Newborn Guide

Congratulations on your new baby!

Compliments of the health care providers at

Health Services of North Texas

(940) 381-1501

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HEALTH SERVICES
OF NORTH TEXAS
Medical Care for You

Over the years, we have taken your most common questions and answered them in this booklet. If this is your first baby, you will find that most of your concerns are addressed in the following pages. If you already have children, you will find this pamphlet useful in refreshing your memory about your new baby.

For any questions that are not answered in these pages, we encourage you to write them down and submit them to us. We'll be happy to include them in our next booklet revision.

We have divided the book in major headings and we have included an index as well. The topics include:

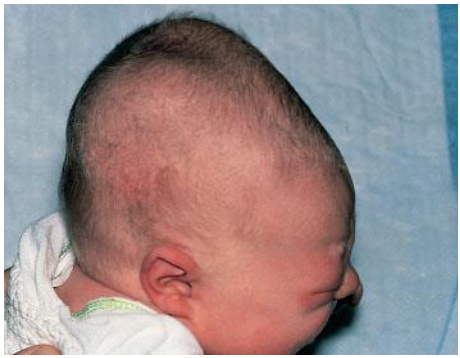
- Your baby's APPEARANCE
- Your baby's ACTIVITIES
- Some of the normal STRESSES of PARENTHOOD and tips on how to cope with them
- A QUESTION AND ANSWER section
- CIRCUMCISIONS
- SPITTING UP
- How to treat a "COLD"

Your Baby's Appearance

If this is your first baby, you may be caught off-guard by your baby's appearance right after birth and during the first few days of life. Some of you may have a mental image of the "Gerber Baby" and may be mildly disappointed that your baby doesn't meet these expectations. In reality, most babies have some blueness, molding of these heads, peeling of their skin, and so on. These features will subside as time goes on.

The Head

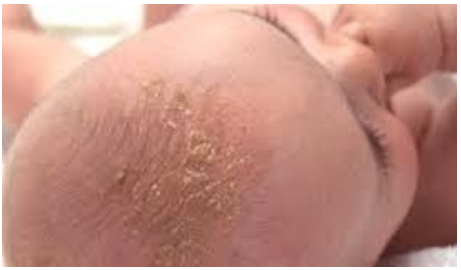
HEAD MOLDING is very common and is due to the several-hour journey through the relatively narrow birth canal. This molding is possible due to the "soft spots" of the skull. The most noticeable soft spots (called "fontanels") are at the top of the head close to the front, and one toward the center-back of the head. The front fontanel may pulsate (bead) with your baby's heartbeat, which is quite normal. Contrary to some popular myths, these fontanels may be washed just as you would the rest of the baby's body. They are not fragile or dangerous to touch. Between 9- 18 months or so, these soft spots will close.



Cephalhematoma

A cephalhematoma or a caput may be noticeable. These are lumps under the skin of the head.

A **CEPHALHEMATOMA** is a collection of blood under the lining of the bone. This "blood bump" is right above the skull bone. This collection of blood will gradually go away in several weeks.



"Cradle cap"

A **CAPUT** is a collection of watery fluid (edema, not blood under the skin. It is *not* in the layer between the skull bone and lining of the bone. Rather, it is just beneath the skin.

"**CRADLE CAP**" may develop within the first weeks of life. This is a crusty, scaly yellow-brown rash over the scalp. Treatment is every-other-day application or a special shampoo (Fostex™ or Sebulex™) until the condition has improved. Some cases require mineral oil, baby oil, or other oils (e.g., grapeseed oil). This will loosen the crusty areas if you use a fairly firm brush with which to scrub the scalp. Cradle cap will generally go away with time.

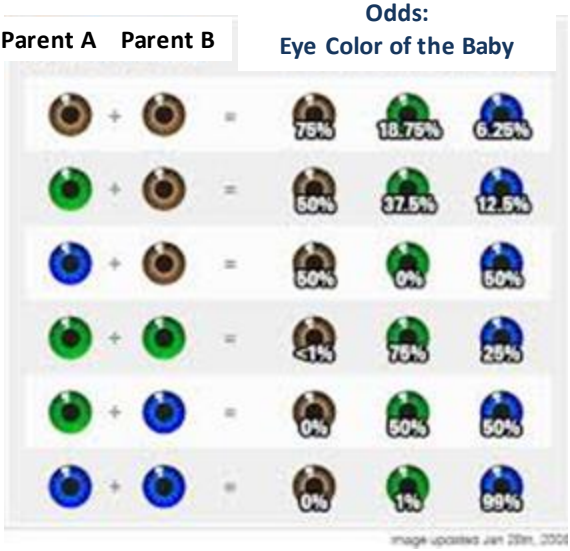
The Eyes

Your newborn's eyes will probably be **PUFFY** for a few days. This swelling occurs for a couple of reasons:

- We are required by law to place antibiotic drops in the eyes to prevent certain eye infections. These drops may sometimes cause a chemical irritation.
- Babies are born with an extra amount of body fluid. Part of this extra fluid is seen in the puffy eyelids. Note: this extra fluid is pee'd out of the body over the first several days. This is a major reason why babies lose weight during the first days of life.

You will note that your baby's eyes will occasionally **CROSS**, which may occur for up to 2 months or so. This may occur more often if your baby is tired or bored. This is due to the relative incoordination of the eye muscles (and you will soon learn that "muscle incoordination" affects many parts of a baby's body!).

Your baby's **EYE COLOR** will probably stay brown if they are brown from birth. If your baby has blue eyes, there is a possibility that the eyes may change color up until 4-6 months of age. Please see the chart, since a baby's eye color ultimately depend on the combination of the parent's eye color.



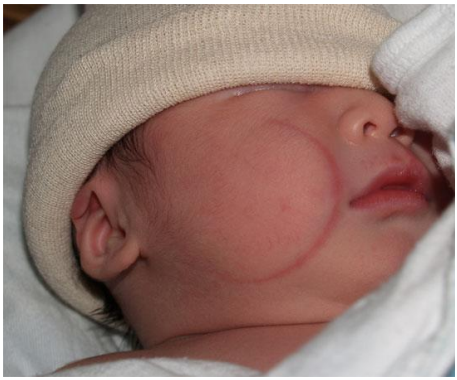
For the first few days-weeks of life, you may notice "blood spots" on the white part of the eyes. These are called **SCLERAL HEMORRHAGES,** and they occur partly due to the pressure of the uterus contracting around the baby's head. This type of trauma may cause some of the superficial blood vessels of the eye to "pop open." These will eventually go away, and you do not need to do anything for them.

Scleral hemorrhage

The Face

- White bumps over the nose and chin are called **MILIA** and are quite normal. They require no

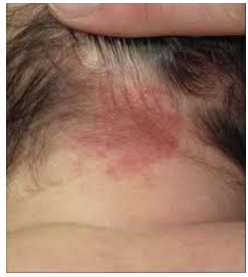
special care and go away in the first several months of life.



Forceps marks

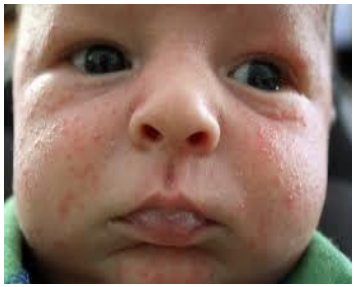
- **FORCEPS MARKS** may occur over the cheeks. Although they may be visible for several weeks, they eventually go away. Uncommonly, the pressure of the forceps may create little hard knots under the skin (called subcutaneous fat necrosis), but these too fade with time.

- A blotchy, red rash over the nape of the neck is very common and has been termed the "**STORK BITE**" (don't you recall that the stork brings babies to the hospital? ☺). This is really a birth mark called a "flame nevus" or "macular hemangioma", and they fade with time. You may also see this on the eyelids and under the nose (called "**ANGEL KISSES**").



"Stork bite"

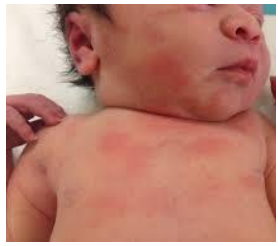
A form of **HEAT RASH** also develops over the face, especially over the forehead, neck, and cheeks, after several weeks of life. This appears as a tiny, red, bumpy rash that occasionally looks like pimples



Heat rash

Treatment consists of washing with soap and water and keep the areas dry (oil or lotion usually makes it worse).

- Another rash that occurs in more than one-half of all babies within a few days of life is called **ERYTHEMA TOXICUM**. It appears anywhere on the body, looks like insect bites (central pale swelling surrounded by redness), moves around various areas on the body, then disappears within days. We don't know what causes it, but acts like a non-harmful allergic reaction.



