Congratulations on the birth of your baby!

We at Somerset Pediatrics are pleased you have chosen us as your child’s health care provider. It is a privilege to partner with you in the care of your new baby. Whether this is your first child or you are already an experienced parent, we expect you will have many questions regarding the care of your new baby.

This handout is intended to answer many of the frequently asked questions of the early newborn period. If you feel you need additional information about your baby, our nurses and doctors are delighted to answer routine questions you may have during our regular office hours. During evening and weekend hours we are available for calls of a more urgent nature.

Newborn Feeding

Type of Feeding: We encourage breast-feeding as the ideal way to nourish your infant. If possible, we prefer exclusive breast-feeding for the first 4-6 months and the continuation of breast-feeding for the first 12 months or as long as mutually desired by mother and baby. However, we realize that for many reasons this is not always a desirable or possible method of feeding for all mothers. For babies that are fed formula or a combination of formula and breast milk, we encourage the use of an iron-fortified formula. For babies that are exclusively breast-fed we encourage use of Vitamin D supplementation for the first year of life. There are many infant formulas available on the market. Please feel free to discuss any questions regarding formula choice with your baby’s doctor.

Pacifier Use: We discourage the use of pacifiers in breast-fed babies during the first two weeks of life. Use of pacifiers often makes it harder for babies to learn the proper breast-feeding technique. In addition, babies often suck on a pacifier to calm themselves instead of nursing. This may result in poor milk supply in the mother and poor weight gain for the baby. After the first few weeks of life when the baby has demonstrated good weight gain and breast-feeding is well established, the pacifier can be an effective way to calm a fussy baby. Check with your doctor at the two week visit about the timing of pacifier use.

For bottle-fed babies who demonstrate good weight gain the pacifier can be used earlier. Check with your doctor at the initial visit regarding pacifier use.

For all babies we recommend getting rid of the pacifier by 6 months of age. At this age babies have lost the newborn sucking reflex. They can often be calmed in other ways. In addition, babies who use the pacifier beyond 6 months of age seem to have an increased risk of ear infection.

Infant Care

Skin Care: Your new baby will typically appear to have dry, flaky skin at birth. Babies who are born after their due date tend to have severely cracking skin especially around the wrists and ankles. This condition resolves on its own over the first four weeks of life as the newborn layer of skin gradually sheds. Dry skin at birth does not mean your baby will have eczema. Lotions are not generally recommended for newborns, however, you may use an emollient like Aquaphor or petrolatum if there are deep cracks around the wrist or ankles in your infant.

In addition to dry skin, there are several other newborn skin conditions:

**Milia:** These are small white bumps usually the size of a pinhead that are found on the baby’s face. They often cluster around the nose. They usually disappear within the first month of life. They do not require any treatment.

**Erythema Toxicum:** This is a red, blotchy rash that comes and goes on the body in the first week of life. The spots are red and sometimes slightly raised. If the rash appears blisterry or fluid-filled or has a dark purple tint please call your pediatrician immediately.

**Diaper Rash:** Most newborn babies experience some redness in the diaper area in the first few weeks of life. This is due to the constant exposure of the skin to the irritation of stool and urine. Diaper rash can often be prevented by changing your baby immediately after each bowel movement and applying a barrier ointment to the diaper area with each diaper change. After the stool frequency decreases, you will only need to apply a barrier ointment as needed for diaper rash. Disposable wipes are fine to use, however, you may wish to rinse the wipes under running water prior to using them if your baby has very sensitive skin.

**BIRTHMARKS:** Many babies are born with birthmarks. Common birthmarks include Mongolian spots which are dark gray or bluish skin discoloration found on the body. They often occur on the trunk or buttocks of babies. They tend to fade slightly with age. They are important to note so they are not confused with

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bruising later in life. “Angel kisses” or “stork bites” are common light red birthmarks seen on the eyelids, nasal area, and nape of the neck. They often fade with age as well. Darker red birthmarks are often permanent. Please discuss any concerns about the nature of birthmarks with your child’s doctor.

Bathing Your Baby: Until the umbilical cord stump falls off, we recommend sponge bathing your baby. This may be done with a washcloth and mild soap. Once the umbilical cord has fallen off (usually around 2 weeks of age) you may bathe your baby in a shallow tub of warm water. Mild, unscented cleanser is recommended to avoid irritation. Babies lose body heat very rapidly in the first few weeks of life. For this reason it is advisable to keep the bathroom warm and have a warm towel on hand to dry the baby immediately after bathing. Most babies do not need a daily bath, but you may bathe your baby as frequently as you desire after the umbilical cord has fallen off.

Caring For Your Baby’s Circumcision: Babies who have been circumcised typically require the application of gauze and petrolatum or bacitracin to the penis for the first 3-4 days. After this time, petrolatum can be applied directly to the penis with the use of the gauze pad. This should continue until all the redness and swelling have resolved. For most babies, a yellow crust forms on the head of the penis during the first week. This is usually a sign of healing, but if it is associated with foul odor or increased redness and swelling of the head of the penis, please call your child’s doctor immediately.

It is not necessary to pull back the foreskin on uncircumcised babies at this age.

Female infants often experience vaginal discharge in the first week of life. This if often thick mucous, although there may be an occasional streak of blood in the mucous as well. If the bleeding is heavy or continues for more then 24 hours, please contact your child’s doctor.

Fingernails: Babies have very soft fingernails. It is safer to peel or file the baby’s nails rather than cut them. Nail clippers can be used safely on babies once the fingernails have hardened.

Clothing: Babies do not retain heat as well as adults. You should dress your baby in one layer more then you wear comfortably. In the summer months keep your baby out of direct sun or very hot environments since they can overheat easily.

