

NEW BABIES - A *Quick Set-Up Guide*

Atlantic Pediatrics RI

Drs. Concannon & Vitale, LLC

This medical information is designed as an aid only for the patients of Atlantic Pediatrics RI.
It is not a substitute for a medical exam and direct advice from your physician.

CONGRATULATIONS ON THE BIRTH OF YOUR NEW BABY!



Infant care can be **exciting** and **easy!** Use your good judgment and **common sense**. Do not strive for perfection — be flexible and just **enjoy your baby**. There are, however, many problems and questions which arise from time to time and which are upsetting to parents. This booklet is intended to answer some of the more frequent situations that may occur in the first three months — sort of like the 'Quick Start' manual that comes with new computers. But — your baby will soon be giving you a test on the material in this booklet, so read it **now**.

However, it is not meant to be a complete owner's manual for your infant. There are many available **books** on the subject, and we request that you have at least one on hand for reference. ***Caring for Your Baby and Young Child***, by the American Academy of Pediatrics is probably the best. Women & Infants also offers the Warm Line at **800-711-7011** where new parents can ask general questions regarding their newborn and breastfeeding issues.

No babies are "perfect," otherwise we'd all be clones. However, if you notice something not quite right with your new baby please bring it to **our** attention. Getting **advice** from friends and relatives is okay, but be sure to check with us if you get advice that is against what you feel is best. Just as other people, children have individual needs and wants which cannot all be handled in the same way. Grandparents should be aware that many things have changed since they had their babies. You may want to cite your **pediatrician** as the source of the new information. Please be aware that advice from some web sites may be wrong, not apply to your baby, or try to sell stuff you just don't need.

So that you get to know your baby better, you will routinely room-in with your baby while at the hospital. It's been shown that babies who stay in Mom's hospital room tend to have more skin-to-skin contact, bond better, and breastfeed better. The hospital will routinely do some **blood tests** on all babies to check for problems (low thyroid, PKU, etc). Your baby will also receive a **shot of Vitamin K** to prevent bleeding problems, a shot to protect against **Hepatitis B**, and get a **hearing test** and a **heart disease test**.

FIRST THINGS FIRST: NAMES

A clerk will be by to help you fill out the **birth certificate**. A little time choosing the name might avoid some teasing about a particular combination of names or initials. Think also about nicknames. What about the spelling? Make certain that the name is suitable not only for a baby but also for an adult. A name lasts **forever** — it is worth thinking about.

Some new mothers check into the hospital with their **maiden names**. If your baby will be carrying a different last name please let us know now so that we can match up the medical records. Be sure to call your **health insurance** company as soon as possible to register your new baby. Oh — and don't forget to obtain a **social security number** as soon as possible for your new 'tax deduction', and then set up a **529 College Fund**.

A BABY SURVEY ... HEAD TO TOE

Body Size

Your full term infant will usually be between 6 to 9 pounds in weight (2800 to 4000 grams), and be between 18 to 22 inches in length (46 to 56 cm). The baby may normally **lose** up to one tenth of its birth weight in the first week, but should regain the birth weight by two weeks of age. Infants will gain weight at about one half to one ounce a day in the first few months.

Skin

When your baby is born there is a thick cheesy covering to the skin called **vernix**. This is washed off by the nurse after the baby's temperature has adjusted to the outside world. Later the baby's skin will seem very dry. Peeling of the skin, particularly on the wrists and ankles, occurs in all infants. This doesn't bother the baby — so don't let it bother you. **Lanugo** is the fine hairy covering to some infants that falls out in a few weeks. The tiny white bumps over the nose fade over a month. The red blotchy marks (**stork bites**) on the eyelids, nose, forehead, or nape of the neck are common and disappear over a year or two. The color of the infant's fingers and toes is often bluish until the circulation matures. Black and Hispanic babies often have lighter color skin than their parents; the skin color usually darkens in a few days.

You may notice a yellowish color to the baby's skin during the first few days of life. This is **jaundice** and occurs quite commonly due to the immature liver. Usually any yellow tint has disappeared by a week of life. If the amount of yellow color in your baby gets worse after you take the baby home, please let us know as soon as possible.

