

Newborn Instructions:

CONGRATULATIONS ON YOUR NEW BABY!

This booklet has been designed to provide you with some basic information about your baby. Most parents not knowing what to expect, are excited, nervous, and even a little anxious when their child is first born. The purpose of this booklet is to give you an overall view of your infant and some starting suggestions about his/her care. I hope you will not hesitate to ask questions about your baby. Anything that causes you to be concerned is an important question.

It is rare for a newborn to be on a regular schedule. Your baby's pattern of sleeping and eating will vary. There are no standards for the amount of sleep or food a newborn should have. However, a newborn should have anywhere between 8-12 feedings per day (feeding every 2 to 3 hours in a 24 hour period) according to the American Academy of Pediatrics.

Each infant has his own unique personality. They are, however, responsive to the mood and emotions of their caregivers. If you are calm, cheerful, and affectionate, your child will usually respond in a like manner. This is easier said than done, therefore, having support in the first month or two after baby is born is helpful to relieve some of the stresses and house chores.

PLEASE HAVE AN APPROVED INFANT CARRIER AND FOLLOW THE MANUFACTURER'S INSTRUCTIONS WHEN YOU TAKE YOUR BABY HOME FROM THE HOSPITAL. The infant carrier

should be in the center of the back seat with your child facing backwards. Please visit the following site to check out the newest car seat guidelines: www.thecarseatlady.com

YOUR NEWBORN BABY

At birth, the skin of the hands and feet often remains blue for the first few hours. The hands and feet may be cool and bluish for the first weeks. The skin may be covered with a white, cheese-like material called vernix, which protected the skin while the child was in the womb. Some babies also have a type of body-hair called lanugo, which disappears as the child matures. Some scaling and peeling of the skin will occur in the first week. This is normal and does not require treatment or moisturizing.

Baby rashes come in many varieties, almost all of which are quite harmless. You can expect to see little white bumps scattered on the face. They last only a few weeks. It is common to see a red, blotchy rash with a white center. If the rash comes and goes, it is usually harmless. If it persists and or enlarges or looks infected (feels warm and tender or has pus in it), you must notify the pediatrician immediately. Many children develop a mild acne-like rash on the face when they are two to six weeks old. This results from the effect of maternal hormones on the baby's oil glands and no treatment is needed. Prickly heat rashes appear in babies who are warm and who sweat or who are overdressed. Remember to set the home thermostat to 70-75°F. The temperature at which you are comfortable in is what baby is comfortable in as well. If you are wearing one layer to bed with a blanket, so should baby. Any rash that has blisters must be seen by a pediatrician.

Right after birth, the head of the baby is often molded and elongated by its passage through the birth canal. Occasionally, swelling or bruising of the scalp can be seen. This is common and not dangerous to the baby. Your child may have two soft spots on the scalp. The front one is larger. Many babies do not have a second soft spot. Don't be afraid of touching or washing these areas because the skin and other tissues covering them provide protection.

Many newborns have swelling of their eyelids and the tissues around the eyes. This is normal and resolves over the first several days. Frequently a crescent-shaped red spot, which is a small area of bleeding will be seen in the white part of the eyes. This will disappear in one or two weeks and does not have any lasting significance. Your baby's eyes may cross. This is not significant unless it persists when the baby is 4 months or older. If your child has a persistent yellow or green discharge coming from the eyes, come to the office for a visit. Many babies have an excess of tears (clear) from one or two eyes. Most commonly due to a tear-duct obstruction that usually resolves on its own by age 1. Massaging the inner corner of the eye helps open up the tear duct.

The genitals of both boys and girls are frequently enlarged at birth. Maternal hormones cause the breasts of both infant boys and girls to be enlarged and produce small amount of milk. If the breasts become red and tender, come in for a visit. In infant girls, the hormones also cause a white vaginal discharge. Over the first week as the hormones diminish; there may be slight vaginal bleeding. No treatment is needed for any of these changes and they resolve over the first few weeks.

Newborns breath through their nose. An infant's sneezing and coughing are means of

clearing fluid and mucus from the nose and lungs. Sometimes there are irritants in the air (perfume, paint, smoke, varnish, etc...) that need to be removed. **YOUR CHILD SHOULD NOT BE EXPOSED TO CIGARETTE SMOKE ESPECIALLY AT HOME AND IN THE CAR.**

Persistent coughing and sneezing is not normal and must be reported to the pediatrician. Hiccupping is common, is not uncomfortable for the baby and may persist until the child is about one year old.