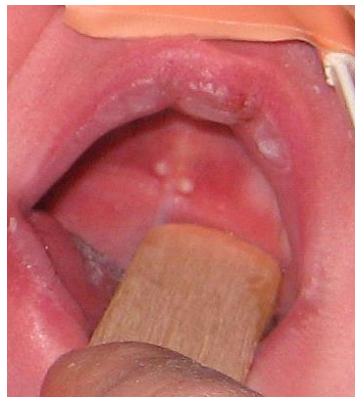
Erythema toxicum

Facial bruising

- **FACIAL BRUISING** will sometimes occur whenever the baby's face is the first to come through the vaginal opening. This bruising will subside within a few days.

The Mouth

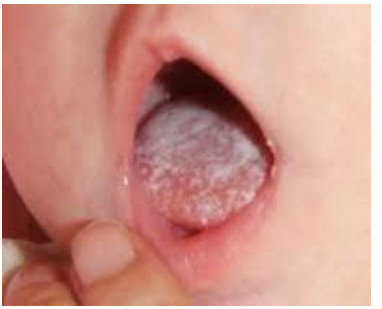
If you look inside the mouth, on the roof of the mouth (called the palate), you will probably notice a few white rounded cyst-like places. These are called **EPSTEIN'S PEARLS**, and are very common. They have no significance and go away with time.



Epstein's pearls

As your baby gets older, you may notice white patches in the mouth. This could be **THRUSH**, which is due to yeast overgrowth. Most of the time, thrush causes no problems and eventually goes away. On occasion, thrush may interfere with

a baby's appetite or sucking capability. In such cases, you may use an over-the-counter medicine called gentian violet. Gentian violet is quite messy and stains any cloth it touches, so please be careful with it. You may dip a cotton swab into the solution, and then apply the gentian violet onto the white patches in the mouth about 3 times a day. Another medicine by prescription, called Nystatin™ is also useful.



Thrush

We human beings normally have yeast in our mouth. As with many micro-organisms, yeast live within our gastrointestinal tract and usually cause no problems.

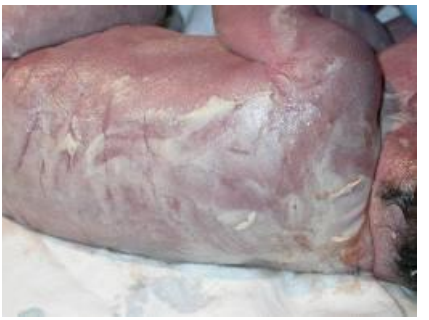
Yeast love to live in warm, dark, moist places such as the mouth and diaper area. Babies commonly have thrush because they are developing a normal balance among yeast and other germs in our mouth. Since babies aren't born with this normal balance, they have to "process" it. During this stage, yeast frequently create the overgrowth colonies we refer to as "thrush."

Bohn's nodules

The alveolar ridge (the bone through which teeth will eventually break through) may look bumpy. On occasion, it may have white cysts on them, called "**BOHN'S NODULES.**" These are benign cysts that will go away with time, and are essentially the same thing as "Epstein's pearls" (**epithelial inclusion cysts**).

The Hands and Feet

The hands and feet will usually **PEEL** for about 3 weeks. Baby lotion will come in handy for these dry areas. The reason that these body areas peel is that they are not covered with



VERNIX in the uterus as well as the rest of the baby's body.

VERNIX is the cheesy white material that protects the baby from the "wetness" inside the uterus. Your baby's extremities also appear BLUE, which is due to the slower (not "poorer") circulation in the hands and feet, thus enabling you to see the blood that has less oxygen in it.

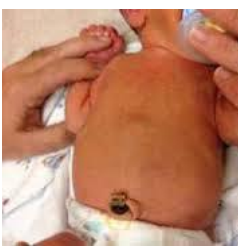
Positional foot deformity

You will find it very invited to worry about the way the feet and legs are shaped. Relatives might tell you all sorts of things about the position of the feet and what needs to be done about it. However, most of the curving in or out of the feet is due to the way the baby was lying inside the uterus. With such a cramped living situation, it is no wonder that feet and legs appear so bowed and misshapen! The truth is that most feet and leg deformities will straighten up with plenty of time and patience. In about 18 months, most children's **POSITIONAL FOOT AND LEG DEFORMITIES** will disappear. Very, very few children actually need corrective shoes. Most of the time, expensive corrective shoes are a waste of energy and money. As you child grows, we will talk with you at check-up times about the normal way children's feet and legs develop.

The Chest

A few variations of normal may be noted on the chest of some babies:

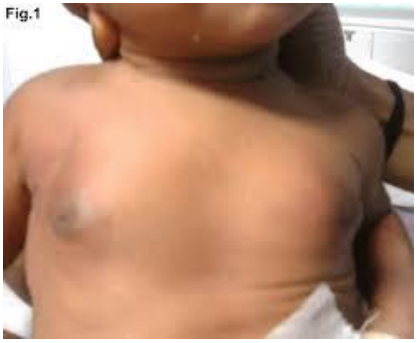
- A **SUPERNUMERARY NIPPLE** may be visible. This may look like a freckle and usually occurs in a line (called the nipple line), similar to that which you see on cats and other mammals. This extra nipple fairly common and may occur on one or both sides of the chest. The usually do not grow, and typically remain the size of a freckle.
- The **XIPHOID PROCESS OF THE MANUBRIUM** sound like a dread



Xiphoid process

disease, but it is actually the small bony protrusion that many parents notice under the center of the baby's rib cage. This is quite normal, is simply a normal part of the bone structure of the sternum ("breast bone"). It becomes less visible as your baby gains weight and when the cartilage becomes harder. It does not cause any problems.

- **BREAST ENLARGEMENT** may occur due to a normal phenomenon of mother's hormones crossing into the baby's circulation. This enlargement is only temporary, and goes away within a few weeks.
- Some parents see tiny **CYSTS** on the breast. They may appear like a little white pimple, but they are not from infection. Rather they are a normal developmental process of the glands in the breast, and will fade with time.



Breast enlargement

The Abdomen


Umbilical cord

The **UMBILICAL CORD** will usually fall off within 3 weeks. Current recommendations generally state to simply leave the umbilical cord alone, and it will eventually fall off. However, it does tend to smell after several days, so cleaning in the gooey recesses of the cord with either soap-and-water or with an alcohol swap can be helpful. After the umbilical cord falls off, you may notice spots of blood coming from the umbilicus for a few days. Again, this is normal, and does not require any special care.

The abdomen will appear distended, especially after eating. Infants and children tend to have a "pot-bellied" look for several years. Do not worry about abdominal distention alone, but if other symptoms (such as vomiting, diarrhea, pain), then something else could be wrong (see "Constipation" and "Colic").

An **UMBILICAL HERNIA** is a weakness in the muscles of the abdomen, just above the "belly button." When you think about it, there must be a weakness in those muscles, in order to allow the blood vessels to enter into the fetus. A hernia is simply a continuation of that weakness after birth.

Umbilical hernia

Usually, such a hernia will gradually strengthen and go away as time goes on. Placing "belly bands" on it or taping a half-dollar coin over it will not make it go away any faster. As with other aspects of a baby's appearance, time seems to cure the majority of umbilical hernias. If it is still noticeable by 18-24 months of age, then we might discuss the option of surgery. But don't cross this bridge until you come to it, since most of these hernias take care of themselves.

The Genitalia

If you have a girl you may notice a **DISCHARGE** from her vagina. When you change her diaper, it may look clear or milky, but will be mucusy in texture. Occasionally, it may have some blood spots noted in the discharge. This is common and should not alarm you. It is due to the hormonal stimulation she received in the uterus from the mother's estrogen, but from which she has is withdrawing. The discharge will resolve within a few weeks, and requires no therapy. As an aside, this same reason causes TEMPORARY **BREAST ENLARGEMENT** in both infant

boys and girls, and can cause the breast to secrete a milk-like fluid ("witches milk").

Also, little girls sometimes develop **VAGINAL ADHESIONS** within the first several months of life. Baby girls do not have much estrogen (female hormone) in their vaginal secretions. Because of this, the inside part of the vagina (labia minora) sometimes stick together with a hazy membrane. If you notice this problem, then it can be corrected by gently spreading the labia apart and peeling the membrane open. If it becomes recurrent, then we might use an estrogen cream that you periodically apply to her labia.

If you have a boy, you may wish to have him circumcised. Please see the separate section in this booklet that discusses **CIRCUMCISION**.

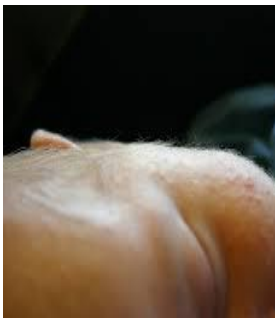
The Skin

We've already discussed several of the rashes that you may notice:

- Heat rash
- Milia
- Forceps marks
- Flame nevus
- Supernumerary nipples
- Erythema toxicum

We'll now talk about a few more items about your baby's skin:

LANUGO is very fine, soft, uncolored hair that is found on a fetus beginning at about 5 months of age. It usually disappears by 7-8 months of gestation, but is sometimes present at birth in term babies. It helps to holds the vernix in place (see "The Hands and Feet"). Sometimes, the lanugo is so noticeable that parents may wonder if their baby will always be so hairy! Not to worry, though: lanugo usually thins about and disappears within days-weeks. And no, don't use a hair remover or shaver!

