

CONGRATULATIONS ON YOUR NEW BABY!

I have given your baby a thorough physical examination which I have reported to you. During the next few days, most of mother's time will be spent in resting and regaining her strength. This time can be put to good use by getting to know some of the simple things which will help make life with your baby easier.

Sometimes new parents are a little unsure of themselves, but be assured that as long as your baby is well-fed, well-loved, warm and comfortable, he doesn't mind that you are less than expert. You are the people most intimately involved with him, and you will come to know him best. Trust yourself and don't take the advice of well-meaning friends and relatives too seriously. The most valuable thing parents can do for their children is enjoy them.

The instruction given here will help you meet the needs common to newborn babies and will give you helpful hints on how to keep your baby healthy and happy.

PREFACE

The essence of parenting is closeness, both physical and emotional. Parenting starts with developing the skills of infant care, understanding your baby's world, and establishing your place in it.

The rewards of good parenting are many. Good parenting gives your baby a strong sense of belonging and security, helps encourage him to explore the world with greater confidence, and enhances his learning ability. Parenting gives you the pleasure of seeing your baby respond to your love and interest, which creates a warm and happy relationship between you and the new member of your family.

Mother and father should share not only daily tasks that are a part of being a parent, but also the special joys that a baby brings. Your baby gains an extra feeling of well-being and security when both parents, each in a unique way, contribute to his welfare. Since babies appear to be so fragile, many parents especially first-time parents, may be timid about picking up and holding their new baby as much as they would like. Babies are usually pretty tough, for even the most delicate of newborns has already coped with the considerable stress of birth! So follow your instinct to be close to your baby, and both of you will benefit.

Finally, every new baby must adapt himself to new surroundings. Both you and the baby will fare better if you have time to adjust to new circumstances and to one another. Do your best to limit visitors during the first few weeks because a newborn baby has not had time to build up resistance to infections, which can be easily transferred to him. Discourage people from excessive handling of him because there will be lots of time for that later on.

INTRODUCTION

This booklet was written to help you feel comfortable with your baby and answer questions you may have about checkups, feeding, baby shots, and common problems at home. Each section is in alphabetical order.

I. CHECKUPS

We would like to see your baby for checkups at 2-3 weeks, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years and then each year after that.

II. COMFORT

Bassinet or bed: The baby's mattress should be firm and flat and have a waterproof cover. No pillow should be used.

Clothing: Try to use your own comfort as an indicator for your baby's comfort. If you are warm enough in a lightweight shirt or dress, do not overdress your baby. If it is colder, you may need heavier clothes or sweater or additional blankets. Remember that a baby requires a hat more often than we do and will be kept warmer with some sort of head covering over his head. Some babies are allergic to certain materials, so watch for rashes in clothing contact areas.

Outdoors: A fairly good rule to follow is to take your baby out whenever the weather is pleasant. Plenty of sunshine and fresh air is most beneficial, but exposing a baby to direct sun rays can be harmful.

Room temperature: Try to keep an even, comfortable temperature (68⁰-72⁰) in the baby's room. Windows may be opened providing the baby is not in a draft.

Sleeping position: The best sleeping position for a baby is on his back. This position is the safest in prevention of sudden infant death syndrome.

III. CRYING

All babies cry at some time. This is the only way he can tell you he is wet, hungry, too hot, too cool, uncomfortable or lonely. He is not hungry every time he cries. In addition, almost all infants have a fussy period which frequently occurs in the late afternoon or evening, but hopefully not at night. If he is excessively fussy, please contact us for advice.

IV. FEEDING

Feeding is one of the baby's first pleasant experiences, and the baby's first feeling of love for his mother and father arises primarily from the feeding situation.

Hold your baby in your lap, with his head slightly raised, and resting in the bend of your elbow. If breastfeeding, see “Tips for Nursing Mothers” in the latter part of this booklet. If bottle feeding, hold the bottle so that the neck of the bottle and the nipple are always filled with formula. This helps your baby get formula instead of sucking and swallowing air. Air in the stomach may give him a false sense of being full and make him uncomfortable.

Burping baby helps remove swallowed air. Burp him by holding him upright over your shoulder and patting or rubbing his back gently. Baby can also be burped by holding him in a sitting position (baby leaning slightly forward) on your lap with you hand supporting his chest. Don't be alarmed if he spits up a small amount of formula, this is common. If spitting increases in amount or frequency, contact us.

