

CONGRATULATIONS ON THE BIRTH OF YOUR NEW BABY!

Thank you for choosing one of the physicians of Pediatrics East, Inc. to care for your newest family member.

All of our doctors are pediatricians who specialize in the health care of children from birth through adolescence.

You and your baby are very important to us. We want to do all that we can to make this experience of having a newborn as joyful as possible. We also want to do all that we can to help you through all the exciting (and difficult) experiences of raising a baby. We have provided this booklet to assist you in understanding more about your newborn. Please, let us know if you have any questions about your child, this booklet or our practice.

THE PHYSICIANS OF PEDIATRICS EAST

Are pleased to let you know that we have a

Lactation Consultant

On our staff for your breastfeeding concerns.

You may reach

Cindy Earle, RN, IBCLC, Lactation Consultant

By calling the appointment line at (901) 757-3535.

We urge all breastfeeding mothers to

Schedule an office visit with our lactation consultant

3-6 days after delivery.

APPEARANCE AND CARE OF YOUR NEWBORN

Most new parents are totally unprepared for how their new baby will look after birth. They picture a round, rosy cheeked, smooth and curly-headed baby. This, however, is not the description of the usual newborn. Most newborns have lumps, bumps, bruises, wrinkles and other things that may be a bit alarming if you do not expect them. Some characteristics of normal newborns may be alarming to their parents but are not signs of illness. These include chin trembling, lip quivering, passing rectal gas, noisy breathing without restlessness, sneezing, spitting up, belching, straining with bowel movements and brief trembling of the extremities. Even irregular breathing can be normal if it is not accompanied by restlessness, bluish discoloration, breathing pauses longer than 10 seconds or a breathing rate more than 60 breaths per minute. Most of these behaviors will disappear in 2 to 3 months.

Care of the Eyes, Nose, Mouth and Ears:

No special care of the eyes, nose, mouth, or ears is indicated. Yellow drainage from both eyes sometimes accompanied by redness or swelling may occur during the first five to seven days of life. This is secondary to eye drops administered in the hospital. If there is excessive drainage and redness of the eyelids, contact your physician.

Wax-like secretions (cerumen) from the ear can be wiped easily from the outer ear with a cotton swab. Soap and water on a wash cloth may be used to clean the ear. Do not attempt to clean the ear by inserting a Q-tip into the ear canal.

All infants sneeze. Excessive nasal secretions should be cleaned with gentle aspiration by the rubber ear bulb syringe. Be sure to clean the bulb syringe daily with soap and hot water and rinse well. Should white plaques develop on your baby's cheeks and gums which resemble milk curds, call the office. This could be thrush which is easily treatable. White plaques confined only to the tongue are usually not thrush.

Care of the Scalp:

It is normal for newborns to have white dandruff-like flakes on their scalps. The flakes are old skin being shed and is not a dry scalp condition. Do not use oils, lotions or Vaseline. This will only paste the flakes to the scalp and make the condition worse.

Thick yellowish scales are called cradle cap, a very common condition in infants. It, too, is associated with old, dead skin and is only made worse by oils and lotions. You can treat cradle cap by removing scales with a soft brush and washing with a dandruff shampoo, such as Sebulex, daily for one to two weeks. If the condition persists, gets red and irritated or spreads, see your physician.

A newborn baby's head appears large in proportion to the rest of his body. The suture lines or spaces between the skull bones may feel very wide, or they may override, causing ridges. There are two soft spots—one on the top of the head near the forehead, and one near the back and middle of the skull. These allow for brain growth. Don't be afraid of the soft spots. You can touch, comb, and shampoo these areas with no danger to the baby.

Care of the Navel:

Until the navel is completely healed (usually at two or three weeks of age) it should be moistened 3 to 4 times a day with alcohol. Pull the skin away from the umbilical cord to ensure that the alcohol gets deep into the base of the cord. Try not to allow the diaper to cover the cord, as good ventilation will hasten its separation. Some yellow discharge is normal. Should there be large amounts of a yellowish discharge or bleeding, your

physician should be advised. A scant spotting of blood from the navel just before and for a few days after the cord comes off is to be expected.

Care of the Penis:

Circumcision is a common operation in which the foreskin of the penis is removed. Following the operation, a Vaseline gauze will be applied. Wash the circumcision with water and apply Neosporin ointment or Vaseline with each diaper change until the area is healed. This takes about 10 to 14 days. Report any increased drainage, redness or swelling, bleeding or foul odor to your physician.