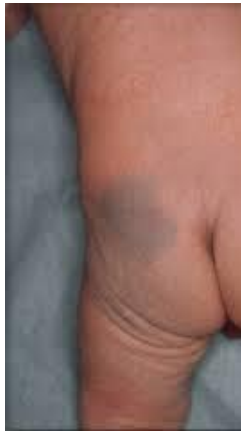


Lanugo

PALENESS AROUND THE MOUTH – because the skin around the mouth is somewhat thinner than most of the skin surface, you will occasionally notice that your baby has some paleness – or even blueness – around the mouth.

As long as your baby is acting normally in all other ways, then this discoloration can be normal. Some parents will become concerned because they've heard that a baby who has a change of color around the lips means that the baby has a heart problem. Although it is true that infants with heart ailments may have a generalized blue color, it is also true that many babies have a bluish hue around their lips without any problem, especially if the rest of the baby is pink.

MONGOLIAN SPOTS – these are bluish-black discolorations of the skin, found most commonly over the buttocks, but can occur anywhere on the body. They usually have no significance, and tend to fade with time.



"Mongolian spot"

SACRAL DIMPLE – this is a small indentation above the anus, in the gluteal fold ("butt crack"). It occurs in about 2-4% of all babies. Usually, these are very shallow and cause no problems. However, if the indentation is deep, then it is very important to keep this area clean. Otherwise, debris collects in the deep recess and can become infected. As your child grows, he must be taught to keep this area clean.

Sacral dimple

Your Baby's Activities

Most of the things you notice about your baby's activities are related to his immature nervous and muscular systems. That is, his muscles and nerves are uncoordinated for the first months (and years!) of life. Such activities as easy startling, hiccups, spitting up, and difficulty in passing a bowel movement are all related to this neuro-muscular incoordination.

For example, your baby may **shake** and **tremble**, or his jaw or legs may **quiver.** Or, he may **startle** for no apparent reason. This "shaking and quivering" does not mean that your baby is necessarily cold. A baby should be over-bundled, because he may get overly hot and become fussy or develop heat rash. As time goes on, usually be 4-5 months, this activity is minimal or absent.

Your baby will **SNEEZE** occasionally. Sneezing does not necessarily mean that he has a "cold." Rather, sneezing is a *reflex* that helps to eliminate dust, mucus, etc from the nose. But while we are on the topic of "colds," please realize that most babies will have 4-7 colds each year for the first 3 years of life. Please see the section on "How to Treat a Cold" for further information.

Your baby will **HICCUP** frequently at first. As time passes, this activity will become less noticeable. It is caused by a spasm of the diaphragm, a muscle that separates the chest from the abdominal cavity. Hiccupping is harmless. Some parents have said that having the baby drink warm water may help.

Common Causes of Spitting & Vomiting

1. **Overfeeding**
2. **Positional**
3. **Gastro-esophageal reflux**
4. **Food or formula intolerance**

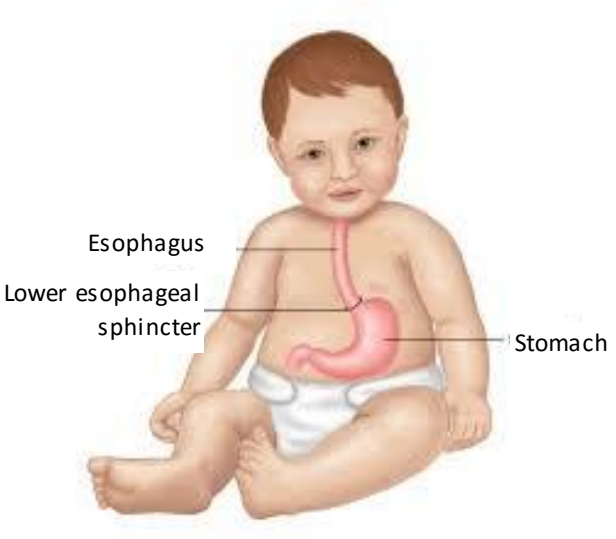
Spitting Up and Vomiting

- The **ESOPHAGUS** – the muscular connection between the mouth and the stomach – is very short in your baby. Milk does not have a very far distance to travel before it reaches the stomach. It is for this reason that it is very important to hold your baby upright during a feeding so that gravity can assist in keeping milk in the stomach.
- Since the esophagus is a muscle, it is also uncoordinated as we have discussed earlier. Instead of rhythmically moving food toward the stomach as it does in older babies and adults, the esophagus sometimes moves the milk ***up*** instead of ***down***.
- Your baby's **stomach** is too small to hold both mild and air. Sometimes the air that you baby swallow with the milk "bubbles," carrying milk with it. For this reason, it is best to burp your baby frequently, and make sure that he does not swallow too much air during feeding.
- Since the stomach is small (about the size of a large marble at birth), even several teaspoons of milk may be too much for the baby to hold down, and spitting occurs. That is why it is important to "pace" your baby's feedings. You will notice that, about 1-2 weeks of age, your baby wants to quickly guzzle the milk. This will definitely lead to spitting!

Occasionally, you baby may **VOMIT**. Vomiting every once and awhile is a normal occurrence, especially when your baby has learned to suck quite well. This usually happens around 3-6 weeks of age, at a time when he becomes very demanding when it comes to feeding! You will notice that your baby will **suck very rapidly** and overfeed, thus causing him to vomit. This

is when you must pull the bottle or breast out of baby's mouth at intervals for a period of burping, even when baby demands more milk. As your baby grows older he will learn to pace his own feeding but for now, you must be the pacesetter.

Spitting up and vomiting in an infant under the age of 6 month is very, very common. Just because it's common does not make it any less frustrating or messy for parents! Here are some causes and cures for this problem.



1. Overfeeding

When first born, infants feed quite slowly. But as time goes on, they become stronger and more demanding for food. By 2-3 weeks, most parents notice that their newborn practically inhales the groceries within a few minutes!

So, you should pace each feeding but taking the breast or bottle out of their mouth, burp the baby, and then feed again.

If a parent allows their baby to overfeed, the baby ends up filling his small stomach within a few minutes. This does not allow for the feeling of satisfaction of a full stomach. Within a short time, the bay's stomach is overflowing with breast milk or formula.

You can break this cycle by pulling the nipple out of his mouth after each 2-4 minutes and burp him. Sure, he'll demand that he have that nipple ASAP – but you will know that it's better for him to give it a rest for a minute or so.

2. Positional causes

- Spitting up or vomiting could be caused from the various methods that babies are held or laid. If you lay a baby down horizontally too soon after a feeding, eh will more than likely spit up.
- If you hold a baby with his head too far forward, he will "kink" his stomach and cause spitting up.

You should hold a baby at about a 30-degree angle during and after a feeding. Do not lay him down within 30 minutes after a feeding. Do not let your child's head fall too far forward. You may use an infant seat to prop your baby up after a feeding, if you so desire.

3. Gastro-esophageal reflux (GER)

GER is quite common in babies. As stated above, esophageal incoordination, relative shortness, and small stomach size leads to spitting and vomiting.

In an adult, the esophagus contracts *rhythmically* to move liquids and food down to the stomach. It does this by squeezing down in waves toward the stomach. This motion keeps food from easily coming up to the opening of the airway and cause problems with the lungs.

Treatment of GER includes:

- **Elevating the head of the bed** – you can do this by using an **infant seat for sleeping.** Or you can use a wedge and harness device. This can either make this yourself, or it can be obtained in a durable medical equipment (DME) supply company. Or some parents can make this device. A ***wedge*** is composed of some material, such as wood or foam, which will elevate the head of the bed. A ***harness*** is made up of cloth which fits over the baby's bottom, like a sling, and runs up to the head of the bed. This prevents the baby from sliding down the bed.
- **Small feedings with frequent burping** – this allows the stomach to fill slower and empty without overfilling the stomach.
- **Thickened feedings** – we usually do this by giving some rice cereal in between each 1-2 ounces of milk. Some parents like to mix the rice cereal into the formula to thicken the milk, but this may present problems with the nipple plugging up. So, feeding with a spoon is probably easier. This sometimes helps to keep the stomach contents from coming up into the esophagus.
- **Propping up the baby for 30 minutes or longer after a feeding** – if a baby is laid down too soon after a feeding, he will most likely spit up or vomit, even if he didn't have GER! A baby's head should be elevated at least 30 degrees.
- **Maalox™** -- this over-the-counter medicine helps to neutralize acid that refluxes into the esophagus. How do we know if acid is refluxing? If a baby acts as if he *hurts when he spits up*, we assume that the stomach acid is burning the lower part of the esophagus. In this case, Maalox™ may be useful. *Please talk with your baby's provider before using this medicine.*

4. Food Intolerance

By "food intolerance," we mean anything that goes into Baby's mouth might the cause of spitting or vomiting. For example, some breastfeeding moms tell us that if the eat too many spicy foods, Baby will spit up more often. Or, some parents tell us that their baby prefers one formula over another. Some parents state that their baby prefers one brand of formula over another, e.g., Enfamil™ rather than Similac™. This requires a significant amount of "trial and error" testing on your part.

