

# Your Baby

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Baby's Name: \_\_\_\_\_

Birth Weight: \_\_\_\_\_ Length: \_\_\_\_\_

Birth Date: \_\_\_\_\_

## **(Some) Instructions for New Parents**

Congratulations on the birth of your new baby! This is a time not only of great joy and excitement, but also more than a little anxiety. All of us, when presented with a new baby, have at onetime felt unsure about our parenting abilities. This booklet is by no means intended to be a strict or comprehensive set of rules you must always follow, but rather a group of suggestions based on my experience as a physician and parent. The most important thing to remember is to relax and enjoy your child and your new role, and always keep in mind that with parenting, as with anything else, we learn by doing.

### **Baby and Crowds**

Until your baby has a chance to build up resistance to infections, you should minimize the number of visitors (especially children) who handle your baby. I suggest that you avoid taking your new baby into large crowds during the first six weeks.

### **Weight Gain and Weight Loss**

Most newborns weigh between 5 ½ to 10 pounds. During the first days of life infants generally lose 4 to 10 ounces before they start to gain weight. Breastfed babies may lose slightly more at first without cause for concern. This weight loss is from the loss of excess body water and is perfectly normal. Most infants will regain their birth weight by ten to fourteen days, double it by five months, and triple by one year.

### **Feeding Your Baby**

You should keep your baby on breast milk or infant formula until your baby reaches the first birthday. Cow's milk (whole, 2% or non-fat, pasteurized) should not be given during the first year. Solid foods (spoon-fed baby food) usually not until the sixth month.

Your newborn may need feeding as often as every two hours, but keep in mind your baby does not need to be fed every time he or she cries. Consistent crying at short intervals may mean more milk is needed at each feeding, or your baby may be uncomfortable from soiled or wet diapers, colic, swallowed air, or an environment that is too hot or cold, too boring or over stimulated, and some cry until they make eye contact, for that reason alone. Don't get into the habit of offering frequent, small feedings to pacify all crying. Before you feed a crying baby, make sure the crying isn't a result of other discomforts.

Let your new baby establish his or her own feeding schedule. Don't watch the clock. Your baby will decide how often and how much to eat. After the first one or two weeks, you should not awaken your baby for a feeding. Do not wake your baby at night (after 10 pm) for feedings.

Length of feedings vary, but generally breast-fed newborns nurse 10-20 minutes on each breast and need to be fed every 2 to 3 hours. Most formula-fed infants take 2 to 4 ounces of formula every 3 to 4 hours during the first weeks and will gradually increase their formula consumption thereafter.

## **Breast Feeding**

Breast milk is usually the food for newborn babies. Virtually all women are physically able to nurse their babies. Nature has seen to it that the production of breast milk is closely related to the nutritional needs of newborns. For the first 2-3 days, you will be producing colostrum, a watery substance rich in antibodies. If your baby does not have jaundice, this is all your baby needs until your milk comes in. After a few days your milk will “come in”, and you should feel sore breast engorgement, and leakage. Some mothers, however, produce perfectly adequate amounts of milk without feeling any engorgement.

It takes about 7-10 minutes for the average baby to empty a breast of “foremilk”, the rich milk at the beginning of a nursing. Therefore, babies can be nursed for about 10 minutes on one side, then switched to the other side for as long as he or she wants. The next time you nurse, begin with the other breast. A safety pin on your bra strap may help you to remember which breast to begin with. It is not true that prolonged nursing will cause painful cracked nipples, but rather improper nursing or latch. Be sure that your baby takes as much of the areola (the dark area around the nipple) into his or her mouth as possible. This will allow the baby to nurse more efficiently, by emptying the milk ducts behind the areola, and prevent him or her from chewing on your nipples, causing the bruising and cracking.

Babies should not be fed on a strict schedule. Their frequency of nursing will change with their rate of growth. Generally, newborns will nurse every 2-4 hours. However babies go through periodic growth spurts during which they may nurse every hour. This doesn't mean that you don't have enough milk or that your milk isn't good enough; rather it reflects your baby's temporarily increased nutritional demand.