Home and Car Safety: The birth of a newborn is an excellent time to review your home safety. Check that each floor in your home has working smoke and carbon monoxide detectors. Also check that you have set your hot water heater to a maximum of 120 degrees to avoid the risk of scalding the baby.

Infant car seats should be installed in the back of the car in the rear facing position. If you are unsure of the proper installation method, have the car seat inspected by a registered car seat technician. Your local police station can assist you.

Sibling Adjustment: Older siblings normally have a period of transition with the arrival of a newborn. Family routines change and attention is shifted to the newborn for a period of time. This often results in jealousy and acting out by the older sibling. This period of transition will go more smoothly if the same rules and schedule exist for the sibling as they did prior to the baby’s arrival. Routine is very important for young children and helps them feel secure. In addition, setting aside some one-on-one parent time with the older sibling will let them know they are still important and loved. This time is best accomplished when another adult can take the baby for 10-15 minutes to give an uninterrupted time alone with the older child.

Newborn Sleep

Your newborn baby will spend much of the first few weeks sleeping. Newborn babies require about 18-20 hours of sleep daily in the first few weeks of life. They usually need to be awakened every 3 hours to feed. Babies who have a lower birth weight are often very sleepy and it is important to wake them for scheduled feedings to prevent excessive weight loss. Once babies have passed their birth weight they can be allowed to feed on demand and hopefully sleep through one night feeding.

Sleep location is often determined by parent preference and the presence of other siblings in the home. Most newborns initially sleep in their parent’s room. This makes breastfeeding more convenient. An ideal location is a small crib or bassinet in the parent’s room. Cribs and bassinet should contain a tight-fitting crib sheet only. They should not contain blankets, pillows, or stuffed animals. Some infants share a parent bed. While this is beneficial for nursing, there is a risk of suffocation from pillows and blankets. Parents who are taking medications such as pain medication, antihistamine or cold preparations, sleep aids or alcohol that make them excessively sleepy should not share a bed with an infant.

It is common for newborn infants to have their days and nights reversed. They are sleepy during the day and more active at night. This can be corrected by being more interactive with the baby during the daytime (singing, talking, etc.) and quiet at night. Keep the room dark at night except for a small nightlight. Feed and change the baby without any extra noise at night. This will gradually get the baby
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used to the idea that dark is associated with sleep. Most babies have this transition figured out by about 1 month of age.

Most newborn babies experience an evening fussy period beginning about 2-4 weeks of age. This is a period of crying that usually occurs in the late evening and lasts between 1 and three hours. This is not considered colic since for the remainder of the day the baby is generally happy and easy to comfort. This fussy period is a developmental stage and usually resolves after 6 weeks of age. During this fussy time babies usually respond well to swaddling or gently rocking.

Baby Blues
Most mothers experience some emotional changes with the birth of their baby. It is common for a new mother to be slightly more tearful or emotionally sensitive then prior to the baby’s birth. However, if this develops into excessive crying, loss of interest in caring for oneself or the baby, or thoughts of hurting oneself or the baby please contact your healthcare provider immediately. These could be signs of more serious post-partum depression.

Normal Characteristics

Stools: Your baby may have a bowel movement after each feeding or may have one or two stools a day. Expulsion of gas is also normal. Babies often get red faced and cry while having a bowel movement even though the movement is soft. This is perfectly normal unless the stool is hard and pellet-like. If this occurs or if the stools are excessively watery or contain mucus, call your baby’s doctor. You should also call if your baby is not having bowel movements.

Breathing: The baby’s breathing pattern is often irregular with occasional pulses for up to 5 seconds. Also, the breathing may sound noisier than that of older children or adults due to the baby’s smaller airways. Occasional hiccoughs are normal and require no treatment. Sneezing is a baby’s normal method of keeping the air passages clear.

Crying: Crying is your baby’s way of saying “I’m hungry, I’m wet, I’m thirsty, I want to turn over, I’m too hot, I’m too cold, I have a stomach-ache, or I’m bored.” You will gradually learn to know what the baby means. Many babies have evening crying times.

Breasts: Swollen breasts are common in newborn babies of both sexes. This swelling is due to hormones passed from mother to baby in the last part of pregnancy and will slowly decrease. Do not massage the breasts. If the breasts become reddened or tender please call the office.

Illnesses
Warning Signals: You should contact the office right away if you think your baby is sick. Some warning signals in the first months are:
- Any fever
- Consistent refusal to nurse or take a bottle
- Repeated vomiting
- Not urinating at least every 8 hours
- Being unusually restless and irritable
- Or just looking very sick

Telephone: For emergencies, you may call at any time. The phone is answered at all hours, during regular business hours by our staff or after hours by our answering service. For less urgent problems, please call during our regular business hours.

To avoid you or another parent from being interrupted while in the office, we have instructed our nurses to answer your questions about colds, rashes, eating, etc. However, if you have further questions or unresolved problems after speaking with one of our nurses we will be happy to return your call as soon as possible.

Please try to call the office before 4:00 pm so that our office staff can personally answer your questions and schedule appointments. However, one of our physicians or another experienced pediatrician from our call group will always be available at night, weekends and Holidays for emergencies. In an emergency, call the office 860-652-3325. The answering service will answer and they will notify the Pediatrician on call. In an acute emergency where the doctor on call cannot be reached immediately, take the child to Connecticut Children’s Medical Center emergency department in Hartford and tell them whose patient you are so they may contact us for any medical problem. If you have no transportation in such a crisis, call 911.

You and Your Baby
This is your baby to love, enjoy, delight in, and be proud of. If you have the urge to pick him up and hug him, go ahead and do so. Babies differ in how much crying, sleeping and eating they do, but they all need love and stimulation from their parents.