For breast-fed babies, be aware of the food that you are eating and the times that the baby is spitting. The most commonly reported foods include those listed later.

Crying

Crying is your baby's way of saying that he/she is hungry, wet, constipated, bored, or in a bad mood. If you times the amount of crying that your baby did each day, you would find that it does not last as long as you think it does!

A major problem is that parents perceive a baby's cry *seems* like it lasts for hours and *seems* that your baby is so demanding! Yes, there truly are some babies who have excessive crying and it seems like their "personality." However, we realize that this stage will eventually go away.

We need to assure that you, the parent, are not *creating* a stressful situation. Are you jumping up with your baby at every little whimper? If you do this, you will **train** your baby to expect instant comfort and will become a "light sleeper." Getting your baby up quickly with little noises is creating a pattern that you will not be able to live with! The solution is to **recognize** that you have ultimate control of <u>your</u> behaviors. If you are the parent who is doing this (usually a first parent, since the experienced Mom has already figured this out), then it's time to change your habits.

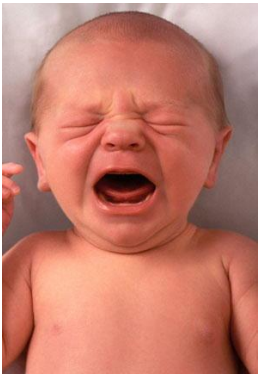
Sleeping

A baby's sleep is broken up into short segments, mainly because his body size is too small to store sugar for longer periods of time between feedings. Baby's body tells him: "Wake up; my blood sugar is getting low. Let's eat!" Your baby will sleep through the night when his body and stomach size are big enough to hold a larger amount of sugar stores. This usually occurs at around 10-13 pounds of body weight, or about 2-3 months of age for the average baby.

Remember: there is no such thing as a "schedule" for a newborn baby. Baby will not automatically wake up on cue every 4 hours for a feeding. Feeding times are dictated by the amount of milk previously taken, his body size, and his blood sugar level. So, for several weeks, expect very erratic feeding and sleeping times for several weeks (at least!).

"Colic"

"Colic" is an often-used term, one that describes a periodic episode of irritability and crying in a baby for which we cannot find a cause and usually goes away as quickly as it came. Colic typically occurs in babies of first-time parents or in a family situation where there are many stresses. Because of this observation, we realize that a baby's sense of tension has something to do with these spells, but also relates to a baby's "personality."



Colic tends to occur in the late afternoon, and the crying spell might go on for several hours.

Of course, we must consider several medical conditions that might cause irritability: urinary

tract infections, ear infections, certain bowel problems, gastroesophageal reflux, among others.

What should you do if your baby has "colic?" We have some suggestion, but recognize this: although some parents may swear that "such & such" worked for their baby, we can't guarantee that any of these measures will work on your baby.

- Rhythmic rocking sometimes helps. Motion in an infant swing, or going for a car ride, soothes some babies with colic.
- If your baby is **formula-fed**, a switch to a different formula sometimes seems to make a difference. You should know that scientists who have studied this have found NO proof that switching formulas makes any difference. But some parents want to give this option a try.
    - If you are using tap water to mix powdered formula, first try switching to distilled water.
    - The steps required by WIC (Women, Infants, & Children) nutrition advisors are as follows: Similac™ Advance → Gerber Good Start™ Soy.
    - WIC then requires a special request form for the subsequent steps: → Similac™ For Spit Up → Similac™ Total Comfort → Similac™ Sensitive.
    - If no progress is being made, we may then have to use more expensive formulas: →Nutramigen™ → Pregestimil™.
- If your baby is **breast-fed,** you may need to write down what you are eating and when your baby has crying spells:

What I ate	Date/Time I ate it	Date/Time when Baby cries

Certain foods MAY cause gas, colic, or intestinal upset in some breastfeeding babies. Only with experimentation can you tell if a particular food listed below will cause problems with *your* baby. The foods listed below are some of the ones that parents have told us that they have experienced and *think* that they caused colic in *their* baby.

Just because we list these foods does not mean that you should avoid them! Remember that the foods listed below are based on what some mothers have told us. That is, these could be myths that some people have continual told us – there is very little "science" to this! Also, most medications (laxatives, decongestants, acetaminophen, etc.) *may* cause similar symptoms.

The most commonly reported "offenders" include:

Shellfish

- Beans
- Large quantities of milk
- Large quantities of caffeinated drinks (cola, tea, coffee)
- Chocolate
- Onions

Other foods that some mothers have reported include:

- Turkey
- Roast
- Pineapple
- Cantaloupe
- Strawberries
- Cottage cheese
- Cabbage
- Broccoli
- Brussel sprouts
- Cauliflower
- Okra
- Tomatoes
- Green pepper
- Black-eyed peas
- Mushrooms
- Garlic
- Cucumbers
- Nuts, e.g., peanuts

Remember: these are foods mothers have told us about over the years. There is **no scientific proof** that there is something in these foods that would cause problems. It's simply a matter of "trial and error."

- If your infant has significant GAS, then, after talking with your provider, you may use medicines such as (e.g., Mylicon™ drops). You may give ¼ - ½ dropper 3-4 times a day, only if needed for gas – for an older infant or child, you may use the amount listed on the bottle).

- If your baby has "anal-colon incoordination" (see below), you may try to dilate your baby's anus with the end of a thermometer or with the end of a children's glycerin suppository.
- **Swaddling** sometimes helps. Bind your baby with a blanket or sheet so that random motion of his arms and legs won't continue to aggravate him.
- Sometimes a warm (not hot!) heating pad placed over your baby's abdomen may help.
- If your baby is taking vitamins, please temporarily discontinue these, since some babies have colic with them.
- Various "colic" medicines are available in the pharmacy as over-the-counter. These are mild and safe, and have helped some babies.

- If tension in the family is a part of the "colic" cycle, then breaking the parent-infant tension cycle may help. That is, some parents become quite anxious with a crying baby, excessively rocking and becoming upset with the situation. If this is the case, you must "back away" from the colicky situation that exists. Dr. T. Berry Brazelton, a noted pediatrician, has suggested the following:

- Hold your baby for no more than 2 minutes to attempt to console your baby.
- Then, place Baby in the crib for 10 minutes (by the clock) and step away from the crying – fully away from the crying so that you cannot hear it!
- Then come back to pick up your baby and hold him for 2 minutes, put him back in bed for 10 minutes, etc., etc.
- Repeat this ritual for as many times as you need to.
- If you do this consistently with these colicky episodes, it has been shown that a baby will – after several days of learning this parental pattern – will have less and less colicky spells.
- Identify any tensions in your family and talk about them openly. Is this your first baby and well-meaning friends are telling you what to do? Are you feeling insecure because of all the conflicting advice you're getting? Is Dad feeling misplaced because Mom is spending more time with Baby? Are finances suddenly being stressed seemingly beyond your limits?

Bowel Movements

A baby's BMs vary in number, color, and consistency and it is difficult to predict how your baby's BMs will be, due to the wide range of individual variation.

- **Number** – some babies will have one BM with every feeding, up to 8 times a day. Some babies will have one BM every 2-3 days and still be normal. Breast-fed babies tend to have more frequent stools in the first 6 weeks of life, then may have one every other day.
- **Color** – the color of the BMs will vary as time goes on. The first BMs are black but turn

greenish-yellow, then yellow. When solid foods are introduced at a later date, the BMs may be all variations of color.

- **Consistency** – initially, the BMs are loose and sometimes watery, sometimes birdseed-like in consistency, but they will firm up as he gets older.

Anal-colon incoordination

Babies normally **GRUNT** and **GROAN** and **TURN RED** while having a BM. This does not mean that your baby is constipated. "**CONSTIPATION**", by definition, is the difficult passage of ***hard, dry stools***. Instead of constipation, the most common cause of grunting, groaning, and turning red when passing a BM is "anal-colon incoordination."

With a normal BM, most of us have a coordinated reflex in which the colon contracts while the anus dilates. That is, the intestine squeezes down while the opening (anus) dilates when we have a BM. However, this reflex is not well coordinated in an infant. Sometimes, the infant's colon and anus is not "in sync" with each other. That is, the anus and colon contract together, so the colon is contracting against a closed opening. He is pushing against a locked door!