The ears are often soft and floppy at birth because the cartilage has not fully developed. Finding wax in the outer ear is a good sign that the normal cleansing process is working. **Never insert cotton swab, Q-tip, or any object into the child's ear canal.** The outer ear may be wiped with a soft washcloth or cotton to remove the visible wax.

Babies have a vigorous grasp reflex at birth and normally hold their hands in a clenched position. As they mature over the next few months, they are able to clench and relax their hands at will. The fingernails need to be trimmed to prevent the baby from scratching herself. Trim the nails while the baby is asleep or have another person help you by holding the baby. Fingernails should be cut squarely across or filed with an emery board. Some parents put gloves on their child to prevent scratching. This may inhibit the way the baby explores and soothes himself/herself and should not be done.

FEEDING YOUR BABY

I encourage you to breast-feed. It is a natural, inexpensive and convenient method of providing your baby with nourishment. It also helps the newborn prevent and fight illness. It is emotionally rewarding. It is especially

advantageous to breast feed for the first 12 months however, most mom's breast-feed for the first 6 months. I understand that breastfeeding may be initially challenging. Often moms say that "they don't produce enough milk" and that the baby doesn't want to latch. The first milk is called colostrum-it is thick and rich in calories. Milk let-down occurs around day 4-5. This is where moms start feeling their breasts to enlarge and empty after each feed. Breast-feeding requires practice. As baby breastfeeds he is stimulating more milk production. Keep on practicing. I have many sources that can help you achieve a comfortable and happy feeding experience. If you cannot or do not want to breast feed for any reason, it is all right. We are fortunate to have infant formulas, which will allow your child to grow and thrive. The most important consideration is not how or what you feed your child, but that you and your child are enjoying your feeding time together and that you both are physically and emotionally doing well.

Right after birth, your breasts produce colostrum, a substance rich in antibodies and nutrition but low in volume. Your baby is born with sufficient water to sustain it until your milk supply arrives, which is usually around the third or fourth postpartum day. Some infants may need formula until the milk comes in. When the pediatrician rounds on the baby in the hospital she will help you make that decision.

Most mothers who wish to breast-feed can do so successfully with a little practice and assistance. In fact, the baby's feeding instincts are strong enough to put even the most inexperienced mother at ease. Let the nursing staff of the hospital help you get started, but feel free to experiment with different positions until you and the baby are comfortable and

relaxed. You can either sit or lie down while nursing. Pull down the baby's lower lip and encourage the infant to take most of the areola (the darker brown area of the breast surrounding the nipple) into his mouth. Place the thumb of the hand opposite from the breast that you are using above the breast and, and support the breast with the other four fingers. Use both breasts at each feeding, and start with the breast you used last. Your nipple should be angled toward the roof of the mouth but not touching it. Feed for 15 to 20 minutes each side. If your nipples are sore and the baby still wants to continue feeding, you may let him/her suck on your finger or a pacifier. Until your milk is in, 7 to 10 minutes per side is adequate to stimulate milk production and avoid breast soreness. When you remove the baby from your breast, break the suction by gently putting your finger in the corner of his/her mouth before pulling the child away from the breast. Avoid soap, alcohol or antiseptics on your nipples. Coating the nipple with breast milk or Lanolin ointment after feeding is helpful.

During the first week, it is best to feed your child on demand. Many newborns will at first feed ever 1 to 3 hours. Until you child is gaining weight, do not go longer than 3 hours between feedings. Some will have increased demand by the end of the first week. At this time, your breasts may be less swollen. This does not mean that you are producing less milk. Your supply is meeting the baby's demand. Newborns need at least 8 feedings (every 3 hours). Babies should urinate at least once every 4 to 6 hours when fluid intake is good. Once you have established a good breast feeding pattern, you may give the child an occasional bottle. Pumped breast-milk is the best supplement but an infant formula may also be given. Do not worry if you are unable to

manually express your breast milk. Excellent electric breast pumps are available.

Successful breastfeeding is very much dependent on your diet. You should eat regular, well-balanced meals. You will need about 500-600 calories more than you normally eat. You should drink sufficient fluid including milk and other liquids. You must eat foods rich in protein and calcium. You should continue your prenatal vitamins. Most of the time a mother may eat what she wants and the infant is not affected. I suggest that for the first two weeks you have a bland diet. Then as you and the child are more comfortable with each other, you may liberalize your diet. Food that may cause problems for the infant are caffeine, alcohol, chocolate, colas, citrus, chili, nuts, dairy, garlic, tomatoes and gas forming vegetables (beans, onions, cabbage, cauliflower, broccoli, Brussels sprout, spinach, radishes, and turnips). Your child may tolerate these foods in your diet without any problem, as every infant is different. If you are going back to work or will need to leave the baby periodically, occasionally introducing a bottle after the child has been breast feeding well (usually 2-4 weeks), will make the transition easier. Before you take any medications while you are breast-feeding, please consult with me. This includes herbal and homeopathic remedies. Families with allergies should avoid seafood and nuts while nursing.

