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NEWBORN

HANDOUT





Commonly Asked Questions Regarding Newborns & Infants

Q: I plan to breastfeed. What should I expect? What if I need help?

A: Make sure you're eating and drinking. It affects quality of the milk and your levels of fatigue. We like to see breastfeeding moms consume at least an extra 500 calories a day and consume 120-150 oz of fluid per day (water is the healthiest choice). While breastfeeding, mom's diet may be a normal, regular diet with few exceptions. Food tolerances are individual to each mom and baby. Food filters into breastmilk within 4-6 hours after eating. If you find a certain food bothers you or your baby, eliminate it from diet. Foods that commonly cause problems while breastfeeding include: tomatoes, onions, cabbage, broccoli, beans, chocolate, spicy foods and dairy products. Moms have a tendency to think, 'The baby is born so now I can start working on getting the baby weight off.' But you need the calories. Breastfeeding is a learned skill that can only be mastered by practice and experience. Many assume nursing will go absolutely swimmingly with no problems at all. It's a rare that mom/ family don't struggle with breastfeeding in some capacity. Don't feel like a failure. Try your best, but in the end, if you do encounter struggles, seek help. Ultimately, breastfeeding may not be for every mom. If you need help, you can talk to a lactation consultant. MDPA can give you recommendations. Hospitals have great resources also. As well as, La Leche League and local support groups.

Q: Do I have to breastfeed for a whole year? It's been 6 months, and I'm kind of over it.

A: The American Academy of Pediatrics recommends nursing for 12 months, exclusively for the first six months. But a mom should stop breastfeeding if she realizes that she's no longer enjoying it, even though it has myriad of benefits. There's also no need to wean as soon as your child turns 1, if prolonged breastfeeding makes you both happy.

Q: Why is breastfeeding so important?

A: Breast milk is best for your baby, and the benefits of breastfeeding extend well beyond basic nutrition. In addition to containing all the vitamins and nutrients your baby needs in the first six months of life, breast milk is packed with disease-fighting substances that protect your baby from illness. It is designed to be easily digestible by your infant's sensitive and immature



system, resulting in fewer problems with constipation, gas and colic. Breastfeeding can protect your baby from developing allergies, may protect your child from obesity, may lower your baby's risk of SIDS, and may even boost your child's intelligence. And scientific studies have shown that breastfeeding is good for your health, too. Regardless of the feeding method you choose, it is important that you try to remain relaxed, confident and enthused during the process.

Q: What signs show that my baby is receiving enough milk during breastfeeding?

- a. You start producing milk abundantly 2-4 days after your baby is born. If your baby seems hungry after most nursings, or you do not think your milk has come in by 5 days after delivery, please call our office.
- b. Your baby latches on correctly and sucks rhythmically for at least 10-15 minutes per feeding. Your baby may pause sometimes while breast-feeding. However, he/ she should nurse vigorously during most of the feeding. You should hear your baby swallow regularly while breast-feeding. Allow your baby to remain at the first breast until it is well drained, so he will receive the rich, high-fat hind milk. When your baby starts to suck less vigorously on the first side or begins to doze off, you can burp him/ her, change his/her diaper and arouse him/her to take the second breast. Since the first breast gets drained better, begin each feeding on a different side. This way, both breasts will get about the same stimulation and emptying.
- c. Your newborn nurses at least 8 times every 24 hours. Nurse your baby as often as he/she shows hunger cues, such as waking from sleep, becoming alert, bringing a hand to his/her mouth, turning his/her head, or moving his/her mouth or tongue. Remember that crying is a late sign of hunger and a baby may not nurse well after crying too long. You can expect your baby to eat about every 1 to 3 hours, with a single longer stretch (up to 5 hours) between feedings at night. At times you may need to awaken your baby to nurse. Some babies just don't demand to be fed as often as they should, especially in the first few weeks of life.
- d. Your baby appears satisfied after nursing and may fall asleep at the second breast. Breast-fed infants who appear hungry after most feedings - who cry, chew their hands, or often need a pacifier after nursing - may not be getting enough milk.
- e. Your breasts feel full before each feeding and softer after your baby has nursed. After the longest time between feedings at night, your breasts should feel particularly full.
- f. Your baby's bowel movements look like cottage cheese and mustard by the 4th or 5th day of life. Bowel movements that look like cottage cheese and mustard are called "milk stools." If your baby is still having dark meconium, green, or brown stools by 5 days of age, please call



our office.

- g. Your baby urinates 6 or more times a day once your milk has come in. The urine should be colorless, not yellow. If it looks like the diaper has reddish brick dust on it after your baby is older than 3 days, your baby's urine probably is too concentrated and your baby may not be getting enough milk.
- h. Your baby has 4 or more good-sized bowel movements each day. Many breastfed babies have a bowel movement every time they nurse during their first 3 to 4 weeks of life.
- i. Your nipples may be a little tender for the first several days of nursing, especially at the beginning of feedings. The discomfort should be nearly gone by the end of the first week of breast-feeding. Nipple pain that is severe, lasts throughout a feeding, or continues more than 1 week after birth could mean your baby is nursing incorrectly. If your baby does not latch on properly to nurse, your infant may not be getting enough milk.
- j. Two or three weeks after delivery you may notice the sensations associated with milk letdown. Breast-feeding causes the release of the hormone oxytocin, which causes the uterus to cramp. These "after-pains" with breast-feeding are more noticeable than any early breast sensations. They usually go away 7 to 10 days after the birth of your baby. The sensations of milk let-down are tingling, pins-and-needles, or a tightening feeling in your breasts as milk begins to flow. When your milk let-down occurs, your baby may start to gulp milk. Milk may drip or spray from the other breast. You may find that just hearing your baby cry causes your milk to let down, even before your baby starts nursing. If you don't notice any signs of milk let-down, your milk supply may be low.
- k. Once your milk comes in, your breast-fed baby should gain weight rapidly - at least 1 ounce each day for the first couple months of life. The only way to be absolutely certain that your baby is getting enough milk is to have your baby weighed regularly. If your baby is not gaining enough weight, your milk supply may be low or your baby may not be nursing effectively. Such breast-feeding difficulties are easier to overcome if you recognize and treat them early.