The cure to this problem is to dilate the anus. You can do this by using a piece of a children's glycerin suppository or the end of a thermometer and place this in his anus. Once you place one of these in the anus, you the move the suppository (or thermometer) so that it stimulates the anal muscles to open. By dilating the anus, a bowel movement will eventually pass.

Anal-colon incoordination can last a few weeks to a few months before Baby learns to do this on his own. Do not be concerned if you need to use a suppository or thermometer for weeks at a time; your baby will not become "addicted" to them.

Constipation

Much less commonly, babies will occasionally get constipated (passing hard, dry stool). Here's some things you can try:

- Diluted apple or prune juice – 2-3 ounces once a day
- Use of a children's glycerin suppository whenever baby is having some pain while trying to pass a BM
- Decrease your baby's intake of cereal, bananas, and pears
- For infants over 6 months, over-the – counter medicines include Wellements Baby Move™ and others.
- Enemas typically are not made for young infants, and should be used sparingly with older children. Most children's enemas are labeled for 2 years and older.

The "Not-So-Nice" Feelings of Parenthood

About 5-10% of women who give birth have ***significant depression***, enough to require medication. So, many physicians are now screening routinely for post-partum depression. This is a real phenomenon that is due to many issues, some of which are included here:

- ***Hormonal changes*** during and after pregnancy are substantial, and can lead to a chemical imbalance that adds to depression.
- ***Inability to meet your own expectations*** – the tasks that were so routine in your pre-pregnant life before the new baby now may feel like a burden. For example, Dad may not get the hot meals to which he was accustomed, and or the housework is not always done. The time that Mom and Dad had for one another – going out to eat, dancing, or to a movie – is now taken up by the new baby.
- ***Frustrations and anxieties*** may seem more common. Because those expectations cannot be fulfilled, you may feel more frustrated. Also, taking care of this new creature in your life is not as easy as it may have seemed. There will be anxious moments when your baby does something that is total foreign to what you are used to, such as sneezing frequently, hiccupping, or crying for no apparent reason.
    - ❒ In addition, babies are sicker more times in the first 3 years of life than during any other time of their lives. These illnesses are sometimes difficult to understand and may seem recurrent. Some parents begin to wonder, "Why is this illness happening to us?" Certainly, illness makes most tasks of life much more difficult to perform. And when your baby is sick, he will *not* suffer in silence! Most probably, Baby will keep you up late at night during the colds and other illnesses so common during this stage.
- ***Physical and mental fatigue*** are fairly common. Most of us need a period of uninterrupted sleep to recover from the normal events of daily life. However, your baby does not sleep for long periods of time and soon you will be relatively sleep-deprived. Most of us would soon be more irritable, or depressed, or "emotional" if we didn't take care of ourselves.
- ***A shift of responsibilities occurs***. Now you have this new person to take care of, and your role of "wife" or

"husband" has suddenly shifted to one of "Mom" and "Dad." You now have more emotional responsibilities in the raising of your child. And there are financial concerns that you may not have anticipated, such as food, doctor visits, medications, "unexpected" illnesses, toys, clothes, and day care charges.

We have some suggestions to help make this transition into parenthood a little easier:

- ***Take time for yourself***. Get a babysitter and go out with your spouse and/or friends. It takes a little effort on you part to plan this "event," but it will be well worth the investment.
- ***Don't feel guilty about those tasks that can't get done.*** If the housework isn't finished, then don't break your neck to do it. Re-adjust your priorities.
- ***Take a nap each day when your baby is resting***. Unplug the phone, hand up a "Do Not Disturb" sign on the front door, and catch up on well-deserved sleep.

- ***Don't try to be the "super-parent."*** You will only experience a let-down if you try to do more than you can. Sure, well-meaning friends and relatives will say things that may place doubt into your mind concerning your capabilities as a parent ("When I raised my four children, ***they*** were sleeping through the night at two weeks of age!"). Try to let these little comments slide by, since many times there are o "right" or "wrong" answers when raising a child. Remember: no one should be grading you as a parent on a "pass-or-fail" system!
- ***Recognize our infant as an individual,*** who will be different in most respects than any other baby you know. Those differences are noticeable from birth, and we hope that you

can see the positive aspects of these differences as time goes by.

- ***Plan you financial budget*** so that it includes the illnesses and other charges that occur normally in the course of a child's life.

- ***Dad*** should become involved in his baby's life from the moment of birth. Now is the time to begin developing a sense of family unity.

Questions Parents Ask

Why won't my newborn eat well at first?

Babies go through a very alert stage for the first 2 hours after birth, but after that they experience a very drowsy stage for the next 12 or more hours. Think of it as if your baby just ran a marathon and won: the "adrenalin rush" makes your baby right after birth, then he becomes quite tired and just wants to rest. During this drowsy period, you baby will be very disinterest in feeding, so much so that parents think that "my baby will starve.'" Please rest assured that this is a normal transition time for your baby. Soon, you will find that your baby will feed more frequently than you bargained for!

Why does my baby lose weight at first?

This phenomenon is related to the unpracticed feeding mechanism ("suck, swallow, breathe") that babies have. In addition, babies are born with an extra amount of body fluid which is lost during the first few days of life. Most babies lose about 10% of their body weight, but regain their birth weight by 10-14 days of age.

What car seats do you recommend?

The current state law in Texas is that all children must be in an approved car seat anytime they are in a moving vehicle. There is no particular brand or type that we can recommend. It's up to you regarding your preferences. Some parents will borrow one, which is okay as long as you assure that it has not been in an accident before or that it is older than the expiration date on the bottom of the seat. Manufacturers typically state not to use their car seat after 6 years of age.

Car seats come in 3 types: (1) Infant Car Seat (Rear-Facing only) which is designed for newborns and small babies, (2) Convertible Seat, which changes from rear-facing to forward-facing as the child grows, and (3) All-in-One Seat, which can change from a rear-facing seat to a forward-facing seat (with a harness and tether), and then to a booster seat as a child grows.

Your purchase will also depend on the size of your pocket book, but should be U.S. Department of Transportation-approved. The NHTSA (National Highway Traffic & Safety Administration) also useful websites: http://www.nhtsa.gov/Safety/CPS/ and http://www.safercar.gov/parents/Car-Seat-Safety.htm

In Denton, the following places have car seat safety inspections for free (call for days / times / location):

- Texas Health Presbyterian Hospital Denton (1-877-847-9355)
- Denton Police Department (940-349-8181)
- Denton County Health Department (940-349-2900)

2013 Child Passenger Safety National Best Practice Recommendations		
Phase 1	Rear-Facing Seats	Infants: Birth – 35+ pounds, 2+ years old. Rear-facing infant or rear-facing convertible safety seat as long as possible, up to the rear-facing height or weight limit of the seat. Properly install according to instructions in owner's manual, rear-facing in the back seat.
Phase 2	Forward-facing Seats	When children outgrow the rear-facing safety seat (2+ years), they should ride in a forward-facing safety seat as long as possible, up to the upper height or weight limit (40 – 80+ pounds) of the harnesses. Usually 4+ years old. Properly installed forward-facing in the back seat. **NEVER** turn forward-facing before child meets all: AGE/HEIGHT/WEIGHT requirements set by safety seat manufacturer for forward-facing.
Phase 3	Booster Seats	After age 4 and 40+ pounds, children can ride in a booster seat with the adult lap and shoulder belt until the adult safety belt will fit them properly (usually when the child is 4'9" tall, 10 – 12 years old). **MUST** have a lap/shoulder belt to use a booster seat.
Phase 4	Adult Safety Belt	Once children outgrow their booster seat (usually at 4'9", 10 – 12 years) they can use the adult lap/shoulder safety belt if it fits them properly. Lap portion low over the hips/tops of thighs and shoulder belt crosses the center of the shoulder and center of the chest.

From https://www.txdps.state.tx.us/director_staff/public_information/carseat.htm

What are the medicines given to babies shortly after birth?

At least 2 injections are given to babies:

- **Vitamin K** is a vitamin that all babies lack for the first 3-10 days of life. This vitamin is quite important in the blood clotting process. In the past, some babies had severe bleeding problems that could occur within the first days of life. Because this vitamin deficiency could be life-threatening, we give Vitamin K routinely to all babies.
- **Hepatitis B vaccine** is required by the State for entry into school. The first injection for Hepatitis B is usually given in the hospital after birth. Since infection with hepatitis B can be very serious, infants are routinely immunized with 3 shots: birth, 2 months of age, and 6 months of age.
- We place **antibiotic ointment or drops into the eyes** to prevent certain bacterial infections of the eye. This is required by State law, since an infection might lead to eye damage if left untreated. These drops or ointment may cause the eyelids to have some swelling for a day or so, but will go away.