BOTTLE FEEDING

Bottle-feeding is a safe and satisfactory method for feeding your child. All of the major commercial formulas have been carefully designed and tested for safety. Be careful to follow the directions for their preparation precisely. NEVER add too much or too little water, or substitute your formula with cow's

milk, goat's milk or soymilk without consulting me. The usual infant formulas have a cow's milk base. These formulas are generally well tolerated. Occasionally a child will benefit from a formula, which has a soybean base. Please inform me if you or your spouse or anyone in your family cannot tolerate cow's milk. I recommend that your child be on a formula with iron. This provides the necessary iron to prevent your child from developing iron deficiency anemia. Because the amount of iron in the formula is small, it does not cause stomach upset or constipation. Many infants who are allergic to cow's milk formulas are also allergic to soy formulas. Nutramigen (Enfamil brand) and Alimentum (Similac brand) are hypoallergenic formulas that may help reduce cow milk protein allergy symptoms. Please consult with me prior to switching your baby's formula!

The formula should be at room temperature or slightly warmer. Your child's appetite may vary from day to day. If your baby seems hungry after feeding, offer more formula.

Children that only need to suck may be content with a pacifier. The bottle fed baby should be fed every three to four hours for an average of twenty to thirty minutes per feeding. Don't worry if he doesn't finish the amount you have given. The baby will eat when he is hungry. Similarly, if he seems to be gulping the formula down in five or ten minutes, slow your baby by burping him and giving a rest period. Always hold your baby close, make eye contact and talk to your child during the feedings. **Do not prop the bottle in the baby's mouth or allow the infant to have a bottle while in the crib.**

WATER AND PACIFIER

Breast milk and formula is 90% water. The breast-fed child does not need extra water or formula once the breast milk is in. Some children need to suck; you may use a pacifier. Use a commercially made pacifier. I like the Avent Soothie. Do not use a nipple plugged with cotton. Never tie anything around the baby's neck to hold the pacifier in place. [Pacifiers](#) have been associated with increased incidence of ear infections and should be discontinued when the child starts day-care or exposure to other children. However, pacifiers also reduce the risk of Sudden Infant Death Syndrome (SIDS). Babies should be put to sleep on their backs on a firm sleep surface without soft objects and loose bedding, and they should be offered a pacifier, according to the [AAP's new guidelines](#). If you're breast-feeding, wait to offer a pacifier until your baby is 1 month old and you've settled into a nursing routine. If your baby's not interested in the pacifier, try again later. If the pacifier falls out of your baby's mouth while she is sleeping, don't pop it back in.

DO NOT GIVE YOUR CHILD HONEY DURING THE FIRST YEAR OF LIFE!!!

Honey will result in botulism (from botulinum toxin found in spores inside honey.) The infant will not be able to breath and may have paralysis. Do not give honey!

VITAMINS

Breast-milk and formula do not have sufficient levels of Vitamins A, D and C in them. Therefore it is important to supplement with over the counter vitamin D known as D-visol or

Tri-visol. The dose is one milliliter per day (one dropper-full) until the baby turns 6 months.

BOWEL MOVEMENTS

During the first few days your child passes a sticky thick, dark and greenish stool called meconium. By the third or fourth day, the stools become less thick, yellow and somewhat more frequent. Normal stools have a "mustard-like" to clayish consistency. Stools of breast fed infants are looser than those of bottle fed infants. Many babies pass gas from the rectum and this is normal.

After a week or two, the baby settles into his own pattern of bowel movements. The normal frequency ranges from a stool every time the child feeds to one every several days. It is quite normal for your baby to vary within this pattern. If your baby does not have a bowel movement in the first 48 hours of life please call Dr. Dafna Ahdoot. [855-DR-DAFNA xt: 3](#).

VOMITING

All newborns spit up. This is normal and not a cause for concern. Giving the baby time to burp midway through and at the end of each feeding will minimize this. Repeated vomiting especially if it shoots out with force must be brought to the attention of your pediatrician.

