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Newborn Care

Congratulations on the birth of your baby! Middleboro Pediatrics is excited you chose us to be your healthcare provider; we look forward to supporting you and your baby. This handout was designed to answer several common questions over the first few weeks/months of your baby's life, and to help manage a few common problems. While the information can guide your care; if you have any questions; call the office at any time. Specifically, if any of the following occur you should call the office immediately:

- Rectal Temperature greater than 100.4
- Vomiting- More than occasional spit up
- Feeding poorly or no urine output in over 6 hours
- Difficulty waking your baby or unusually difficult to calm/console

Feeding

Feeding is one of your baby's first pleasant experiences and can help with bonding. Breast milk or formula is all the nutrition your infant needs in the first few months. We do not recommend starting solid foods until 4-6 months of age.

BREAST FEEDING

- Breast milk has several advantages for your baby: is easy to digest, requires no sterilization, is less expensive and contains antibodies and other protection against illness. Infant and mother must learn together and while there may be some frustration during the learning process most mothers can be successful at breastfeeding. It often takes several weeks until both mother and baby are skilled and comfortable with feeding. We are available to help at any time.

- Breast milk may take 3-4 days to come in and a full supply may not come in for 1-2 weeks. Until then your baby is nourished with colostrum, a thicker substance with high protein. In the first few days it is normal for an infant to lose some weight--your provider will watch and guide care based on the infant's weight in the office.
- Feed on demand--average breastfeeding is 30-40 minutes every 2-3 hours. Unless directed by your provider you do not need to wake your infant to feed, but you can expect most babies to awaken for a few night time feeds.
- If infant is fully breastfed or gets less than 16 ounces of formula per day supplement with vitamin D

BOTTLE FEEDING

- Never prop the bottle or feed in the crib. This can lead to cavities and prevents an infant from giving you cues they are done.
- Formula should be made fresh daily in clean bottles, and not re-used once infant has fed. Do NOT microwave the bottle.
- Support your babies' head while feeding. Tilt the bottle so the neck of the bottle and nipple are always filled with formula to prevent sucking in air that can lead to stomach aches. Let your baby guide the feeding.
- Feed on demand. Appetites vary but most babies take 2-3 ounces every 2-3 hours for the first months.
- Any questions about what kind, how often or how much discuss with your provider.

BURPING

- Let your baby be the guide. Some babies may need to be burped after every few ounces, or after one side if breast feeding; while others may complete an entire feed before needing to be burped. Even when fed properly, infants swallow air; burping helps to rid the stomach of air bubbles. Burping can be done holding over a shoulder or sitting upright on your lap. As long as you support the head and neck, you can gently rub up the back and then pat firmly a few times, repeating until the infant burps. Speak with your provider if your infant does not burp well or tends to be fussy with feeds.

STOOLING

- Your baby may have a bowel movement with most feeds, or may go several days in between stooling. Breast fed infants often have loose yellow/green stools. Diarrhea indicating illness usually comes with other symptoms such

as fussiness, fever, or poor feeding. Constipation refers to hard stools. Speak with your provider if you are concerned about the consistency or frequency of your babies stooling.

SPITTING UP

- Many infants spit up and may increasingly do so over the first few weeks. If you infant is well fed and happy you do not need to be concerned. If your baby is fussy, or seems to have a hard time eating with frequent spitting up or re-swallowing the contents of a bottle speak with your provider.

PACIFIERS

- Babies love to suck. As you are establishing the latch with nursing we advise keeping other "nipples" out of babies' mouth. If you plan to introduce a bottle or a pacifier, wait until the latch is well established and nursing well; this is usually sometime between 3 and 4 weeks of age. If you have any questions about when it is okay to introduce these, speak with your provider.

NEWBORN BEHAVIORS

DEVELOPING BRAINS

- As the brain is developing, infants have several recurrent behaviors that lessen over time. Frequent sneezing, hiccupping, grunting and other noises are common. They will occasionally appear cross eyed. As their eyesight is developing they tend to stare at one place, like contrasting colors, and light. They focus on close objects and over time start to focus further away. Kicking and squirming are common; occasionally the arms and legs may seem jerky or shaky, especially if moved quickly. Hands and feet may turn blue or purple. Periodic breathing is common-instead of a steady rate of breathing they may breathe fast, then slow, then pause. If you have any questions about your infant's behavior call the office of discuss during your visit.

CRYING

- Many newborns have a fussy period, more often in the evening hours. Crying may increase until 2-3 months and then tends to improve. If your baby is clean, dry and fed, you may try to soothe or comfort, or even let them fuss a little. Call the office if you are struggling to calm your baby.

SLEEPING

- Newborns sleep 18-20 hours a day. Your baby should wake for feeds and be alert and interactive a few times per day. Infants should be placed on their back on a firm mattress to sleep, with no extra blankets, coverings, or toys.

Newborn's Normal Appearance

HEAD

- **Molding**
  Refers to a cone shape to the head resulting from passage through the birth canal. Generally, the head remodels over the first few days of life, but may temporarily hide the soft spot.
- **Caput**
  Swelling on top of the head or throughout the scalp from fluid squeezed into the scalp during the birth process; this is common and like molding usually resolves within a few days.
- **Cephalohematoma**
  Harmless collection of blood under the scalp related to birth. Appears on the second day of life, enlarges up to 5 days and resolves over a few months.
- **Anterior fontanel**
  Diamond shaped "soft spot" on top front of scalp allows for brain growth. Covered by a thick fibrous layer, and safe to touch. May pulse with the heartbeat. Closes between 12 and 18 months of age.

