



INTRODUCTION

Congratulations on the birth of your new baby!

At **Kids Plus Pediatrics**, we work every day – in the office, on the phone, and online – to provide the highest quality of care, compassion, and connectivity to our families. We dedicate ourselves to meeting the individual needs of your child and your family, to learning what makes your child special and what you value, and to growing along with your child and your family, so we can help keep you safe, healthy, and happy. We want to take such good care of you, and build such a strong relationship with you, that we almost feel like family.

As pediatric providers, one of our many jobs is to provide guidance to parents. One way we do this is by providing handouts that contain tips and educational information we know you'll find useful. This Newborn Handout is the first of many you'll see at your child's appointments. You can access these and lots of other health and wellness information on our web site (www.kidspluspgh.com), plus health tips and parenting info on our Kids Plus Facebook page (facebook.com/KidsPlusPediatrics).

NEWBORN DEVELOPMENT QUESTIONS

1. Does your baby move her head when lying on their belly?
2. Does your baby respond to sound?
3. Does your baby seem to be able to see?
4. For boys: does he have a strong urine stream?

WELL VISITS

During this important first year, your baby will have regular medical examinations even when healthy. These "Well Visits" give us a chance to monitor growth and development, to discuss your baby's care, and to answer any questions or concerns you may have.

At Well Visits during the first 18 months, your baby will receive multiple immunizations, given according to the recommendations of the American Academy of Pediatrics. We'll always discuss with you the vaccines that your child will receive, and we'll provide you with information sheets about them. Additional information about these vaccines can also be found at the Center for Disease (CDC) website: <http://1.usa.gov/13lkR6c>.

QUESTIONS & CONCERNS

If you feel you need additional advice between regular check-ups, you can post questions to our Facebook page or call us during office hours. Facebook, where we answer questions sometimes as quickly as in a few minutes, is a great place to ask about general, non-pressing issues. For more detailed and pressing health questions, it's best to call. Either way, we're always happy to provide counseling and guidance. (It's both our job and our pleasure!)

When calling after office hours, your call will be answered by an answering machine. If you have a concern that can't wait for regular office hours, please leave your name, your child's name (with spelling), and your phone number, and we'll return your call within the hour. If you have an emergency that requires an ambulance or paramedics, call 911 *first*. If you have an emergency that can't wait for a call back and need to have the doctor urgently paged (such as seizures, respiratory illness with labored breathing, suspected dehydration, or similar conditions), the recorded message will give you the answering service's phone number, and they can reach the doctor on call for the emergency.

FEVER

A baby's temperature can normally vary a few degrees, but we consider a "fever" to be a *rectal* temperature of 100.5 degrees Fahrenheit or higher. (Temperatures taken under the arm are not as accurate at this age.)

We take fevers very seriously at this age, and you should call us *immediately* if a baby 8 weeks or younger develops a fever.

Do not give your baby Tylenol or other fever reducing medicine at this age unless specifically directed by your Doctor. Please call us first!

FEEDING

Feeding your baby should be a pleasurable and social experience -- whether with breast or bottle. At feeding time, both you and baby should be comfortable and relaxed. Consider propping your feet up on a stool to help with support. Selecting a pillow or two can also be helpful.

For Breastfeeding

Babies best learn how to breastfeed by being at the breast. Placing baby at breast shortly after birth and feeding often in the first few weeks can help breastfeeding get off to a good start. We encourage you to make an appointment with one of our lactation consultants at our nationally renowned Breastfeeding Center of Pittsburgh to assist you and your baby with breastfeeding.

Babies need to eat often, at least 8-12 times in 24 hours. Nursing frequently also helps to establish a good milk supply. Watch for early hunger cues, such as a baby bringing her hands to her mouth, “smacking” motion of the lips, and sticking out the tongue. Crying is a late hunger cue.

In the first few days and weeks, it may be necessary to undress baby to a dry diaper for feeds to keep her awake and active. When placed at the breast, most babies will exhibit the rooting reflex when their mouth/cheek is touched. When this happens, baby’s mouth will open wide, allowing you to bring baby in “quick and close” to the breast. Latch should be well past the tip of the nipple. The more breast baby takes in, the more milk she will get, and there should be no pain for the mother. Babies can be breastfed in a variety of positions, but early on you will likely need to support her neck with one of your hands and your breast with your opposite hand.

