



Newborn Manual



Welcome to the wonderful world of parenthood!

It is one of the most life-changing and rewarding experiences you will have.

We are so glad you have chosen us to help guide you through this very special time.

This manual is intended to give your family some extra guidance and general information in order to help you get through the early days of your new baby's life.

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Feeding Your Baby



Breastfeeding is in most cases the best way to feed your new baby. Breast milk is actually "living" substance - filled with great immune protection and just the right combination of fats, carbohydrates and proteins. Breast-fed babies are less likely to develop allergies, ear infections, and may even be able to resist common viruses more successfully. Emerging research supports the role of breast milk in enhanced visual and intellectual development. Especially during these early weeks, when your baby's immune system is not fully developed, breast milk in any quantity, can help protect your baby from infection.

During the first few days after delivery, your breasts will produce a thick yellow substance called colostrum. This early milk is packed full of immune cells and proteins which are wonderful for your baby. **IT IS NORMAL FOR A NEW MOTHER TO PRODUCE VERY LITTLE MILK AT THIS STAGE.** The average amount of colostrum per breast is about 1-3 teaspoons. A healthy full-term baby is born "pre-hydrated" to sustain it until your milk supply builds up.

Expect your milk to "come in" between the 3rd and 5th day after birth. In most cases you do not need to give your baby extra fluid! We will let you know if we think that your baby needs supplementation. If you have questions about whether your baby needs formula, please ask.

We recommend feeding your newborn baby mostly by demand. Babies do not need a rigid schedule - in fact, a "too rigid" schedule can lead to poor growth and other problems. Expect your new baby to be hungry about every 2-3 hours (time is measured from the start of one feed to the start of the next). Signs that your baby is hungry include rooting (turning its mouth towards a nipple or its own hand), making sucking noises, and crying. Keep in mind that rooting and sucking are also reflex behaviors (similar to tapping a knee and eliciting a reflex kick). Therefore, keep an eye on the clock to gauge if your baby is due to feed. You may find that your baby is somewhat sleepy during the first few days - a newborn will often latch onto your breast and then promptly fall asleep because the environment is so cozy! You can wake your baby up best by removing blankets (your body is an effective radiator), changing the diaper, or using a cool wet washcloth to stimulate a drowsy newborn.

During daytime hours, we recommend that you wake your baby every 2-3 hours to feed - feed in a bright active location, and talk to and sing to your baby during these feeds. In other words, feed "for fun" during the day. At night, especially during the first 2-3 weeks of life, you should wake your baby every 4 hours (if the baby doesn't wake you!) to feed. Feed for "function" at night - keep the light level low, and keep noises to a minimum. By providing these contrasts during day and night feeding, a baby eventually learns to feed avidly during the day and becomes less motivated to wake at night. If your baby is hungry before 2 hours elapse, you can try swaddling, rocking, or using a pacifier to stall a feed until a little closer to 2 hours. If this fails, and the baby is truly hungry, by all means go ahead and feed!

Sometimes breastfeeding mothers will get nipple soreness. You can prevent this by insuring that the baby has a proper latch on your breast. We can recommend a lactation consultant for you if necessary. Please utilize the hospital nursing staff and hospital lactation consultants while you are there. Limiting nursing to 15-20 minutes per side will also help decrease nipple soreness. You can safely use lanolin cream on your nipples. Once your

Breast milk starts coming in, you can rub breast milk on your nipples to hydrate and heal them. The soreness and sensitivity will improve over time!

If you are not breastfeeding then we recommend starting with a cow-milk based formula. We like formulas that contain omega-3 fatty acids (DHA & ARA) as those are closest to those levels in breast milk considered optimal for neurologic and visual development. During the first few weeks of life, babies will usually drink between 1.5 - 3 ounces per feed - sometimes more, sometimes less.

If you plan to supplement breast feeding with formula, try to breast feed before giving the bottle so that your body receives the stimulation needed for proper milk production and the baby maintains skill at the breast.