Q: How often should I feed my baby?

A: At birth your baby's stomach is the size of a cherry and can hold 0.1-0.2 oz (5-7mL) of milk! The stomach grows very quickly each day and by day 7, their stomach has stretched to the size of an apricot and can hold about 1.5-2oz (45-60mL). This is the reason you must constantly



feed your newborn. By comparison, an adult's stomach is about a size of a grapefruit and can hold about 30 ounces (1,000mL) of food. Newborns need to be feeding at least every 2-3 hours for the first few weeks of life, regardless of if they are breastfed or formula-fed. It's not until they get back to their birth weight, which is around 2 weeks of life that they will start to space out their feedings. It's still pretty frequent at 3-4 hours, and most of the time you have to wake them up to do so to make sure they're getting enough to eat. Around 1 month, the stomach is the size of a large egg, can hold 2.5-5 ounces of milk and will need 17-24 ounces of milk per day. By 6 months, your baby will eat 6-8 ounces, three to five times a day.

Q: When can I start giving solid foods?

A: Your infant will need breast milk or formula until about one year of age. Solid foods can be introduced any time after 4 months of age. Prior to that, your baby's gastrointestinal system is not adapted to handle solid foods. The first solid food usually introduced is infant cereal on a spoon that has been mixed well with formula or breast milk to a thin consistency. Next vegetables and fruits can be introduced followed by meats. To observe for possible allergic reactions, you should wait 3-5 days between each new food.

Q: What constitutes "sleeping through the night," and will it ever happen?

A: It will, but you might have to wait a while. Many 2 month olds can only sleep for five hours straight before waking to feed, according to a study published in the journal Pediatrics. That stretch typically expands to 8 to 12 hours by 3.5-4 months. But it still may not sync with what you consider "through the night" since your infant's big sleep might be from 7pm to 3am. Babies may not start sleeping through to the morning until 5 or 6 months.

Q: Can I spoil my infant by holding him too much?

A: No. Infants are meant to be held. While it's fine to have your infant attached to you (via a wrap or carrier) during the day, nighttime is a different story. Babies who are used to being held or rocked to sleep have a hard time drifting off independently- and soothing themselves back to sleep when they awaken during the night. Put your child in the crib drowsy but awake, on his back and let him learn to do it himself.



Q: My child doesn't exactly "sleep like a baby." He's constantly flailing his arms. Is something wrong?

A: Relax. Babies spend up to half of their snooze time twitching, jerking, making sucking noises, and flailing their extremities. Experts believe this REM, or active sleep, is critical to brain development. By 6 months, most babies will spend more time in quiet sleep mode.

Q: Is it colic?

- a. If you've ruled out other causes of crying, your baby may have colic (irritable infant syndrome). Breastfed babies are just as likely to have colic as bottle-fed babies.
- b. Symptoms of colic include:

Baby cries or is fussy for more than 3 hours per day. It is difficult to soothe your baby. Baby is happy much of the day, but becomes progressively fussier as the day goes on. Baby draws his knees up to his chest and passes gas, flails his arms, and frequently arches his back and struggles when held. Baby's belly muscles may feel hard during crying.

- c. Occasionally, colic is caused by sensitivity to food in the nursing mother's diet. Cow's milk products, such as cheese, ice cream, and butter, are common sensitivities. Other food items that may cause problems include stimulants (caffeine) and gas-producing foods. Your baby's doctor or your lactation consultant may suggest eliminating these food products for a time to see if the colic symptoms improve.

Q: What is normal baby poop?

A: Green, brown, light yellow and seedy mustard... all normal. These variations in hue depend on whether your baby is drinking formula or breastmilk (and even if its foremilk or hindmilk). Stool changes dramatically in quality and frequency in the first three months. You can ignore the color unless its white and chalky, thick and black or red. These tints could signal an illness, so let your pediatrician know right away. Babies make many noises and turn red during bowel movements, but that's normal. Avoid fixating on how often your baby goes, whether its ten times a day or one time a week. A more significant marker: She should have at least 6 wet diapers a day, which indicates that she's well hydrated and getting the nutrients she needs.



Q: Is it always bad to wake a sleeping baby?

A: No. In fact, there are instances when it's beneficial. If your baby isn't gaining weight, your pediatrician will likely advise waking her to feed at regular intervals to ensure she gets the nutrients she needs. It's also a good strategy to wake a sleeping infant before you go to bed for a "dream feed," in which she's awake enough to latch or suck a bottle. That way she may snooze for a longer stretch during the night. And by 6 months, you can wake your baby from a long nap to keep her on schedule so that she goes down more easily at bedtime.

Q: How many layers of clothing does my infant need to go outside?

