

CARING FOR YOUR NEWBORN

Congratulations on your newborn! Whether this is your first or fifth, you are entering an exciting new world with this unique individual as part of your growing family. We are happy you chose us to share in your journey.

Pre-natal visit

We welcome expectant parents to visit our practice prior to the birth. You can schedule a visit to meet with one of our physicians, get a feel for our practice and ask questions. It is not necessary to decide about using our practice during this visit.

Hospital stay

When you go to the hospital to deliver your baby, in addition to the name of your OB, the staff will ask who you have chosen to be your baby's pediatrician. If you deliver at one of our hospital affiliates, Lenox Hill Hospital, New York Hospital or Mount Sinai, the nursing staff will typically notify our office of the arrival of your newborn. One of the doctors from the practice will then come to see you and the baby at the hospital within 24 hours of birth. If we have not come to see your baby within 24 hours, please call the office directly to notify us.

The typical hospital stay is 2 days for a vaginal delivery and 4 days for a Cesarean-section. During this time, your infant will be monitored and tested for a variety of things. New York State mandates Newborn Screening which is a blood test obtained from the baby's heel which tests for various, but uncommon, disease states. The results are mailed to your pediatrician within several weeks. Our retrieval of these results is facilitated if you bring in the pink slip from the hospital with the screening number on it. Also tested is the baby's hearing. Technically this is difficult given the size of the infant's canal and should your baby fail this test in the hospital, it will be repeated as an out-patient in several weeks, giving the infant's canals time to grow.

Two common conditions that every infant experiences to a certain degree in the first week of life are weight loss and jaundice. It is typical to lose up to 10% of birth weight during the first few days of life and most babies are back up to birth weight in 2 weeks. Jaundice is caused by an elevated bilirubin level in the blood and causes a yellow appearance of the skin. Depending on how quickly it appears and how yellow the skin gets, your pediatrician may decide to obtain a blood level of bilirubin for monitoring purposes. All findings will be discussed with you and questions answered.

First office visit

The timing for your first office visit depends in part on how long you have spent in the hospital with your baby. Typically we like to see an infant who was delivered vaginally in 2 to 3 days after discharge to further assess weight loss and color. If you were in the hospital for 4 days after a C-section, you can schedule your first visit up to a week after discharge. Should you need to come in sooner, this will be discussed with you by the pediatrician prior to discharge.

At the first visit, as well as on subsequent visits, your infant will be weighed and measured by the nurses. You will also be asked routine infant care questions pertaining to feeding, bowel and urinary patterns, development and safety. Your baby will be examined by the physician and any questions answered.

Infant care topics:

- Sleep: Infants typically sleep between 14-18 hours a day during the first several weeks. Always place your baby on its back to sleep. It has been proven to be the safest sleep position for an infant. There should be nothing extraneous in the bassinet or crib such as pillows, blankets or stuffed toys.
- Dressing: It is a myth that babies need to be over-dressed. They should be dressed in as many layers as keep you comfortable.
- Going out: Babies can go out at any age. Exercise and fresh air is good for everyone. Use common sense if weather is extreme- snow, rain, heat, cold- and dress appropriately. In cold weather you may consider adding an additional thin layer to your baby as they are not moving and generating as much heat as you are.

We do recommend limiting exposure to crowds as this can increase the baby's risk of infection during the first two months of life.

- Breast-feeding your baby: Along with the American Academy of Pediatrics, we agree that breast-feeding is the preferred method of feeding for most babies. Benefits include a decrease in baby's risk of developing diarrhea, respiratory and ear infections and also provide health benefits for the mother.

Initially your breasts will produce small amounts of colostrum, a fluid rich in nourishment and protective antibodies. Your body will produce milk in response to the baby's demand. Nursing every 2-3 hours in the beginning will ensure prompt milk production and weight gain. Expressed breast milk can be refrigerated for 48 hours or frozen for six months. Since breast milk is not homogenized, it should be mixed before feeding.

Tips for avoiding cracked nipples:

- Start with short feedings and increase gradually each day.
 - Alternate sides at the start of each nursing session
 - Feed for no longer than 20 minutes on each side and at least 1 ½ hours between feeds.
- Bottle feeding: Regardless, breast feeding does not work in all families. Enfamil or Similac formulas, with iron, are healthy feeding alternatives. Iron is needed to avoid anemia and most babies tolerate these formulas without constipation problems. Formula is sold as powder or ready-to-feed. While nutrients are the same in either form, it is advisable to stay with one form for the majority of your infant's feedings to avoid upsetting their digestion.