Latch can sometimes be uncomfortable at the start of breastfeeding, but it typically decreases as the feed continues. If the pain persists or worsens, remove baby from the breast by releasing the suction. Simply push your finger down on your areola tissue (the part surrounding the nipple) and insert your finger into the corner of the baby’s mouth. Pulling baby off the breast before the suction is broken can hurt and result in damaged nipples. Sore, cracked, and bleeding nipples should be addressed promptly. One of our lactation consultants can help you work on latch and address any nipple pain you may be having.

Purified lanolin may be applied to nipples after feeding and does not need wiped off. You may also rub some expressed milk into the nipple and allow them to air dry. Change nursing pads as soon as they become wet.

It usually takes between 2-5 days for a mother’s milk to come in. Prior to this, baby is receiving colostrum, which is rich in antibodies and helps your baby to pass meconium (the first few dark, tarry stools.) Frequent breastfeeding helps your milk to come in. We will monitor your baby’s weight in the hospital and during your first few office visits to ensure everything is going well.

When the milk does come in, some women experience engorgement, where the breast may feel hard and tender. Frequent removal of the milk is the best way to treat engorgement. A softer breast can also make it easier for the baby to latch. If your breasts still feel full after baby feeds, you may want to “pump to comfort” to soften the breast. Cool compresses can also be applied to the breasts in between feeds. A frozen back of vegetables works well.

Milk Supply

Milk supply is determined by how frequently you nurse your baby. The more you nurse, the more milk you will make. Drinking to thirst is recommended, as drinking excessive amounts of water will not increase supply. Emptying the breast at each feeding is important. Begin nursing on one breast until the baby slows down or releases the breast on her own. Offer the second breast. If you baby only takes the second side for a short time, remember to offer that side first at the next feeding.

Diet

Good nutrition during the nursing period is important. Dieting while breastfeeding is not usually recommended, but a healthy, well-balance diet is key. If you have specific questions about the safety of drugs/medications while breastfeeding, call us in the office.

Supplementation

The American Academy of Pediatrics recommends exclusive breastfeeding until the age 6 months.

We recommend that you wait until your milk supply is fully established and the baby is breastfeeding comfortably before supplementing with a bottle. This usually takes a few weeks. You can express and refrigerate or freeze breast milk for this purpose. You may also use a commercial, iron-fortified formula.

We encourage you to call our Breastfeeding Center of Pittsburgh with any questions or concerns, and also to visit its web site (www.bfcpgh.com) and Facebook page (facebook.com/BFCPgh). Lactation consultants are available at all of our offices. We encourage you to make an appointment with them at your first visit.

For Bottle Feeding

Hold the baby in a fairly upright position against your chest, with the bottle held so that the nipple is always filled with pumped breast milk or formula. *Never* prop the bottle and leave the baby to feed himself. Babies need the security and pleasure of being held at feeding time. It's time for both of you to relax and enjoy being together.

About half way through the feeding, or approximately 10 minutes, hold the baby over your shoulder or sit your baby upright on your lap, supporting the jaw and gently patting her back to see if she needs to burp. Finish the feeding and burp the baby again. Babies may not always burp if they have not swallowed much air.

Immediately after the birth of your baby, she is often awake for a few hours and may feed well initially. It's common for a baby to get sleepy shortly after that, and you may have trouble rousing her to feed for the first few days. Bottle-fed babies typically eat every 3-4 hours. Breastfed babies typically eat every 2 hours. Watch your baby, not the clock, for feeding clues. It's normal to have a little trouble getting her to eat well at every feeding. We'll monitor your baby's weight and wet/dirty diapers the first few days to be sure he's getting enough to eat. After a few days, babies typically wake more and eat more.