Feeding schedules are usually most satisfactory if the hours are set loosely. The baby should be allowed to eat when he becomes hungry, any time between 3 and 4 hours after the last feeding. Do not let him sleep for more than 4 hours at a time during the day, or he is likely to be awake more during the night. Should he occasionally wake up and cry at less than 2 and half hours after feeding he is probably not hungry, but he may be wet, hot, cold, or wanting to be held. Try to stall him! However, should he consistently awaken and cry less than 2 and half hours after feeding, the amount of formula per feeding may be insufficient. As he gains weight, you baby will require more formula.

V. FOOD

In general, babies do not need foods for the first six months of life. During this time, either breast milk or iron-fortified formula with vitamin supplementation will be adequate for him.

At the age of six months, the chewing, swallowing, and digestive mechanisms become fully developed, and the baby has usually passed the stage when food allergies are prone to develop. More specific instructions will be give at the time of each checkup.

VI. FORMULA

A. Amount: The amount of formula your baby takes will vary. Babies have a right not to be hungry sometimes, just as you do and you can't force a baby to eat. Never spend more than about 30 minutes trying to feed your baby.

Most babies feed for 15-20 minutes. You will probably find that sometimes your baby will take all of his bottle and sometimes he won't. This is normal and no cause for worry.

B. Bottles: Have about 12 bottles (8oz. Size) for formula, so that you will always have an extra one if you break a bottle. Two or three 4 oz. bottles are convenient for preparing baby's drinking water.

Glass and plastic bottles may be placed on the top rack of the dishwasher along with the nipples for sterilization. Afterwards, cover the bottles with screw-on caps and store the nipples in a covered jar in the refrigerator, as the cold temperature retards bacterial growth.

Boiling bottles in a kettle or pot will work just as well. Bring water to a boil over moderate heat, then allow to boil gently for 3 minutes.

C. Nipples: Testing nipples regularly will save time when you're ready to feed your baby. Nipple holes should be the right size to help baby suck easily. When the nipple holes are the right size, warm milk should drip at a moderate rate, about 1 drop per second

D. Type of Formula: We recommend that babies receive breast milk or Similac Advance Early Shield for the first year of life (unless you and your doctor agree to switching). Cows milk is harder to digest and does not have the vitamins which are in formulas. If you have questions regarding formula changes or feeding changes, check with your doctor at the time of your checkup before making changes in you baby's diet.

E. Mixing Formula: Similac Advance Early Shield "concentrate" is the most satisfactory formula. (By adding city water, you will be giving fluoride to aid in producing healthy teeth.) Using clean bottles (boiled or washed in the dishwasher), put the appropriate amount of formula in each bottle. (two ounces of concentrate if you are preparing four-ounce feedings.) Place clean caps on the bottle and refrigerate. At the time of feeding, add an equal amount of warm water and thus you have mixed and warmed his bottle at the same time. As an alternative, you may add water initially and warm as instructed below. Do not hold over a bottle from one feeding to the next. Prepare only the amount of formula in the bottle that your baby takes each feeding.

F. Warming Formula: Just before feeding, remove a bottle from the refrigerator and warm it in a pan of hot, not boiling, water for a few minutes, or use a bottle warmer.

Test the temperature of the formula by shaking a few drops onto the inside of you wrist. It should feel warm, but not too hot.

VII. GENERAL CARE OF THE BABY

A. Eyes: The eyes are easily cleaned, and plain water is preferable for use around eyes. You can use cotton balls or a clean wash cloth in plain water around the baby's eyes. Do not get soap or medication in the baby's eyes.

B. Nose and Ears: Cotton swabs or Q-tips should not be used in the ear canal itself, as you may either push ear wax further into the canal or damage the baby's eardrum. You may use Q-tips to clean outer ears or behind the ears. A washcloth is usually adequate to clean the ears and nose unless your baby has some particular problem that you should discuss with your doctor. Clean only the areas you can see .

C. Mouth: Do not cleanse inside.

D. Head: Baby's head should be lathered gently. Work from front to back to keep suds out of his eyes. Do not be afraid to scrub a little, as you will not hurt the soft spot. Shampoo the hair daily to prevent cradle cap. Use a baby shampoo so that the suds will not burn the eyes.

E. Nails: Use a fingernail clipper or small scissors for trimming which may be necessary 2 or 3 times per week. Trim nails straight across and do not attempt to shape the nail by clipping.

F. Skin: Cleanliness is important to your baby's well-being, as this will help prevent diaper rashes and many skin problems. At first, you should not put your baby in water but rather use a cloth and sponge him off, especially until his cord falls off. A mild soap without perfumes or special additives (baby soap or Dove) is usually the best and causes the fewest problems. Be sure and dry baby well after bath, especially in the creases. Babies are slippery when wet and soapy so hold firmly! Lotion may be used on your baby's skin to prevent dryness and to keep him comfortable. Again, the perfumed lotions and oils are not the best.