Nursing mothers require no special diets. You do not need to stay away from onions, spices, or any other foods, as they have little to do with your breast milk composition. Caffeine, chocolate, nicotine, or any drugs excreted or passed into breast milk should be avoided. You should remain on all your prenatal vitamins while you are nursing.

Be sure to drink plenty of fluids. Every time you sit down to nurse, have a glass of water, juice, or other liquid next to you. This will remind you to drink extra fluids.

Keep in mind that the stimulator for producing more milk is more nursing.

Most problems encountered when beginning to nurse are because of technique, both yours and your baby's. Most of these problems can be overcome by teaching and encouragement. Don't get discouraged, and please call the office with any feeding problem.

## **Formula Feeding**

Formula is the next best food to breast milk. The added iron will not cause either diarrhea or constipation. Most formulas come “ready-to-use”, concentrated, or powder. Read the instructions carefully to insure proper preparation. Formula should be fed at room temperature or slightly warmer. Take care not to give your baby formula that is too hot. Prepared formula can be stored in the refrigerator for up to 48 hours. If the formula has been partially used, do not put it back in the refrigerator. Bottles can be properly cleansed in a dishwasher. Your newborn will probably take 2 to 4 ounces of formula per feeding. When you see that your baby is emptying a bottle, add another ounce to the next bottle.

As you feed your baby, sit in a chair in which you can be comfortable and relaxed. Your baby should be hungry, fully awake, warm, and have a dry diaper. Hold your baby in the nursing position even if you’re bottle feeding. Your baby’s head should be slightly raised, resting in the bend of your elbow, and close to you. He or she should be in a position to easily obtain eye-contact with you. You should always be looking at your baby’s eyes, so that (s)he will always see you looking in the eyes when (s)he glances up to you. You shouldn’t have to spend more than 30 minutes trying to feed your baby.

Hold the bottle so formula fills the nipple. This will help your infant avoid swallowing air. Too much swallowed air not only gives the baby a false sense of being full but also will make your baby uncomfortable later; swallowed air is the most common cause of a “gassy” baby.

The size of the nipple hole should be large enough so the milk drips at a steady rate without forming a stream. If milk pours out too rapidly, discard the nipple. If the hole is too small, enlarge it by punching a sterilized needle or a clean toothpick through the hole.

Never prop your baby’s bottle to let him feed by himself. Bottle propping deprives your baby of physical contact, and is dangerous to small infants who will choke if left unattended.

## **Jaundice**

Jaundice is a common condition in newborn babies. It appears within a few days of birth and makes a baby’s skin look yellow. Most babies develop jaundice in the first few days after birth because it takes a few days for the baby’s liver to get better at removing bilirubin, the natural chemical that causes jaundice. Most cases of newborn jaundice are mild and go away on their own, but in unusual situations the bilirubin level can get very high and might cause harm. This is why newborns should be checked carefully for jaundice and treated to prevent a high bilirubin level.

The skin of a baby with jaundice usually appears yellow. The best way to see jaundice is in good light, such as daylight or under fluorescent lights. Jaundice usually appears first in the face and then moves to the chest, abdomen, arms, and legs as the bilirubin level increases. The whites of the eyes may also be yellow. Jaundice may be harder to see in babies with darker skin color.

If your baby looks jaundiced in the first few days after birth, your baby's doctor or nurse may use a skin or blood test to check your baby's bilirubin level. However, because estimating the bilirubin level based on the baby's appearance can be difficult, most experts recommend that a skin or blood test be done in the first 2 days even if your baby does not appear jaundiced. A bilirubin level is always needed if jaundice develops before the baby is 24 hours old. Whether a test is needed after that depends on the baby's age, the amount of jaundice, and whether the baby has other factors that make jaundice more likely or harder to see.

**Q: Does breastfeeding affect jaundice?**

Breast milk (human milk) is the ideal food for your baby. Jaundice is more common in babies who are breastfed than babies who are formula-fed. However, this occurs more often in newborns who are not getting enough breast milk because their mothers are not producing enough milk (especially if the milk comes in late) or if breastfeeding is not going well, such as babies not latching on properly.

