



Mountain Ridge Pediatrics

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General Newborn Care

Female Genitalia

Due to the mother's hormones, your baby's vagina and vulva may have some reactions which are very normal. The labia may be red and swollen, lasting just the first month. She may also have a whitish vaginal discharge or occasionally a bloody discharge. The discharge is a result of hormone levels decreasing in her blood.

Male Genitalia

Uncircumcised Penis

In the first few months of life, you should clean your son's penis with soap and warm water like the rest of his body. Do not try to pull back the skin as it is connected by tissue to the head of the penis. Your pediatrician will tell you when the foreskin has separated and it is safe to retract the skin-this will not be for several months or years.

Circumcised Penis

If you choose to have your son circumcised, it is most often done on the second or third day of life. After the circumcision, at every diaper change, place petroleum jelly over the penis then put on the new diaper. Keeping this area clean while it heals is very important- clean the area with warm soapy water if any stool gets on the penis. You may see some redness and/ or yellow secretion at the tip of the penis. This is very normal. The area should heal within a week of the procedure.

Umbilical Cord Care

Part of the umbilical cord will stay attached to your baby and will fall off usually within two weeks. When the cord is separating, it's normal for your baby to have a little yellow drainage or a small amount of blood for a few days. It's important to keep the umbilical cord dry. Exposing the cord to air will help with the drying process. Fold the front of your baby's diaper down so it does not cover the cord and get wet with urine. Only give your baby sponge baths until the cord falls off. It's important for the cord to fall off on its own. Even if it's hanging on by a thread, do not pull off the cord.

Jaundice

Jaundice is a common condition in newborns. It is a yellow discoloration in a newborn baby's skin and eyes caused by excess bilirubin in the blood. Bilirubin is produced by the normal breakdown of red blood cells. Often, treatment is not necessary, and in cases where treatment is needed usually a light therapy is used.

Bowel Movements & Constipation

Your baby's first bowel movements will be a thick black or dark-green substance called meconium. Meconium filled your baby's intestines before birth. Once all the meconium has passed, the stools will turn to a yellow-green color. Breastfed babies will have stools that resemble light mustard with seed like particles and a consistency ranging from very soft to loose and runny. Formula-fed babies usually have bowel movements less frequently. Stool is more solid with a tan/ yellow color.

Frequency of bowel movements can be different from one baby to another. Many babies experience a bowel movement after each feeding. After 3 to 6 weeks of age, some breastfed babies have only one bowel movement a week. This is not a cause for concern. Breastmilk has very little solid waste that needs to be removed from your baby's digestive system. Formula-fed babies should experience at least one bowel movement a day.

Many parents are concerned their baby is constipated when they turn red and appear to be straining while passing stool. This is very normal, as long as the stool is normal, your baby has an appetite and the stool is not hard.

Your baby is experiencing constipation if his/her stools are very hard or he/she is not producing stool, causing him/her to not eat and be in discomfort. Please call our office if your baby is experiencing constipation.

Hiccups

It's very common for babies to get hiccups. This is more bothersome to you than your child. If your child gets the hiccups during a feeding, change his/her position or try to burp him/her. Stop feeding until the hiccups are gone. If the hiccups have not gone away within 5 to 10 minutes, try feeding again. This will often help them go away. Feeding your baby before he/she gets hungry can often help prevent hiccups during a feeding.

Eye Drainage

During the newborn period, eye drainage can occur, most likely due to a blocked tear duct. In newborns, tears are produced on the outside corner of the eye and then move towards the nose to drain. Since a baby's tear duct is very small, it can easily be clogged due to mucus, causing the eye to drain. If this happens, massage the inner corner of the eye and gently wipe the mucus away with a cloth or cotton ball. If drainage continues, and the eye becomes red, please call our office.

Colic & Crying

Babies cry for many reasons- they are hungry, wet, too hot, too cold, tired, sick, want attention, etc. You will begin to notice the difference between the cries and what your baby wants. Crying is their only way of communicating at this early age. Don't worry about giving your baby too much attention- when they are really young, pick them up and cuddle them when they are crying.

If you are feeling overwhelmed by your crying baby, take some time away from your baby. This is a normal feeling. Ask a family member or friend to come watch your baby so you can step out for a walk. Or, if he/she is fed, burped and changed, place him/her

in his/her crib for 10 to 15 minutes and step out of the room. **Remember to NEVER shake your baby.** Many babies become fussy around 6 p. m. – often the same time their parents arrive home from work.