BATHING

Your baby should have sponge baths until the navel and circumcision are healed. This usually takes 1-3 weeks but may take longer.

After healing has taken place, you may bathe your child daily in a tub. It is helpful to put a washcloth at the bottom of the tub to prevent the child from slipping. The hair may be shampooed daily. No oil, lotions or powders

are necessary. And some can be harmful to a baby's sensitive skin. Use a mild soap like Dove™, Aveeno™, or Cetaphil™. Baby shampoo can be used however do not pour it directly onto the baby's scalp but lather in your hands first. Petroleum jelly or diaper ointment can be applied lightly to the diaper area. To prevent accidental scalding [set your water heater below 120 °F.](#)

Only the external part of the ear should be cleaned. Do not insert anything including cotton swabs, into the ear canal. The occurrence of wax at the opening is normal. Any wax present at the canal opening, may be wiped with a washcloth.

The mouth does not require cleaning. Sometimes white patches will be seen on the tongue or inside the cheeks. If they are not easily wiped away, your child may have thrush and will need treatment with an antifungal. Please see your pediatrician for this matter.

DO NOT USE BUBBLE BATHS.

SKIN CARE

It is normal for the top layer of the newborn's skin, which has been exposed to the amniotic fluid to peel and flake off. It does not need to be treated. If the skin is cracking at the flexion areas, put Vaseline™, Eucerin™, Moisture™ or Lubriderm™ on it. If the skin is red or irritated in the diaper area, Desitin™, A&D ointment or Balmex™ are helpful.

Some scaling and peeling of the skin may occur during the first week. This is normal and does not require moisturizers. If chafing or irritation occurs, particularly in the diaper area, an ointment may be needed. **DO NOT USE TALC OR STARCH POWDER AS THESE IRRITATE THE**

INFANT'S LUNGS AND MAY PROMOTE YEAST DIAPER INFECTION.

The safest manner to clean baby's bottom when diapering is to use a washcloth or cotton balls with warm water. The skin of the newborn and infant produces a large amount of oil. This can build up and trap dead skin. The medical term for this is seborrhea or seborrheic dermatitis. When it occurs on the scalp, it is called cradle cap. It can also occur behind the ears, over the eyebrows and on the face. Usually treatment is not needed. If the scales become thick and crusted, use your nails or a soft brush to scrape off the crusts when you shampoo your infant's scalp. You can also put baby oil on the scalp. This condition usually resolves by 6 months.

CARE OF THE NAVEL

The stump left after the umbilical cord has been cut will gradually dry and fall off in 1-3 weeks. To help it dry, lift up the stump and dry the base with a cotton swab dipped in rubbing alcohol. This should be done with every diaper change. RUBBING ALCOHOL helps prevent infection of the stump also known as OMPHALITIS. Folding the diaper back so that the belly button is exposed or placing the diaper away from the cord for a few hours will help the cord dry. After the cord falls off, the belly button does not need to be cleaned unless it has been soiled. The navel should be dry within 3 days after the cord has fallen off. Slight bleeding from the stump is normal. If there are any questions, if the stump remains moist or become foul smelling, or if the skin around the stump becomes red and tender, please call the office.

CARE OF THE GENITALIA

Boys

After your son is circumcised, a strip of Vaseline™ Gauze will be wrapped around the penis. This can be removed after 24 hours. When his diaper is changed for the next 4-5 days, apply Vaseline to the head of the penis. The head of the penis will initially be red. This will fade and the tip of the penis will become coated with a yellow crust. This is normal. There may be slight bleeding. If there is any question please call me: [855-DR-DAFNA](tel:855-DR-DAFNA). Call if your child has not urinated within 24 hours or after the circumcision. Apply Vaseline with each diaper change to avoid any adhesions. If your son is not circumcised, do not try to retract the foreskin.

Girls

Female infants often have whitish vaginal discharge. This is normal and does not need to be removed. It is common to have a small amount of blood mixed with these secretions during the first week. When changing your daughter's diaper, be sure to wipe from the front (vaginal area) to the back (rectal area). This helps prevent contamination of the urinary system with stool. Many infants have vernix between the small and large lips of the vagina. Do not remove it unless it is contaminated with stool. It has some antibacterial effects.

SLEEPING

It is acceptable and safe for your newborn to sleep in his/her own room when you first return home from the hospital. If you prefer, keep the child in your bedroom for the first one or two weeks. When you become comfortable leaving the child alone, move him/her into his/her own room.

