema or rectal stimulation without discussion with your pediatrician.

DIAPER RASH

Diaper rash can be prevented or minimized by good skin cleansing. Use diaper wipes without perfumes or preservatives, or use plain water for diaper area clean up. Clean your baby's skin in the diaper area with every diaper change even after changing a wet-only diaper. Air drying and having no-diaper time will also help reduce rash. Most of the times routine powders, creams or ointments are unnecessary to prevent rash.

There are various treatments for diaper rash. Avoid powders with talc and creams and ointments with alcohol or perfumes. When changing a diaper, remove all previous topical treatments prior to applying a fresh amount of cream or ointment. If rashes are recurrent, a different brand of diaper may need to be tried. For persisting diaper rash, a doctor's visit or even a prescription medication may be needed.

NAIL CARE

An emery board may be used to peel the excess nail since the nails are thin. A baby nail clipper or baby safety nail scissors may be used with caution as well. Waiting until the baby is asleep to trim his nails may be helpful.

CRYING

Most babies begin to cry and fuss on the fourth or fifth day of life and cry more each day until about 4 to 6 weeks of age. Babies cry for a reason: hunger, wet diaper, insecurity, illness, or to relieve frustration.

It is not possible to “spoil” a baby by frequently holding or picking them up. It is natural to relieve the source of crying. On the other hand, if you are frustrated from trying to calm the baby, it will not harm him to allow 10 to 15 minutes of crying while you take a breather.

NEVER SHAKE A BABY. It is better to place the baby safely in his crib and step away for a short break for yourself to relieve your frustration than to shake the baby.

SLEEP

Babies should be placed in a crib, bassinet or playpen to sleep as opposed to an unsafe surface such as a bed or couch. Babies can roll at an early age by accident or if startled. The preferred sleep position is for the baby to lie on its back to reduce crib death or SIDS (sudden infant death syndrome). Side sleeping is also fine.

Sheepskin bedding, water-filled mattress pads and loose bedding should be avoided. Do not lay baby on a pillow. Avoid stuffed animals and pillows in the baby’s crib.

Once the baby can begin to roll, the bumper pad should be removed. When the infant can pull to a standing position, the crib mattress should be lowered to the lowest level.

Adult and infant co-sleeping can be dangerous and should be avoided. Accidental entrapment and suffocation can cause injury or death. Co-sleeping is NOT necessary for successful breastfeeding and should be avoided even for breastfeeding.

INFANT CRIBS

If using an older or used crib, be sure that the slats are no more than 2 3/8 inches apart. Make sure all joints and parts fit tightly and that the wood is free of splinters. There should not be decorative areas that can entrap the infant’s head. The corner posts should be flush with the end or be very tall (as in a canopy bed). The crib rail should have a hand operated release latch. The lowered crib sides should be at least 9 inches above the mattress support. The raised sides should be at least 26 inches above the mattress support in the lowest position. The mattress should be the same size as the crib without gaps greater than 2 fingers between the mattress and the crib sides.

Do not leave the sides of the crib down with the baby in the crib. Mobiles and hanging toys are fine until the baby can push his chest off the mattress with his arms, then the hanging toys should be removed at times when the baby is unsupervised into the crib. Do not place the crib by a window blind or drapery as the cords form a strangulation hazard.

Hammocks or other swinging devices should not be used in the crib. Sheepskin pads and water-filled mattress pads should not be used. The crib should be free of stuffed animals and excess loose blankets and bedding that can tangle and potentially suffocate the infant. Try to have the foot-end of the baby’s blanket or quilt (if used in addition to swaddling) tucked into the foot-end of the mattress to prevent tangling.

HEALTH SUPERVISION

Your baby should have his first visit to our office approximately two weeks of age unless, of course, he needs attention earlier. Under newer guidelines, hospital follow-up with the baby’s physician at 2 to 3 days following discharge may be necessary. Most appointments are arranged in advance and it is suggested that you call as soon as you arrive at home to make your appointment. You may have questions about your baby that can be answered by our nurses, but if problems arise and you wish to have your baby examined at anytime, the office is available.

Routine checkups are at 2 weeks of age; then at 2, 4, 6, 9, 12, 15, 18, and 24 months old; then yearly thereafter. Anticipate vaccinations at most well child visits.

SAFETY

By far, the largest cause of death in children is from accidents. A large percentage of these are preventable. Be sure his crib is safe. Do not use a pillow in his bed. Babies are to sleep on their backs unless otherwise directed by the physician.

Be sure his toys are sturdy and large enough that he cannot swallow them. Protect your baby from falls. Your water heater thermostat should not exceed 120° F. Never leave him unattended in a bathtub. Have a working smoke detector and carbon monoxide detector in your home.