There are situations in which babies may require a different formula (soy, lactose-free, or hypoallergenic). Please let us know if you or other family members have had a history of milk allergy or lactose intolerance. We can then discuss what might be a better choice for your baby.

Lactation Consultants

We are fortunate to have several resources to support breastfeeding. Contact information for a few of our favorites is listed below. In addition, you can call the office for additional resources in your community. In many cases, visits with a certified lactation consultant are covered by many insurance plans.

Leslye Adelman 818 789 6718
Ellen "Binky" Petok 818 225 8822
Milkin' Mommas 818 523 2075 or 818 486 5377

Elimination



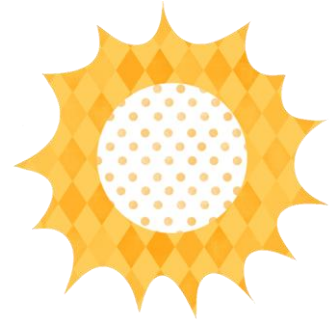
A good way to monitor whether your baby is getting enough milk is by noting stool and urination frequency. We expect babies to be stooling (having bowel movements) and urinating several times throughout the day. Early in the first week, you may see only 1-2 bowel movements per day (especially if you are breast feeding). Over the next few days as your milk supply increases, you should see a corresponding increase in stool output. By the end of the first week of life, a baby will often produce stool with each and every feed.

Bowel movements initially are thick, black and sticky - this is called **meconium**. Later in the first week, stool changes from black to greenish-brown (transitional stool), and then ultimately becomes yellow, more watery and seedy. Our adult definition of diarrhea does not apply to newborns! We are happy to hear that babies make 6-

14 dirty diapers daily! Formula-fed babies often make less, so don't worry if this happens. Please let us know if your baby's stool is firm or pellet-like, or if you see blood in the stool.

Jaundice

In the first couple weeks of life, we will monitor your baby for jaundice. **Jaundice** describes a yellow discoloration that is seen in most newborns, commencing in the first few days of life. A measurable substance in the blood called **bilirubin** is responsible for jaundice. Bilirubin is a byproduct of a natural breakdown of red blood cells which are recycled daily by the liver as part of its normal function. At birth, an infant's liver is fairly dormant and takes a few days to "rev up". As a result, the natural breakdown of red blood cell pigments is slower, causing a buildup of bilirubin, and the appearance of jaundice. In the vast majority of cases it will resolve spontaneously without any specific treatment.



Feeding your baby frequently (which wakes up the liver and forces the bowels to excrete bilirubin) is the most effective way to minimize jaundice. Placing your baby in a sunny window for a few minutes every hour (undressed down to the diaper) will also promote some breakdown of bilirubin in the skin.

There may be instances in which we might check bilirubin levels in the hospital or even after hospital discharge. If bilirubin (the jaundice factor) becomes elevated beyond that which is considered "normal", treatment consists of exposing your baby to special phototherapy lights to reduce the jaundice. While in the hospital our nurses alert us if your baby's jaundice seems excessive, and of course, in the office we will let you know if we have any concerns.

Skin Care / Cord Care



We recommend a very natural approach to skin care - resist the temptation to use all those creams, lotions and powders you got at your baby showers! During the first couple of weeks we commonly see many rashes - a baby's skin has to make transitions and adjustments from a watery environment to life outside of the womb. Commonly you may see **erythema toxicum** (a red, migrating rash that looks like tiny flea bites), and **milia** (white dots, typically over the nose, that represent clogged oil glands) in the first 2 weeks of life, even in the hospital. Then, peeling of the skin, especially around the feet and hands, occurs (think of the baby shedding a wetsuit, in exchange for a dry one).

By week 2-3, when hormone changes occur in all babies, **baby acne** (little pustules over the cheeks) and **seborrhea** (rough red skin with greasy yellow scale usually seen over the bridge of the nose, cheeks, chin, upper chest and on the scalp as cradle cap) are commonly seen. All of these rashes typically resolve on their own - with seborrhea we can give you more specific suggestions. Highly scented creams and oils can actually cause problems with your newborns' sensitive skin - if you want to use lotion for baby massage, choose unscented or hypoallergenic products.