Care of Uncircumcised Penis:

In the first few months the baby's uncircumcised penis should be cleaned with soap and water along with the rest of the diaper area. Initially, the foreskin is attached to the head of the penis by tissue, and you should not try to retract it. Your physician will tell you when the foreskin has separated and can be retracted safely. This will not be for several months to years. After this separation occurs, you should retract the foreskin to cleanse underneath the end of the penis.

Care of the Vaginal Opening:

Female infants usually have a creamy, white mucus discharge from the vaginal opening. It is not necessary to completely clean this discharge away from the skin between the labia every diaper change unless it becomes stained with feces. By keeping the area between the labia clean at least once daily, you will reduce the chance of the baby contracting a urinary tract infection. Some female infants may bleed from the vagina in the first two weeks. This is no cause for alarm. It usually lasts for about one day.

Care of the Diaper Area:

With each change of the diaper, the underlying area should be gently sponged using a soft cloth and water or a baby wipe. After drying, a moisture repelling ointment may be applied such as A & D ointment, Balmex, Zinc Oxide or Desitin, but usually is not necessary. Diaper rashes in infants under the age of 2 months should be seen and evaluated by your physician for yeast or bacterial infection.

Care of Newborn Skin:

Normal newborn skin often peels, but usually does not require any ointments or creams. Oils and greasy ointments block sweat glands and may cause a rash. If the skin becomes

excessively dry or cracked, a baby lotion or moisturizing cream may be applied sparingly twice a day.

Almost all babies have some breast swelling which is due to hormone changes. This swelling will resolve and no special attention is necessary.

Jaundice is a term used to describe a yellow color of the baby's skin. It usually appears on the second or third day of life in a full term baby, decreases after a week, and disappears within two weeks. In most instances the jaundice is slight and can be ignored. Sometimes the jaundice becomes severe enough to require a blood test on one or more occasions. If you have any concerns about the color of your baby's skin, call the office.

Bathing:

The baby may be given a sponge bath daily, or every other day, using a mild soap such as Dove, Cetaphil, White Camay or Johnson's Baby Soap. It is best to sponge bathe until the umbilicus and circumcision are well healed, usually about two weeks of age. Baby's face and scalp should be washed with one of the above soaps or water alone. Powders and oils are not necessary.

GENERAL ADVICE

1. **USING A CAR SEAT:** Each time your baby rides in a car or truck, he must be secured in a car seat. Using a car seat is required by state law and makes travel much safer for your baby. The back seat is the preferred location for your car seat. If your car is equipped with a passenger side air bag, the car seat must be in the rear seat of the car.

The healthy newborn infant can tolerate travel as long as the baby's routine is not too greatly disturbed. We prefer that you not take your baby to places where there are large crowds (malls, restaurants, nurseries) during the baby's first 2 months of life. This is to avoid contact with people with infectious illnesses. You can take your baby out for "walks"; just dress him appropriately for the weather.

2. **VISITORS:** The main limitation on the number of visitors is how you and your baby feel. If you are tired, limit the number of visitors. Limit visits of children under four years of age to brothers and sisters. Avoid visitors with cold symptoms. Make visitors wash their hands prior to holding the new baby.
3. **SMOKING:** There is now clear medical evidence that cigarette smoke in the air is harmful to your infant's lungs and predisposes infants and children to ear infections. Therefore, no one should smoke in the same house or car with

your baby. In houses with a central heating and air conditioning system, smoke is evenly distributed to all rooms in the house.

4. **ROOM TEMPERATURE:** If you are comfortable in summer dress, the baby will be comfortable with light covering. On cold days, check frequently to see that your baby is covered enough to be warm and comfortable. Keep room temperature 70 to 75 degrees.
5. **CLOTHING:** Clothing and bed-clothing are a matter of common sense. Dress your baby as you would yourself according to the temperature. Some babies are allergic to certain materials, so watch for rashes in clothing contact areas. Do not use wool.
6. **TEMPERATURE:** The simplest and most accurate way to take a baby's temperature is rectally. First, lubricate the bulb of the thermometer with petroleum jelly. Place the baby on his/her tummy. With your thumb and index finger, spread the baby's buttocks and insert the tip of thermometer with your free hand. Remove the thermometer after one minute, or if using a digital thermometer remove it when it beeps. We do not recommend the use of an ear scanning type of thermometer for newborns and infants. If your child is 2 months or younger and has a rectal temperature of 100.4 or higher, call the pediatrician immediately (day or night). You may need to notify the doctor if your child is between 2 to 6 months and has a temperature greater than 101, or is older than 6 months and has a temperature greater than 102.5 rectally. An elevated temperature indicates an infection in the body.
7. **SLEEP:** During the first 10 to 14 days most newborns will sleep more than they do anything else (as much as 18 to 22 hours a day). Some babies, on the other hand, are awake for longer periods of time with no apparent problems. In either case, it is best to allow your child to determine the amount of sleep wanted and needed.