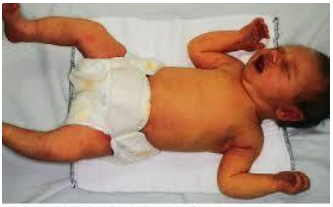
My baby's toenails look strange – is this normal?

Most babies' toenails appear unusual, almost triangular in shape. Sometimes this takes on the appearance of an ingrown nail, but this appearance is almost always normal. Sometime the toenails will appear flat with curled-up ends, also a variation of normal.

What is jaundice and how do you treat it?

Jaundice is a yellowish discoloration of the skin, most commonly caused by a chemical called bilirubin (pronounced "BILLY RUBEN"). The usual sequence of events is as follows:

A baby is normally born with an extra amount of red blood cells, which are needed inside the uterus to carry oxygen. After birth, some of the red blood cells are no longer needed and thus break down. Bilirubin is a breakdown product of red blood cells, and is normally excreted from the body by the liver.



However, a newborn's liver is relatively immature and cannot get rid of the bilirubin efficiently. As a consequence, bilirubin builds up in the bloodstream for several days until the liver becomes more functional. The hospital generally checks all babies for high bilirubin levels with a simple light test on the babies' skin.

If your baby's skin is significantly yellow (jaundiced), a blood test may be obtained. If it is high, your baby may need to be treated with special lights (phototherapy). The light treatment changes the bilirubin into a harmless product.

If the bilirubin is quite high, babies in the past would experience injury to their brains. We typically no longer see this because we are so vigilant about jaundice. If you think your baby is jaundiced, please ask the baby's nurse consider checking the bilirubin level.

Sometimes, the bilirubin test is "borderline" and the hospital may ask you to return for a re-check. It is very important to return for this test, since we want to avoid any potential problem. In addition to a repeat test, frequent feedings (breast or, if bottle feeding, formula) increase fluids that help Baby's body to excrete the bilirubin.

How much weight should my baby gain each week?

Most babies will gain 2/3 of an ounce each day (or about 4-7 ounces each week) for the first 3-4 months of life, or about 2 pounds each month. An "average" baby will double his birth weight by 4-5 months of age, and triple the birth weight by one year of age.

However, each baby is partly genetically programmed to grow on a different growth curve, so it is difficult to predict how each individual child will grow. As time goes by, we plot the height and weight of your baby on a graph in the office so that we can assure that your baby is growing within a normal range. You may certainly come to our office for a "nurse visit" if you would like her to weigh your baby, at no charge to you.

What about my baby's length? Will he be tall or short?

As it is with weight, this aspect of your baby is partly genetically programmed, and it is quite difficult to predict with any accuracy. For general guidelines, the following apply:

- A baby's length is increased by 50% during the first year. For example, if your baby is 20 inches long at birth (the "average" for the U.S. population), then your baby grow to about 30 inches by the first birthday.
- Birth length is doubled by 4 years of age. In the above example, your child would be about 40 inches tall by the 4th birthday.
- During elementary school, most children grow about 2 inches each year.

If I have chosen to bottle feed my baby, which formula should I use?

Formulas can vary in the composition of FATS, SUGARS, and/or PROTEINS. This is why you will see so many types of formulas in the store. Starting formulas that most parents use are either **lactose-** or **sucrose-containing**. These are the names of the sugars, and most babies start on a lactose-type of formula, such as Similac Good Start™ or Enfamil Newborn™. Store brands are available which offer savings, and the WIC Program

at the Health Department has a contract with the manufacturers of Similac™.

Other formulas vary in sugar, fat, or protein types and can be quite expensive. Most formula changes require some discussion with your baby's doctor.

How much formula should my baby drink?

We have no easy answer for this question, since every baby grows at a different rate, and fluid requirements vary daily (depending on environmental temperature, number of bowel movements, metabolic rate, etc.). The "average" baby will drink about 1 ½ - 2 ounces of formula per pound of body weight, at least during the first months of life.

To illustrate, an 8-pound baby could, on average, take about 12-16 ounces a day. Now, just because we said "could" doesn't mean "should" or "must." Babies will vary on their intake from day-to-day, so please don't focus on specific amounts of formula a baby is taking. The bottom line is the growth of the baby: if your baby is growing within the standard growth curve guidelines, then the amount of formula is appropriate.

Even after we have said all of the above, some parents still want to pin us down as to "about how much should my baby take each day." We will then try to give an answer with a lot of leeway, such as "between 12-24 ounces per day." Naturally as a baby grows, their formula intake will increase. Yes, there is a maximum: if your baby is consistently drinking over 32 ounces per day (that is, one quart in 24 hours), then your baby should be taking solids.

Should my baby start taking vitamins?

If you are breastfeeding and you are receiving an adequate diet, your baby probably is fine and does not need to receive

additional vitamins. The same is true for most approved formulas.

Vitamin D and fluoride are two nutrients that have made news over the last several years.

Recommendations from the American Academy of Pediatrics now recommend **Vitamin D** supplementation (400 IU daily), since babies do not receive much sunlight. This applies to babies who are breastfeeding or receiving less than 32 ounces of Vitamin-D fortified formula. Any multi-vitamin with 400 IU of Vitamin D – or simply Vitamin D by itself – is appropriate. At higher risk for Vitamin D deficiency are those babies with dark skin, covered with clothing or sunscreen most of the time, or live in a polluted area with little exposure to sunlight.

Remember that Vitamin D is toxic if taken in overdose, so keep this and other medicines out of reach of children.

Supplementation with **fluoride** is a concern only if your water supply is from well water or is known to be deficient in fluoride.

For further information, sites to visit include:

http://www.llli.org/faq/vitamin.html

http://www.healthychildren.org/English/ages-stages/baby/breastfeeding/Pages/Vitamins-for-Breastfed-Babies.aspx

Should my baby sleep in our bedroom?

This really is a personal choice. Controversy exists about the advantages and disadvantages of your newborn sleeping in your bedroom. If you can avoid the pitfalls of Baby in Mom & Dad's bedroom, then it is an easier decision for you.

The main pitfall is that you will be able to hear your baby's every noise during sleep. This could certainly disturb ***your*** sleep, making you more tired. Also, if you pick the baby up with every noise he makes, it will disturb ***his*** sleep as well!

We have had parents who jump up with their baby with every sound, which trains Baby to become a light sleeper. Rather, if your baby is in the same bedroom as you are, please avoid doing anything with Baby who will make normal ***sleep-associated sounds*** (grunting, groaning, snorting, rustling the covers, occasional short episodes of fussiness, etc). Here are some hints, if you have your baby in your bedroom:

- Resist the urge to jump up with Baby's every noise.
- Use a white noise machine to reduce the possibility of hearing every little sound.
- If you wake up, watch the clock for 5 minutes or more before you get up with him, even if it's a definite cry.

If you do these maneuvers, there will come a time when your baby will go back to sleep after a few minutes. Remember: if does not "hurt" a baby to cry for 5-10 minutes, and you are not a "bad" parent if you let your baby cry at times. A few seconds of listening to a baby's crying can sometimes seem like hours. That is why it's important to watch your clock (the clock is more objective than you can be!

I have noticed that my baby will intermittently take a pause between breaths. Is this normal?

Most babies will occasionally exhibit this type of breathing pattern and is normal, as long as it is not associated with blueness or color change, and doesn't last longer than 15-20 seconds.

When should my baby start on solid foods?

The American Academy of Pediatrics recommends that infants start solid foods at about 6 months of life. It has been shown to reduce the chances of developing food allergies. In addition, it lowers the risk of having food ***intolerance*** issues such as gas, rash, colic, diarrhea, and/or constipation.

Signs that your baby may want solid foods include:

- Constant and frequent intervals of waking up hungry every 1-2 hours
- Taking more than 32 ounces of milk in 24 hours on a routine basis, and still hungry

- Baby sits in a high chair and watches you eat, and shows interest in doing the same!

We usually start with **rice cereal**, since it is the least allergenic of foods. We then slowly advance babies from cereals → fruits → vegetables → meats. Try to introduce only one food at a time for 2-3 days before trying another food. In this way, you can tell if your baby has an intolerance to that food.

Major points to remember:

- Don't be in any rush to start foods. Read your baby's cues as to when he's hungry. Don't be pressure by folks who "think it would be a good idea" to start your baby on solids.
- Once you begin solid foods, introduce one food at a time for 2-3 days before trying another food.

- When should my baby start on juices?

Once again, there is no hurry on the introduction of juices. Back in the old days, doctors recommended juices in order to supply Vitamin C. Nowadays, Vitamin C is in many foods and multi-vitamins. Just as we discussed with foods above, juices can cause food intolerance issues (gas, colic, diarrhea, etc.).

If you would like to try juices, please delay until at least 3 months of age and start with diluted apple juice (one part of juice to one part of water). Start with a small amount (4 ounces or less) and see how your baby tolerates it. You may stop diluting it around 4-6 months of age. You may try orange juice around 4-6 months of age, but recall that there is no reason to introduce any juices into your child's diet.