Sponge bathe your newborn every 2-3 days until the umbilical cord falls off and heals. Use a warm clean washcloth, and gentle baby cleanser and baby shampoo to wash your infant. It's nice to have a warm dry towel ready when the bath is over (put one in the dryer for 5 minutes before the bath). It's normal for the baby to protest about bathing initially. However, this response is usually temporary.

The key to **care of the umbilical cord** is keeping the area dry. Fold your baby's diaper down so the cord remains uncovered and exposed to air. If the cord appears gooey or moist, you can dry and clean the base of the cord with a clean cotton swab and little rubbing alcohol. Let us know if the cord area develops a foul smell, develops abundant discharge, or has not fallen off by the time your baby is 4 weeks of age.

Genital / Circumcision Care

Baby's diaper area should be cared for as simply as the rest of your baby's skin. After your baby has had a bowel movement, we recommend using a wet cloth, quilted paper towel or soft gauze to cleanse the area. No special diaper ointments or powders are necessary. In fact, it is advisable to avoid loose powder (you can use liquid powders formulated for baby) altogether to prevent the risk of your baby inhaling airborne particles. If a diaper rash does develop, or if the skin around your baby's anus breaks down and turns red, you can apply a barrier cream containing zinc oxide or with vitamin A & E to soothe the area.



For your **baby girl**, expect to see some white mucousy vaginal discharge. Occasionally female newborns will even develop blood-tinged vaginal discharge - this is normal, can last for up to 2 weeks, and is caused by estrogen withdrawal as a result of disconnecting from mom's placental hormone supply. To clean your daughter's genital area, gently use a wet cloth, cotton tipped swab or soft gauze to remove accumulated debris or stool - you can leave vernix (the white adherent substance on the labia) and vaginal discharge alone, since they are somewhat lubricating and protective.

If you choose to circumcise **your baby boy**, your OB/GYN (or mohel, if you are having a bris) will wrap his penis in gauze. Let the gauze fall off on its own accord. If it is still in place several days later, we will remove it. You should then apply a small (pea-sized) dollop of petroleum jelly to the healing circumcision site at each diaper change. Gently pull back the skin on the shaft of the penis away from the head of the penis to allow for proper healing (we will show you how to do this if you are uncertain). As the site heals, you will note yellow tissue which covers the head of the penis - this is normal granulation (healing) tissue. Don't attempt to wipe this tissue off. Within 5-7 days, the circumcised penis will be mostly healed, and you can stop the application of petroleum jelly.

If you choose not to circumcise your baby boy, no specific care is needed. His foreskin will not retract from the head of the penis until after he is about 4 years of age. Simply wash the skin of his penis as you would the rest of his body.

Sleeping



During the first few months of life, when growth and development of the newborn rapidly increases, sleep is the primary activity of your new baby. Shortly after birth, your newborn may sleep through most of day 1 and 2. Hunger then starts to drive sleep/wake cycles, and your new baby will emerge from its "honeymoon period" and wake more consistently.

Newborns are not born with an inherent tendency to sleep through the night. Over the first several weeks after birth, our light/dark cycles help set their biorhythms, and eventually nighttime sleep is achieved. In addition, newborns lose the rhythmicity of the maternal womb and its soothing sound effects, and instead, have to adapt to the louder and more varied sounds of their new home and family.

Resist the temptation to "walk on eggshells" with your newborn. Let the normal sounds of daily life in your home become part of your newborn's litany of new background noise. However, when trying to settle a fretful baby, often repetitive, rhythmic sounds may bring your newborn "back to the womb" for a little comfort. Putting on a radio between channels (the sound of static), turning on an oscillating fan, activating a breast pump, or running the washer/dryer provide enough "white noise" to settle your tired baby, when nothing else can.

The safest way to put your baby to sleep is on its back or side. Do try to place the baby in its crib or bassinet so that it becomes a place associated with sleep and relaxation. Babies often love to sleep right in your arms (which is one of the best parts of having a new baby) - however, a baby will never learn to sleep on its own without some opportunities to self soothe. Your baby will only develop sleeping skills when given that few moments to settle on its own! Keep trying - eventually your baby will succeed!