EYES

- **Subconjunctival hemorrhage and Swollen eyelids**
  Pressure from birth may cause eyelid swelling or a red spot/line on the white of the eye from a tiny blood vessel breaking. Both are harmless and resolve over the first few weeks of life.
- **Iris color**
  Permanent color may not develop until 6 months of age. Darker irises tend to change sooner, while lighter colors tend to take a little longer.
- **Tear duct, blocked**
  Excess tearing/watery eyes may mean the small canal carrying tears from eyes to nose is blocked. Typically harmless, resolves by 1yr. Call the office if eyes are red, irritated, or frequent thick drainage.

EARS and NOSE

- **Shape**

Newborn ears are soft and floppy, one edge may fold over. The nose may be flattened or pushed to the side. Both usually assume normal shape as the cartilage hardens over the first few weeks.

MOUTH

- **Sucking callus (or blister)**
  Often seen on the center of the upper lip from constant friction during breast or bottle feeding. Resolves as child switches to a cup. A sucking callus on the thumb or wrist may also develop.
- **Tongue-tie**
  Newborns have a short tight band connecting the tongue to the floor of the mouth that stretches with time, movement, and growth. Symptoms from tongue-tie are rare but contact the office if concerned.
- **Epithelial pearls**
  Small white spots along the gum line or roof of the mouth, from blockage of normal mucous glands that are harmless and disappear over 1-2 months.

BREASTS

- **Lumps/Swollen**
  Due to passage of female hormones to infants during pregnancy, one or both breasts may be enlarged and may produce milk. Most resolve in the first few months, longer in breast fed or female infants. Do not squeeze the breast. Call the office if red, tender, or any other questions.

BELLY BUTTON

- **Umbilical cord**
  Generally falls off within 2 weeks. Bleeding or discharge is normal during separation. Keep the area dry; avoid submerging in water until the cord is off. Call the office if there is redness, swelling or pain around the belly button or if discharge persists after the cord is off.
- **Umbilical hernia**
  A small bulge or protrusion of the belly button caused by a gap in the abdominal muscles; generally resolves by age 2. No intervention is needed. Discuss with your provider if still present after 2.

GENITALIA – GIRLS

- Due to female hormones during pregnancy you may notice swollen labia or excess vaginal tissue in the first month. Clear or white vaginal discharge is common and occasionally a “false period” with a small amount of blood

tinged discharge may occur. If you have any concerns about the discharge discuss with your provider.

GENITALIA – BOYS

- **Hydrocele**
  Excess fluid collection in the scrotum present at birth, is common, painless and slowly resolves over 6-12 months. Call the office if the swelling goes up and down instead of consistently decreasing.

- **Undescended testicle**
  A small number of full term males have a testicle that slowly descends over the first few months. Discuss with your provider if you think one testicle is absent or you have any concerns.
- **Foreskin**
  Most uncircumcised males have a tight foreskin covering the head of the penis for the first several years of life; the foreskin should not be retracted. A natural separation occurs by adolescence. Circumcised infants may have a plastic ring over the tip of the penis, or a red healing area. If healing continue to cover with petroleum jelly until new skin fully covers – if unsure about timing or care discuss with your provider. Adhesions of the foreskin to the head of the penis are common and can be avoided by gently pushing the foreskin back during diaper changes starting around 4 weeks of age.

BONES AND JOINTS

- Due to the position of your baby in the womb, the legs may curve in and look bowed. One or both feet may turn in, up or out. Joints may seem stiff as you try to straighten arms or legs but will slowly become more relaxed and straight over a few months. The feet should be flexible and move to a normal position. Let your provider know if your infant was born breech or you have any concerns.

HAIR, SKIN AND NAILS

- **Scalp hair**
  Most infants are born with dark hair. The baby hair may be lost gradually while the permanent hair is coming in; or rapidly and the baby may temporarily become bald. The permanent hair generally appears by 6 months and is often a different color than the newborn hair.

- **Cradle cap**
  Scale or plaque on the scalp--sometimes spreads onto the face and neck. May use a mild soap and gentle brush to loosen, treat and prevent. This may come and go over the first year of life.

- **Body hair (lanugo)**
  Lanugo is the fine downy hair sometimes present on the back and shoulder, more common in premature infants. It often disappears by 4 weeks of age.

- **Ingrown (toe)nails**
  Newborns have soft nails that may bend or curve into the skin. They are not truly ingrown and do not cause problems. If you have any questions about nail care or appearance discuss during office visits.

- **Skin care**
  Dry or cracking skin is normal in the first few weeks as your baby transitions to life outside the womb. Lotion is not needed but if you use skin products avoid those with dye or perfume. After the umbilical cord falls off you may begin bathing your infant. A bath every few days is sufficient.
- **Diaper rash**
  Keep the diaper area clean and dry, pat instead of wipe, and change as soon as soiled. If a diaper rash develops start with a barrier cream. Call the office if not improving after 5 days of use or if worsening.

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