For the first 24 hours after birth, normal breastfed newborns receive only about 1 teaspoon of milk with each feeding. The amount of breast milk provided increases with each day. If you are breastfeeding, you should breastfeed your baby at least 8 to 12 times a day for the first few days. This will help you produce enough milk and will help keep the baby's bilirubin level down. If you are having trouble breastfeeding, ask your baby's doctor or nurse or a lactation specialist for help.

**Q: When should my baby get checked after leaving the hospital?**

**A:** It is important for your baby to be seen by a nurse or doctor when the baby is between 3 and 5 days old, because this is usually when a baby's bilirubin level is highest. This is why, if your baby is discharged before age 72 hours, your baby should be seen within 1-3 days of discharge. The timing of this visit may vary depending on your baby's age when released from the hospital and other factors.

Some babies have a greater risk for high levels of bilirubin and may need to be seen sooner after discharge from the hospital. Ask your doctor about an early follow-up visit if your baby has any of the following symptoms:

- A high bilirubin level before leaving the hospital
- Early birth (more than 2 weeks before the due date)
- Jaundice in the first 24 hours after birth
- Breastfeeding that is not going well
- A lot of bruising or bleeding under the scalp related to labor and delivery
- A parent, brother, or sister who had a high bilirubin level and received light therapy

**Q: When should I call my baby's doctor?**

**A:** Call your baby's doctor if:

- Your baby's skin turns more yellow.
- Your baby's abdomen, arms, or legs are yellow.
- The whites of your baby's eyes are yellow.
- Your baby is jaundiced and is hard to wake, fussy, or not nursing or taking formula well.

### **How is harmful jaundice prevented?**

Most jaundice requires no treatment. When treatment is necessary, placing your baby under special lights while he or she is undressed will lower the bilirubin level. Depending on your baby's bilirubin level, this can be done in the hospital or at home. Jaundice is treated at levels that are much lower than those at which brain damage is a concern. In some babies, supplementing breast milk with formula can also help to lower the bilirubin level and prevent the need for phototherapy. Treatment can prevent the harmful effects of jaundice.

**Note:** Exposing your baby to sunlight through a window might help lower the bilirubin level a very small amount, but this will only work if the baby is undressed. Make sure the temperature in your home is comfortable and not too cold for your baby. Newborns should never be put in direct sunlight outside because they can get sunburned.

### **When does jaundice go away?**

In breastfed babies, it is common for some jaundice to last 1 month or occasionally longer. In formula-fed babies, most jaundice goes away by 2 weeks. However, if your baby is jaundiced for more than 3 weeks, see your baby's doctor.

## **Juices**

Juices add no nutrition to your baby's diet, and only detract from other more healthful foods. All fruit juices should be avoided, at least until he or she can drink from a cup.

## **Burping**

Burping helps remove air swallowed during feeding. You can burp your baby after a feeding or at intervals during a feeding if need be. There are three good methods for burping your baby: 1) Hold your baby so baby's head rests on your shoulder and baby's chest rests against yours. Then pat the back or rub it upward with your hand. 2) Lay your baby face downward on your lap, and rub or pat baby's back. 3) Set your baby up in your lap. Support baby's head and back with one hand, baby's chin and chest with the other. Wait for the gas to rise up.

## **Tummy Time**

After burping it's helpful to allow your baby about 5 minutes of time on his or her tummy (prone

position). Place your baby on a firm surface and always watch him or her while in this position. This interval, after burping is good for at least 3 reasons: 1) Tummy time gives the back of the head a break, avoiding “flat heads”. 2) It gives the baby an opportunity to get some exercise, pushing up against gravity, and developing strength and stimulation. 3) Tummy time puts the baby in a position that gives him or her another way for gas to escape – from both ends !

## **Spitting Up**

All babies will spit up small amounts of milk after a feeding, occasionally. This is not a cause for alarm. It may be reduced to a minimum by adequate burping.

## **Introduction of Solids**

Here’s what you should know about introducing solid food:

1. Nutritionally, solid foods are unnecessary during the first 4-6 months. Breast milk or formula will provide all the nourishment your baby needs during this time.
2. New foods can be added every 2 days. If you add a new food and it results in diarrhea, constipation, vomiting, or rash, stop giving the food and try again later when your baby is older.