Here's the sermon about the "juice bottle." A bottle with juice or milk that a baby has in their mouth are doomed to develop tooth decay in their front teeth. It's a marker for babies whose parents have used a bottle as a pacifier. ***Please resist the***

temptation to use a bottle as a comforter and pacifier. You and your baby will pay for it later. We call this "**NURSING BOTTLE MOUTH**", a problem of tooth decay due to the constant contact of sugar-containing fluids with the teeth.

How long should I let my baby sleep before I wake him up for a feeding? What if my baby misses a feeding?

If your baby is like most babies, he will let you know very explicitly when he wants to eat. But your baby will be very erratic in the length of time between feedings for the first 1-3 months of age. Most babies will wake up between 2-5 hours for a meal until they are a little older and bigger. If your baby is under about 9 ½ pounds and sleeps longer than 6 hours, then you should wake him up for a feeding.

An occasional baby is a "sleepy-head" and will sleep through the night in the first weeks of life. These babies rarely sleep so much that they fail to gain weight. The major indication that a baby is getting enough milk is to weigh the baby and see if he is gaining adequate weight. As mentioned earlier, most babies lose weight in the first days after birth, then regain their birth weight by 10-14 days of age.

As far as missing a feeding goes, the first feeding that he will actually miss is usually when he first sleeps through the night. For parents, the first night of uninterrupted sleep is usually a shocker! If you are like many of us, you rush into the room to see that your baby is all right. Once you realize that you've just experienced your first night of baby sleeping through the night, then it's time to celebrate!

My baby is one who likes to sleep more during the day than at night. Is there any way that I can change this pattern?

There are some babies who have this type of sleep pattern and the earlier you try to change it, the greater success you will have. If you find that your baby is doing this "day-sleeping", then try the following:

- Try to wake him every 2-3 hours during the day for a feeding.

- Work with each feeding, rather than allow him to fall asleep quickly after the bottle or breast is in his mouth. That is, stimulate your baby by burping, moving the nipple against the roof of his mouth, etc.
- Analyze the way that you are keeping Baby during the day as compared to the night. For example, if you are tip-toeing around the house, keeping baby in a dark room, and not allowing any noise to occur during the day, then your baby will not be able to learn the difference between night and day under these circumstances.

In what position should my baby sleep?

To reduce the incidence of SIDS (sudden infant death syndrome), babies should sleep on their backs). Other ways to reduce the chance of SIDS include:

- Breastfeed.
- Avoid soft bedding (pillows, stuffed animals, soft bumper pads, comforters) that increase the chance of suffocation.
- Avoid cigarette smoke, including second-hand smoke on clothes and furniture.
- Avoid overheating (e.g., don't over-bundle your infant with extra clothes).

Of course, we have all come across a few babies who simply will not sleep unless they are on their tummies. Most babies, however, learn to sleep on their backs fairly easily.

Does sleeping on his back create any problems?

You may have seen some infants who must wear helmets to re-shape their heads after flattening the backside of their heads while lying on their backs. This is called ***positional plagiocephaly***. You can avoid this by being aware of this possibility. It is more common when a baby has a preference for sleeping while facing one side. For example, if your baby tends to roll his head to the right while asleep, then he has a good chance of flattening the right side of the back skull.

How do you bathe a baby?

This will come with practice, but we can offer a few easy guidelines. It is normal to feel uncomfortable during your first few experiences with bathing your baby, since he is small and slippery when wet, and usually will not like bath time for a while.

Hold your baby at about a 45-degree angle with his head in the crook of your arm and you hand holding the baby's arm or leg. For example, for a right-handed person, use the crook of your left arm to cradle the baby's head and, with your left hand, hold the baby's left hand or leg. This should give you a strong grip on your baby so that he won't slip in the tub. Don't make this time an ordeal – it only takes a few minutes to finish the bath. Or you may use a bath foam pad made for babies, to be used as a cushion in the water.

If I am bottle feeding my baby, when should I sterilize bottles?

The short answer is "never." Good washing with hot soapy water is all you need. Be sure to wash the tops of the formula cans before preparing, and assure that you've rinsed all soap off of the bottles. For concentrated formula, use tap water from an approved water supply.

If you find that your baby is having upset stomach, gas, or colic, it is rare but could be due to the water supply. Try using bottled water or boiled water when mixing formula and see if

that makes a difference with the gas or colic. If it does, then you've found the cause.

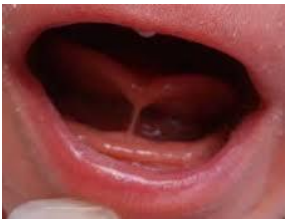
What is the blood test done for my newborn?

The State of Texas mandates that each newborn be tested for a number of relatively rare conditions that could harm your baby. The blood sample is sent from the hospital to the Texas State Laboratory for testing. The tests include examination for sickle cell disease, thyroid disorders, phenylketonuria (PKU), and over 20 other disorders.

The hospital generally will require you to return for a follow-up visit at about 1 week of age. The State of Texas Lab will notify the hospital – and you – if anything is suspicious. If you do not hear from the Lab, then "no news is good news."

I think my baby is tongue-tied: what can be done about it?

First of all, many babies will appear to have a tongue that has a tight piece of tissue that attaches the tongue to the base of the mouth.



If there is truly extra tissue, we can easily "clip" this area during a well-baby exam. However, many babies have some extra tissue in this location, but does NOT need clipping. As long as it does not interfere with feeding or latching on to the breast, then most likely this "frenulum" does not need clipping.

When can my infant go outside and to the Mall?

We feel that your baby can go with you on all your errands that you do, providing you use some common sense. If you feel up to going to the Mall when your baby is two days old, then there is no reason not to. However, please do the following:

- **Protect your baby from infection**. Keep your baby away from children or other adults who might have

colds or other illnesses. If does no good for everyone that you meet to hold and kiss your baby, since the chance of germ spread is high.

- **Protect your baby from adverse weather conditions**. Hot sun and cold winter days are not good for anyone to experience, especially a baby. No, wind does not cause colic or ear infections.

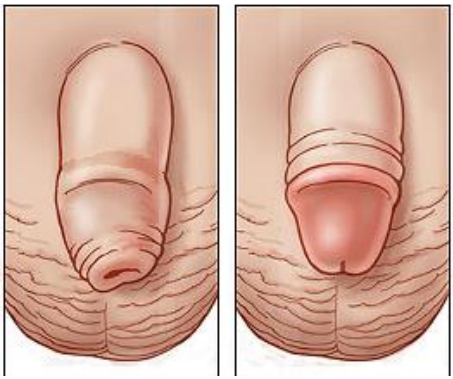
Do I need to give my baby water?

The basic answer is "no" since breast milk or formula has all the water any baby should need. If Baby is constipated, perhaps sugar-water might be helpful, but generally the constipation is temporary and will cure itself.

Circumcision

What is it?

Circumcision is a procedure that removes the foreskin – skin covering the tip of the penis. Parents have the option to choose whether or not they want their baby boy circumcised.



Circumcisions are performed by a trained professional under sterile conditions. The baby is given a small amount of numbing medicine before and sometimes Tylenol™ after the procedure so he will feel less pain.

What if I decide not to circumcise my son?

It's important to remember that most boys in the world are NOT circumcised. Circumcision has become more of a cultural, religious, or cosmetic decision for most parents.

Care of the uncircumcised penis involves very little. Do not attempt to pull the foreskin over the head of the penis. Over time, the foreskin will gradually separate from the head of the penis. However, this may not occur for years; only 50% of uncircumcised children can easily pull the foreskin over the head of the penis by 3 years of age. So, don't concern yourself with this aspect of hygiene until much later. The foreskin should never be forcibly pulled back over the head of the penis.

Is a circumcision ever considered necessary?

Some selected situations exist when removal of the foreskin may be necessary for *medical reasons*:

- Older uncircumcised boys or men may have a condition called *paraphimosis*. The foreskin is pulled back over the head of the penis, but becomes swollen to the point that it strangulates the head of the penis. This rare condition usually requires emergency surgery.
- Circumcision may be needed if the opening of the penis (urethra) is located in an abnormal position (hypospadias). A qualified Urologist would be consulted for this condition.

What are the risks of circumcision?