G. Diaper Area: Change the diaper frequently. With each diaper change, the diaper area should be cleaned with a damp wash cloth and mild soap or with the special little paper towels manufactured particularly for this use. The area should then have some protective cream applied. Commonly used preparations include A & D ointment, Vaseline, Desitin, or any other plain ointment which will protect the baby's skin from his urine and stool and help prevent diaper rash. If skin does break down, leave the bottom exposed to the air 2-3 hours a day. This will help a great deal in healing

H. Navel: the stump of the umbilical cord will generally fall off between 1 to 2 weeks of age. In order to cut down on infection and make the stump dry faster, clean it with rubbing alcohol from a cotton ball each diaper change. Sometimes after the cord falls off, there may be some blood, but this is no cause for worry. If this persists for a few days, call your doctor.

Abdominal binders or belly bands serve no useful purpose and may irritate baby's skin. They will not prevent an umbilical hernia or rupture from forming, nor will they help one that has already formed. Ask your doctor if you suspect a problem.

VIII. GENITALIA

Boys: If your baby is a boy and he has been circumcised, the penis will not be completely healed by the time you take him home. Clean the penis with clean water and apply a liberal coating of Vaseline to prevent the diaper from sticking and causing irritation. If a plastic bell is used, used cleanse with water. The ring will fall off in 6-12 days. Swelling and draining from the area of the circumcision should be checked by your doctor.

Girls: Clean gently with moist cotton by spreading the folds and wiping from the front toward the rectum. During the first few weeks of life (usually in the first 7-10 days), a bloody vaginal discharge may be present. This is normal and should not cause worry.

IX. HICCUPS

Hiccups are little spasms of the diaphragm muscle. They may often be stopped by giving a few swallows of water, breast milk, or formula

X. IMMUNIZATIONS

Baby shots will be a very important part of your baby's checkups. He will receive a number of shots to prevent some serious diseases. The diseases that your child will receive a series of vaccines for are Diphtheria, Tetanus, Acellular Pertussis (or whooping cough), IPV (Injectable Polio Vaccine), Hib Vaccine (Haemophilus Influenza Type B), Prevnar (Pneumococcal Conjugate Vaccine, Hepatitis B Vaccine, MMR (Mumps, Measles, & Rubella Vaccine) and a Chicken Pox Vaccine. These vaccines will all be administered according to the American Academy of Pediatrics protocol.

XI. JITTERS

All babies may have jittery reactions to noises and sudden movement. This is a normal reflex in a young baby and should not cause concern for you. This may involve jitteriness of arms, legs, or chin, and at times may seem quite vigorous.

XII. RASHES

There are two basic types of rash seen in the first month, diaper rash and newborn rashes. Diaper rashes may occur as a burn or scald-like rash from contact with stool and urine. This is best treated with very frequent diaper changes and the application of a diaper rash ointment. Another form of diaper rash is due to a yeast infection which produces blisters (or small sores). You should call your doctor if your baby develops this type of rash.

Newborn rashes may appear as a slight rash on the face, head, neck or body sometime during the first few months of life. This usually consists of small red bumps (heat-like). This is common and will come and go, requiring no special treatment, usually disappearing in 3-4 days.

XIII. SAFETY

Trauma has remained one of the leading causes of death and disability in children, and is responsible for 20% of all deaths.

Even as a newborn, your baby can be seriously injured as a result of an accident or a fall.

We therefore strongly urge:

1. Always use a quality infant car seat properly secured when baby accompanies you in the car. Do not place in front of airbag, always in the middle of the back seat.
2. Never leave the baby alone on a flat surface without sides (bed, sofa, table, counter top, etc.). Even though he is too young to roll over or crawl, he can move around and fall.
3. When putting the baby down for a nap or at night, always place him on his back.
4. Always raise the crib rails when putting your baby in the crib to be left unattended.
5. Walkers are not recommended as many accidents result from their use.

Further hints about safety and special hazards will be discussed in another booklet and at each checkup.

XIV. SLEEPING

At first, your baby will sleep much of the time. He may awake for feeding, diaper changes, bathing and for short periods of play. Generally, he will sleep 3 to 6 hours at a time. As he grows, he will awake for longer times and lengthen the time between meals. Sleeping habits vary from baby to baby, but this is the general rule.