If your baby is healthy, but is crying more than three hours a day, three days a week for more than three weeks, it may be colic. Colic is very hard for your baby and you. Colic usually goes away by 3 months of age.

Teeth

Babies often begin teething between 4 and 7 months. Common signs of teething are drooling, chewing on objects and crankiness. To help soothe the pain, give your baby a teething ring and/ or hard foods to chew on. You can also give your baby over-the-counter medications such as **TYLENOL** or **MOTRIN** (if over 6 months old).

Recommended Dental Care

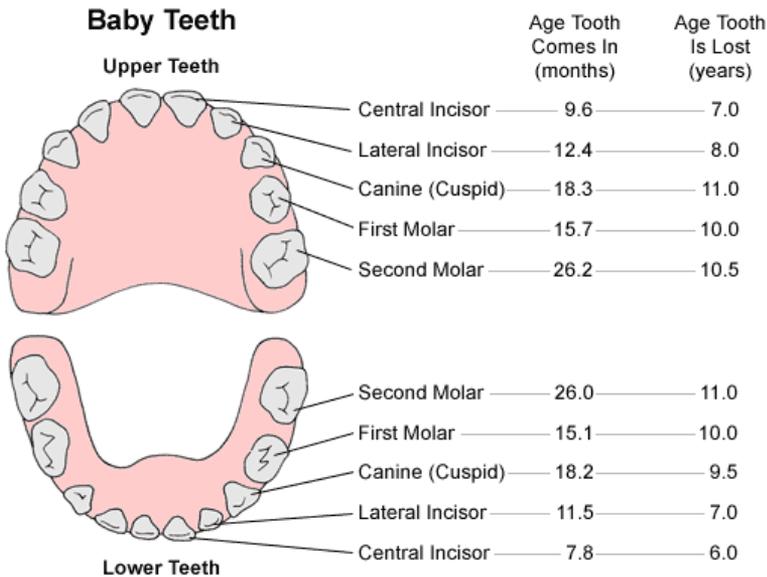
< 1 year = Wipe your baby’s teeth and gums with a wet cloth to remove any food.

1 – 2 years = Use a soft infant toothbrush (ORAL- B STAGE 1) with water or infant toothpaste. It is best to brush after breakfast and before bedtime. Limit the amount of juice your child drinks (4 ounces or less a day) to help prevent tooth problems.

2 – 3 years = Your toddler should brush twice a day with a child – sized soft toothbrush and toothpaste. Encourage your child to brush on his own, but you should brush them again when he/she is done. Take your child to the dentist for a cleaning at least once a year

>3 years = Your child should continue brushing twice a day and should have two cleanings a year from the dentist.

Children’s Teeth Anatomy



FEEDING

Feeding Time

Feeding time is your baby's favorite time. Both you and your baby should enjoy the closeness that feeding time brings. Your baby should be dry and warm before starting a feeding. Babies should be fed every 2 to 4 hours during the day, but at night allow your baby to sleep as long as he/she wants after they have regained their birth weight. Both breastfeeding and formula feeding are healthy and safe options to feed your baby – choose what works best for you.

Sterilization

Sterilizing your bottles is not always necessary. A dishwasher or hot water washing will work fine.

Burping

Babies often get fussy when they swallow a lot of air. Both breastfed and bottle – fed babies will swallow air during feedings, but it is more common in bottle – fed babies. If your baby begins to fuss while feeding, it's best to stop feeding and burp him/her. When feeding, you should burp frequently to decrease the amount of air he/she takes in. A breastfed baby, should be burped between breasts and a bottle – fed baby should be burped every 2 to 3 ounces.

Formula Feeding

Every baby is different and their feedings are unique. Over time you will figure out your baby's schedule and needs. After the first few days of life, a formula – fed baby will take about 2 to 3 ounces every three to four hours for the first few weeks. By the end of the first month, your baby will be up to 4 ounces a feeding. Between 2 to 4 months, your baby will be eating enough that he/she no longer needs a feeding in the middle of the night. At 6 months of age, he/she will be eating four to five times a day at 6 to 8 ounces per feeding. Your baby will reach a maximum of 7 to 8 ounces per feeding.