Most babies will get **newborn acne**, a rash on the cheeks and face that is worse at one month of age. This is not scarring, and is bothersome only to the parents. It will fade over a week or so and no creams or lotions are necessary. Many babies will get a rash that looks sort of like insect bites on the second or third day. This rash is not bothersome and will fade in a few days. Don't be upset if your infant's skin isn't perfect — babies in TV and magazine ads actually wear make-up.

Head

After birth there may be **ridges** along the scalp where the bones of the head move around to help delivery. The baby's head may also seem long or have a **bruise** on the back or side of it. This is due to the normal process of being squeezed in labor and delivery. The head usually assumes a normal shape within a few days. The bruise is in the skin only and does not involve the brain. The **soft spot** on the top of the head is covered with a tough membrane and will usually close over by a year or two. You may notice a **small scab** on the baby's head from the scalp monitor. This heals in a few days. **Cradle cap** is a yellow scaly build-up on the scalp and eyebrows. If this is a problem, try using a little Selsun Blue shampoo and a soft toothbrush to gently scrub off the scales. Again, this bothers the parents much more than the infant.

Eyes

The eyes will remain shut a good deal of the time, and they may seem **puffy** and reddened for several days. Sometimes a **red patch** may be seen on the white part of the eyeball. This is due to the pressure of labor and

resolves over a week without treatment. The eyes will occasionally seem **crossed** when the baby is tired. **Drainage** from the eyes should be checked if it is excessive or remains for over a few days. A newborn's vision is very **near-sighted** early on, so face-to-face contact at 8 to 12 inches between Mom and baby is helpful. Before they learn to look into your eyes, most newborns prefer to gaze at areas of **contrast** such as that between your hairline and face. Many babies will avoid looking at any other person than Mom during the first month, so don't take offense, Grandpa.

Nose

Normal infants often breathe very **shallow** for brief seconds, then **rapidly** at others. When upset, babies will hold their breath for a few seconds to store up a loud cry.

All babies **sneeze** a lot — that's how they clear their noses. The nostrils of a baby's nose are very small, so that a little bit of mucus goes a long way to blocking them up and making them sound congested. Use the **nasal aspirator** (bulb syringe) you were given at the hospital to cleanse the nose of any mucus blockage.

If congestion persists as a problem, use **saline nose drops** to loosen and liquify the mucus. These may be purchased inexpensively (Little Noses, and others). Place four or five drops down one nostril, wait 15 seconds, then suck out with the bulb syringe. Repeat this on the other side. You may do this up to four times a day if needed. We try to avoid other medicines in the first year or so.

Mouth

Nowadays, we often ignore **tongue ties** unless they cause problems with breastfeeding. The baby's lips may have **sucking blisters** on them for the first month or so. The tongue commonly has a **whitish coating** on it from feedings. You may notice a **white spot** in the roof of the mouth or on the gums; these are usually normal and will go away with time. If, later, you notice persistent **white patches** on the cheeks and inner lips let us know; this may be an overgrowth of yeast called **thrush**.

Neck

At this point the baby has very weak neck muscles and cannot support the head. When holding your baby, always **support** the back and head with your arm, hand, or fingers.

Chest

Some normal enlargement of the baby's **breasts** is due to Mom's hormones. Occasionally, some **milky discharge** may come out of the nipples. Both conditions are normal in the first month. Don't squeeze the breasts, but do call us if there seems to be increased redness or soreness of the baby's breasts. There often is a slight bump noted to the lower end of the **breast bone**. This is normal and usually becomes less noticeable with age.

Abdomen

The baby's **belly button cord** usually falls off within the first two to three weeks, and it should be kept dry until then. Fold the diapers down below the cord so as to keep it out of the wet diaper. **Alcohol swabs** should be used to clean the base of the cord once or twice a day. Do this until three days after the cord has fallen off. There may be some **bloody drainage** when the cord begins to fall off, which is okay. If the skin around the cord becomes red and hard, call our office immediately.

The abdominal (belly) wall around the navel may be weak and **bulge out** when the baby cries. These umbilical hernias are common and usually close by themselves during the first years of life.