A: Dress your child in one more layer than you have on. Example: If you are wearing a shirt and light coat, your baby needs those plus a blanket. This guideline doesn't apply if you're wearing your child in a carrier/ sling, since your body heat will keep him warm.

Q: If I drink a glass of wine, do I have to "pump and dump"?

A: Possibly. Alcohol flows into your breastmilk as soon as you consume it, and a drink typically takes 2-3 hours to clear your system. So if you drink alcohol right after nursing or pumping, you should be fine for the next feeding/ pumping three hours later. If your child needs to nurse sooner than that or if you consume more than one glass of vino or a high-alcohol beverage, pump and dispose of the milk to prevent engorgement and feed your child previously pumped milk or formula.

Q: Are there substances I should avoid consuming while breastfeeding?

- a. You should be very cautious about alcohol intake- preferable none if possible. Caffeine is okay in small quantities (1-2 cups of coffee). Don't eat more than 4-6 ounces of high mercury containing fish. As far as medications go, many things can affect milk production, like Benadryl. Ask for a list of breastfeeding 'okay' medications.
- b. Water, sugar-water, juice, and electrolyte drinks (for example, Pedialyte) are not needed – don't give them unless you are instructed to do so by your doctor. Cow's milk or goat's milk should also not be fed to a baby younger than 1 year of age. These milks are high in protein and salt and are harder for babies to digest. In addition, these milks do not contain many of



the important vitamins and minerals your baby needs. They are especially low in folic acid and vitamin B12, nutrients that help prevent anemia and iron deficiency.

Q: It says I need to nurse my baby every three hours. Does that mean from the start of a feeding or the end of one feeding to the next? Because his sessions sometimes lasts an hour.

A: It would be three full hours from the start of one feeding to the start of the next one. While nursing can seemingly take forever at first, it speeds up over time. Within a few weeks to month, your infant should be done within 20-30 minutes. If not, he's likely sucking for comfort rather than nutrition, in which case it's time to unlatch and give him a pacifier if desired.

Q: If I decide to bottle feed, what should I know?

A: It's easier to overfeed a bottle-fed baby than a breastfed baby. Breastfeed babies are usually more in charge of their own nutrition. When they are finished, they turn away from the breast, whereas, a parent can keep reintroducing the bottle to the baby. Be more sensitive to the baby's cues.

Q: Where should my newborn sleep?

A: Newborns should sleep on a flat surface with no additional blankets or pillows. It should be firm. That can be either in a crib, pack-and-play or bassinet. This also helps reduce the risk of SIDS.

Q: Can a newborn truly have her days and nights mixed up?

A: Absolutely. It happens all the time, so you need to help your baby flip her internal clock. Go for a walk, or get her into the sunlight, especially in the morning. Speak to her in a happy, energetic tone to signal that it's daytime. In the evening, keep the lights dim, whisper when you speak, and move slowly to tip her off that it's time to sleep.

Q: Why does my baby have a rash?

a. Almost all babies have some type of benign rash in the first few days of life and some are



lucky enough to have more than one. A type of mostly benign rash that can appear from week two to eight is baby acne, a harmless batch of red bumps/ pimples, anywhere on the face but most commonly seen on the cheeks. They often appear more inflamed when the child is crying, leading parents to believe the baby is crying because of the outbreak. The cause is thought to be linked to mom's hormone changes. This condition should not be confused with milia, which are tiny white bumps on your baby's face, as milia is not related to baby acne. In this case the baby has white bumps rather than red and these bumps. They are also called "milk bumps" because they appear similar to a spray of milk on the child's face. The bumps are typically on the nose, chin and cheeks but may occur on other parts of the body. When the bumps appear inside the baby's mouth they are a special type of milia called Epstein pearls. Milia are caused when small flakes of skin become trapped in pockets in the surface of the skin. They are not painful or irritating to the child. Although milia and baby acne are different conditions they have several things in common, including treatment. The best treatment for these conditions is to do nothing. They are normal responses of a baby's skin and will go away on their own. Both conditions should disappear on their own within a few weeks without any scarring or other permanent effect.

- b. Cradle cap is a common skin condition in babies. It appears as red patches with oily, yellow scales or crusts on the scalp. Hormones from mom cause the oil glands in the skin to become overactive and release more oil than normal. It often begins in the first weeks of life. With treatment it will clear up in a few weeks. Without treatment it will go away on its own after several months. Treatment is to apply an antidandruff shampoo to the scalp twice a week. While the hair is lathered, massage your baby's scalp with a soft brush or rough washcloth. Mineral oil can be used to soften the scales prior to treatment; however, it will not clear the scales on its own.
- c. Stork bite marks is a fanciful term for the areas of pink or red often present in the newborn on the upper eyelids, forehead, and back of the neck. Also called nevus simplex and salmon patch, these marks are caused by blood vessels that are close to the surface of the skin. They usually fade by the end of the baby's second year. These "birthmarks" occur in as many as half of all newborns, especially in those with fair complexions.

Q: What causes diaper rash, and how should I treat it?

A: The most common diaper rash is just an irritant diaper rash from moisture being held against the skin. The best way to prevent that is frequent diaper changes. Sometimes if the baby is on antibiotics, they can change the bowel flora and germs in the poop and irritate the baby's



bottom. In rare instances, babies are allergy to some of the materials in diapers. In its run-of-the-mill irritant diaper rash, you can use ointments containing zinc oxide (example Desitin has 40% of zinc oxide which is a higher concentration). Diaper wipes should be avoided during this period since they tend to sting the irritated skin; instead, wash the diaper area with a soft cloth, rinsed out baby wipes or cotton and warm water. If the rash is bright red or does not start getting better after 3 days of warm water cleaning and air exposure, your child probably has a yeast infection.