Babies are typically pretty noisy during sleep. They actively dream, smile, burp, suck and occasionally cry or giggle. Enjoy watching your newborn during these active sleep cycles. By knowing that babies are "verbal" during sleep, resist the temptation to scoop up your sleeping noisy baby. What might first appear to be a cry, may actually be part of a dream. Watch for eye opening before picking your baby up.

Your baby's crib should have a firm mattress sized appropriately for that crib. Keep ALL stuffed animals and pillows out of the crib to avoid suffocation risk. If it is cold at night, dress the baby in warm layers, and only use a thin receiving blanket, if necessary. On warm nights, thin cotton pajamas and a thin receiving blanket are all that is necessary to keep your newborn comfortable. Try to maintain your home's temperature between 68-75 degrees F. As far as how to dress the baby - a good rule of thumb is to put the baby in the same number of layers you wear for comfort - plus one light layer. Avoid the temptation to over-bundle and overheat your baby as doing this can increase your baby's risk for SIDS (sudden infant death syndrome/crib death).

Swaddling

For the first couple of months, your baby may be comforted by, and enjoy being swaddled. To do so, read the following:



- Take a large, preferably stretchy receiving blanket and place it in front of you like a diamond. Fold over the top point to form a horizontal fold of about 18 inches. Place your baby's head and neck above that fold.
- Next, bring your baby's right arm down to its side - now wrap the right side of the blanket FIRMLY over your baby's right shoulder, across the body and tuck firmly under the left side.
- Take the bottom point of the blanket and fold it upward.
- Lastly, place your baby's left arm down by the side of the body, and FIRMLY wrap that side of the blanket around the baby's body and tuck under the right side of the body. There may be a little loose blanket at the bottom on your right - just pull it back over the baby's middle and tuck under the body.

You have just successfully swaddled your baby! For those of you who would prefer "instant swaddling," there are now a variety of blankets which are designed for that purpose!

Safety



Smoke Alarms

Before your new baby comes home, make sure your smoke alarms are working. If you don't have smoke alarms then please install them. Follow the manufacturer's directions for placement. Check at least once a month to make sure batteries and smoke detectors are in good working condition. It's a good idea to have a carbon monoxide alarm installed, especially if you have a fireplace or gas stove/oven.

Cribs

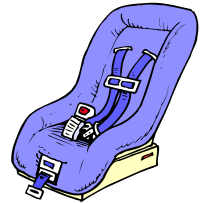
If you have a crib for your infant, make sure it is safe:

- The space between the slats should be no more than 2-3/8 inches apart in order to prevent infants from getting their heads stuck between them. Cribs manufactured after 1974 must meet this and other strict safety standards. As of 2011 cribs with dropping sides have been banned due to concern that baby may become injured if caught between the mattress and side rails.
- The corner posts should be the same height as the end panels or less than 1/16 of an inch higher than the end panels. There should be no cut-out areas on the headboard or footboard so a baby's head cannot get trapped.
- The mattress should fit snugly next to the crib so that there is no gap. If two adult fingers can be placed between the mattress and the crib, the mattress should be immediately replaced.
- Dispose of antique cribs with decorative cutouts, corner posts or lead paint. Avoid the use of cribs with drop sides.
- Do not use plastic packaging materials (such as dry cleaning bags) as mattress covers. Plastic film can cling to children's faces and should never be in or near the crib. Use an approved mattress cover for baby's crib.

- Put your baby to sleep on his or her back or side in a crib with a firm, flat mattress and no soft bedding underneath.
- Bumper pads should cover the entire inside perimeter of the crib and tie or snap in place. Bumper pads should have at least six straps or ties and any excess length of straps or ties should be cut off.
- Keep the crib clear of plastic sheets, pillows, and large stuffed animals or toys. These can be suffocation hazards or can enable older youngsters to climb out of the crib.
- Do not place your baby's crib next to a window. Drapery and blind cords pose an entanglement hazard and window screens are not intended to keep a child in, only insects out.