Genitals

Both baby girls and boys will often have **swollen genitals** for the first few days. Baby girls will have a **whitish discharge** from the vagina for about a week. Sometimes this may be mixed with a **drop or two of blood**, again, because of Mom's hormones. When cleaning the vaginal area use a soft washcloth, always wiping from the **front to the back** so as to not bring germs from the rectum up into the vagina.

Whether circumcised or not, all male infants should be able to pass urine out in a nice **forceful stream**, not a spray. The uncircumcised penis can essentially be left alone at this point. After one month, use gentle retraction on the **foreskin** during bathing. The foreskin may not completely pull back until 4 or 5 years old.

Follow your obstetrician's advice for care of your son's **circumcision**. For the first few days the tip of the penis may appear raw, red, and to have some yellow crust. Wash the area with water and a soft wash cloth after each bowel movement. A small amount of **Vaseline** or A&D may be applied to the top of the penis to prevent it from sticking to the diaper for the first week or so.

Arms and Legs

Newborns often have long **fingernails** which are a menace to themselves and to others. They may be cut straight across with baby nail scissors once you get home from the hospital. It is easier to do this while the infant is asleep or after a feeding.

All infants **shake** their arms and legs when crying. Your baby's legs may seem somewhat **bowed** from being in the cramped quarters of the uterus. This will normally resolve as the child grows. Having your infant push off with its legs, as if standing, will not cause any worsening of this bow-leg condition.

CHOW TIME



Newborns do come equipped to do some things like breathe, sleep, etc., but most things need to be learned and perfected. The baby knows how to suck, but learns to eat more effectively at each feeding. But **being born is hard work** — so the baby may not feed particularly well during the first two days of life. Babies will let you know they're hungry by crying, moving the arms and legs, making sucking noises, and by sucking on their fingers.

Always hold your infant securely and close to you when feeding — this closeness is important for bonding. **Support the baby's head** with your elbow or forearm.

Your baby should be **fed on demand**, that is, whenever he or she is hungry. Strict feeding schedules are not necessary for either breast-fed or bottle-fed infants. Sometimes new babies will cluster feed, several times an hour, but will later even out. Ultimately, babies will put themselves on a fairly regular schedule of every two to five hours or so. Of course, hunger isn't the only thing that will make a child cry, so check to see if there's something else upsetting him or her.

Newborn babies cannot be expected to sleep through the night and night feedings as a newborn actually helps establish good breastfeeding. Later on, night feedings are best done without much talking or playing with the baby.

so that there is **little stimulation**. If night feedings are a problem, you may find it helpful to awaken the infant for more frequent daytime feedings in order to encourage longer sleeping times at night.

BREAST FEEDING

Breast milk is perfectly designed for babies. Until a relatively short time ago all infants were breast fed. There is no reason to be concerned about whether or not the milk will come in. Indeed, all mothers have their milk come in essentially on schedule. The milk may be just a small amount at first, and may vary from watery to creamy, but the milk will still be ideally suited to your baby's needs at that time.

The hospital **nurse will help you** in the technique of breast feeding if you ask. Prior to feeding, cleanse your hands and your nipples with water. Next get into a **comfortable** position, either sitting down or laying down.

Babies have what is called a **rooting reflex** — if you touch the infant's cheek with your nipple the infant will automatically turn the head toward the breast, latch on, and begin sucking. It is helpful for the baby to get as much as possible of the dark area around the nipple (the **areola**). You may have to press your finger on the breast to keep it away from the baby's nose, since this is the only way they can breath while attached.

Let your baby nurse from **both breasts** at each feeding time. The first day, limit time to only 3 to 5 minutes on each breast. Gradually work into a pattern of **10 to 15 minutes on each side**, timed from the start of milk let-down. 90% of the milk will be passed by this time, so you don't have to don't let the baby suck much longer unless you want to. Alternate the breast that the baby feeds from first since the baby's strongest sucking occurs when it's just beginning.

When it's time for your baby to stop nursing, insert your finger in the side of the mouth to break the suction. After feeding, let your nipples air dry for 10 to 15 minutes so as to toughen the nipples and prevent soreness.