Q: What is jaundice?

A: Jaundice is the yellowish coloring of the skin and eyes that is sometimes seen in newborns. Jaundice is caused by hyperbilirubinemia— a condition in which a substance called bilirubin builds up in the bloodstream and is deposited in the skin. Your baby is tested for high bilirubin before leaving the hospital. A little jaundice is common in newborns for the first 3 to 5 days. The yellow color of jaundice starts at the head and gradually moves downward on the baby. As the baby's liver breaks down bilirubin, the jaundice gradually disappears. However, in up to 5% to 6% of babies, bilirubin levels are high enough to require treatment. Treatment includes phototherapy (fluorescent light treatment) and frequent feedings of mother's milk or formula. Treatment can usually be done at home, but sometimes hospitalization is required. If your baby's bilirubin level is above normal in the hospital – but not high enough to require treatment – your doctor may schedule you for a follow-up bilirubin test. It's very important to have this testing done. If high bilirubin levels are not treated, some babies may suffer neurological (brain) damage. That's why it's also important to notify your baby's doctor if you notice your baby becoming more yellow or if the jaundice covers more of the body than when you were in the hospital. You should also notify your baby's doctor if your baby becomes lethargic, is eating poorly, has an unstable temperature, or has behavior changes – these can all be signs of a high bilirubin level. Prompt treatment is important to prevent permanent injury in a newborn.

Q: My baby has white patches in her mouth. What is that?

A: Thrush may appear as white or grayish-white, slightly raised patches resembling milk curds on the tongue, throat, inside of the cheeks, or the lips. These patches cling and will not wipe or rinse off easily. If they are wiped off, they leave the underlying tissue raw and may make it bleed. Other symptoms of thrush may include irritability, poor eating, and a persistent diaper rash. Diaper rash caused by a yeast infection may have red spots along the edges. If you think your baby has thrush or a yeast infection, contact his doctor. If you are breastfeeding and your baby



develops thrush, you may also have a yeast infection on your breasts, which can cause your nipples to crack, itch, or burn. Nipples may also become red, swollen, and painful. If you have a vaginal yeast infection, you need to be sure to thoroughly wash your hands so you don't pass it on to your baby. Thrush and other yeast infections are treated with medicine and/or ointment. Many times, both you and your baby must be treated at the same time.

Q: Why does my baby cry so much?

A: New parents have no frame of reference for what is a normal amount of crying. Repeat parents might have had a previous baby who cried less than average. The baby may have a medical problem and colic is a common concern in infants also. They can spend up to three to five hours a day crying (not in a row). Always do your best for your baby, but in the end, if you've swaddled, changed, rocked, fed and everything that you can for your baby, ultimately babies just cry to relieve some energy. You're not a bad parent if you put them in the crib for a few minutes to go collect yourself and then come back to your baby after you feel a bit more re-energized. They may be fussier in the evenings also as they burn off some pent-up energy before they get that long stretch of sleep at night. Having a reliable nighttime routine helps minimize the stress.

Q: When my baby cries, why doesn't she have tears?

A: The tear ducts in the newborn are small and do not function at birth. Tears are usually not produced with crying until the baby is 1 to 3 months old.

Q: What is circumcision and are there any benefits?

- a. A circumcision is a procedure that removes a fold of skin, called the foreskin, from the head, or glans, of a baby boy's penis. It's done either in the hospital before your baby is discharged or in the doctor's office at one of your baby's first checkups. Circumcision is no longer performed routinely. It's your choice whether or not to have your baby boy circumcised. According to the American Academy of Pediatrics and the American Medical Association, there is not enough medical evidence to support routine circumcision. Studies do show some potential medical benefits of circumcision, but there are also potential risks. Since circumcision is not essential to the child's current well-being, parents should determine what is in the best interest of their child. Whether or not to have your son circumcised is YOUR choice. In addition to weighing potential medical benefits and risks, you should



also consider any cultural, religious, or ethnic traditions that may affect your decision. To learn more, ask your healthcare providers. Because routine circumcision is not considered medically necessary, your healthcare insurance may not pay for it. You should check with your own insurance provider before you make a choice. Also, talk with hospital or clinic staff, if needed, for information on costs and financial assistance.

b. POTENTIAL BENEFITS

Reduced risk for urinary tract infection (UTI) in the first year of life. The risk is 1 in 1,000 for circumcised boys, and 1 in 100 for boys who are not circumcised. Slightly reduced risk of developing cancer of the penis. However, this type of cancer is very rare in both circumcised and uncircumcised males. Slightly reduced risk of getting sexually transmitted diseases (STDs), including HIV. Easier genital hygiene and prevention of infection under the foreskin. However, boys who are not circumcised can learn how to clean beneath the foreskin.

c. POTENTIAL RISKS

Bleeding, infection, and improper healing. These are risks of any surgery. If too little skin is removed, the circumcision may have to be repeated. If too much skin is removed, the penis can take longer to heal, or may require reconstructive surgery. When the foreskin is removed, the tip of the penis may become irritated and cause the opening of the penis to become too small. In rare cases, this can cause urination problems that may need to be surgically corrected.

Q: My son was circumcised. How do I care for the penis?

