



## TRESTLEWOOD PEDIATRICS

Keeping Your Child's Health On Track

*www.trestlewoodpediatrics.com*

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# Caring for Your Newborn

Your newborn's first few weeks will be some of the most amazing weeks of your life. This precious life is now in your hands, ready to be cared for, nurtured, and loved. On one hand it is simple: love me, feed me, and keep me clean. On the other hand it is complex because newborns can be mysterious. This pamphlet offers the answers to several common questions about newborns. In addition you might consider adding a book or two to your library. The American Academy of Pediatrics has a good one called *Caring for Your Baby and Young Child: Birth to Age 5*. Please also call our office to talk to our experienced nursing staff if you have concerns.

## Sleeping

Sleep patterns can vary quite a bit and still be normal. Some babies like to take frequent short naps and feed often. Others sleep longer and eat less often. Many newborns are born with their days and nights mixed up and seem to sleep all day and stay awake all night. To help them sleep at night you should keep interactions to a minimum and keep the lights dim. In the day you can try to wake the baby if he or she has been sleeping longer than four hours. All infants should sleep on their backs in their own crib or bassinet to reduce the risk of Sudden Infant Death Syndrome (exceptions to this should be discussed with your baby's doctor.) To help strengthen your baby's neck you should give him/her "tummy time" for five minutes four times a day while awake. With time your baby's sleep patterns will regulate themselves. To help alleviate your own sleep deprivation you should try to get as much help as possible so that you can sleep when your baby sleeps. We do not expect babies to sleep through the night before four months of age.

## Eating

Newborns should be fed when they act hungry. Signs of hunger include crying, rooting, sucking, and fussiness. Usually a newborn fed on demand will eat 8-12 times in 24 hours, about every 2-3 hours. Some newborns will eat hourly for several hours in a row and then sleep for a longer stretch. Research shows that a baby will grow and gain weight better if she/he is fed on demand rather than on a schedule. Putting your baby on a strict feeding schedule this early puts your baby at risk for dehydration or poor weight gain and will not help your baby sleep through the night.

If your newborn seems to be constantly snacking and then falling asleep for a short nap you should make some effort to keep the baby awake for a longer feeding. You could undress the baby, tickle the toes and neck, rub the back, and change the diaper. It is difficult to over feed a newborn. However, some infants have a strong need to suck and may need to try a pacifier if they are feeding too often. If the pacifier does not satisfy them then they are probably truly hungry.

## **Breastfeeding**

Research shows many benefits to breastfeeding your baby. Even if you can do this for only a short period of time it will still be good for your baby. There are many resources available to help you nourish your baby with your breast milk. Many medications (including some antidepressants) that could not be taken during pregnancy are compatible with breastfeeding. If it is possible for you to nurse your baby we encourage you to consider it. We have plenty of personal and professional experience with breastfeeding and we will help you if we can. We also recommend the Bronson Breastfeeding Center. We do understand that breastfeeding is not possible or best for all families. We will support every family in their personal decision.

## **Behavior**

Crying is a normal part of newborn behavior. Young infants cry 1-4 hours a day. Crying peaks at about 4-6 weeks, and then averages three hours a day. It may be a way to tell you something, such as the baby is cold, wet, hungry, lonely, or uncomfortable. It may be due to being tired or over stimulated, or a way to release energy. Check the diaper, the clothing, the position. Check to see if the baby is too warm or too cold. Try feeding, holding, bundling, or rocking the baby. Try a bath, music, a walk outdoors or a car ride. If the baby seems sick, then contact our office. Find someone to help you if you need a break from a fussy baby. If you find yourself becoming too stressed then put the baby down in a safe place and take a break. It won't hurt your baby to occasionally cry for five or ten minutes while safely supervised in his or her crib.

Sneezing is very common. It does not mean that there are allergies or a cold. Sneezing is a normal newborn behavior that helps your baby clear out his or her nose. It will probably continue for several weeks.

Hiccups occur frequently. You may have even noticed them before birth. Because of an immature nervous system your baby's vagus nerve is irritated easily by a full stomach. This nerve controls the diaphragm and causes hiccups. Usually hiccups do not disturb the baby much. If they seem annoying you can offer a few sucks at the breast or bottle, hold the baby in an upright position, or burp the baby.