If your nipples are becoming **sore**, sit up for one feeding and lie down for the next. Expose the nipples to light and air as much as possible, and apply some lanolin. If your breasts tend to leak, do not let them stay covered with wet pads in-between feedings. Avoid soaps and alcohol wipes as these tend to be too drying.

Some mothers have nipples that seem **flat** or **inverted**. This can be a frustrating experience for both you and your baby. One exercise that may be helpful is to gently pull out the nipple and roll it between your fingers for a minute or two. This can be done once or twice a day before feeding your infant.

There are some things a nursing mother needs to do to ensure an adequate supply of breast milk. **Avoid over-fatigue** if at all possible. Try to nurse your infant in a quiet room that allows you to unwind both physically and emotionally. To keep up with your increased fluid demands, try to **drink one glass of water** each time you breast feed. You should continue to take **prenatal vitamins** during the months that you will be nursing your infant. A nursing mother can generally eat all the foods that agree with her. However, some gassy foods in your diet may create a gassy baby, so **avoid cabbage, broccoli, onions**, and the like. Coffee and chocolate may have to be limited. Although a balanced diet with adequate protein and calcium intake is essential, you don't have to drink a lot of milk to produce a lot of milk. Some breast-fed babies seem to be sensitive to cow's milk protein that gets passed on through Mom's breast milk.

If you are placed on any **medication** during the time you are breast feeding please check with your doctor or us. Most common medications such as antibiotics are okay, even though some gets into the breast milk. Of note, new

evidence shows that smoking or ingesting any marijuana (THC) products while pregnant or breastfeeding is definitely harmful for your baby's brain development. THC can be found in breast milk for at least 6 days after the mother uses marijuana, so **DO NOT USE!**

If you wish to supplement with formula, it is best to **wait** for two to three weeks to let your milk fully come in. Supplemental feedings can be given at various odd times for convenience sake, or maybe at the same time each day, perhaps at 6 pm, to let the other parent to get to know the child better.

Exclusively breast feeding babies past six months old who will not be starting solids until later should receive **vitamins** A, D, and C, plus iron in the form of PolyViSol with Iron drops or the like.

Breast feeding for the first time can be occasionally frustrating, and many mothers may need a little help. If you're having problems please ask the hospital nurses, your obstetrician, a breastfeeding (lactation) consultant, or a friend who has successfully breast fed. There are several good sources on this topic, such as *A Guide For Breastfeeding Mothers* by Women & Infants Hospital, the LaLeche League at LLLusa.org, and the Centers for Disease Control at CDC.gov. Don't give up if you really want to breast feed.

FORMULA FEEDING



Infant formulas, and others have been modeled after breast milk. There are several major brands such as Enfamil and Similac as well as several generic brands of formula such as Parents Choice, Target, etc. If you are on the WIC program, whatever formula is provided to you by them is acceptable. As of 2023 in Rhode Island, this formula is Similac.

Regular cow's milk is **not suitable** as a food for newborn babies. Among the disadvantages of cow's milk are too much salt and minerals, and a lack of vitamins, iron, and the proper protein.

Infant formulas come in both **regular** and **gentle** varieties. We usually recommend the regular unless there is some problem that would make gentle or soy formula a better alternative — such as sensitivity to cow's milk, severe colic, or the like, and then only with our specific recommendation. All of the necessary vitamins are contained in these formulas. All these types of formula are perfectly healthful for your infant, and we recommend using one or the other until your infant is one year of age. Because of contamination issues we do not advise purchasing formula manufactured in foreign countries..

Infant formulas now only come in **high iron** variety. Grandma may insist that babies become constipated or colicky on high iron, but research indicates that is not so. Babies grow so fast that they **need the high iron** content to prevent anemia later on.

The type of formula, ready-to-feed or powdered, makes no difference in nutrition. **Ready-to-feed** is more convenient when traveling, but much more expensive. Simply pour directly into the bottle to feed.

Powdered formula is both convenient and less expensive, and has a longer shelf-life. Follow the directions on the side of the can. Use the scoop buried inside the can of powder, and add the correct amount of cold tap-water to each scoopful of powder, shake, then heat.