XV. STOOLS (BOWEL MOVEMENTS)

There is considerable variation in the size, color, consistency, and frequency of stools in the newborn baby. There may be as few as one or as many as seven stools daily, and some infants have a stool each time they eat. Others may have a bowel movement less frequently, for instance, firm, or of a loose, pasty consistency. Breast-fed babies at first will have more frequent and looser stools. Once they are well established in a breast feeding pattern, they may have a bowel movement only every 2 or 3 days. Bottle-fed babies will settle into a pattern of a stool 2 or 3 times per day or every other day. It is perfectly normal for a baby to strain with a stool, or cry and fuss when he has a bowel movement. Let your baby establish his own pattern. Watery stools or hard, pellet-like stools are not normal. If these occur, do not give laxatives, suppositories or enemas - check with your doctor.

XV. VITAMINS

Babies will need vitamins after the time of the first checkup. Vitamin supplementation for breast-fed and bottle-fed babies will be discussed.

XVII. WATER

You may offer your baby cool water in a bottle once or twice daily (especially in warm weather), but not within an hour before the next feeding. If he is thirsty, he will drink. If he refuses, do not worry about it. Do not use bottled water, as it can be easily contaminated and serious infection can result.

XVIII. OTHER MISCELLANEOUS ITEMS

Some normal variants in the appearance of your baby may also make you worry. Some of the common things which you may encounter are:

1. **Breasts:** A new baby normally has a “button” of tissue under the nipple. Occasionally a few drops of milk may be produced. This is commonly called “witch’s milk” and seen very often. It causes your baby no problems. Redness or heat in the area of the nipple are not normal and should be checked.
2. **Vaginal Discharge:** Baby girls may occasionally have a small amount of bloody vaginal discharge within the first week of life. Again, this is not a cause for concern.
3. **The Baby’s Feet:** The position of the feet normally reflects the position of that baby before he was born. They may be turned up toward the knee, may toe in, or he may hold them out from his body. If you are concerned about the foot positioning, please ask us. They usually require no treatment and correct on their own. In addition, all babies have flat feet at birth and take from several months to 2 years to begin to form an arch. Special shoes, braces or exercise are rarely needed for any of these.

TIPS FOR THE NURSING MOTHERS

1. It is important that you wear a good supportive nursing bra the entire time you are nursing your baby.
2. You may or may not need to use nursing pads. If you have a lot of milk and it leaks frequently, you will need them. They are also comfortable if your nipples are tender.
3. Because your milk may not flow as freely if you are tense or upset, you should relax just before and during a feeding.
4. Before feeding the baby, rinse the breast with plain water and then dry thoroughly. Place two fingers on each side of the nipple and press slightly so that the nipple sticks out. You will then be able to guide the nipple into the baby’s mouth and, at the same time, be able to keep the breast from pressing against the baby’s nose and interfering with his breathing.
5. Express some milk before the baby starts to nurse. This gives the baby a taste and gains his interest. It also prevents him from sucking so hard to get the milk.

6. If you feel uncomfortable or awkward sitting up to nurse, try lying down on your side with the baby flat on the bed beside you/
7. Sometimes you may need to encourage your baby to nurse. Do not push him towards the breast. Instead, gently stroke his cheek nearest the breast. He will then, usually turn his head to hunt for the nipple.
8. You should only nurse 5-7 minutes on each side until your milk comes in (3-5 days). After that, build up to 15 minutes each side. It's a good idea to start on the side he finished on the previous feeding. He usually empties the first breast better than the last.
9. Never try to remove the baby from the breast while he is still holding on. Place your finger into the side of his mouth and break suction and then remove him.
10. Keep your nipples dry.
11. Eat a good well-balanced diet. Food such as tomatoes, broccoli, cabbage, onions, beans, corn, chocolate, and excessive quantities of milk are the most frequent problems for nursing mothers, as they tend to produce gas in babies.
12. Be sure to drink plenty of liquids each day. You need at least 8-10 large glasses per day. It's a good idea to drink something before and after nursing. This aids your let-down reflex. Avoid caffeine containing fluids.
13. There may be times when you will want a replacement for breast feeding. In this case, a supplementary feeding from a bottle can be given satisfactorily with either breast milk or formula, but no more than 2-3 bottles per week.
14. Nursing can be a very rewarding experience. Relax and enjoy your baby! This is your first time together. Forget all your problems and worries and concentrate on your baby!

COMMON SYMPTOMS AND ILLNESS IN THE FIRST MONTH

Colds: Infants are susceptible to colds which usually start as nasal congestion and are followed by discharge. If there is no fever, use a vaporizer, bulb syringe, and saline nose drops (1/4 teasp. Salt to 4oz. Water). Simple nasal stuffiness is probably not a cold but just due to small nasal passages.

Colic: Colic is crying due to stomach cramps. All babies cry at times. But if it lasts for periods over an hour and feeding does not help, this probably is colic. If this is recurrent, call for advice.