BOWEL MOVEMENTS

For the first few days, most newborn stools are thick and dark, like tar (this is called meconium). After this, their stools transition to a looser yellow stool, often described as "seedy watery mustard," especially for breastfeeding infants. The stool may sometimes be greenish or brownish. Babies also tend to be quite gassy for the first few months. This is normal and requires no treatment; they'll outgrow it.

Once feeding is established, your baby may have as many as one stool with every feeding, or he may go three to four days between bowel movements. As long as the stools are not too hard or too watery, either one is fine and normal. A breastfed infant's stools generally are looser than those of a bottlefed infant.

CORD CARE

We recommend keeping the cord dry until it falls off, which may take from several days to a few weeks. Until the cord has fallen off, only give your baby a sponge bath; do not immerse him or her in water. As the cord separates, there may be a small amount of bleeding, which is normal. Call us if you notice any foul smelling, discolored drainage, redness around the base of the umbilicus, or tenderness when you touch the area. Infection at the site is VERY uncommon, but it can happen.

CIRCUMCISION CARE

Apply white petroleum jelly or A&D ointment with every diaper change until completely healed, which usually takes about 1 week.

ACTIVITIES

All babies sneeze, yawn, hiccup, burp, pass gas, cough, and cry. Sneezing is the only way babies can clean their noses of lint, milk, and mucus. Hiccups require no treatment, and will become less frequent as your baby gets older. Coughing is a baby's way of clearing his throat. Crying is a baby's way of communicating – of saying “I'm hungry, I'm wet, I'm thirsty, I want to turn over, I want to be held, I'm too hot, I'm too cold, I have a stomach ache, I'm tired, I'm bored, I'm overstimulated.” You'll gradually get to know what different cries mean. Picking up your baby and comforting her will help her become more secure and help you to develop a strong bond with her.

SLEEP

We support the American Academy of Pediatrics recommendation that babies sleep on their backs to help reduce the risk of SIDS (Sudden Infant Death Syndrome). Healthy babies do not choke on their mucus or spit-ups while sleeping on their backs.

Babies don't need anything in their crib or bassinet – stuffed animals, extra blankets, and bumper pads should be avoided. NEVER let your baby sleep with a bottle. Babies should sleep on a firm mattress, not soft surfaces such as pillows, waterbeds, or comforters. This helps reduce risk of suffocation.

Many newborns have their days and nights reversed. To help correct this, try and keep the baby awake and stimulated in the early evening. It's not too soon to start a bedtime ritual (like bath, feeding, bed).

If you take the baby into your bed to nurse, put him back in his own bed when he is finished. This eliminates the risk of someone rolling over onto the baby.

Although some studies have shown that pacifiers may help reduce the risk of SIDS, they also may cause breastfeeding difficulties with some infants. If your baby doesn't want one or it falls out of his mouth, don't force it. If you're breastfeeding, we usually recommend waiting until your baby is one month old or breastfeeding has been well-established before using a pacifier.

Infants exposed to secondhand smoke have a higher rate of SIDS than babies who aren't exposed to secondhand smoke. For many reasons, one of the most important things parents and caregivers who smoke can do for the health of their children is to stop smoking.

Make sure the crib you use has bars close together, so the baby's head can't get caught between the bars. If there's any space between the mattress and the crib sides, you can fill that in with blankets or other padding, so the baby can't get stuck there as well.

While babies should sleep on their backs when unobserved, we do recommend they have some "tummy time" each day. Letting your baby play on her belly for a little bit each day will help her develop all of her muscles equally, not just those she uses while on her back and prevent flattening of the back of the head.

COLIC & CRYING

Colic is *unexplained* crying in a baby. It's not crying due to hunger, pain, or being tired, gassy, hot, or cold. Colic usually follows the rule of 3's – crying for more than 3 hours/day, for at least 3 days/week and for 3 weeks or longer. A lot of babies go through a period of increased crying which peaks between 2 weeks of life until about 3 months of age.