Car Seat

Beginning with your first trip home from the hospital, you should secure your baby in an approved infant car seat EVERY time you travel by car.



- For the first **two** years of life, the car seat should be placed in the rear seat of your vehicle, facing backward, and its base securely held with your car's seatbelt. If the middle seat of the rear console is flat, the car seat should be placed in that location. NEVER put your baby in a seat containing an air bag.
- The car seat straps should be snug, but comfortable - you should be able to slide your index finger between the strap and the baby. Using an insert in the first few months will prevent your baby's head from flopping to the side. **NEVER leave your baby in the car unattended, not even for a moment.**
- If you carry your baby in its infant seat, make sure the straps are buckled. If you trip, the baby can eject easily!
- If you are having trouble properly installing your car seat, the Automobile Club of Southern California and the California Highway Patrol offer free assistance to insure that babies travel safely.

Changing Tables



NEVER leave your infant unattended on a changing table. Remove the strap from the table mattress, as it is useless. Even at this young age, an infant can perform "surprise rolls" and fall easily. In addition, do not leave your baby unattended on a bed or sofa - a baby can roll into pillows and suffocate, and again, can fall off.

Bathing

Turn your **water heater to its lowest setting** so that accidental scalds are impossible. The water in your home will still be comfortably warm for you, and safer for your baby. **Under NO circumstances, should you turn your head away from your baby during a bath....**accidental submersion and drowning takes but a moment.



Swimming Pools/Spas

If you have a pool or spa that is not gated, start planning how to secure it in the next few months. A safely secured pool and/or spa is essential before your baby begins to crawl.

Firearms

If you have made the choice to own a firearm, please **LOCK** your gun in an **approved gun safe**. Make sure you have a trigger lock as well. NEVER store a LOADED gun. Keep ammunition separate from your firearm - preferably locked in a different location.



Going Out



Do enjoy taking walks outside with your baby. Shield your newborn from the sun with either a light blanket, or the shade provided by your stroller or infant seat. Fresh air is good for both the baby, and parents. If you want to go out to eat, we suggest going to a quiet restaurant, or go "off hours" to avoid crowds. Sit in a booth, place your baby in a corner so that contact with others is minimized.

Office Visits

Our office hours are Monday through Friday 8 am - 5:30 pm, and Saturday 8 am - 12 noon. We are closed on Sundays and Holidays. We hold Urgent Drop-In hours from 8:00 - 8:45 am and 4:30 to 5:30 pm Monday through Friday. We are closed for lunch between 12:00 pm -1:30 pm. There is no Drop-In on Saturdays.

2-3 days after discharge from the hospital, we will recommend that you schedule your baby for the first office visit. At that encounter, we will monitor for any jaundice, check the baby's weight and height, perform a physical examination, and evaluate how feeding is progressing. This visit is also a great opportunity to address your first set of questions - write them down so we can review all of your concerns. We do regular monthly well baby care visits until 4 months of age. Thereafter, visits are scheduled at 6, 9, 12, 15, 18 and 24 months.

The first set of vaccinations is given at the 2 month visit. We will always inform you about which vaccinations are coming up and address any questions you might have about immunizations. All vaccines used in our infants are thimerosal (preservative) - free.

We require that all parents in our practice vaccinate their children. We highly recommend that all parents, caregivers, and those in close contact with baby receive the TDAP vaccine (to protect baby against transmission of whooping cough). Most babies suffering from whooping cough catch it from unknowing adults. Generally the hospital will offer the shot to mom before discharge - other family members can ask their own health care providers for the vaccine. We will help you identify locations where the vaccine can be obtained if your own doctor doesn't have it.

Your baby is covered by mom's insurance for the first 30 days of life. **You MUST contact your insurance company during that time to add the baby onto your insurance.** It is NOT automatic. Please bring in your insurance information at your first office visit.

Fun Facts

Babies have many unique, but normal behaviors.

- **Hiccups** are very common in newborns and may occur several times per day (you may have even felt them while you were pregnant!). No specific intervention is necessary. A big gulp of milk or air is often the trigger for hiccups. As your baby matures neurologically, hiccups generally settle down.
- **Sneezing** is also very normal and common. Think of it as a “self-cleaning” mechanism for the nose. Since babies breathe exclusively through their noses during the first few months of life, a good sneeze is necessary and essential to clear the airway. Sneezes do not imply allergies or illness in a newborn, and no specific treatment is necessary.
- **Nasal congestion and noisy breathing** are very common observations in young infants. Because the nasal passages are narrow and soft, turbulent airflow is common, and noisy. In addition, even a small bit of mucus in the nose can create a big noise! Unless your baby is having difficulty coordinating breathing with eating, we do not recommend aggressive attempts at mucus removal. Often, over-zealous suctioning can lead to more swelling. However if your baby is congested enough that feeding becomes a challenge, you can instill a little saline spray (available over the counter) into each nostril and suction to remove the offending mucus. We can show you how to effectively suction at your first office visit.
- You may notice that your newborn will **startle** frequently and appear to jerk both arms, and even legs. This is a normal infant reflex, and extinguishes at about 2 months of age.
- **Eye crossing, eye rolling, and opening eyes alternately** are all normal infant behaviors. Because visual acuity and focusing power are poor in the first 1-2 months of life, babies often exhibit these behaviors. Be assured, at every visit we will monitor for signs of visual difficulty, and alert you if referral is necessary.
- If you are exclusively breast feeding, or if you are supplementing with less than 15 ounces of formula per day, the American Academy of Pediatrics recommends that you give your baby a Vitamin A, D, & E supplement to prevent the minor risk of bony rickets. Available over the counter, this liquid vitamin should be given orally - the dose is 400 units (usually 1cc) daily. Recognizable brand names might be D-Vi-Sol or Tri-Vi-Sol, but a generic equivalent is just fine.
- Lastly, you will no doubt be bombarded with advice from family, friends, the internet, and even total strangers. If something does not sound right to you, ask us. If there is disagreement between your gut, and the advice of others, let us help you - that's what we are here for. Your instincts about your baby begin to build before birth, and we respect those. We will continue to help you build an even better knowledge base over time!

When to Call



During the first couple months of life, your babies' immune system is not fully developed. During these early months, we recommend that you try to keep your baby shielded from large crowds of people or anyone who might be sick. An infant is very susceptible to illness - what might be a minor ailment in an adult can translate into a serious condition with your baby! Have all visitors wash their hands before handling your baby. Limit visitors - **only invite healthy individuals into your home** (remember, if you become ill, your baby most certainly will).

During the first two months of life, contact us immediately if your baby has a temperature over 100.3 (rectally). A rectal temperature is the most accurate way to detect a true fever. To take a rectal temperature, use a digital thermometer (easy to read). Place your baby on its tummy, and insert the thermometer tip (lubricated with petroleum jelly) about $\frac{1}{2}$ - $\frac{3}{4}$ inch into the rectum. Wait a few moments until the thermometer registers the temperature. **If it is 100.3 or greater, call us, no matter what the hour.** Babies can also exhibit signs of illness without fever. **If your infant is inconsolable, irritable, refuses to feed, vomits repetitively, stops urinating, or is listless, inactive, pale or looks sick, err on the side of great caution and call us immediately!**

We hope this manual serves to help with some general concerns and questions you might have during these first few weeks of your baby's life. Remember, we will also be able to address any additional specific questions or concerns you may have at your upcoming office visits.

Keep in mind that you can always contact us by email (see addresses below) or by telephone at (818) 783-3110. We welcome your emails, but can only respond to them during office hours. In addition, our office staff is well-trained to answer most of your daily newborn questions - just ask to speak to our advice staff and they will be happy to assist you. If you have an emergency or need to contact us urgently, please telephone the office.

We very much look forward to sharing this special time with you and your family and participating as your baby's pediatricians. We sincerely hope that your experience at Boulevard Pediatrics will be a memorable and enjoyable!

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