## **First Foods**

Infant cereals, fruits, and vegetables can be introduced one at a time, in any order, after six months of age.

## **Baby Care**

### **Bathing**

Until your baby's umbilical cord stump has fallen off and (if a boy) his circumcision has healed, your baby can be kept clean with a soft, damp wash cloth and mild soap, eg, fragrance free Dove soap. After the umbilical cord and circumcision are healed, you can use the tub bath method of bathing. When you bathe your baby, be sure the room is warm and without drafts and the water temperature is about 85 degrees F.

### **Umbilical Cord**

The umbilical cord will fall off by itself in one to four weeks. Apply alcohol to the cord twice daily with a cotton swab. Do not worry if the navel oozes spots of blood or a clear moist discharge after the cord falls off. This is natural. If the oozing persists more than two days, if it has a foul odor, if you notice redness of the skin around the cord, or if a fever is present, notify me.

### **Circumcision**

Apply Vaseline to the circumcised area with each diaper change. Call me if any swelling or bleeding occurs. If your son is not circumcised, do not retract his foreskin. The tip, or glans of the penis is initially red and may have thin yellow crusts in spots. This is normal. Usually the skin of the glans will look more normal in two to three weeks, and will appear pink or slightly purple.

## **Newborn Appearance**

Many parents have concerns about the following newborn appearances. In most cases, they are either normal or can be simply remedied.

### **Head**

White dandruff-like flakes are common on an infant's scalp. These flakes are the result of normal shedding of old dead skin, and they do not indicate a dry scalp. Do not use oils, lotions, or Vaseline. They can only stick the flakes to the scalp and make the condition worse. If you notice thick yellowish scales, this is cradle cap. It is a very common in infants, and it results from the accumulation of old skin. They can occur in spite of washing. Oils, lotions, or Vaseline may make this condition worse. You can treat cradle cap by removing the scales with a soft brush.

The soft spot or fontanel on an infant's head is a normal gap where the skull bones have not yet joined. The spot is covered by a thick fibrous tissue, and is very tough. You do not need to fear hurting the soft spot. Sometimes you may notice pulsating of the soft spot – this is normal. The skull bones contain many normal lumps, bumps, and irregularities. This is normal.

## **Ears**

Yellow-orange discharge from ears is called cerumen, or ear-wax. It is a normal product of the ear canal lining and will periodically discharge to the outer ear. It can be wiped easily from the outer ear with a cotton swab, but don't stick anything into the canal.

## **Skin**

Some infants have white dots over their nose. These are called milia. They are harmless and will disappear without treatment. Pimples on cheeks or chin are called newborn acne and are very common. They usually resolve in 6 to 8 weeks. Oils, lotions, or cream worsen the problem. Many babies have a generalized flaky skin, and this is a normal process for the first few weeks; you don't want to interfere with that process by putting oil, cream or lotion over the flakes.

## **Vagina and Breast**

Many newborn girls have a whitish or clear vaginal discharge. Do not worry about this. Simply clean the outside of the area with a cotton ball or pad soaked in water.

It's normal for many babies (girls and boys) to have a thin discharge from their nipples or to have enlarged or swollen breasts after birth. No treatment is necessary, as the condition will go away. If you notice any definite redness of the breasts when they are swollen, call the office.

## **Bowel Movements**

If your baby seems happy and content, if he's eating normal, and has no symptoms of illness, then do not worry about minor changes in stool pattern or appearance. Changes in number of stools, consistency, or color are normal. The number of stools a baby has daily varies. Some babies may have a stool with every feeding – that is, 6-10 stools daily – or may have one stool every 3-4 days. The consistency and color of stools will also vary from day to day. Breast fed infants usually have liquid, yellow or mustard colored stools. Breast fed babies have, usually, runny stools; they are not an indication of diarrhea. All babies will occasional have green, brown, or gray stools.

Babies often strain, grunt, grimace, or turn red in the face when having a bowel movement (just like anyone else!). This is not a sign of a problem.

**Constipation** is present when stools are small, pebble or clay-like and infrequent. Do not use enemas, suppositories, or laxatives until you've called the office.