What can you do for colic? We recommend following a variation of the 5S's as described in *The Happiest Baby on the Block*:

1. **SWADDLING:** Swaddling in a blanket may help calm your infant. Some babies enjoy the comfort of being wrapped up so that their arms and legs. Be sure to wrap the blanket tightly enough so that it will not come loose, so they are close to their body similar to being in the womb.
2. **SIDE/STOMACH:** Just a position change may help to console your baby. Try holding him on his side or stomach and rubbing his back. But remember: we always recommend putting your baby to sleep on his back.
3. **SHHH:** Shushing babies seems to help relax them. Shushing must be louder than they are crying, or they won't notice. You can use radio static, a hair dryer, or a white noise machine too. All of those work nicely.

4. **ROCKING/WALKING/SWAYING:** Movement often can help to calm your baby. Be sure to properly support your baby's head and neck. Once he's calmer, try placing him in swing, properly restrained, to continue motion.
5. **SUCKING:** Sucking will often help to calm your baby. This can be accomplished by using the breast, a finger, or a pacifier.
6. **GO OUTSIDE:** A change in scenery will be good for both you and your baby.
7. **WARM BATH:** Some babies may like this, others may not.

Finally: get rest and help for yourself! Avoid getting exhausted, and try to get at least one nap. Ask relatives or friends to help with other children and chores. Caring for a colicky baby is at least a two-person chore. Babies usually outgrow colic within a few months, so, even though it might feel like it, it won't last forever! Remember that crying is not bad. It's a normal part of development and your baby's way of communicating his needs. You'll soon learn the that cries sound different. One cry may mean hunger, another one may mean change my diaper, or another one hold me. You can't spoil a newborn.

CLOTHING

It's important not to overdress your baby. Clothing should be loose-fitting with no binders. As a good rule of thumb, dress your baby the same way you would feel comfortable, but with one extra layer.

HOT WATER

To minimize the risk of scalding, we recommend your hot water heater be set no higher than 120°F.

DIAPER POWDER

We don't recommend powders for diaper care, especially baby powder. Baby powder gets into the air babies breathe and can irritate their lungs. Diaper creams, ointments, and lotions are safer.

SMOKE & CARBON MONOXIDE DETECTORS

Houses should have at least one smoke detector on each level. Many safety experts recommend one in each bedroom, as well as a carbon monoxide (CO) detector for the house. Be sure to check the batteries at least twice a year to be sure they're still functioning. An easy way to remember this is to check the detectors when you change your clocks for daylight savings time (both Spring and Fall). Your family should have an escape plan in case of fire, including multiple exit sites, and a safe place to meet outside so you can be sure everyone is out safely.

We also caution against passive smoke exposure of any kind. Our recommendation for the health of your baby is to avoid exposing your infant to cigarette smoking. The more smoke your child is exposed to, the higher her chance of developing more colds, lung infections, ear infections, allergies, asthma problems, and cancer. The best thing for your child's health is for you not to smoke at all. Even if you don't smoke near your child, chemicals from smoking stay with you on your clothes and on your body. If you must smoke, smoke outside the house, and remove your coat or jacket when you come back in. Never smoke inside or in the car. Even if your child is in another room or not in the car at the moment, she will still be exposed to lingering, harmful chemicals later.

CAR SEATS

Newborns should be restrained in a rear-facing car seat, in the rear seat of the car. NEVER ride with your baby in your lap. The American Academy of Pediatrics recommends all infants and toddlers ride in a rear-facing safety seat until age 2, or until they reach the highest weight and height allowed by their car seat's manufacturer. For more info, see Dr. Hartung's Doctor's Note:
<http://kidspluspgh.com/doctors-notes/car-seat-safety-newborn>

CALL US IF...

1. Your baby has a fever with a rectal temperature of 100.5 degrees or higher..
2. Your baby is vomiting (not just spitting up) repeatedly or refuses food several times in a row.
3. Your baby is excessively crying or irritable without an obvious cause.
4. Your baby is listless.
5. Your baby has a persistent cough or change in her normal breathing pattern

AND REMEMBER...

We have a wonderful, 24/7/365 resource for parents in our **Kids Plus Facebook Page**. Like us on Facebook, and follow along with our great Kids Plus Social Media Family!

We look forward to seeing you at your 1-Month Well Visit!



Pittsburgh's Best and Fastest Growing Parenting Resource.