Stuffy noses are universal. The nasal passages are small, and tiny amounts of dried secretions can cause stuffiness. If the stuffiness is not bothering your baby then you do not need to do anything to correct this condition. Your baby will outgrow it as the nose gets bigger. If the stuffiness is clearly causing problems with nursing or sleeping then you should use saline nose drops, one drop per nostril, as needed to help keep the passages clear. The drops are available without a prescription at the pharmacy. They should contain no other active ingredients. You simply tilt the baby's head back slightly and drop them into the nostrils. Your baby will act mad and snort and possibly sneeze. This will help clear the nose. The bulb syringe should only be used in the very front of the nose if you can see mucous that needs to be removed. Aggressive use of the bulb syringe will cause more swelling and more stuffiness.

Irregular breathing patterns are called periodic breathing. These are normal in newborns. The baby will seem to be almost panting for 5-15 seconds, then take a few sighs, then pause briefly, then go back to normal. The variability is what identifies these irregular breathing patterns as normal. It would not be normal to have panting respirations for minutes at a time.

Spitting up occurs in almost all babies—some more than others. If spitting up does not cause discomfort or poor weight gain we usually consider it to be mostly a nuisance and something that will be outgrown.

## **Diaper Contents**

Bowel movements will initially be black and sticky, like molasses. These are called meconium stools. As milk enters the baby's system the stools will change to a dark green, then light green, and then orange or yellow. It is normal for stools to seem mucousy, runny, or "seedy." Stool frequency should increase from one or two a day in the first 2-3 days to almost a stool with each feeding by a week of age. Formula fed babies usually develop fewer (1-2/day) and thicker stools. A consistency up to the thickness of peanut butter is normal.

Breastfed babies often have stools that are more runny and frequent (sometimes with every feeding) initially. They can sometimes slow to one stool per week by 4-6 weeks of age, which is also normal.

## **Diaper Contents** *(continued)*

After 3-4 days your baby should be urinating at least four times a day. Initially the urine will appear dark yellow. There may be a little red or pinkish staining on the surface of the diaper at times. This is simply urate crystals that form from concentrated urine. It should disappear once the urine is more dilute.

Little girls almost always have a cloudy mucousy discharge from the vagina in the first 2-3 weeks. The baby is exposed to estrogen through the placenta in the last few weeks of the pregnancy. This estrogen causes temporary swelling of the breasts (in girls and boys) and discharge from the vagina. Sometimes the discharge can be bloody. This is temporary and will resolve as the estrogen effects disappear. When cleaning a female newborn's genitalia it is easiest to focus on simply removing any meconium or stool that has gotten into the vaginal area. The whitish material in the folds of the labia will gradually come off with baths.

## **Cord Care**

The stump of the baby's umbilical cord usually dries up and becomes hard and yellow before you leave the hospital. The most important part of caring for the cord is keeping it dry. Only give sponge baths (do not immerse your baby in water) until the cord falls off. If it is oozing or seems too moist you can wipe the base of the cord with water and then dry it off, or use rubbing alcohol to clean it. Once the cord falls off (usually 1-3 weeks) you may need to continue cleaning the base for a few more days. If there is bleeding that persists more than a day or two after the cord falls off then we should see your baby in the office. If skin becomes red or swollen on the abdomen around the stump, please call our office.

## **Skin**

At first your newborn may have dry, flaky, or peeling skin. This will take 3-4 weeks to improve. It is not really helped by lotion. If you would like to try a cream or lotion then use an unscented one that is for sensitive skin. If there is cracking of the skin (especially the ankles) then use Vaseline on those spots. Red spots may be apparent on the eyelids and back of the head. These marks caused by dilated blood vessels are so common that they are known as Angel kisses and Stork bites. The ones on the face generally fade within a month or two. The ones on the head often do not completely fade, but will be covered up by hair eventually. Faint dark grayish spots may be located on the lower back or buttocks of babies with more pigment in their skin. These are called Mongolian spots and most likely will resolve over several years. It is a good idea to note their location and remember that they are not bruises.