Fluoride aids in teeth development and in prevention of dental cavities. The greater Providence area, which draws its water supply from the **Scituate Reservoir**, has fluoride added to the water. Most well water, typical in South

County, does not. If your water supply does not contain fluoride, ask us for a prescription for fluoride drops at the 6 month visit. If you are not certain, call your town water supply board, or ask your dentist. Formula or breast milk is over 90 percent water anyway, so you really don't need to give any extra.

Heating

You may **warm the bottle** to body temperature in a pan of hot water, or by using a bottle warmer. Younger infants usually prefer body temperature formula, but room temperature is acceptable. **Do not use a microwave oven** to heat baby bottles as the formula may come out **boiling hot**, even in a cool-to-touch bottle. Also, instances have occurred where the 'nuked' bottle has exploded when taken out and given to the baby.

Sterilizing

While the water in Rhode Island is clean and healthful, the formula powder itself can occasionally become contaminated. If so, follow the directions for sterilizing that comes with the formula. Bottles should be washed well with hot soapy water and a bottle brush, or by using an automatic dishwasher. It is vitally important not to let the formula once opened stand at room temperature for more than **an hour**.

Feeding

The amount of formula a newborn will take at each feeding will vary from **one to four ounces**. If the baby finishes all of one serving add one ounce to the next. When bottle feeding, always make sure that the nipple remains **full of formula**, not air. **Never prop** a bottle in the baby's mouth. Remember that the infant requires the support and closeness of being held securely in your arms.

Nipples

Nipples come in various sizes and shapes; what one baby prefers another may not. When nipple holes are about the right size, warm formula should **drip out rapidly** but without making a stream. If the holes are too small, or are clogged, the baby may tire easily or suck too much air into its stomach. You may try to enlarge the hole by using a **heated pin**. If the nipple holes are too large, on the other hand, the baby may choke on too much formula. Bottle nipples are only good for a few weeks or so before they start to degenerate. If they become gummy try boiling them with a pinch of salt.

AFTER DINNER HINTS

Pacifiers

Sucking is sometimes more important to the infant than eating. To satisfy this instinct babies will suck on their hands, fingers, and anything else they find. Once you have firmly established breastfeeding, many infants find pacifiers a useful alternative. The good news is that there is evidence that the rate of SIDS (sudden infant death syndrome) is less in young infants that are put to sleep with pacifiers. But there is also some evidence that if pacifiers are used over the age of 12 months, the child may have a higher rate of ear infections.

Pacifiers come in many different sizes and shapes. Generally, a **one piece** pacifier is preferred to those made up of different components which, rarely, come apart. Most newborns have difficulty holding in a pacifier at first, so a little help from Mom or Dad is appreciated if the baby seems to enjoy sucking it. **Never tie** the pacifier around the baby's neck because of the risk of becoming strangled. Trying to wean your child from the device may become difficult if not done by one year.

Burping

Even if fed properly, both bottle and breast fed babies **swallow some air**. The way to remove this air bubble from

the stomach is by burping. Hold your baby upright over your shoulder and pat or rub the back until successful. You may need to use enough gentle force when burping to **create a thump** with your cupped hand that will get the bubbles of air to come up. Alternatively, you may try to burp with the infant seated or lying face down in you lap. It isn't always necessary to interrupt a feeding to burp your baby, but some infants do better if burped every few ounces. Of course, sometimes the infant won't need to burp at all, so don't force it. After feeding and burping, put the infant in the crib on its **back**.

Hiccups

All babies hiccup frequently. Usually this doesn't bother anyone but the parents, as the infant often seems **totally unaware** of the hiccups. Hiccups are just Mother Nature's way of exercising the breathing muscles of the baby.

Spitting Up

All babies spit up occasionally. This, again, is more upsetting to the parents than to the child. When vomiting occurs, milk from the stomach often comes out both the **nose** and the **mouth**. In such a case it may be helpful to use the nasal aspirator (**bulb syringe**) to suck out any remaining milk from the nostrils, so that the baby can breathe more easily. The most important factor is that your infant remains contented and continues to grow well. If vomiting occurs regularly or forcefully, call us.