- a. For all types of circumcision: It's normal for the site to be red and raw and to have a yellow, mucus film on it for about 5 days. Don't try to wipe this off – it's a wet scab that protects the wound. Just keep the penis clean by gently washing it with warm water during your son's bath. Don't use cotton swabs, astringents, or any special bath products. Observe the site for signs of infection – Increased redness, swelling, and tenderness, development of pus-filled blisters, bleeding – apply pressure and call your baby's doctor right away, signs of discomfort with urination, failure to urinate within 6 to 8 hours after a circumcision. The circumcision should heal completely within 7 to 10 days.
- b. For a circumcision using a Plastibell clamp: The Plastibell is a plastic rim that is placed between the foreskin and the glans of the penis. If your baby has a Plastibell, don't use any special dressings or ointments on your baby's penis. The plastic rim usually drops off in 5 to 10 days.



- c. For a circumcision using a Gomco or Mogen clamp: Gomco and Mogen clamps are used to surgically remove the foreskin. No special dressing is required. However, to prevent the diaper from rubbing against or sticking to the sore area, you can use a small amount of petroleum jelly on the tip of the penis.

Q: How do I care for my son's uncircumcised penis?

A: Wash the penis gently with soap and warm water during your son's bath. You don't need to use cotton swabs, astringents, or any special bath products. Never forcibly pull back the foreskin to clean beneath it. Over time, the foreskin will retract on its own. This happens at different times for different children, but most boys can retract their foreskins by the time they're 5 years old. After that time, you can teach your child to gently pull the foreskin back away from the glans, and clean the glans and the inside fold of the foreskin with soap and warm water.

Q: What should I do about a fever?

A: Take a deep breath and relax. Of course, that's easier said than done. Many parents have "fever phobia"- a tendency to freak out when their child's body temperature spikes. A fever indicates that your baby has an illness. The degree of fever however, does not always indicate the seriousness of the illness. Most fevers are not harmful and last 2 to 3 days. It is most important to evaluate how your child is acting with the fever. If he/she is still playing, smiling, and eating/drinking well, most likely he/she is not seriously ill. In a way, a fever is a good thing: It means your child's immune system is doing its job by fighting an underlying cold or another infection. The brain commands the body's temperature to rise, which in turn directs the white blood cells to attack and destroy invading viruses and bacteria. Amazingly, healthy kids of all ages usually can tolerate a fever of up to 105-106F with no complications. Chances are your child's temperature will never approach that scary number. Medication should only be used if your child needs it. As a general rule, you should focus on the way your child looks, feels, and acts rather than on what the thermometer says. Medication should never be given to an infant under 3 months of age for a fever without consulting our office first. Otherwise, for kids under 6 months, infant acetaminophen (Tylenol) can be given every 4 to 6 hours. Aspirin should not be used. Older babies and kids can also take children's ibuprofen (such as Motrin or Advil), which is more effective at fighting fever but also somewhat more likely to cause stomach irritation. While it's a natural instinct to treat your child's fever so he feels better, keep in mind that medication will merely mask it, not cure it. If your baby is less than 3 months old, anything above 100.4



degrees warrants a quick call to the doctor. Also call your pediatrician if your child is under 2 and her fever lasts more than 24 hours (for older kids, you can wait three days).

Q: Which formula is the “right” formula for my baby?

A: Formulas are not interchangeable- once you have started on one brand and type, stick with it. Every change in formula sets of a 3-5 day adjustment period for baby’s digestive system that can result in increased gassiness and fussiness. Before making a change, talk to your pediatrician.

Q: What are newborn screens?

A: Every baby born in Texas gets two newborn screening blood tests that check for a number of rare disorders. The first test is done 24 to 48 hours after birth. The second one is done at the baby’s checkup at one to two weeks of age. Since May 2015, all Texas newborns are screened for 24 secondary conditions that can cause developmental delays, major illness or even death. Previously, the blood spot screening included only 29 core conditions. This increased the conditions screened through a blood test analyzed at the state’s public health laboratory in Austin to total 53. Texas babies also have two other tests that screen for hearing loss and critical congenital heart defects at the birthing facility where the birth occurred. You can find more information at www.dshs.texas.gov/newborn.

Q: Should I wait to take my newborn out in public?

A: Out into the world and into the open, absolutely, but if you’re going somewhere where people would be hugging and kissing and holding the baby, I’d be very cautious of that under the age of 2 months. A lot of times, people are sick before they even know it. It’s particularly dangerous for babies under the age of 2 months to get sick and then have a fever, which invariably means a trip to the hospital and a hospital evaluation requiring some invasive tests. Going to a place like Target should be fine. If a stranger comes up, you can politely say ‘Please don’t touch my baby.’

Q: How often should I bathe my baby?

A: American Academy of Pediatrics states that infants up to a year old may only need bathing



two to three times a week. Bathing babies more often than is necessary can dry out their skin.

Q: How should I care for the umbilical cord?

A: Pediatricians used to recommend cleaning the base of the cord with rubbing alcohol. However, most now recommend leaving the stump completely alone because alcohol is believed to irritate the skin and sometimes delays healing. Allow the cord to be exposed to air as often as possible to help in the drying process. Refrain from picking and pulling the cord off. Allow the cord to heal naturally. Clean the area around the cord with soap and water or a very mild cleanser, just like you would the rest of the baby. You don't want to submerge the area in water until the cord has fallen off, usually at about 2 weeks of age. Signs of infection may include if the cord: base appears red or swollen, continues to bleed, oozes yellowish or white pus, produces a foul smelling discharge or seems painful to baby. An umbilical granuloma is a small nodule of firm pinkish-red tissue (similar to scar tissue) with persistent yellow-green drainage. This is different than an infection because it is not accompanied by swelling, redness, warmth, tenderness or fever. It is often treated by cauterization with silver nitrate.