Keep your child in a safe infant car seat while riding in a car. The car seat faces backwards until the child is 20 pounds and 1 year old. Buckle up your own seatbelt as well.

Store all guns and firearms unloaded and locked in a safe box or cabinet or with a trigger lock. Keep ammunition for guns in a separate place apart from the guns.

Keep poisons, cleaners, chemicals, and medicines up high, preferably locked. Syrup of Ipecac is currently NOT recommended to induce vomiting in infants and children after an accidental ingestion. Poison Control (800-222-1222) will direct you on what needs to be done for specific ingestions.

BABYSITTING

In choosing a babysitter for your baby, meet the sitter and check references in advance. Friends, neighbors, relatives and church are good resources for sitter recommendations.

Make sure the babysitter is at least 13 years old and mature enough to handle common emergencies. The sitter should have first aid and CPR training. It is best to have the sitter spend time in your home with you present so that she can meet the children and learn their routines. Tell

the sitter about any allergies, food intolerances, food preferences the children have. Also discuss feeding, bathing and sleeping arrangements that the children have.

Provide the sitter with information about where you will be, how long you will be gone, how to reach you, and how to reach emergency contacts. Prepare flashlight and first-aid supplies. Be sure firearms are stored unloaded and stored in a locked cabinet or with a trigger lock. Show the sitter the fire escape plan and meeting place.

TEMPERATURES AND FEVERS

The definition of a fever is a temperature of 100.5° F (38°C) or higher. Not all fevers are concerning, and all fevers do not need to be treated. A temperature of 100.5°F (38° C) or higher in an infant under 2 months old is considered a medical emergency, and the baby needs to be evaluated by a physician immediately. Children over 36 months old may have higher fevers. A child of any age with a temperature of 106° F (41.1° C) or higher needs to be evaluated emergently.

No one can estimate a temperature reading accurately by touch. If you think that your child has a fever, measure the temperature with a thermometer.

When measuring a temperature in an infant or child, a rectal temperature is the most accurate for a baby under 2 months old. Oral temperatures in pre-schoolers, school-aged children and adolescents are also accurate. Axillary (under the arm), temporal (forehead) digital thermometers, and tympanic (ear) temperatures are fine for screening temperatures; however, if the temperature registers high or does not seem to make sense, retake the temperature using a different method. Pacifier thermometers and forehead strip thermometers have the least accuracy.

It is unnecessary to add or subtract degrees when considering a temperature reading from different sources or methods. When reporting a temperature to a doctor or nurse, state the type of thermometer used, where the temperature was taken and what the thermometer actually read.

If you believe that your baby under the age of 2 months has a fever, call the office immediately. Acetaminophen (Tylenol™) should not be given to an infant under 2 months old, and Ibuprofen (Motrin™ or Advil™) should not be given to a baby under 6 months old without talking with a doctor first.

Alcohol rub-downs should never be used to treat fever in any age of baby or child. Cold baths to treat fever may cause chilling which is more uncomfortable than the fever.

SYMPTOMS OF CONCERN: NEWBORN (When to call the office)

In the first 8 weeks of life, call our office if your baby has a rectal temperature of 100.5° F (38° C) or higher, turns blue, has difficulty breathing, has vomiting (not just spitting up), urinates less than 3 times in 24 hours, is lethargic (cannot be aroused even with heel flicking), or is inconsolable with 2 hours of continuous crying. Also call office if your feel that your baby is becoming increasingly yellow (jaundice). It is concerning if your infant refuses 2 consecutive feeds that are separated by

a normal feeding interval. Any other symptoms that concern you as a parent should also alert you to call our office.

SYMPTOMS OF CONCERN: INFANT & TODDLER (When to call the office)

Fever measurements in babies 2 to 36 months old are different in level of concern than in babies under 2 months old. Call our office if your child (between 2 and 36 months old) has a temperature of 104° F (40° C) or higher. Also, you baby needs to be seen if he has persistent vomiting or diarrhea, urinates less than 3 times in 24 hours, is lethargic, has a rash that looks like bruises, or is not “acting right”. Any other symptoms that concern you as a parent should also alert you to call our office.

When a child has a fever, keep him well hydrated. An increasing temperature does not mean that the temperature will continue to increase. A fever is the body’s natural response to an infection and is not necessarily bad. Treating fevers may add to a child’s comfort. A child with a fever who is playing or otherwise unaffected by the fever does not need to be treated for the fever. Antibiotics do not treat fever and are not indicated for all febrile illnesses. A fever that does not respond to Tylenol or Motrin is not necessarily a bad sign. Alternating Tylenol and Motrin usually does not help lower a fever more than using only one of the two medications alone.

EMERGENCIES

For a life-threatening emergency, call 911. For ingestion or poisoning call Poison Control at 800-222-1222. The telephone at Pediatric Associates is answered 24 hours daily for emergencies as well.