For babies who are frequent 'spitters,' we recommend trying these remedies. Feed **smaller amounts** more frequently so as to avoid overloading the stomach. **Burp** the baby every two ounces, or when you switch from one breast to the other. **Raise the head** of the crib mattress slightly by placing a pillow underneath the mattress in the crib frame. Finally, you might try using **cooler formula** temperatures.

Solids

A baby needs only breast milk or formula for the first few months. Babies **cannot** coordinate their tongues to swallow solids for at least three months. You may have been told that starting solids will allow the baby to sleep through the night earlier, but research shows this is not so. Despite what Grandma says, we don't advise starting solids until 4 to 6 months of age, and then only after discussing it with us. We'll give you more advice on that when the time comes.

WHAT GOES IN MUST COME OUT



Bowel Movements

The baby's first bowel movements are a sticky green-black material called **meconium**. After a few days they become lighter and looser. The stools will vary in firmness from well-formed to loose. Breast-fed infants later have stools typically described as "watery scrambled eggs." The baby typically may have anywhere from one movement every 3 to 4 days to 6 times a day. The color of the stools may be yellow, green, or brown. The baby may turn red and fuss with every bowel movement, or may seem totally unaware of them. All of the above situations can

be **normal**.

Change your baby's soiled diapers as **soon as you can**. Have all the diaper changing equipment at hand when you start. Remember to **never leave your baby unattended** on the changing table as this is often where they first learn to roll over — onto the floor, unfortunately. Disposable wipes are okay if your baby tolerates them, but not all do. Unscented wipes are probably better if your child is sensitive. Place soiled diapers into a Diaper Genie or quart size **plastic zipper lock bags** to avoid the stink.

Constipation is present when the stools resemble hard clay pebbles. Mild constipation in a young infant can be helped by giving an ounce or two of clear apple juice or white grape juice. Do not use enemas, suppositories, or laxatives in a newborn without a doctor's direction.

Diarrhea is present when the stools contain a great deal of water which soaks through the diaper. Call us if your newborn baby has unusually frequent loose diarrhea stools, or if diarrhea persists beyond a day or so.

Diaper Rashes

Even if you change diapers frequently some rashes are bound to occur. Vaseline, Desitin, or A&D creams are often used to protect the baby's skin from the irritation of stools and urine.

If your baby has a problem diaper rash we suggest that you **leave the diaper off** as much as is reasonable in order to air-dry the area. Sometimes **snipping the elastic gathers** around the leg holes will allow more air drying when your baby is up and about.

Colic

This is a most annoying condition for some infants between a **week** and **three months** of age. To be honest, we really don't know why some babies have colic and others do not. Colicky babies have attacks nearly every evening (or throughout the day) consisting of turning red in the face, drawing up the legs, and screaming loudly. The cry is usually quite different from that used for hunger or mild fussiness. The crying continues even though the baby is picked up and comforted, and may end as suddenly as it starts. The stomach may rumble and it may seem as if the baby has to pass a bowel movement. At other times of the day the infant may seem happy and alert.

There is little that the parent can do except to **comfort the baby** until the attack stops. Make sure that the baby isn't just hungry, wet, or lonely. Hold the baby close to you as you walk around the room. Alternatively, hold the baby on its stomach across your knees and gently vibrate with your legs. Pacifiers, soft music, dim lights, rocking chairs, baby-carrying harnesses, and **car rides** might all be tried with variable success. Carry your child around with you frequently during the day. You cannot spoil the baby by holding them too much in the first half year. **Swaddling** your baby's upper torso (not hips) with a thin, light blanket often helps colic by recreating that sense of being held tightly in the womb.

It is important to remember that colic does not interfere with the general health and growth of your baby, and that the condition is **temporary**. Colicky babies are **frustrating** to their parents and to anyone else living in the household. Remind everyone that colic is not the baby's fault, it is not your fault, and that they will get over it — sooner or later. If colic becomes a real problem for you or your infant call us for an appointment.

AT HOME

Both parents should share in the development of your baby. Relax, **get involved**, and find out how enjoyable your son or daughter is. By the way we need to you to start now to develop those future **Red Sox** players!

