



CARING FOR YOUR BABY

INTRODUCTION

Having a baby is a unique and wonderful experience that most of us are privileged to enjoy. We want it to be a fun and not a fearful time for you. Let's begin this brief "OWNER'S MANUAL" with a few ideas that are useful here and in the future as your baby grows up.

First, common sense will keep you pointed in the right direction for most decisions that you will be called upon to make. When advice that you receive from others seems not to make sense...it probably is not good advice. When everyone you talk to tells you a different way of doing something, a different kind of bottle or pacifier to use, a different kind of formula to use...this generally means that one way or one brand is not best...they are all o.k.

Second, if you can relax and not be tense or rigid or nervous, your baby and your life will be better. Nervous, shaky parents sometimes have nervous and shaky and fussy babies.

Third, getting enough rest and getting away occasionally are essential ingredients in good parenting. Burned out, exhausted mothers and fathers are not able to comfort a baby nearly as well as those who are well rested. And, you certainly will enjoy the gooing and cooing and new little tricks more when you are bright eyed and calm after a good night's rest. You may need to accept all of those offers of help from parents, grandparents, aunts, friends and neighbors. Don't feel guilty...they will enjoy helping you and your baby too.

FEEDING

Babies, whether breast or bottle fed, usually do best when they are on a 'DEMAND' feeding schedule. This means that you should let her tell you when she wants to eat. Babies usually wake up with only a couple of things on their mind, and eating is at the top of the list. Usually, newborns will eat somewhere between 2 and 4 hours after their last feeding. If she wants to eat sooner than 2 hours, hold her off with a pacifier. Eating sooner than 2 hours after a feeding is likely to be sucking for soothing, not feeding. Another good idea is to wake a baby if she is sleeping for more than 4 hours during the day. However, at night, if a baby wants to sleep 5 hours, count it as a blessing.

FORMULA

All of the major formulas can be used interchangeably. Start with the ready to feed type for a week or two...give yourself a break. But, you can experiment with the powdered variety or the concentrate after you are settled in. As long as your baby is on formula, we recommend boiling tap water for 10 minutes or using bottled nursery water for preparation.

Bottles can be prepared once a day and then stored in the refrigerator. When you need to use one, hold it under the hot water and bring it to room temperature. The baby does not need to have the bottle warmed more than this. The same applies to water bottles.

BREAST FEEDING

Nursing is the easiest way to feed your baby and the cheapest. All other ways are merely imitations of the real thing. If you want to nurse, we want to do all that we can to encourage and help you. There is no mystery or secret technique that you need to know in order to be successful. All you need to do is be relaxed, eat a reasonable balanced diet, and expect it to work. It will.

Babies are usually very sleepy and only occasionally tremendously interested in eating in the first few days. This changes dramatically after about the third day. Be patient, and don't let this quiet time frustrate you. Nature intended that both mother and baby take it easy and recuperate for a few days before getting on to serious eating. This corresponds to the amount of time that it takes for the milk to "come in".

You can tell when your milk "comes in" because you will begin to feel fullness in your breasts...to the point of being a bit uncomfortable. Fortunately for most of you, the baby will begin to nurse more effectively and relieve you of this discomfort. The ideal amount of time for most mothers and infants is no more than a total of 15 minutes per side.

BREAST CARE is important. Don't nurse too long. If the baby does not take the whole areola (about a half to silver dollar size area) in her mouth, then she will probably not be able to stimulate the milk ducts enough to get the milk out. However, she will probably hurt the nipple. To stop this, put your little finger in her mouth to break the suction and then start all over again. You may have to guide the nipple and areola in by using your hand to push back the breast so that the nipple and areola area protrude. If the breast is really full and tight, you may have to manually express some of the milk or pump some out to soften the breast with a breast pump. The "FOG HORN" type of breast pump is worthless. Get the type that looks like a large syringe so that one part pulls out of the other part.

After you nurse, either air dry, or use a hair blow dryer on a cool setting to remove the moisture. Then apply a small amount of lanolin cream, or use your own expressed breast milk. Before you nurse the next time, use a wash cloth and warm water to wipe off the cream.

Whenever you take medications while nursing, these may affect the baby. Please check with us first.

YOUR DIET can be pretty much as it was during the pregnancy. Certain foods and beverages are thought to be a problem...but they usually aren't and therefore, as long as your baby is happy with the diet, don't avoid them. Things like coffee, tea, cola drinks, spicy foods and salad dressings, certain vegetables such as broccoli, brussel sprouts, asparagus and cabbage are potential problems, but they are rarely a cause of difficulty in our experience.

Pacifiers have been shown to be beneficial in reducing the risk of SIDS.

ENVIRONMENT

Babies are used to a lot of noise. Spending nine months inside of an abdomen is a noisy existence. Nurseries are also very loud and filled with banging, clanging, crying babies and talking. You don't need to keep your home quiet.

The temperature that is comfortable for you in your home will probably be comfortable for your baby as well. There is no need to turn up the temperature to the upper 70's or into the 80's. The same rule of thumb applies to the clothing that you should have on the baby. Keep in mind that in the hospital nursery, the baby is in a diaper, undershirt, and a single receiving blanket. A lot more than this may not be necessary if your home is in the mid 70's. You might consider a "sleeper" if it is in the lower 70's or less.

ROUTINE CARE

BATHING: Your son or daughter will be doing very little to get dirty for quite a while. He or she has dry skin to start with, and most babies will have some peeling of this skin. It's best to bathe only every 2 or 3 days. Until the cord is off, just use a "sponge bath". This means quickly washing with one wash cloth that is soaped up and rinsing off with another wash cloth with just plain warm water. Babies are not wild about a bath in the first few weeks, and it should be done in a warm place with no drafts... and it should be done FAST. After the cord is off, the bath can be moved to a tub or a basin. A mild soap such as IVORY or JOHNSON'S baby soap can be used. The water temperature should be 98 degrees, and you can use your regular fever thermometer to check it. Again, this should be short and sweet.