Your child will adapt to room temperatures in which you are comfortable. Avoid temperature extremes and drafts. Room temperature should be about 70°F during the night.

Your baby should sleep on his/her back ONLY! This is the safest position for lowering the risk of Sudden Infant Death Syndrome (SIDS). It is, however, important for the child to be put on his/her stomach often when the child is awake and supervised. Also, research has shown that the usage of a pacifier also helps prevent SIDS when baby is sleeping.

JAUNDICE

Jaundice is a common and usually harmless condition in newborn infants. Jaundice means that the infant has a yellow discoloration of the skin. The whites of the eyes may also be yellow. The yellow color comes from a pigment called bilirubin. When the red blood cells of an infant become old, the body breaks them down. The iron is saved and the rest of the cell is degraded. Bilirubin is the primary waste product formed. It is the responsibility of the liver and gut to remove the bilirubin. The newborn's liver and gut are sluggish in doing this and the infants become jaundiced.

Most of the time we only need to make sure that the child does not become too jaundiced. This can be done in our office by measuring the bilirubin level in the baby's blood. Do not put the baby in direct sunlight because you could cause eye or skin damage. Exposing the child to sunlight through a window is not beneficial and may also be harmful.

CRYING

Try not to be upset when your child cries. Crying is the way your child communicates with you. The infant may be hungry, thirsty,

overtired, or may be in an uncomfortable position. There may be abdominal pain from excessive swallowed air, something the mother ate, or colic. As you are more familiar with your child, you will be better able to interpret your child's crying. Persistent crying may mean that the child has colic or a problem that you need to discuss with your pediatrician.

Wrapping the baby in a light blanket and offering a pacifier may be helpful. You will soon become the best authority on what works best with your baby.

Babies who by temperament cry a lot can be a difficult burden on the best of parents. Never hesitate to call us with questions about your baby. Sometimes it is helpful just to check and review the situation and be reassured that the baby is well.

FEVER

Check your baby's temperature when he/she seems to be warm or sick. Learn to take the temperature rectally. Simply lay the baby face down on your lap with his legs dangling. Shake the thermometer down and lubricate the tip with a little Vaseline. Insert the thermometer into the rectum about one-half inch. Rest the palm of your hand on the baby's buttocks and hold the thermometer between your fingers. Keep it in for one to two minutes. This doesn't hurt the baby.

Forehead strips and ear thermometers are unreliable and should be avoided. A rectal temperature up to 100.4°F is normal. If your child is not acting right or does not look right, call us. Infants may be ill and have normal temperatures. **A RECTAL TEMPERATURE OVER 100.4°F IN A CHILD LESS THAN 3 MONTHS**

MUST BE REPORTED TO THE PEDIATRICIAN IMMEDIATELY!

TAKING YOUR CHILD OUTSIDE

When you take your child outside, remember to protect the eyes and skin from direct sunlight. For the first 8 weeks, it is best to avoid places where the child may be exposed to infectious diseases. It is also important that the child's normal sleep pattern is not disturbed too much.

For the first two months, it is best to limit the visitors that see your child. Grandparents and close friends in good health area allowed but others, especially those with small children, increase the risk of your child getting an infection. Everyone should wash his or her hands before handling the baby.

SAFETY

WHENEVER YOUR CHILD IS IN A CAR, HE/SHE MUST BE IN AN APPROVED INFANT CARRIER.

Check with *Consumer Reports* about the safety testing of the various brands. Follow the manufacturer's instructions. The [infant carrier](#) is most effect when it is in the center of the back seat and your child is facing backwards.

Walkers should never be used, as they are dangerous and detrimental to the baby's development. Stationary bouncers and upright play stations are not for use below 4 moths and must be limited to less than 30 minutes each day.

Cribs and playpens should be in good repair. The slats should be less than 2-3/8 inches apart (approximately the wide of a Coke can).

Your Child should sleep on a firm surface and on his/her back.

Your child should never be exposed to tobacco smoke at home or in a motor vehicle.

If you have not been given an initial appointment for your child, please call the office when you arrive home and schedule your child's first office visit.

Although there are several doctors in this office, we want you to be able to see the doctor of your choice whenever possible. There will be times when that doctor will not be available.

I hope you find this information useful. If you ever need to reach me there are three fast ways:

- 1. Call the office at 818-345-7792**
- 2. Call me directly at 855-DR-DAFNA**
- 3. Email me at babydoc@gmail.com**
- 4. Send me a message on my website:
www.DoctorDafna.com**