Q: Can I ensure that my baby has an 'innie' bellybutton? What causes 'outie' bellybuttons?

A: There is no way to predict whether your child will have an innie or outie. Many people believe that taping a coin or other flat object over the navel will help ensure the baby has an 'innie' but this is not true. One common hunch is that outie are a result of how a newborn's umbilical cord is cut or clamped- that's not true. Most often, outies do occur in newborns, and are first noticed after the umbilical cord stump drops off. The skin just chooses to grow in an outward direction rather than inward. It may or may not go away. Less often, outies result from umbilical hernia or an umbilical granuloma- that rarely pose health concerns or require treatment.

Q: What are signs that my baby needs to see the pediatrician right away?

A: Extreme fatigue, like they're not eating because they are so tired, or when they start eating, they won't finish because they fall asleep. A good rule of thumb is to make sure your baby is wetting a diaper at least every 6 hours or so. Certainly fever, of 100.4 degrees or higher if your baby is 3 months or younger. Also if they are experiencing breathing problems (like making strange noises when taking a breath in, or making loud noises during sleep. Follow your instincts and call if you think there's a problem.



Q: Should I use special baby detergent for my baby's laundry?

A: It depends on whether there's a family history of very sensitive skin. Some babies have very uniquely sensitive skin from the beginning. In that case, I would use Dreft or some of the hypoallergenic and dye-free detergents. Otherwise, some babies do fine using the detergent the rest of the family uses.

Q: Is secondhand smoke really that bad for my baby?

A: Cigarette smoke is harmful to your baby. Numerous studies show that exposure to smoke puts your baby at higher risk for the following problems: Colds, coughs, and sore throats, Bronchitis and pneumonia, Ear infections and reduced hearing, Developing or worsening asthma, Sudden infant death syndrome (SIDS). Here's what you can do to prevent these risks: If you smoke, quit. If you quit smoking when you were pregnant, don't start again. Don't let others smoke in your home, in your car, or around your baby. Finally, don't switch to – or start using – e-cigarettes, either. Studies suggest that they may not help you quit “real” cigarettes and that the vapor produced carries its own dangers for your health and the health of people around you.

Q:What are the car seat recommendations & laws in Texas (2018)? (recommendations by American Academy of Pediatrics)

- a. Rear-Facing Seats: Infants: Birth – 35+ pounds and 2+ years old. Rear-facing infant or rear-facing convertible safety seat as long as possible, up to the rear-facing height or weight limit of the seat.
- b. Forward-facing seats: When children outgrow the rear-facing safety seat (minimum 2+ years AND at least 30 lbs), they should ride in a forward-facing seat as long as possible, up to the upper height or weight limit (40-80+ lbs) of the harness. Usually 4+ years old. Never turn forward-facing before child meets all age/ height/ weight requirements.
- c. Booster seats: After age 4 and 40+ pounds and behavior maturity, children can ride in a booster seat with the adult lap and shoulder belt until the adult safety belt will fit them properly (usually when the child is 10 – 12 years old). A high-back booster is recommended.
- d. According to Texas law for Child Passenger Safety, All children younger than 8 years



old, unless taller than 4'9", are required to be in the appropriate child safety seat system wherever they ride in a passenger vehicle. In other words, when a child reaches their 8th birthday – no matter their height, it is legal for the child to use only the adult safety belt in the passenger vehicle. Once the child is 8 years old, they are not legally required to be in a child safety seat system – but – if the child is not yet 4'9" tall they would be better protected if they continued to use the appropriate child safety seat system until they can properly fit the adult safety belt.

- e. Adult safety belt: Once children outgrow their booster seat (usually at 10-12 years old) they can use the adult lap/ shoulder safety belt if it fits them properly. Lap portion low over the hips/ tops of thighs and shoulder belt crosses the center of the shoulder and center of the chest.
- f. ALL children younger than age 13 years should ride properly restrained in the BACK seat.

Q: What are some signs of postpartum depression?

A: Everyone is going to feel a little sad at some point and question whether they're being the best parent they can in the first couple months. You're going to worry about things you never realized you could worry about before. Many mothers have the belief that they should be overjoyed about caring for their newborn, and therefore, feel let down and/ or guilty about experiencing these symptoms. This temporary reaction of postpartum blues is linked to the sudden decrease of maternal hormones. But if you're consistently feeling guilty, you're not enjoying your baby or getting pleasure in any of the things you used to get pleasure in, you can't stop crying, you feel this overwhelming sense of either helplessness or hopelessness, or extreme sadness that lasts more than a month, please consult your provider as this could be more than just 'blues'.

Q: I am exhausted. Is there anything I can do to help?

A: For most mothers, the first weeks at home with a new baby are often the hardest in their lives. You will probably feel overworked and overwhelmed. Inadequate sleep will leave you fatigued. Caring for a baby can be a lonely and stressful responsibility. Rest or nap when your baby does (sometimes easier said than done). When resting/ sleeping, silence your phone. Stay hydrated, eat frequently, continue your vitamins and even go on a walk or go outside even if it's just 10 minutes. A change in scenery and some natural Vitamin D can help in fatigue. And ask



for help. Do not try to be a 'super mom'!