Older children in your household may feel **threatened** or **confused** by the new competition. This is perfectly normal, and may show up as a return to bedwetting, thumb sucking, etc. Try to **call your older children** often while you are in the hospital. When arriving home with your new baby, have Dad bring the baby in while Mom gives 30 minutes or so of undivided attention to the older kids. It helps to give a small gift to your older children so

that they don't feel forgotten — what with all of the presents the new baby will be getting. Pets can also be jealous of the new intruder. Be sure to **supervise your animal** and give lots of belly rubs until it adjusts to the baby.

A newborn is not immune to all diseases. Try to keep your baby **away from crowds**, and from any individual who may have a cold or contagious illness, including any close-up contact with any siblings who are sick. During your infant's first few weeks at home those handling the baby should first **wash their hands**. Simple soap and water work very well.

Cribs
Any crib purchased should meet the SIDS (sudden infant death syndrome) standards of the U.S. Consumer Product Safety Commission; check any second-hand cribs carefully before using for safety recalls. Pack & Play is not certified as a baby crib.

Crib mattresses should be waterproof and **fit tightly** into the crib so that there are no gaps to catch arms or legs. **No pillow** should be used until one year. **Do not use bumper pads, loose blankets, stuffed animals, or waterbeds** in the crib until the child is six months or older. On cold nights have the baby sleep in fitted blanket pajamas or sleep sack.

Research now show that most cases of **SIDS or crib death** is related to stale air that builds up around the baby's nose. For these reasons, always place the baby on its **back to sleep** for the first six months. **We strongly advise against the baby sleeping in the parents' bed as this can be dangerous when Mom or Dad roll over.** If possible, do try to have your baby sleep in a separate crib or bassinette located in your bedroom for the first year. **Run a fan in the room** to keep air circulating, but the fan should not be pointed directly at the baby unless the room temperature is very warm. Of, course, **do not allow smoking** anywhere in the house. Lastly, use of a **pacifier** by the baby has been shown to reduce risk.

In general, place your baby in the crib **drowsy, but still awake**. Infants must learn to put themselves to sleep. Failure to follow this simple rule often results in later difficulties getting the child to sleep. Alternate the end of the crib (left or right) to which you lay down your baby's head so as to lessen the chances of developing flat areas on the skull.

Clothes
Remember that babies **outgrow their clothes** long before they wear them out. Simple, soft, washable, and loose-fitting clothing is best. You'll quickly discover that clothes should be **easy-on** and **easy-off**. Don't spend money unnecessarily on expensive baby clothes or baby shoes. At this age, inexpensive booties and socks are best. Put the excess money you save into the child's **college fund** — That, they'll need.

Judge the dress of the infant by the way the temperature seems to you; in other words, **dress the baby the same way you dress yourself**. During the winter put on a hat if needed. A fine red rash around the trunk (**prickly heat**) may mean that the infant has been dressed too warmly.

Clean any milk spit up on the clothes with **soda water**. Wash the baby clothing and linen in a mild detergent such as unscented Free & Clear. Many laundry detergents with additives may be too harsh for the baby's skin. Avoid using **fabric softener dryer sheets** such as Bounce as babies may be sensitive to the chemicals in them.

Environment

Try to keep an **even temperature** in your baby's room, but also **use a fan** to circulate the air in the nursery. On hot days provide some ventilation by opening a window. On cold days check occasionally to make sure your infant is covered enough. The house should be kept at a temperature that is comfortable for the rest of the family.

Don't have the house too quiet when the baby is asleep. Allowing **normal noise levels** will help the newborn to sleep more soundly.

Children who are raised in a home with a smoker have higher rates of colds, asthma, and ear infections. **Prohibit smoking** anywhere in the house. If people must smoke, allow smoking only on an outside porch or in the back yard.

During the winter months an **inexpensive humidifier** or vaporizer should be used to maintain normal household moisture levels that help keep mucous moist and unclogged. Do not put any medicines into the humidifier, but do wash them out periodically.

Baths

The baby should be **sponge-bathed** until three days after the umbilical cord has fallen off, after which you may give a tub bath in the bathinette or sink. First of all, make sure that you have everything necessary for the bath **close by**, so that you don't leave the baby alone in the bath, **even for an instant**. This also means no answering of the telephone or doorbell unless you bring the baby with you!