The risks are very low, but include:

- Bleeding – minor spotting of blood is common, but prolonged bleeding is not. *Tell your doctor if there is a family history of bleeding problems since this can increase the risk of bleeding during the procedure.*
- Minor skin infection – it is common for the healing skin to appear yellow. This is granulation this and is NOT infection. However, if the penis has red streaks running from it, this could be a rare but serious infection and the provider should be immediately notified.
- Removal of too much, or not enough, foreskin – we do not have a precise way to determine exactly how much foreskin to remove. We do not want to remove too much skin, but enough to "grow into" as your son grows.
- Pain / fussiness after the procedure will occur, but can be minimized by swaddling, feeding, and

if needed, acetaminophen can be given in the following dose every 6-8 hours for a newborn (and every 4 hours after age 2 months), only if needed for pain:

* Acetaminophen liquid (e.g., Tylenol™) comes in only one strength – 160 mg per teaspoon (5 ml). For circumcision pain, this may be helpful. **Remember:** *if you think your baby under 3 months of age needs acetaminophen for **fever**, you must talk to your provider before giving it.*

Acetaminophen Dose*	
Weight (pounds)	Dose (ml)
6-8	1 ml
8.1-12	1.5 ml
12.1-16	2 ml
16.1- 19	2.5 ml
19.1-23	3 ml
23.1-26	3.5 ml

What are the benefits of circumcision?

The American Academy of Pediatrics released a statement about the benefits of circumcision based on extensive review of research studies.

- Circumcision lowers the risk of baby boys having urinary tract infections (UTIs) in the first year of life when the majority of UTIs in males occur. UTIs are usually treated with antibiotics, but sometimes the infection can spread to the kidneys or blood.

- It lowers the risk of some sexually transmitted infections (STIs), such as HIV, syphilis, genital herpes, and human papillomavirus (HPV). However, having a circumcised penis does not prevent men from getting STIs. Also, HIV is not as common in the US as in other countries, such as Africa where research on this topic has been done.

- Risk of cancer of the penis is lower, but this type of cancer is rare.
- Removal of the foreskin prevents build-up of bacteria and dead skin around the head of the penis. This may sometimes cause swelling and infection, especially in men with diabetes.
- Removal of the foreskin also prevents *phimosis* in older boys and men, a painful condition where the tight foreskin cannot be pulled back over the head of the penis.

Why not wait until he is older?

The safest time to perform circumcision is during the newborn period. As an older child or man, the procedure needs to be performed by a surgeon and likely require general anesthesia (medicine that puts people to sleep so they don't feel or remember anything during a procedure). The older patient may also have more pain.

How is a circumcision performed?

If you decide to have a circumcision for your son, we will restrain your baby on a special board, so that he won't me very much while it is being done. We then usually inject a local anesthetic to temporarily "deaden" the area. Most infants do not feel the procedure at the time it is done. After the anesthetic wears off within 30 minutes or so, he will feel sore and be fussy for a day or two.

We then proceed to take off the foreskin with a special "bell" that protects the head of the penis while the foreskin is removed. We then wrap the site with Vaseline™ gauze. It will usually spot some blood for a day or two.

Some providers use an alternate method, called the Plastibell™. This is a device in which a plastic part stays on for several days after you go home. It will then fall off, complete with the piece of foreskin.

How do I take care of the circumcision after I go home?

You will be instructed about proper care of the circumcision site. You will take a small piece of Vaseline™ gauze and wrap it around the circumcision site every time you change a diaper. This helps it heal and prevents the area from sticking to the diaper. The site will usually be healed within a week.

The Vaseline™ gauze comes in a package with a long, wide strip of gauze and is found in most pharmacies. Or you can take some petroleum jelly and place it on the circumcision site with each diaper change.

You will find that your son will be a little fussy for a few days after the procedure. This is quite normal, since he will be sore from the surgery. It may be helpful to avoid tight diapers, and to avoid holding him tightly to your for a few days. He should urinate normally. You will notice some small blood spots on the Vaseline™ gauze for a few days. Also, you will see a yellow crusting around the head of the penis in a few days – this is a normal part of healing.

Please notify your provider if you notice:

- Excessive bleeding
- Excessive puffiness
- Foul-smelling odor or discharge
- Red streaks on the penis or abdomen

Should I circumcise my baby?

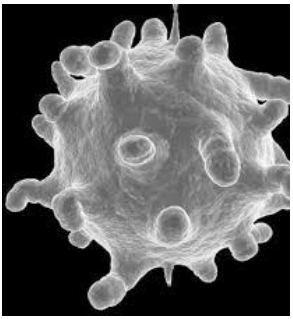
The decision to circumcise your baby is up to you and your family. While there are some benefits and the risks of the procedure are very low, it is still a cultural decision and the choice remains with the parents. Ask your health care provider if you have any other questions.

How to treat a "cold"

You may be thinking: "Why should we tell you about "colds" now?" Because we can guarantee you that you baby will have several colds this year!

A "**cold**" is a viral infection of the lining of the respiratory tract, especially the nose, throat, and mouth. Most babies have 4-6 "colds" a year for the first 3 years of age, so it's important to know how to treat them at home.

A **virus** – and there are more than 100 viruses that cause "colds" – invades the lining of the nose, throat, mouth, and upper respiratory tract. The viral infection causes production of mucus and swelling of the tissues in these areas. In addition, the infection causes the body to run a low-grade fever.



Antibiotics do not help fight viral infections. "Cold" medicines that adults use have been found to be of little use with children under 6 years of age. So, we are left to use various maneuvers to help your baby breathe a little easier until the viral infection has run its course (usually within a week). As time goes on, your baby's body builds up some immunity to these types of viruses, and colds begin to occur less frequently.

Keep Them Hydrated

No matter your baby's age, it's essential to keep him well-hydrated when battling a cold. At 4 months, your baby can also have a little water, and at 6 months, he can start drinking watered-down juices.

Signs of Dehydration

- Depressed (sunken) “soft spot” (fontanel)
- Sunken eyes
- Grayish skin
- Dry skin
- Dry mucus memb anes (inside of mouth, eyes)
- Lethargic
- Poor skin turgor (a pinch of skin goes very slowly back into normal shape)
- Decreased urine

Treat a Fever

Acetaminophen may be used to treat a fever if your baby is 3 months old or older. And if your baby ***is 3 months old or younger and has a fever of 101 or greater***, you should contact your provider immediately.

Use a "Nose Hose"

Even adults have a hard time sleeping with a stuffy nose -- now imagine you're a baby who can't even blow your nose for relief! Babies <1 year of age have an even harder time since they don’t breath through their mouths very well. A **nasal aspirator (nose bulb syringe)** and

saline (salt water) nasal spray or drops can be very useful. Use nose drops and the 'nose hose' as often as you need to. They help clear the nose and to loosen the drainage in the back of the throat. They are even more helpful before your baby eats and goes to sleep.

Use Salt Water Nose Drops

Ayr™ or Ocean Mist™ or generic equivalent is helpful for a stuffy, plugged-up nose. They help (a) loosen the mucus and (b) shrink the lining of the nose, which has swelled due to the viral infection. Nose drops can be used by themselves, or right before you use the "nose hose."

Run a Humidifier

A cool mist humidifier in your baby's room during nap time and at night can help with the cough by moistening the dry air, especially in the winter. Adding a one or two drops of menthol, eucalyptus, or pine oil to a vaporizer might also help your baby feel less congested (you can get these oils at any health-food store). Also, be sure not to have the heat turned up too high, which can worsen your baby's congestion. Instead, keep your home at a comfortable (and affordable) 68-74 degrees in the winter months.

Create a Steam Room

As an alternative (or in addition) to a humidifier, you can help ease your child's congestion by running the hot water in the shower and sitting in the bathroom for about 15 minutes while the steam fills the room. The heat from the steam loosens up the mucus in Baby's nose and chest and relieves the stuffiness.

Skip OTC Treatments

Most over-the-counter cough and cold medicines (aside from acetaminophen and ibuprofen) are not recommended for children under the age of 6 according to the AAP. Usually antibiotics are not needed, unless the congestion develops into an ear infection or pneumonia. If your baby has fever for more than three or four days, or you feel like his symptoms are getting worse rather than better, than it might be time to visit your provider.

Elevate the Head

Sleeping at a slight incline might help relieve your baby's postnasal drip. You can do this by placing a couple of towels between the head of the mattress. Never use pillows to prop up your baby since they're suffocation hazards. Don't prop up the whole crib or bassinet since it can tip over. If elevating the mattress makes you nervous, you can always let the baby sleep in his car seat in a semi-upright position.

Wash Your Hands

According to the Centers for Disease Control (CDC), **80 percent of all infectious diseases are transmitted through the hands.** Besides cleaning your hands – and reminding others who hold your baby to clean theirs -- also remember to clean children's hands with baby wipes especially once they start putting everything in their mouths. Also be sure your baby's hands are completely dry to ensure the alcohol from the wipe is not ingested.

Recognizing the Symptoms

If your baby had a clear, runny discharge from his nose that becomes thick and discolored, accompanied by a fever, and if he's fussy and "just not acting right", then it may be time to visit your provider.

http://www.parents.com/baby/health/cold/you-guide-to-baby-colds/

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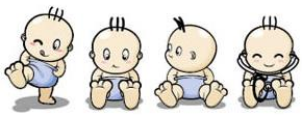

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