Q: Does my baby need vitamins?

A: The American Academy of Pediatrics recommends that breastfed infants be given either a supplemental multivitamin or vitamin D3 drops (400 IU/ day), or a minimum of 16 oz of formula per day to avoid vitamin D deficiency. Commercial infant formula is fortified with all the vitamins and iron your baby needs in the first year, therefore, bottle-fed babies do not require additional supplements.

Q: So what about probiotics for my baby?

A: Probiotics for infants, whether in food or supplement form, just might be one of the best things you can give baby to support his health. In a perfect world, moms would have great flora to pass onto their babies. So if you, your mom, or even your grandmother ever took antibiotics, ate lots of processed foods, or weren't eating enough fermented foods, you may have passed along a less-than optimal microbiome to your baby. Which is why probiotics for infants are so important. Without the proper balance of gut bacteria, baby may have colic, acid reflux, constipation, diarrhea, or develop more serious digestive issues like Irritable Bowel Syndrome (IBS) or Crohn's Disease. Eighty percent of our immune system resides in our gut, so it makes sense that sub-optimal gut flora would cause an ill functioning immune system. There is a large pool of data supporting the brain-gut connection. Gut bacteria has been shown to directly affect mood, from depression and anxiety to shyness. Babies skin is particularly sensitive to rashes, eczema, etc. and some sources say that baby skin issues like eczema, cradle cap and baby acne are caused by imbalanced gut flora. Breastfeeding is the best way to keep baby's gut lining intact and healthy. If you can't or don't want to breastfeed, there are formula options that can still help keep baby's gut healthy. Probiotic supplements are a great addition to be sure baby is getting adequate probiotics. (Contact the clinic for recommendations)

Q: How often will my baby need to be seen for well visits?

A: Your baby will have a series of scheduled well child visits. It is necessary to schedule a routine newborn exam in the office within 48 hours of discharge from the hospital. The two week exam is probably one of the most important visits for your baby during the first year of life. Symptoms of any possible physical conditions that were not present during the hospital stay



will usually develop by this time. Then your baby's following well visits will be at: 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months and 2 years.

Q: So much about having a new baby has the focus on mom. What are some ways the dad can help/ be involved?

A: It is important for fathers to take time off of work to be with mom during labor and delivery, as well as when mom and baby first come home from the hospital. Many fathers often feel left out and are concerned that they may hurt their baby and/ or be unable to comfort him/ her if he/she cries. However, it is important for fathers to get involved. Not only will this help mom, it will help to develop a close relationship with the baby as well. Here are some more suggestions of activities for dad: bathe baby, change diapers, assist mom with positioning baby when breastfeeding, feed baby pumped milk or formula, go on walks or rock baby, comfort the baby when fussy, place with and talk to the baby, read to him/ her.

Q: Let's talk sunscreen and sun exposure.

A: Sunscreen is OK to use on babies 6 months or older. Younger babies should use other forms of sun protection. If your baby is 6 months or older, liberally use sunscreen. Also avoid exposing your baby to the sun during peak hours- generally 10am to 2pm- and dress your baby in protective clothing, a hat with a brim and sunglasses. (Ask for a list of pedi-and-mom-approved sunscreens!)



Normal behavior/ development in the first few weeks

Reflexes

- Reflective actions: crying, grasping, yawning, swallowing, sucking, blinking, coughing, gagging, sneezing
- Grasps whatever is placed in hand
- Sucks whatever is placed in mouth
- Startled by sudden noises and movements

Movements

- Jerky, mostly uncontrolled motions
- Waves arms, kicks legs, wiggles, squirms
- Cannot turn body or support head without assistance
- Cannot sit without support
- May turn head from side to side while lying on back

Sleep/ wakefulness

- Usually sleeps 17-20 hours per day
- Cries or fusses about 1-5 hours per day
- Is alert and quiet about 2-3 hours per day

Vision

- Cannot focus clearly
- Sees best at 8-10 inches

Interactive behaviors/ senses

- Smiles spontaneously and unselectively
- Discriminates between some smells
- Begins to turn in direction of sound
- Begins to distinguish human voices from other sounds
- Is more sensitive to high-pitched voices, especially mothers voice
- Is best calmed by a soft, rhythmic voice
- Cries a lot
- Makes tiny gurgling sounds when content
- Shows preference for human face



Normal behaviors that commonly concern parents; harmless; not signs of illness

- Chin trembling
- Lower lip quivering
- Hiccups
- Irregular breathing (normal if baby is content, rate is less than 60 breaths/ min, any pauses less than 10 seconds long, baby doesn't turn blue. Occasionally infants take rapid, progressively deeper breaths to completely expand their lungs)
- Sleep noise from breathing and moving
- Sneezing
- Spitting up or belching
- Brief stiffening of body after a noise or sudden movement (Moro reflex)
- Straining with bowel movement
- Throat clearing (or gurgling sounds of secretions in throat)
- Trembling or jitteriness or arms and legs are common during crying (jittery babies are common; convulsions are rare. If your baby is trembling and not crying, give her something to suck on. If the trembling doesn't stop when your baby is sucking, call our office.