There are several common newborn rashes. Milia are little white bumps that are usually on the nose. They will go away on their own. Erythema toxicum is a normal and harmless rash that looks like little welts or bites. It can come and go for several weeks. Infant acne usually appears on the face at about one month of age. It is best treated only with a mild baby soap and water. It will resolve within a few months. Cradle cap is a yellowish thick scaly rash on the scalp and sometimes the forehead and eyebrows. It is treated with baby or mineral oil once or twice a week. The oil is massaged into the scalp and then a fine comb is used to loosen the scales.

Diaper rashes can occur due to frequent stools. A cream with a higher level of zinc oxide (such as Desitin, Triple Paste, or A&D ointment) will help. In addition, washing your baby's bottom gently with soap and water as well as exposing it to fresh air several times a day helps to resolve diaper rashes.

## **Fingernails**

Fingernails are often long and sharp in newborns. However it is difficult to tell where the nail stops and skin begins. There are several options for managing this problem. You can initially cover your baby's hands to keep him or her from scratching. If the nails are long enough a very good method is to peel the tips away manually. A nail clipper can be used carefully to remove just the part of the nail that is clearly not connected to the skin. A nail file or emery board can be used to smooth any leftover sharp edges. It is sometimes easier to do one or two nails at a time while the baby is asleep.

## Eyes

Initially a newborn's eyes will be puffy. It may seem as if he or she opens one eye better than the other. This will go away in a few days after the swelling goes down. You may notice red spots next to the iris or on the white part of the eye. These are spots of blood caused by pressure on the face and eye during delivery. They are not painful and do not affect the baby's vision. They will resolve completely within 2-3 weeks. Sometimes a newborn seems to have one eye that is watery or has a little mucousy discharge. The most common cause of this would be a partially blocked nasolacrimal duct. This duct is supposed to drain tears into the nose. Babies almost always outgrow this condition by a year of age. If there is thick yellow or green discharge from the eye you should contact our office during regular business hours. If there is an associated fever (rectal temperature > 100.5 F) then you should call right away.

## Circumcision

Circumcision is a procedure that removes the part of a male infant's foreskin that covers the head of the penis. After circumcision the head of the penis is exposed. The procedure does have limited medical benefits, however it is mostly considered an elective and even cosmetic procedure. The decision to have your baby circumcised is personal. We are happy to discuss it with you but we do not generally make recommendations one way or the other. The technique we use to circumcise a baby is called the Gomco. We use a local anesthetic as a nerve block during the procedure. Caring for the penis involves putting Vaseline or petroleum jelly liberally on the head of the penis after each diaper change. If the remaining foreskin tends to creep up onto the head of the penis you can gently ease it back before applying the Vaseline. The head of the penis will initially appear red and swollen. Then a sticky yellow coating will appear in splotches on the head. After about a week the coating will be gone and you can stop using the Vaseline.

## Jaundice

Jaundice is a yellow color that can appear on a newborn's skin a few days after birth. It is caused by bilirubin, which is part of the hemoglobin molecule within our red blood cells. Newborns have more bilirubin than older children and adults, and their immature livers have difficulty breaking it down. At extremely high levels bilirubin has sometimes been known to affect a baby's nervous system. A screening test is done on your baby before discharge to help determine if your baby is at risk for severe jaundice. There are several effective treatments for jaundice.

## Illness

A rectal temperature of 100.5 F is a fever in a newborn. We recommend taking temperatures only if your baby is acting ill (lethargic, poor feeding, vomiting, feels hot to touch, etc.). A simple digital thermometer identified as ok for rectal use is the best thermometer for a newborn. Ear thermometers do not work at this age. If your baby has a fever you should call us right away. Other signs of illness might include persistent coughing, excessive spitting up that looks like vomiting, poor color, or anything that seems abnormal to you. Call us if you are concerned. Do not use any medication for your newborn without talking to a nurse or doctor from our office.

## Conclusion

We hope this guide will answer many of the common questions that come up during the first weeks of your baby's life. We realize we cannot address every situation in a simple hand-out. If you have other questions or concerns please contact our office during regular business hours (381-0118). If you believe your baby is ill, please call at any time (after hours: 998-0554). Congratulations! We wish you all the best.