Formula can be refrigerated for 48 hours. You can take out the chill by running the bottle under warm water for about a minute. Never use a microwave to warm a bottle and do not re-store partially finished bottles.

Sterilizing anything for your baby is unnecessary. Simply clean bottles and nipples with soap and hot water and let them dry thoroughly.

You should attempt burping at the end of a feeding or if the baby interrupts the feeding. After a reasonable amount of time, do not worry if there is no burp.

- Elimination: Newborns have 6-10 wet diapers a day. A rule of thumb is to have one wet diaper for each day of life until they are about a week of age. Initially bowel movements are thick, green meconium and gradually become soft and yellow. Any pattern of bowel movements ranging from after each feeding to 2 per week is normal. As long as the baby is feeding well and the bowel movements are soft, frequency is not as important. Infants may push and strain even with soft bowel movements but hard pebbly stool may represent constipation and we should be notified.
- Dealing with your crying baby:
 - Swaddling: Sudden movements can be startling and upsetting to a newborn. This is a normal reflex called the Moro reflex and lasts about 2 months. Swaddling can be very comforting.
 - Contact: You cannot spoil a newborn. Babies should be held, stroked and patted to soothe as often as possible.
 - Motion: Movement often calms newborns. Walk with your baby in your arms or a stroller or ride in a car. You can also use an infant swing, cradle or rocking chair.
 - Sounds: Talk, sing or play soft music. Sounds simulating running water work well to soothe newborns.
 - Pacifier: Babies sometimes need to suck even when they're not hungry. It is an age-appropriate way to soothe them. We recommend trying a pacifier until your infant is old enough to be comforted in other ways

If nothing works to soothe your baby, he or she may be over-stimulated. Laying your infant in their crib to cry for 5-10 minutes may be what is needed.

General infant topics:

- Umbilical cord care: The umbilical cord stump falls off between 5-21 days of age. It should be cleaned with alcohol about 3 times a day. Notify the office if the area becomes red or swollen.
- Bathing: The baby should be sponge-bathed until the cord is off and the belly button is fully healed. Infants do not need bathing more than 1-3 times a week. Oftentimes just water is enough or mild soaps such as Dove can be used.
- Skin care: A newborn's skin usually peels and is not necessarily an indication of dry skin. Infants do have very sensitive skin early in life and perfumed products should be avoided. If your baby develops a dry skin condition such as eczema or seborrhea, we will discuss a skin care regimen with you.
- Nails: A mild Emory board can be used to file your infant's nails and is safer than an infant nail scissor.



- Diapers: Disposable diapers are most convenient. Choose a brand that works best for your baby. As with changing soaps frequently, your baby could develop a reaction to one brand of diapers over another. It is best to stick with the brand you find works best.
- Eyes: Your baby's lids may be swollen for the first few days and there may be some discharge. You can gently wipe the eyes with a cotton ball moistened with warm water. If the eye becomes red or discharge worsens, call the office.
- Breasts and vaginal care: Baby's are exposed to high levels of estrogen during pregnancy. Secondary to this, breast tissue of both boys and girls may be swollen for several months. For girls, there may also be vaginal discharge or bleeding after birth for a few days. All conditions are common and will resolve spontaneously.
- Circumcision care: If your baby is circumcised, you will be instructed to apply Vaseline to the tip of the penis at diaper changes to protect the skin from excess chafing. This is typically needed for about 5 days.
- Hiccups: These are normal, occur frequently in the newborn period and don't require treatment.
- Sneezing and nasal congestion: Nasal congestion in an infant is common. We all have mucous in our airways but an infant nasal passages are smaller and even a small amount of mucous is noticeable. In addition, they can't blow their noses or clear the throats the way adults can. Therefore, sneezing may be their only way to clear excess secretions. To aid an infant with nasal congestion, you can try putting a few drops of saline nose drops into each nostril, let it sit for 5 minutes and then aspirate each nostril with a bulb syringe.

Items to have at home for a newborn:

1. Digital thermometer
2. Saline nose drops and nasal aspirator
3. Zinc-oxide base diaper rash cream (i.e., Desitin, Balmex)
4. Vaseline
5. Moisturizers (i.e., Aquaphor, Eucerin, Lubriderm)
6. Rubbing alcohol
7. Bacitracin
8. Diapers
9. Cotton balls
10. Bottles with nipples
11. Pacifier
12. Standard formula (i.e., Enfamil or Similac)
13. Mild soap (i.e., Dove) and detergent (i.e., Dreft)
14. Baby comb
15. Emory board (soft)

The birth of your newborn is a very exciting event. We are privileged you have chosen us to guide and support you in the care of your baby.