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Some Mom and Pediatrician Approved Probiotic Supplements

Plexus (plexus xfactor is a multivitamin plus probiotic)
Klaire Labs Infant Therbiotics (no dairy or soy for sensitive bellies)
Juice Plus
Probio
Florastore Kids
Ollie Happy Tummy
Pure Probiotic GI
Hypberbiotics Kids
SmartyPants Kids
Rainbow Light
Garden of Life Organic Kids +
Innate Choice

Mom and Pediatrician Approved Sunscreens (make sure active ingredients are zinc and titanium; avoid chemical blocking sunscreens as they do not protect as well)

Babyganics
Coppertone Water Babies (not the spray version)
Beauty Counter
Young Living
Blue Lizard (baby & kid versions)
Badger
ThinkBaby
ThinkSport



Developmental Milestones

The most rapid changes in development occur during the first year of life. A baby grows from a helpless little bundle into a walking, talking, unique personality. Almost all parents wonder if their baby is developing at the right pace. While certain behaviors and physical milestones tend to occur at certain ages, a wide spectrum of growth and behavior for each age is normal. The most reassuring signs that a child is developing normally are an alert facial expression, alert eyes, and curiosity about his/her surroundings.

MOTOR DEVELOPMENT: Motor development occurs in an orderly sequence, starting with lifting the head, then rolling over, sitting up, crawling, standing, and walking. Although the sequence is predictable and follows the maturation of the spinal cord downward, the rate at which these stages happen varies.

SPEECH DEVELOPMENT: Speech develops from cooing to babbling, to imitating speech sounds, to first words, to using words together. Again, however, the normal rate can vary considerably.

Since each child is unique it is difficult to describe exactly what should be expected at each stage of his/her development. For example, although the average child walks at 12 months, the normal age for walking is any time between 9 and 16 months of age. The following guidelines are offered as a way of showing a general progression through the developmental stages. They should be used as a guideline only, not as a fixed requirement for normal development. Your child's individual development will be addressed at each well child visit. If at any point you have any concerns related to your child's own pattern of development, please contact our office.



Babies 0-3 months:

- Smiles
- Lifts head while on stomach
- Looks at an adult's face
- Looks at and follows bright colors
- Makes cooing sounds

Babies 3-6 months:

- Rolls over
- Turns to find your voice
- Plays with hands and feet
- Brings most objects to his/her mouth
- Reaches out toward objects with both hands
- Recognizes the difference between happy and sad voices

Babies 6-9 months:

- Begins to crawl
- Smiles at mirror image
- Babbles
- Begins to sit without assistance
- Starts learning games like "peek-a-boo"
- Explores objects closely with eyes and hands

Babies 9-12 months:

- Pulls to standing
- Takes a few steps while holding on
- Copies your sounds
- Uses 1 to 3 words
- Understands more than they say
- Drops and throws objects
- Holds a bottle

Toddlers 12-18 months:

- Likes to imitate
- Has rapid mood shifts
- Has difficulty in sharing
- Physical growth slows down
- Self-help skills begin to develop
- Enjoys looking at picture books
- Enjoys object-hiding activities
- Helps pick up and put away toys
- Speech is 25 percent intelligible
- Responds to simple questions with yes or no

Toddlers 18-36 months:

- Affectionate - offers hugs and kisses
- Plays well with others or alone
- Enjoys talking about pictures
- Likes repetition
- Likes to help feed and dress him/her self
- Possessive over playthings
- Still developing bowel and bladder control
- Appetite decreases
- Not very flexible
- Says "no" a great deal



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Speech and Hearing:

Makes gurgling, cooing, or babbling sounds by age 3 months.
Turns head to quiet sounds or whispers by age 9 months.
Makes “ma-ma” and “da-da” sounds by age 12 months.
Uses at least 10 specific words by age 2 years.

Gross Motor Skills:

Rolls over by age 6 months.
Sits without support by age 9 months.
Supports own weight on legs when held under the arms by a parent by age 9 months.

Fine Motor Skills:

Plays with hands by touching them together by age 6 months.
Uses fingers to put pieces of food in mouth by age 12 months.
Uses a cup without spilling by age 18 months.



WAYS TO STIMULATE YOUR CHILD'S NORMAL DEVELOPMENT:

- Hold your baby as much as possible.
- Touching and cuddling is good for your baby.
- Give him or her lots of eye contact, smiles, and affection.
- Use feedings as a special opportunity for these warm personal interactions.
- Talk to your baby. Babies of all ages enjoy being talked and sung to.
- Babies must first hear language before they can use it themselves.
- You don't need a script--just put into words whatever you are thinking and feeling. Play with your baby.
- If this doesn't come easy for you, try to loosen up and rediscover your free spirit.
- Respond to your baby's attempts to initiate play.
- Provide your baby with various objects of interest.
- Toys need not be expensive; for example, homemade mobiles, rattles, spools, pots and pans, and boxes.
- Encourage your baby's efforts at discovering how to use his or her hands and mind.
- Read to your baby. Even 4-month-olds enjoy looking at pictures in a book.
- Cut out interesting pictures from magazines and put them in a scrapbook for your baby.
- Look at the family photo album.
- how your baby the world. Enrich his or her experience.
- Point out leaves, clouds, stars, and rainbows. Help your toddler describe what she sees or experiences.
- Everything we see or do has a name.
- Provide your child with social experiences with other children by age 2 years. If he or she is not in day care, consider starting or joining a playgroup. Young children can learn important lessons from each other, especially how to get along with other people. Old-fashioned creative play and spontaneous learning provide a foundation for later academic efforts and are much more beneficial during the early years.



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