Diarrhea: Infant bowel habits vary greatly in the first month, both in number and consistency. If the infant has successive watery stools at frequent intervals, call for advice.

Eyes: For the first week, the eyes may be swollen with some drainage. After this is there continues to be drainage, call.

Fever: Any rectal temperature over 99.6^o during the 1st month should be called to the attention of your physician immediately.

Thrush: This is a fungal infection, characterized by white, slightly raised patches inside the mouth. If this occurs, consult us.

Vomiting: Normally babies will tend to spit up, but usually just mouthfuls at a time. Projectile vomiting may occur due to over-feeding or too much air, but if it occurs on two successive feeding, let us know.

If you have questions about you baby or need to make an appointment, call 269-4604 from 9:00am - 1:00 pm or 2:00 pm - 5:00pm weekdays and 8:00am to 12:00 Noon Saturdays. For emergencies, after hours, contact the U.K. Medical Triage service at 323-6217.

General Information

Our goal is to provide complete medical care for your child. This care begins at the hospital when your child is born. Your baby's date of discharge will be determined by us, independent of you obstetrician's discharge date for you. Usually, the obstetrician and pediatrician try to coordinate these dates, so mother and baby can go home together.

Further medical care that we provide includes checkups, immunizations, and counseling to prevent problems, as well as treatment of illness.

We are not here to operate as an emergency room only. Therefore, routine regular checkups are a requirement of this practice.

USE OF THE EMERGENCY ROOM

In only rare instances should you take your child to an emergency room before contacting us. It is more efficient and economical to see your child at the office after hours. Certainly, true emergencies such as convulsions, loss of consciousness, and automobile accidents are appropriate exceptions. In these circumstances, go to the emergency room first, and then notify us after you've arrived there.

NIGHT CALLS AND VISITS

We will be available through the University of Kentucky Medical Triage, but please use discretion, as the service charges us for every call made. Routine phone calls should be made only during office hours. Questions regarding medication dosages can be answered most efficiently by an all night pharmacy. The triage service should only be used when, in your opinion, a situation with your child can not wait through the night or weekend. Rarely will your child need to be seen by us at night. Most illnesses can be handled during office hours. Night and weekend office visits will carry a higher fee. To help you decide when it is appropriate to call us after hours, use the following suggestions:

1. You know your child better than anyone. In most cases, you must be the one to decide if you feel that he needs to be seen. Only you can decide how worried you are about his symptoms. However, if the symptoms are not interfering with daily activity or the way your child feels, it is unlikely to be harmful.
2. Medicines are not magic. In most cases, medication only treats symptoms while the body's natural defenses really take care of the illness. When medication is a specific treatment, there is generally a 24 to 48 hour period before significant improvement is seen.
3. If a call can wait until office hours, it should. Ask yourself... "If no other alternatives were available, would you go to the emergency room to seek medical attention?" If so, then call us.

HOSPITALS

We have hospital privileges at all hospitals. If your child should ever need hospitalization, the nature of the illness may determine which facility is used.

APPOINTMENTS

You **must** be on time for appointments. We try very hard to work on schedule and thus give you a specific time to prevent extended waiting room time. Emergencies at the hospital or other problems which cannot be anticipated may rarely make

it impossible to be on time. (This may happen once every month.) If you are late for a checkup appointment, you may have to be rescheduled. It is unfair to those who are on time to wait because you are late. Coming early for an appointment only means that you will have to wait, as you will not be seen any earlier. Parents and siblings of the patient are welcome, but the waiting room is small and crowding adds to confusion.

Unexpected problems can arise which make it impossible to keep appointments. If you know you cannot keep an appointment, call as soon as possible to cancel. If you simply forget your appointment, a prompt phone call following the broken appointment is appreciated. There is no charge for broken appointments unless two or more siblings are scheduled on the same day or broken appointments reoccur.

FEES AND PAYMENT

We will gladly discuss and explain fees, insurance and billing.

1. We do not routinely bill. Bill for hospital care will be mailed to you.
2. For office visits, a bill is prepared at the conclusion of the visit. Payment is expected at the time of the visit and may be made with cash, check or Visa/MasterCard. If for some reason this is not possible, a bill will be given to you at that time, which should be mailed back promptly.
3. Insurance forms. We will bill all insurance. All co-pays are due at time of service.
4. Do not discard receipts. We will duplicate a copy of your charge and payment record, if some are misplaced, but a charge for this will be necessary.
5. Do not keep a sick child away from needed care because your aren't prepared to pay at the time. Feel free to discuss problems with us.