SKIN CARE: In general, no lotions, creams, oils or ointments need to be used. These often will break out the infant's skin and sometimes contribute to rashes by holding in moisture.

CORD CARE: Keeping the umbilical cord clean and dry is important to prevent infection. It's typical to have the cord off by about a week or 10 days after discharge. If it lasts longer that, please call us. Clean the cord with every diaper change. The part of the cord that is sticking out can be cleaned with alcohol on a cotton ball. The, take a Q-tip and clean around the base of the cord. Don't be afraid to move the cord from side to side or up and down. The cord has no nerve endings, and you won't damage it or pull it off by such manipulations. There may be some bleeding or oozing of a tiny bit of blood on the undershirt when it is just about ready to separate and for a day or so after it does separate. This is normal and not cause for alarm. However, if

there is a bad odor to the cord or bleeding which is over a larger area than a quarter on the shirt, please let us talk it over with you.

CIRCUMCISION CARE: For those of you who have your sons circumcised, there are just a few maintenance details to know. First, there are two different ways of doing the circumcision. With the “PLASTI-BELL”, you don’t need to do anything except to wait until the plastic ring falls out. Then you can begin to gently pull the skin back from the glans or head of the penis with each diaper change. If you notice that the area around the circumcision is getting red, discolored, swollen, or if pus is noted, please call and we will help to evaluate it.

If the conventional circumcision is done...the one without the plastic ring, then the care is a little more involved. First, with each diaper change, put Vaseline on the red area of the glans or head of the penis. Next, after the first two days, gently pull back on the skin to keep it from becoming stuck to the red area of the glans. If you need to clean this area, just use warm water on a cotton ball. If the penis or the area around it becomes red or swollen or there is a lot of pus, please call and we can discuss it.

WHEN TO WORRY

If your baby feels warm, take the temperature under the arm. Use a regular thermometer, and it is not necessary to add anything to the reading as you see it on the thermometer. If the temperature is above 100 degrees, then you need to contact us as soon as possible. This holds true for up to about three months of age.

If there is vomiting...not just spitting up...then we would want to be called if this has happened more than one time on a single day. Spitting up is an effortless flow of material out of the mouth. Vomiting is a much more forceful emptying of the entire stomach contents all at once.

If the baby has diarrhea, we need to know if it has happened more than a time or two on a single day. However, **IF YOU ARE BREAST FEEDING, THE NORMAL BREAST BABY STOOLS LOOK LIKE DIARRHEA.** You will be able to tell, though, if you are noticing runny bowel movements that fill all or most of the diaper every hour or two. Typical breast babies may have a stool with each feeding, but they will not have large stools with feedings and between feedings as well. If you’re not sure, please don’t hesitate to call and discuss it.

We would be worried about a baby who acts like something is hurting and you are unable, even for a minute or two, to get him to settle down. Usually something works such as feeding, rocking, burping or walking with him. If nothing works and it is 30 to 45 minutes, it might be worth discussing. Probably, there is no serious problem, but we can talk about it.

Finally, we would be worried about a baby who is not behaving as she usually does. If she is not interested in several feedings, sleeping a lot longer than usual (8 or 9 hours instead of the usual 2 or 3), or not responding to you the way she usually does, you need to look carefully. If, after you try to arouse or feed her and she does not wake up and act or eat normally, you should then give us a call to discuss it.

THINGS THAT YOU SHOULD NOT WORRY ABOUT

All babies hiccup, sneeze, have jerky movements of their arms and legs, and are fairly noisy breathers. They are not usually very happy cheerful people in the first couple of months, although, there are definite exceptions. They tend to have an unusual...but normal...pattern of breathing called “periodic breathing”. This means that they breathe a few breaths rapidly and then a few slowly and then a few rapidly and so on. They also tend to sound a bit “stuffy”, especially as they get to be 3 or 4 weeks of age. They don’t need to be suctioned if there is not visible mucous in the nostrils.

Babies usually have BM’s with each feeding at first, but they begin to go longer and longer between feedings as they get to be 2 to 3 weeks and older. They may get to once a day or even every other day, and this is perfectly normal so long as the BM’s are not little pellets or hard little balls of stool. Constipation usually refers to the consistency of stools and not the frequency of BM’s. And, babies generally raise a lot of rucus when they get the urge to go. This fussing and getting red in the face is normal and is not constipation. If a baby is going more than two days between bowel movements, or if he is having hard stools, please call and we will discuss it. We would urge you not to treat him on your own with enemas, suppositories, laxatives or other home remedies.

WHEN SHOULD WE SEE THE BABY IN THE OFFICE

Typically, we see infants 48-72 hours after hospital discharge. Please call the day that you go home to arrange an appointment. If we need to see your baby sooner, we will let you know at the time of the discharge examination in the hospital.

SMILE! You will do fine as parents. The trick is to enjoy it while you are doing it. Take lots of pictures, listen to your in-laws politely, and smile. These should be some of the nicest times of your child’s relationship with you. They don’t talk back, they can’t take your dishwasher apart yet, and they are not rolling in the mud. It is truly a wonderful time. We want to do our part to help you get the most out of it. Please let us know if there is anything that you are worried about or any questions that you would like to have answered. You and your baby are important to us.

Good Luck,
Dr. Ortiz, Dr. Baszis, and Dr. Kurtz