Do not use the sponge bathinette inserts as they can harbor harmful germs. **Dove soap** should be used along with lukewarm water. Daily bathing is unnecessary and may cause overly dry skin. Bath additives such as oils and bubble baths should be avoided. **Don't use Q-tips** — anything that can't be cleaned with the corner of a washcloth isn't worth cleaning, and may be hazardous.

Outdoors

Babies can usually go wherever Mom or Dad go, however use common sense in **avoiding crowds** during the first few weeks. A good rule of thumb is to take the baby out whenever the weather is pleasant. Limit the time outdoors to only brief periods of time in the first months. A Snuggli or other baby carrying harness is not only convenient; it keeps the baby snuggled-up in your body warmth.

Cars

It is a Rhode Island law that all children less than four years old, or less than forty pounds, must ride in an approved child automobile **safety seat**. Booster seats are then required until the child is eight years old. Use the safety seat for your baby when you go home from the hospital. Newborns will be in rearward facing car seats until at least two. The **American Academy of Pediatrics**, *Consumer Reports* and other magazines periodically rate child car seats for safety and value.

Never leave your baby unattended in the car. During the summer, car interior temperatures can reach levels that can quickly kill a child. Pre-cool cars in the summer, and preheat cars in the winter before placing the baby into the car seat.

Baby Sitters

Always check a baby sitter's **references** and training; if you wouldn't trust the sitter with your car, don't trust the

sitter to take charge of your baby. Basic **first-aid** training is available for even young teenagers who baby sit. Allow your child to become acquainted with the sitter in your presence before you leave. Point out fire escape routes and any potential problem areas in advance. Make sure that the sitter knows to dial 911 to get fire, police, or rescue service. You do have a working smoke detector, don't you? Leave clear directions of how you can be reached, and the phone number of a relative or friend just in case you can't be reached.

Day Care

If you can stay home with your new infant rather than working, consider yourself very lucky. In today's world many moms have to work. Try to take full advantage of any **maternity leave** you have. Know that no matter what the day care arrangement, as long as the child has a loving and caring parent all will be well.

Have a plan of what to do should your child become ill. **It is unfair to your child, and to other children, to send your child to day care sick and contagious.** Save up any sick time to be available for your child when they are ill. You might set up an arrangement among your relatives, friends, or coworkers to baby sit when the child is ill. An understanding boss can truly be a Godsend

GOING TO THE DOCTORS

Call our office the first business day after you both get home to schedule the **first visit**. Make sure to call your employer or insurance company to have your new baby added onto the **health insurance** plan the same day you call us.

Well-baby visits begin within one week after you leave the hospital, more or less depending on your situation, then again after another week or two. Immunizations (**baby shots**) start at the two-month old visit. Further well-baby visits are usually scheduled at four, and six months, and then every three months of age until eighteen months old. We'll discuss these shots with you in advance each time.

We **expect calls** from parents of newborns, so call us **943-7337**. To access further parenting information please try the links from our website at: **AtlanticPediatricsRI.com**. When you have questions outside of office hours which you think are **urgent** and can't wait until the next day, **call us**. Our answering service will contact the doctor, and we will return your call as soon as possible. Please have a pen, paper, and the phone number of your **pharmacy** handy for when we call.

We have sick child coverage arrangements with several other local pediatricians that are available to discuss or see your baby the next morning if necessary. **So, call us first!**

If your infant is less than one year of age, and is **seriously ill**, we recommend taking your baby to the **Hasbro** Children's Hospital Pediatric Emergency Room. After your child is one year old, and for less serious emergencies, urgent care centers that are experienced with children are usually fine, such as **Just Kids RI Child Sick Care** or **Concentra Urgent Care**.

Thank you for reading this book! **Good Luck!**

New Babies - A Quick Set-Up Guide

For the exclusive use of patients of



1145 Reservoir Avenue, Suite 124
Cranston, RI 02920-6055

Phone: (401) **943-7337**

Web: AtlanticPediatricsRI.com

Required reading for parents of newborns!



Baby's Name:

Birthday:

Weight:

Time:

Length: