



# Bright Futures Parent Handout Newborn Visit

Here are some suggestions from Bright Futures experts that may be of value to your family.

FAMILY READINESS

## Ready at Home

- Tell family and friends how they can help.
- Give your other children small, safe ways to help with the baby.
- Never leave your baby alone with younger children.
- Take time for yourself and your partner.
- Put your baby in a safe place if you feel upset; call for help.
- Call us for help if you feel sad, blue, or overwhelmed for more than a few days.
- Many places in our community can help you.
  - Ask us for help in getting things your family needs.
  - Ask us about WIC. You can get nutritious food and support for you and your baby.

FEEDING

## Feeding

- Feed your baby only breast milk or iron-fortified formula for the first 4–6 months.
- Feed when your baby is hungry.
  - Puts hand to mouth
  - Sucks or roots
  - Fussing
- End the feeding when you see your baby is full.
  - Turns away
  - Closes mouth
  - Relaxes hands

## If Breastfeeding

- Breastfeed 8–12 times per day.
- Your baby should have 6–8 wet diapers a day.
- Take a prenatal vitamin.
- Avoid alcohol.
- Call us if your nipples or breasts become sore.

FEEDING

## If Formula Feeding

- Offer your baby 2 oz every 2–3 hours.
- Hold your baby so you can look at each other while feeding.
- Do not prop the bottle.
- Wake for a night feeding in the first 2 weeks if the baby sleeps more than 4 hours.

ROUTINE BABY CARE

## Baby Care

- Keep your baby's cord clean and dry.
  - Keep the diaper below the cord until it falls off in 10–14 days.
  - Call us if it becomes red, if there is fluid in the area, or if it smells.
- Use fragrance-free soaps and lotion for your baby.
- Change your baby's diaper often to prevent diaper rash.
- Wash your hands often.
- Ask family members and friends to wash their hands before holding your baby.
- Avoid people with colds and flu.

NEWBORN BEHAVIORS

## Getting to Know Your Baby

- Get to know each other by holding and touching your baby.
- Talk to your baby often.
- Let your baby see your face and eyes.
- Learn what calms your baby, such as rocking or stroking.
- Never shake your baby.
- Start simple routines for bathing, feeding, sleeping, and playing daily.

NEWBORN BEHAVIORS

- Put your baby to sleep on his back.
  - In a safe crib, in your room, not in your bed.
  - Swaddled or with tucked blankets.
  - Do not use loose, soft bedding or toys in the crib such as comforters, pillows, or pillow-like bumper pads.
- Use a crib with slats close together.
  - 2 3/8 inches apart or less
- Keep your baby from getting too warm or cold.

SAFETY

## Safety

- Use a rear-facing car safety seat in the middle of the back seat in all vehicles.
- Never put your baby in a seat with a passenger air bag.
- Always wear a seat belt and never drink and drive.
- Keep your car and home smoke-free.
- Keep a hand on your baby when changing diapers and clothes.

## What to Expect at Your Baby's 2 to 5 Day (First Week) Visit

### We will talk about

- How your baby is eating and growing
- Starting routines for feeding, sleeping, and playtime
- Adjusting to your baby and taking care of yourself
- Safety at home and in the car



## American Academy of Pediatrics



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Our goal is to partner with you to raise secure, responsible, and happy children that will become leaders and competent adults in the future. This website is our way to communicate with you on a regular basis and to assist fulfilling this goal.

Many excellent resources for you are now available to be viewed on our website. Follow the items below to locate and read or download these great resources. To help navigate the website, we have listed a few tabs below that are located on our home page and summarized what you will find under the tab.

**ABOUT US:** Click this tab to view recommended checkup schedule for well infant, toddler, child and adolescent and the corresponding vaccine schedule. Also view Infant Feeding Schedule here.

**MEDICATIONS:** Find how much medications to give your child for fever reducers and pain relievers (Tylenol/acetaminophen and Motrin/ibuprofen), allergy relievers (Benadryl) and cold medications (Dimetapp and Triaminic).

**HELPFUL LINKS:** We have researched many websites and have listed some that provide reasonable, accurate information. Many of these websites have downloadable information and activities for parents and children of all ages to read and learn. Pediatric Advisor website contains excellent information on over 900 topics including newborn care, childhood illnesses, childhood growth and development, behavioral problems and adolescent issues. Our recommended reading list is also posted here. The following categories have both books and websites to view

◊ General Pediatric Health

◊ Mental Health

◊ Healthy Eating & Physical Act.

◊ Vaccines

◊ Learning Disabilities

◊ School and Learning

◊ Safety

◊ Asthma and Allergies

# A Parent's Guide to Safe Sleep

Helping you to reduce the risk of SIDS

## DID YOU KNOW?

- About one in five sudden infant death syndrome (SIDS) deaths occur while an infant is in the care of someone other than a parent. Many of these deaths occur when babies who are used to sleeping on their backs at home are then placed to sleep on their tummies by another caregiver. We call this "unaccustomed tummy sleeping."

- Unaccustomed tummy sleeping increases the risk of SIDS. Babies who are used to sleeping on their backs and are placed to sleep on their tummies are 18 times more likely to die from SIDS.

You can reduce your baby's risk of dying from SIDS by talking to those who care for your baby, including child care providers, babysitters, family, and friends, about placing your baby to sleep on his back during naps and at night.

## WHO IS AT RISK FOR SIDS?

- SIDS is the leading cause of death for infants between 1 month and 12 months of age.

- SIDS is most common among infants that are 1-4 months old. However, babies can die from SIDS until they are 1 year old.

## KNOW THE TRUTH... SIDS IS NOT CAUSED BY:

- Immunizations
- Vomiting or choking

## WHAT CAN I DO BEFORE MY BABY IS BORN TO REDUCE THE RISK OF SIDS?

Take care of yourself during pregnancy and after the birth of your baby. During pregnancy, before you even give birth, you can reduce the risk of your baby dying from SIDS! **Don't smoke or expose yourself to others' smoke while you are pregnant and after the baby is born. Alcohol and drug use can also increase your baby's risk for SIDS.** Be sure to visit a physician for regular prenatal checkups to reduce your risk of having a low birth weight or premature baby.

## MORE WAYS TO PROTECT YOUR BABY

Do your best to follow the guidelines on these pages. This way, you will know that you are doing all that you can to keep your baby healthy and safe.

- Breastfeed your baby. Experts recommend that mothers feed their children human milk for as long and as much as possible, and for at least the first 6 months of life, if possible.

- It is important for your baby to be up to date on her immunizations and well-baby check-ups.

## WHERE IS THE SAFEST PLACE FOR MY BABY TO SLEEP?

The safest place for your baby to sleep is in the room where you sleep, but not in your bed. Place the baby's crib or bassinet near your bed (within arm's reach). This makes it easier to breastfeed and to bond with your baby.

The crib or bassinet should be free from toys, soft bedding, blankets, and pillows. (See picture on next page.)

## TALK ABOUT SAFE SLEEP PRACTICES WITH EVERYONE WHO CARES FOR YOUR BABY!

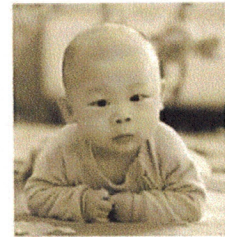
When looking for someone to take care of your baby, including a child care provider, a family member, or a friend, make sure that you talk with this person about safe sleep practices. Bring this fact sheet along to help, if needed. If a caregiver does not know the best safe sleep practices, respectfully try to teach the caregiver what you have learned about safe sleep practices and the importance of following these rules when caring for infants. Before leaving your baby with anyone, be sure that person agrees that the safe sleep practices explained in this brochure will be followed all of the time.



Face up to wake up – healthy babies sleep safest on their backs.



Do not place pillows, quilts, toys, or anything in the crib.



Supervised, daily tummy time during play is important to baby's healthy development.

## WHAT ELSE CAN I DO TO REDUCE MY BABY'S RISK?

Follow these easy and free steps to help you reduce your baby's risk of dying from SIDS.

### SAFE SLEEP PRACTICES

- Always place babies to sleep on their backs during naps and at nighttime. Because babies sleeping on their sides are more likely to accidentally roll onto their stomach, the side position is just as dangerous as the stomach position.
- Avoid letting the baby get too hot. The baby could be too hot if you notice sweating, damp hair, flushed cheeks, heat rash, and rapid breathing. Dress the baby lightly for sleep. Set the room temperature in a range that is comfortable for a lightly clothed adult.
- Consider using a pacifier at nap time and bed time. The pacifier should not have cords or clips that might be a strangulation risk.

### SAFE SLEEP ENVIRONMENT

- Place your baby on a firm mattress, covered by a fitted sheet that meets current safety standards. For more about crib safety standards, visit the Consumer Product Safety Commission's Web site at <http://www.cpsc.gov>.
- Place the crib in an area that is always smoke free.
- Don't place babies to sleep on adult beds, chairs, sofas, waterbeds, pillows, or cushions.
- Toys and other soft bedding, including fluffy blankets, comforters, pillows, stuffed animals, bumper pads, and wedges should not be placed in the crib with the baby. Loose bedding, such as sheets and blankets, should not be used as these items can impair the infant's ability to breathe if they are close to his face. Sleep clothing, such as sleepers, sleep sacks, and wearable blankets are better alternatives to blankets.

## IS IT EVER SAFE TO HAVE BABIES ON THEIR TUMMIES?

Yes! You should talk to your child care provider about making tummy time a part of your baby's daily activities. Your baby needs plenty of tummy time while supervised and awake to help build strong neck and shoulder muscles. Remember to make sure that your baby is having tummy time at home with you.

### TUMMY TO PLAY AND BACK TO SLEEP

- Place babies to sleep on their backs to reduce the risk of SIDS. Side sleeping is not as safe as back sleeping and is not advised. Babies sleep comfortably on their backs, and no special equipment or extra money is needed.
- "Tummy time" is playtime when infants are awake and placed on their tummies while someone is watching them. Have tummy time to allow babies to develop normally.

## WHAT CAN I DO TO HELP SPREAD THE WORD ABOUT BACK TO SLEEP?

- Be aware of safe sleep practices and how they can be made a part of our everyday lives.
- When shopping in stores with crib displays that show heavy quilts, pillows, and stuffed animals, talk to the manager about safe sleep, and ask them not to display cribs in this way.
- Monitor the media. When you see an ad or a picture in the paper that shows a baby sleeping on her tummy, write a letter to the editor.
- If you know teenagers who take care of babies, talk with them. They may need help with following the proper safe sleep practices.
- Set a good example – realize that you may not have slept on your back as a baby, but we now know that this is the safest way for babies to sleep. When placing babies to sleep, be sure to always place them on their backs.

If you have questions about safe sleep practices please contact Healthy Child Care America at the American Academy of Pediatrics at [childcare@aap.org](mailto:childcare@aap.org) or 888/227-5409. Remember, if you have a question about the health and safety of your child, talk to your baby's doctor.

### RESOURCES:

- American Academy of Pediatrics  
<http://www.aappolicy.org>  
*SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment*  
<http://aappolicy.aappublications.org/cgi/rep rint/pediatrics;128/5/e1341.pdf>
- Healthy Child Care America  
<http://www.healthychildcare.org>
- National Resource Center for Health and Safety in Child Care and Early Education  
<http://nrc.uchsc.edu>
- Healthy Kids, Healthy Care: A Parent Friendly Tool on Health and Safety Issues in Child Care <http://www.healthykids.us>
- National Institute for Child and Human Development Back to Sleep Campaign (Order free educational materials)  
<http://www.nichd.nih.gov/sids/sids.cfm>
- First Candle/SIDS Alliance  
<http://www.firstcandle.org>
- Association of SIDS and Infant Mortality Programs <http://www.asip1.org>
- CJ Foundation for SIDS  
<http://www.cjsids.com>
- National SIDS and Infant Death Resource Center <http://www.sidscenter.org/>
- The Juvenile Products Manufacturers Association <http://www.jpma.org/>

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Revised 2012



## The Childhood Immunization Schedule: Why Is It Like That?

Q1: How is the childhood immunization schedule determined?

A: The schedule is determined by top experts in the fields of epidemiology, infectious disease prevention, and immunology to best protect U.S. children against vaccine-preventable diseases. The schedule is evaluated each year based on the most recent scientific data available, and adjustments are made as appropriate. It is approved by the American Academy of Pediatrics, the Centers for Disease Control and Prevention and its Advisory Committee on Immunization Practices, and the American Academy of Family Physicians. Updated recommendations are announced each January.

Q2: How are the timing and spacing of the shots determined?

A: Each vaccine dose is scheduled for the age range that is considered optimal for producing the best immune system response, balanced with the need to provide protection to infants and children at the earliest possible age. Doses of some vaccines must be spaced a certain amount of time apart to create a protective response.

Q3: Why are there so many doses?

A: Fortunately, in the U.S. we are able to immunize children against many serious diseases. However, for many of these diseases, a single vaccine dose is not effective. For some vaccines, a three- or four-dose series of shots is needed for full protection.

Q4: Why is the schedule “one size fits all?” Aren’t there some children who shouldn’t receive some vaccines?

A: The schedule is not “one size fits all.” It is considered the ideal schedule for healthy children, but it has flexibility built in. There are established medical reasons why some children should not receive certain vaccines; for example, allergies to one or more ingredients in the vaccine, or a weakened immune system due to illness, a chronic condition, or another medical treatment. Sometimes a shot needs to be delayed for a short time, and sometimes it may need to be skipped altogether. Your pediatrician is educated and updated about such exceptions to the immunization schedule. This is one reason your child’s complete medical history is taken at the pediatrician’s office, and why it is important for your child’s health care providers to be familiar with your child’s medical history.

Q5: Why can’t the shots be spread out over a longer period of time? There are 25 shots recommended in the first 15 months of life; what would happen if we spread those out over 2 or 3 years?

A: First, you would not want your child to go unprotected that long. Second, the AAP/CDC/AAFP schedule is designed around the way the vaccines work best with a child’s immune system at certain ages and at specific intervals. There is simply no research to show how the immune system response would be affected by drastically altering the

schedule. Also, there is no scientific reason why spreading out the shots would be safer. But we do know that any length of time without immunizations is a time without protection.

Q6: I've seen an alternative schedule in a magazine that allows the shots to be spread out. It was developed by a pediatrician. Why can't I follow that schedule? My child would still get his immunizations in time for school.

A: There is no scientific basis for such a schedule. No one knows how well it would work to keep infectious diseases at bay for the individual child. And if a significant portion of parents in any community decided to follow such a schedule, the consequences would be magnified. In addition, people who are unable to receive vaccines would be placed at risk by exposure to unvaccinated children.

One alternative schedule that has been proposed would leave children without full polio protection until age 4. Yet it would take only one case of polio to be brought into the U.S. for the disease to take hold again in this country. This schedule also withholds the measles vaccine until age 3. We have already seen outbreaks of measles in some parts of the country due to failure to immunize, and this is a highly infectious disease that can have serious--even deadly--consequences. The reason we recommend the vaccines we do for very young children is because they are more vulnerable to these diseases.

Pediatricians recognize that parents want to take an active role in decisions about vaccination. These decisions should be based on reliable, complete and science-based information.

Q7: Isn't it possible that my child has natural immunity to one or more diseases? If he does, can't he skip the shot?

A: Testing for levels of immunity for certain diseases does not work well in young children, so this is not a practical approach to disease prevention.

Q8: Isn't it overwhelming to a child's immune system to give so many shots, especially combination vaccines, in one visit?

A: Infants and children are able to respond to a much larger quantity and variety of antigens (tiny amounts of substances that provoke an immune response) than those found in any combination of vaccines on the current schedule. Their immune systems routinely fight antigens of many different kinds on any given day, which they are exposed to through activities like playing, eating, and breathing.

Q9: There are no shots given at 9 months, other than possibly flu vaccine or catch-up vaccines. Would it help if we gave some at that visit instead of at 6 months or 12 months?

A: Waiting until 9 months would leave the child unprotected from some diseases. Nine months is too early for the boosters recommended for use at 15 to 18 months. It is too early for the live measles, mumps, rubella and varicella vaccines since some infants might have a bit of antibody left that they got from their mother during the pregnancy, and this antibody could inactivate the vaccine virus.

## Care of the Umbilical Cord

Your newborn's umbilical cord should be kept as dry as possible. The purple dye applied in the nursery helps prevent infection and helps the upper cord dry out. The yellow base of the umbilical cord needs to dry in order for the cord to separate and fall off (usually between 2-4 weeks of age).

Some things you can do at home include:

Keep the diaper off the cord (fold the diaper down under the cord or use the specially designed "newborn" size with the half circle cutout).

Clean with a small amount of alcohol several times a day (do not saturate). Apply the alcohol with a cotton-tipped swab and gently clean right at the junction of the cord and the navel where the yellowish cord can be seen. You may need to gently pull up on the cord to expose the base.

Do not submerge your infant in bath water until the cord is off for 1-2 days. Sponge bathe and dry the abdomen completely after sponging around the cord.

Do not get alarmed if you notice a small amount of blood-tinged oozing at the base as it separate, but Do let us know if there is steady bleeding or discharge from the base.

Look for very red and swollen skin around the navel area, especially if there is discharge or bleeding present. Cord base infections are very rare, but anything unusual should be checked out as a precaution.

### Umbilical Hernia

Do not be alarmed if your baby's navel "pops out" once the cord is off. This is usually caused by an umbilical hernia, or weakened area of abdominal muscles under the navel. Umbilical hernias are more noticeable when a baby cries or strains. Most will go away on their own as the abdominal muscles strengthen (usually by 4 or 5 years of age, if not sooner).

Do not tape down or bind an umbilical hernia. Applying pressure will not make it go away any sooner and can cause irritation to the baby's skin.

**Herrin Pediatrics**  
**Feeding Schedule for the First Year**

Age in Months	Breast Milk	Formula	Iron Fortified Cereal (mix w/liquid)	Vegetables	Fruits	Meat, Poultry	Potatoes, Rice, Pasta
1	On Demand 1 ½-3 hr. 9-12/day	14-20 oz	None	None	None	None	None
2	One Demand 1 ½-3 hrs 7-10/day	20-28 oz	None	None	None	None	None
3	One demand 6-8/day	26-30 oz	None	None	None	None	None
4	On Demand 6/day	30-32 oz	1-2 tbsp once a day begin w/rice cereal	None	None	None	None
5	On Demand 6/day	30-32 oz	1-2 tbsp twice a day begin w/rice cereal	None	None	None	None
6	One Demand 4-5/day	30-32 oz	1-2 tbsp twice a day begin w/rice cereal	Begin after cereal 1-2 tbsp begin with yellow	1-2 tbsp	None	None
7	One demand 4-5/day	29-31 oz	2-3 tbsp twice a day	2-4 tbsp	2-4 tbsp	1-2 tbsp begin w/chicken pureed	None
8	On Demand 4-5/day	26-31 oz	2-3 tbsp twice a day	6-8 tbsp	2-4 tbsp	1-2 tbsp pureed	None
9	On Demand 3-4/day	24-30 oz	3-4 tbsp twice a day	½ cup	4-6 tbsp	1-2 tbsp pureed	Teething biscuits, puffs
10	On demand 3-4 day	22-30 oz	3-4 tbsp twice a day	½ cup	½ cup	2-4 tbsp purred	¼ cup
11	On demand	20-28 oz	4 tbsp twice a day	½ cup	½ cup	1-2 oz ground or shredded	¼ cup
12	On demand 3/ day	16-24 oz introduce cow's milk	4 tbsp twice a day	½ cup	½ cup	1-2 oz ground or shredded, introduce eggs	¼ cup

\*\*\*\*Introduce new foods every 2-3 days to check for allergic reactions.\*\*\*\*



# Parenting 101

The following comments are designed to help you enjoy your new baby and develop confidence in yourself as a parent. This information is not intended as a substitute for well-baby visits with your newborn's pediatrician. Remember, no two babies have exactly the same makeup or the same needs. Your baby is an individual with his or her own special growth pattern. Comparing your infant's growth and development with other children is not a good idea and usually causes needless worry. Never hesitate to ask your child's physician for guidance concerning specific problems. This is the reason for regular well-baby checkups!

## Parenting and Behavior

1. Hold, cuddle, talk to, sing to and rock your baby as much as you can. A lot of your infant's development depends on his or her interaction with you. Every touch stimulates the baby's brain.
2. Recognize the fact that parents cannot always console their baby. Expect this. Of course, always check your baby when he or she seems uncomfortable to make sure the infant is not too hot, too cold, hungry, wet or needs to burp. Give your child the benefit of the doubt and do not worry about "spoiling."
3. Try to spend time nurturing your baby when the infant is quiet happy and alert, instead of waiting for him or her to cry and fuss for attention.
4. Parents should make sure they get adequate rest. Take the phone off the hook and nap when the baby naps. Encourage dad and other family members to help care for the infant. Keep in contact with friends and relatives. Go for a daily walk with the baby for fresh air.

## Development

1. Begins to recognize family voices and makes small "throaty" noises.
2. Recognizes sounds by blinking, crying or showing the startle reflex (arms and legs move away from the body equally.)
3. Blinks at bright light and may begin to follow, but eyes often do not focus together.
4. Watch for the first smile...truly a milestone. It is the earliest sign of mental growth...the first thing your baby can do on his or her own. (Usually not seen until 2-3 months.)
5. Lifts head briefly when lying on his or her stomach.

## Feeding

1. Make feeding a pleasant time for the entire family. Remember your baby's first love for his or her parents arises from the bonding obtained during feeding time. The affection and touching the baby gets during the feeding period is an important part of the diet.
2. Babies need only breast milk or iron-fortified formula at this time unless otherwise directed by your baby's doctor.
3. Your baby's feeding habits will vary from day to day just like you. This is just another way your baby is letting you know he or she is a unique individual.
4. If prescribed by your child's doctor, remember to give vitamins and/or fluoride
5. Call the doctor if you feel the baby is not gaining enough weight.
6. Do not use a microwave oven to heat formula.
7. Delay the introduction of solid foods until they are suggested by you infant's doctor.
8. Do not put your baby to bed with a bottle or prop it in his or her mouth.
9. Never give an infant honey to prevent infant botulism.

### **Sleep**

1. Always put your baby to sleep on his or her back.
2. Infants sleep most of the day but a child's sleep patterns vary from baby to baby. It is not unusual for a baby to have a "fussy" period during the late afternoon or early evening. This is how the infant's immature nervous system handles all of the day's stimuli...prepare yourself for it.
3. Most babies will sleep through the night by 3 months old. "Lucky" parents get a good night's sleep sooner. To achieve this, many babies need encouragement. Put the infant to bed when he or she is drowsy, but awake. Avoid rocking your baby to sleep or holding him or her until he or she falls asleep. Your baby needs to learn to fall asleep on his or her own. Try to ignore the baby, if he or she is just squirming or whimpering. Your infant may go back to sleep on his or her own.

### **Safety**

1. Always use a rear-facing infant care seat placed in the center of the back seat. If a car seat was involved in a car accident, throw it away and get a new one as it could have structural damage.
2. Never leave a baby alone with a young sibling or a pet.
3. Never leave your baby alone in a tub or on a high place, such as a changing table, bed or sofa.
4. Set hot water thermostat at less than 120 degrees F.
5. Insist on a smoke-free environment for your baby. If there is a smoker in the family, do not permit any smoking in the house or in the car.
6. Make sure smoke detectors are in place and working.
7. If your home uses gas appliances, install and maintain carbon monoxide detectors.
8. Avoid sun exposure to baby's tender skin.

### **Eliminations**

1. Every baby has his or her own unique pattern to the frequency of their bowel movements. Some go after every feeding, some once a day and others every two or three days.
2. Most babies strain, grunt and fuss even when they have a loose bowel movement.
3. Stool color and consistency varies from yellow in breast babies to brown and green in formula fed babies. Consistency can be anywhere from thin to a thick paste.

### **When to call the doctor.**

1. Anything that bothers you is important to your child's pediatrician. That's our job.
2. Fever (over 100.2 degrees F rectally)
3. Not gaining weight
4. Excessive vomiting, especially if it is forceful and goes across the room.
5. Uninterested in eating.
6. Irritability or lethargy
7. Unusual skin rashes

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## Well Newborn: First Weeks at Home

### Preventing Fatigue and Exhaustion

For many mothers the first weeks at home with a new baby are often the hardest in their lives. You will probably feel overworked, maybe even overwhelmed. Inadequate sleep will leave you fatigued. Caring for a baby can be a lonely and stressful responsibility. You may wonder if you will ever catch up on your sleep or work. The solution is asking for help. No one should be expected to care for a young baby alone.

Every baby awakens 2 or more times a night. The way to avoid sleep deprivation is to know the total amount of sleep you need per day and to get that sleep in bits and pieces. Go to bed earlier in the evening after your baby's final feeding of the day. When your baby naps you must also rest or nap. While you are napping take the telephone off the hook and put up a sign on the door saying MOTHER AND BABY SLEEPING. If your total sleep remains inadequate, ask a relative for help or hire a babysitter. If you don't take care of yourself, you won't be able to take care of your baby.

### The Postpartum Blues

More than 50% of women experience postpartum blues on the third or fourth day after delivery. The symptoms include tearfulness, tiredness, sadness, and difficulty in thinking clearly. The main cause of this temporary reaction is probably the sudden decrease of maternal hormones. The full impact of being totally responsible for a dependent newborn may also be a contributing factor. Many mothers feel let down and guilty about these symptoms because they have been led to believe they should be overjoyed about caring for their newborn. In any event, these symptoms usually clear in 1 to 3 weeks as the hormone levels return to normal and the mother develops routines and a sense of control over her life.

There are several ways to cope with the postpartum blues. First, acknowledge your feelings. Discuss them with your husband or a close friend as well as your sense of being trapped and that these new responsibilities seem insurmountable. Don't feel you need to suppress crying or put on a "supermom show" for everyone. Second, get adequate rest. Third, get help with all your work. Fourth, renew contact with other people; don't become isolated. Get out of the house at least once a week—go to the gym, go shopping, visit a friend, or see a movie. By the fourth week, setting aside an evening a week for a "date" at home with your husband is also helpful. Take-out food and a rental movie can help you tap back into your marriage. If you don't feel better by the time your baby is 1 month old, see your healthcare provider about the possibility of counseling for depression. If the blues are making it impossible for you to care for yourself and your baby, get help as soon as possible.

### Helpers: Relatives, Friends, Sitters

As already emphasized, everyone needs extra help during the first few weeks alone with a new baby. Ideally, you were able to make arrangements for help before your baby was born. The best person to help (if you get along with her) is usually your mother or mother-in-law. If not, teenagers or adults can be hired to come in several times a week to help with housework or look after your baby while you go out or get a nap. If you have other young children, you will need daily help. Clarify that your role is looking after your baby. Your helper's role is to shop, cook, houseclean, and wash clothes and dishes. If your newborn has a medical problem that requires special care, ask for home visits by a public health nurse.

## **The Father's Role**

The father needs to take time off from work to be with his wife during labor and delivery, as well as on the day she and his child come home from the hospital. If the couple has a relative who will temporarily live in and help, the father can continue to work after the baby comes home. However, when the relative leaves, the father can take saved-up vacation time as paternity leave. At a minimum he needs to try to work shorter hours until his wife and baby have settled in.

Not only does the mother need the father to help her with household chores, but the baby also needs to develop a close relationship with the father. Today's father helps with feeding, changing diapers, bathing, putting to bed, and so forth. The father needs to be his wife's support system. He needs to relieve her in the evenings so she can nap or get a brief change of scenery.

A father may avoid interacting with his baby during the first year of life because he is afraid he will hurt his baby or that he won't be able to calm the child when the baby cries. The longer a father goes without learning parenting skills, the harder it becomes to master them. At a minimum, a father should hold and comfort his baby at least once a day.

## **Visitors**

Only close friends and relatives should visit you during your first month at home. They should not visit if they are sick. To prevent unannounced visitors, the parents can put up a sign saying MOTHER AND BABY SLEEPING. NO VISITORS. PLEASE CALL FIRST. Friends without children may not understand your needs. During visits the visitor should also pay special attention to older siblings.

## **Feeding Your Baby: Achieving Weight Gain**

Your main assignments during the early months of life are loving and feeding your baby. All babies lose a few ounces during the first few days after birth. However, they should rarely lose more than 7% of the birth weight (usually about 8 ounces for a 7 pound birth weight). Most bottle-fed babies are back to birth weight by 7 days of age, and breast-fed babies by 10 days of age. Then infants gain approximately an ounce per day during the early months. If milk is provided liberally, the normal newborn's hunger drive ensures appropriate weight gain.

A breast-feeding mother often wonders if her baby is getting enough calories, since she can't see how many ounces the baby takes. Your baby is doing fine if he or she demands to nurse every 1 1/2 to 2 1/2 hours, appears satisfied after feedings, takes both breasts at each nursing, wets 6 or more diapers each day, and passes 3 or more soft stools per day. Whenever you are worried about your baby's weight gain, bring your baby to your healthcare provider's office for a weight check. Feeding problems detected early are much easier to remedy than those of long standing. A special weight check 1 week after birth is a good idea for infants of a first-time breast-feeding mother or a mother concerned about her milk supply.

## **Dealing with Crying**

Crying babies need to be held. They need someone with a soothing voice and a soothing touch. You can't spoil your baby during the early months of life. Overly sensitive babies may need swaddling for comfort.

## Sleep Position

Remember to place your baby in his crib on his back. As of 1992, this is the sleep position recommended by the American Academy of Pediatrics for healthy babies. The back (supine) position greatly reduces the risk of Sudden Infant Death Syndrome (crib death).

## Taking Your Baby Outdoors

You can take your baby outdoors at any age. You already took your baby outside when you left the hospital, and you will be going outside again when you take him or her for the two-day or two-week checkup.

Dress the baby with as many layers of clothing as an adult would wear for the outdoor temperature. A common mistake is overdressing a baby in summer. In winter, a baby needs a hat because he or she often doesn't have much hair to protect against heat loss. Cold air or winds do not cause ear infections or pneumonia.

The skin of babies is more sensitive to the sun than the skin of older children. Keep sun exposure to small amounts (10 to 15 minutes at a time). Protect your baby's skin from sunburn with longer clothing and a bonnet.

Camping and crowds should probably be avoided during your baby's first month of life. Also, during your baby's first year of life try to avoid close contact with people who have infectious illnesses.

## Medical Checkup on the Third or Fourth Day of Life

Early discharge from the newborn nursery has become commonplace for full-term babies. Early discharge means going home in the 24 hours after giving birth. In general this is a safe practice if the baby's hospital stay has been uncomplicated. These newborns all need to be re-checked 2 days after discharge to see how well they are feeding, urinating, producing stools, maintaining weight, and breathing. They will also be checked for jaundice and overall health. In some cases, this special re-check will be provided in your home.

## The Two-Week Medical Checkup

This checkup is probably the most important medical visit for your baby during the first year of life. By two weeks of age your baby will usually have developed symptoms of any physical condition that was not detectable during the hospital stay. Your child's healthcare provider will be able to judge how well your baby is growing from his or her height, weight, and head circumference.

Try to develop a habit of jotting down questions about your child's health or behavior at home. Bring this list with you to office visits to discuss with your healthcare provider. Most physicians welcome the opportunity to address your agenda, especially if your questions are not easily answered by reading or talking with other mothers.

If at all possible, both the mother and father should go to these visits. Most physicians prefer to get to know both parents during a checkup rather than during the crisis of an acute illness.

If you think your newborn starts to look or act sick between the routine visits, be sure to call your child's healthcare provider for help.



## Jaundice of the Newborn: Brief Version

### What is jaundice?

Jaundice is when your new baby has yellow looking skin. The whites of your baby's eyes may be yellow.

This happens for these reasons:

- **Normal jaundice.** The baby's liver just isn't ready yet to get rid of the yellow pigment called bilirubin on its own. This type of jaundice starts when the baby is 2 or 3 days old. It goes away by the time your baby is 2 weeks old. This happens in about half of all babies.
- **Breast-feeding jaundice** happens when your baby does not drink enough breast milk.
- **Breast-milk jaundice** does not happen very often. It happens when the mother's milk has a certain substance that causes jaundice. It starts when the baby is 4 to 7 days old. It may last 3 to 10 weeks.
- **Rh or ABO problems.** This is a serious type of jaundice. It most often starts the first day of life.

### How can I help my baby with breast-feeding or breast-milk jaundice?

Breast-feed more often. This can help lower the bilirubin.

- Nurse your baby every 1-and-1/2 to 2-and-1/2 hours.
- If your baby sleeps more than 4 hours at night, awaken him for a feeding.

### Call your baby's doctor right away if:

- You think your baby is not getting enough fluid.
- Your baby has jaundice during the first 24 hours of life.
- Your baby looks deep yellow or orange.
- Your baby hasn't urinated in more than 8 hours.
- Your baby gets a fever.
- Your baby also starts to look or act sick.

### Call your baby's doctor during office hours if:

- Your baby looks deep yellow or orange.
- Your baby is not getting enough milk or gaining weight well.
- Your baby has fewer than three good-sized BMs per day.
- Your baby has fewer than six wet diapers per day.

- The jaundice is not gone by day 14.
- You have other concerns or questions.

Written by Barton D. Schmitt, MD, author of "My Child Is Sick", American Academy of Pediatrics Books.

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*This content is reviewed periodically and is subject to change as new health information becomes available. The information is intended to inform and educate and is not a replacement for medical evaluation, advice, diagnosis or treatment by a healthcare professional.*

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# Herrin Pediatric Clinic

## Recommended Reading List

### 1. General Infant & Child Healthcare

- a. Focus on the Family: Complete Book of Baby and Child Care :From pre-birth through teen years (Tyndale Publishing Co.)
- b. What to Expect in the First Year, 2<sup>nd</sup> Edition and What to Expect in the Toddler Years by Heidi Murkoff, Sandee Hathaway, & Arlene Eisenberg (Workman Publishing Co. 2003)
- c. The Highly Healthy Child by Walt Larimore, M. D. with Stephen and Amanda Sorenson (Zondervan, 2004) [www.highlyhealthy.net](http://www.highlyhealthy.net)
- d. First-Time Mom: Getting Off on the Right Foot – From Birth to First Grade by Dr. Kevin Leman, PhD. (Tyndale, 2004)
- e. Baby 411: Clear Answers & Smart Advice for Your Baby's First Year by Dr. Ari Brown, M.D. and Denise Fields (Windsor Peak Press, 2004) [www.baby411.com](http://www.baby411.com)
- f. God's Design for the Healthy Child by Walt Larimore, M.D. with Stephen and Amanda Sorenson (Zondervan, 2004) [www.highlyhealthy.net](http://www.highlyhealthy.net)
- g. God's Design for the Highly Healthy Teen by Walt Larimor, M.D. with Mike Yorkey (Zondervan, 2004) [www.highlyhealthy.net](http://www.highlyhealthy.net)

### 2. Breast-Feeding & Nutrition

- a. The Complete Book of Breastfeeding by Marvin Eiger, M.D. and Sally Wendclos-Olds
- b. American Academy of Pediatrics: Guide to Your Child's Nutrition – The Official Complete Home Reference Edited by William Dietz, M.D., PhD, FAAP & Loraine Stern, M.D., FAAP
- c. Fit Kids: A Practical Guide to Raising Active & Healthy Children – From Birth to Teens by Mary L. Gavin, etal (DK Publishing Inc. 2004) [www.Kidsheath.org](http://www.Kidsheath.org)



# Herrin Pediatrics Recommended Internet Sites

[www.herrinpediatricclinic.com](http://www.herrinpediatricclinic.com)

## *Pregnancy and Newborn Care*

March of Dimes

[www.marchofdimes.com/pnhec/pnhec.asp](http://www.marchofdimes.com/pnhec/pnhec.asp)

American Academy of Pediatrics

[www.aap.org/](http://www.aap.org/)

[www.healthychildren.org](http://www.healthychildren.org)

Kids' Health

[www.kidshealth.org](http://www.kidshealth.org)

Texas Children's Hospital

[www.texaschildrens.org/parents](http://www.texaschildrens.org/parents)

## *Breastfeeding*

[www.breastfeeding.com](http://www.breastfeeding.com)

[www.ibreastfeeding.com](http://www.ibreastfeeding.com)

[www.breastmilkcounts.com](http://www.breastmilkcounts.com)

L.a Leche League

[www.Llli.org](http://www.Llli.org)

Infant feeding and Nutrition

[WWW.infantformula.org/for-parents](http://WWW.infantformula.org/for-parents)

## *Car Seat Information*

[www.healthychildren.org](http://www.healthychildren.org)

[www.dps.texas.gov/director-staff/public-information/carseat.htm](http://www.dps.texas.gov/director-staff/public-information/carseat.htm)

[www.nhtsa.gov/equipment/carseats-and-booster-seats](http://www.nhtsa.gov/equipment/carseats-and-booster-seats)

## *Family and Parenting*

Focus on the Family

[www.focusonthefamily.com/parents.aspx](http://www.focusonthefamily.com/parents.aspx)

## *Vaccine and Immunization*

National Network for Immunization  
Information

[www.immunizationinfo.org](http://www.immunizationinfo.org)

National Institute of Health

[www.nih.gov/icd](http://www.nih.gov/icd)

Vaccine Education Center at

Children's Hospital of Philadelphia

[www.vaccine.chop.edu](http://www.vaccine.chop.edu)