Breastfeeding

Breastfeeding does not always come easy. Be patient and confident that you can breastfeed your baby. It is often uncomfortable for the first few weeks until you and your baby learn to latch properly. During the first few weeks, your baby will feed 8 to 12 times a day. If you're having trouble getting your baby alert to latch on, undress him/her down to a diaper and place him/her against your bare chest. You will begin to notice when your baby wants to eat – watch for rooting, licking and sucking. If you wait for your child to cry, you may have a harder time getting a good latch. Typically your baby will nurse 10 to 15 minutes on each side.

Breast & Nipple Care

Breastfeeding can be tough on your breasts and nipples. The following tips will help keep your breasts and nipples healthy, making breastfeeding more enjoyable.

- When bathing, wash and dry breasts and nipples as you normally would.
- While bathing, massage your breast and soften out any hard spots you may find.

- If you leak milk onto breast pads, change them to keep the nipple dry and rash – free.
- Wear a soft and supportive bra without underwire. Underwire can sometimes block milk flow.
- After feeding, leave a little expressed milk on the nipple and let it air dry.

Pumping & Collecting Milk

Short and frequent pumping in the first 2 weeks of your baby’s life can help improve breastmilk supply. If you plan to offer a bottle to your baby in the future, introduce it at 3 to 4 weeks of life. It’s important to wash all bottles and pump parts in hot soapy water or in a dishwasher; rinse and dry on a clean towel. Be sure to read and follow your pump instructions.

Breastmilk Storage

Freshly Expressed Breastmilk Storage Guidelines *(For Healthy Term Babies)*

Room Temperature	Cooler with 3 Frozen Ice Packs	Refrigerator	Freezer
4–6 hours at 66–78 °F (19–26 °C)	24 hours at 59 °F (15 °C)	3–8 days at 39 °F or lower (4 °C)	6–12 months 0–4 °F (-18–-20 °C)

For more information, or to find a lactation consultant near you, call our Breastfeeding National Network (BNN) at **1-800-TELL YOU** or visit **www.medela.com**



References: www.BreastmilkGuidelines.com

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Storing Breastmilk Tips

- Wash your hands before expressing or handling any milk.
- Store your breastmilk in screw – cap bottles or bags specifically designed for breastmilk.
- Freeze your milk if you do not plan to use it within 24 hours. Store it in the back where it is the coldest and away from the door, but do not put it against the wall of the freezer.
- Label all your breastmilk with the date and time it was expressed and use your oldest milk first. If giving it to a caregiver, clearly label it with your child's name.
- Freeze milk in 2 to 5 oz portions to reduce the amount of waste.
- Do not add fresh milk to already frozen milk.
- Thaw your milk in the refrigerator or by placing it in a warm bowl of water.
- If your baby does not finish all his milk during a feeding, do not save that milk for a future feeding – discard it.

Spitting Up

Spitting up is very common with infants. This most often occurs when your baby eats more than their stomach can handle, or they burp or drool. Some babies spit up more than others. The good news is they usually outgrow it by the time they can sit up. Spitting up can be messy, but don't be concerned. It is very normal and almost never is a danger to your child. It's important to know the difference between spitting up and vomiting. When your child vomits, it will be forceful and cause discomfort. If your baby vomits frequently, you should contact our office.

Spitting up can occur no matter what you do, but below are a few tips to help manage spit up.

1. Feed your baby in a calm and quiet environment.
2. Avoid interruptions, sudden noises, bright lights, and other distractions during feedings.
3. Burp a bottle-fed baby at least every 3 to 5 minutes during feedings.
4. Do not feed your baby while he/she is lying down.
5. Hold your baby upright for 20 to 30 minutes after each feeding.
6. Do not play or move your baby around a lot right after a feeding.
7. Try to feed your baby before he/she gets frantically hungry.
8. When bottle feeding, make sure the hole in the nipple is the correct size. If it is too large, the formula will flow too fast, and if it is too small your baby will get frustrated and gulf for air. To see if you have the right size, invert the bottle and then stop. A few drops should come out.
9. Elevate the head of the entire crib with blocks and put your baby to sleep on his/her back. **Do not use a pillow.** This keeps your baby's head above his stomach and prevents choking if spitting up occurs while sleeping.

BATHING & SKIN CARE

BATHING

After your baby is born, you will bathe him/her only with a warm, damp washcloth until the umbilical cord has fallen off. A regular bath can be given once the umbilical cord has fallen off and in the case for circumcised boys, the circumcision has healed. Your baby doesn't need many baths as long as you wash his diaper area after each change. Every three days is sufficient during a baby's first year of life. Too many baths will dry out your baby's skin. Applying a baby lotion after a bath can help prevent dry skin.