**Diarrhea** is present when the stools contain a great deal of water (they leave a water ring on the diaper or soak through). If your baby has diarrhea for more than one day, call the office. Often, stopping all

milk and solid foods and substituting frequent amount (1-2 oz) of pediatric oral electrolyte solution will alleviate diarrhea.

## **Diarrhea**

Severe diarrhea with persistent vomiting, fever, or blood should be reported to me. Mild diarrhea (after the newborn period) fewer than 5 or 6 times a day, that is not accompanied by fever or vomiting can be handled at home.

1. Stop all milk, dairy, and solid foods for 24 hours. No juice or fruit.
2. Offer clear liquids: pediatric oral electrolyte solution or ½ strength Gatorade – frequently for 24 hours
3. After 24 hours, if your child has started solids (baby food) and the stools are less frequent, then add rice cereal or banana.

## **Diaper Rash**

The best thing for diaper rash is prevention. Change your baby's diaper as soon as possible, when needed. Wash the area with plain water, and apply diaper-rash cream or corn-starch powder. Do not use talc based "baby powder".

Some babies are prone to diaper rash. The following suggestions may help:

- Leave the diaper off for about 15-30 minutes 4 times daily to air dry the area.
- Substitute cloth diaper if you're using disposable, or vice-versa.
- Use a mild soap to wash the diapers, and add ½ cup of white vinegar to the final rinse cycle.
- Do not use bleach, fabric softener, or drier-sheets
- If the rash contains "whiteheads" or pus, wash the area 2 to 3 times daily with a mild soap and apply bacitracin ointment. Do not use "Neosporin", or "triple" antimicrobial ointment.

## **Sleep**

Many volumes of books have been written on this subject; briefly: Most newborns will wake up for feeding every 2 to 4 hours. Usually babies begin sleeping through the night at about four months of age. An occasional baby will sleep through the night sooner. Sometimes parents think that starting solid food will make their baby sleep better, but there is no evidence that it will. Food is not a sedative and should not be added to the diet to help sleep.

By about five to seven months, your baby may return to waking during the night. This is a normal stage of development. When this occurs, let the baby stay in bed, comfort him, pat him on the back and change him if necessary. Keep it dark, quiet, and simple; the pattern of night-time sleeping will be reestablished quickly.

## **Special Instructions**

## **Colds**

A runny nose, nasal congestion or mild cough, unless they are accompanied by vomiting or high fever, can usually be handled at home. Most newborns have an increased amount of nasal mucus and congestion, or sneezing and noisy breathing, during the first one to two months. The nasal bulb that you were given at the hospital can be used to gently remove mucus. A cool mist vaporizer (or humidifier) in your baby's room at night may also help.

## **Vomiting**

Forceful, persistent vomiting with or without fever in an infant under six months, or in any child if it is associated with fever or abdominal pain, should be reported to me. Vomiting after a bump or blow to the head should also be reported, or brought to medical attention. If your child is over six months old, is alert, and has no fever or pain, simple vomiting from "flu" or upset stomach can be handled without help:

1. Feed nothing by mouth for one or two hours after the vomiting.
2. Offer small sips (1tsp to 1 or 2 ounces) of clear liquids every 10 to 20 minutes.
3. After 8 hours with no vomiting, your baby's regular diet can be offered in small volumes.

## **Fever**

Fever is a rectal temperature over 100.3 degrees F. Medications like Tylenol (acetaminophen) to reduce fever can be given when the temperature is over 101 degrees. When your baby has a fever, give extra liquids.

If your child's temperature is over 104.0 F, sponge your child with luke-warm water (about 78 degrees or give him a bath in the same temperature water for 10-15 minutes. Do not make the water cold, or use alcohol. Ice baths should never be used.

Any fever (100.3 or greater) in a child younger than 2 months should be reported to a doctor, regardless of the time of day.

## **Poisons**

All medications at home should have child-proof caps and be kept in a locked or out-of-reach cabinet. Likewise all soaps, cleaning agents, and painting supplies should be stored away in a secure, child-proof place. If you've seen your child swallow a poison or medicine, or if you think he or she has, call the **poison center 1-800 411 8080** or go to an emergency room at once !