Before bathing your child, it's important to be fully prepared. If you forgot something, the phone rings or someone is at the door, take your baby with you or ignore it – **NEVER LEAVE YOUR BABY UNATTENDED IN THE TUB**, even for a second.

DIAPER RASH

Diaper rashes are very common in babies and are most commonly caused by his/her urination, bowel movements or sweat. When your baby has a diaper rash, wash his/her diaper area after each change with warm water. Soaps and baby wipes can cause irritation. It's important to try and keep the area as dry as possible. After changing his/her dirty diaper, lay him/her on a towel allowing the diaper area to breathe. Also, use a diaper ointment containing zinc oxide with each diaper change.

CRADLE CAP

Cradle cap causes thick and crusty, white or yellow scales on your baby's scalp. Some children only have a small patch, whereas others may have scales all over their head. Cradle cap can even occur on the eyebrows, eyelids, ears, crease of nose, back of neck, diaper area, or armpits. Cradle cap usually resolves itself in a few months. To help clear it up, you can wash your baby's hair with a mild soap – helping to loosen up the scales. For severe conditions, contact our office for other suggestions.

MILIA & BABY ACNE

Milia are little white bumps on the nose, chin or cheeks. Most babies are born with it. It is caused by trapped skin flakes near the surface of the skin. Baby acne is more defined and appears as red or white bumps on the baby's face. Baby acne develops within the first month of life due to hormonal changes. Both milia and baby acne will clear up on their own. All you should do is wash your baby's face with water daily. Avoid lotions and oils. Never pinch or scrub at the bumps.

ECZEMA / DERMATITIS

Eczema also known as atopic dermatitis is most common in children with a family history of the condition or other allergies. After just a few months of age, you may see itching, redness, and small bumps on your baby's cheeks, forehead or scalp. If you do not treat it, eczema can spread to your baby's arms and body. It may look scaly and be found on the elbows, knees, wrists and ankles on older children. Avoiding long, hot baths and moisturizing your baby's skin can help treat eczema. Sixty percent of babies will outgrow it.

NAIL CARE

Your baby's fingernails and toenails are very soft. However, they will grow very quickly. To prevent your baby from scratching his face and eyes, they should be filed or trimmed. If you clip your baby's nails, it's important to cut them straight across so you don't cut the skin which can cause an infection. It may be easier to trim your baby's nails while he/she is sleeping or feeding.

SLEEPING

INFANT SLEEPING

Babies do not have regular sleep cycles until at least 6 months of age. As babies get older, they need less sleep. Every baby is different and has different needs for sleeping. Always put your baby on his/her back to sleep to reduce the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the leading cause of death for infants between the ages of 1 and 12 months.

CRIB SAFETY

Your baby's crib should be completely empty - this includes no pillows, blankets, toys, etc. When choosing a crib, make sure it meets all the current safety guidelines. Antique and used cribs may appear nice but may not be safe. Never use a crib with drop rails. Crib bumpers should also not be used in your baby's crib. They pose a risk of suffocation, strangulation or entrapment. Also, once your baby is older, he/she can use them for climbing out of the crib.

SWADDLING

Research shows that swaddling your baby will help keep him/her calm and sleep longer because swaddling mimics the warm coziness of their mother's womb. It is important that when swaddling, you do it properly so it is snug around your baby and would never come loose-but not too tight. Also, only swaddle your baby when it is time to sleep because a swaddled baby will often sleep longer and not wake as easily. To reduce the risk of SIDS, your baby should always be put on his/her back to sleep. Stop swaddling your baby by 2 months of age, or once he/she begins to start trying to roll over.

How To Swaddle:

- Spread the blanket flat, with one corner folded down.
- Lay your baby face-up on the blanket, placing their head at the edge of the folded corner.
- Straighten their left arm, and wrap the left corner of the blanket over their body and tuck it between their right arm and the right side of their body.
- Fold the bottom point of the blanket up, leaving room for their feet to move freely.
- Tuck the right arm down, and fold the right corner of the blanket over their body and under their left side.
- Make sure their hips can move and that the blanket is not too tight. You should be able to get at least two or three fingers between the baby's chest and the swaddle.