The American Academy of Pediatrics now recommends that infants be placed on their backs or sides when sleeping. These positions have been shown to reduce the risk of SIDS (Sudden Infant Death Syndrome) in infants. When positioning your infant on the side, place a rolled blanket behind the back to keep him/her in place. Never use a pillow in the infant's bassinet or crib.

Babies may start sleeping through the night around 2 to 4 months of age or when they have reached about 12 to 15 pounds of weight. Some babies start sooner. You may have heard that starting solid food will make a baby sleep through the night. There is no evidence that this is true.

We recommend that you do not routinely hold or rock your baby until he/she falls asleep. You should put the baby down when sleepy and allow him/her to fall asleep alone. This will allow the baby to learn to go to sleep without

stimulation; therefore, should the baby wake up at night, he/she may go back to sleep without your assistance.

8. **SIBLINGS:** A new baby in the family can be a stressful event for the older children. This stress cannot be completely avoided, but there are some things you can do to ease this stress as much as possible. If permitted, have your older children visit you and the baby in the hospital. Talk with the older children on the phone while you are hospitalized. Upon coming home with your new baby, have someone else carry the baby into the house. This allows you to be free to warmly greet the older children and vice versa. Remember, the new baby will be receiving many gifts. Let the older children help you with the baby as much as they would like to (within reason), but **DON'T** force the interaction. Set aside time to spend with the other children that will not be interrupted by the baby. This reinforces the older children's position and importance within the family unit. These suggestions should help your other children accept this baby. We will discuss rivalry problems with you.
9. **PETS:** If you have pets, do not leave your pet and the baby alone in the same room. This includes situations where your pet may be able to get to your baby without your knowledge. This is for the safety of both your baby and your pet. Your pet may become jealous just as an older child might.
10. **BOWEL MOVEMENTS:** Each baby's stool pattern is different. Your baby may have a stool after each feeding or may not have a stool for several days. Your baby may also strain, turn red in the face, grunt or cry when having a stool. This is all normal as long as the stool is soft. A breast fed baby's stool is usually very loose and can vary in frequency from once every 3 days to 8 to 10 a day.
11. **COLIC:** Colic is a self-limiting problem of newborn infants. The cause is unknown, but it usually clears before the 3rd or 4th month of life. The infant with colic may have cramping abdominal pain and may cry for long periods of time, usually starting in the early evenings. The infant will draw up his legs, chew on his fist and act hungry. Infants with colic have a great deal of gas. Crying may be upsetting to parents, but constant handling will only prolong the period of colic. There is no cure for colic. Some medication or change in feeding may be suggested by your physician to help your infant rest. Make calls concerning this during office hours, please.
12. **P.K.U. TEST:** By state law, every infant in Tennessee must be screened for Phenylketonuria, hypothyroidism, sickle cell disease and Galactosemia. These are rare but treatable conditions which can occur in otherwise normal appearing infants. With proper early treatment, the serious lifelong problems caused by these illnesses can be controlled. These tests will be done before the baby is discharged from the hospital. The tests are done at a state lab in Nashville, and negative (or normal) results are mailed to our office in several

weeks. If any of these tests are abnormal, either the state lab or we will notify you immediately.

FEEDING INFORMATION AND INSTRUCTIONS

Initially, most newborns have little appetite. Babies are born with a small amount of extra fluid in their bodies, which is lost in the first few days, and helps them to tolerate smaller fluid intake during that time. During the first days of life, infants generally lose 4 to 10 ounces; breast-fed babies may lose a little more. Most babies regain this lost weight by 10 to 14 days of age.

Your new baby may cry as though asking to be fed as often as every 2 ½ hours. Keep in mind that your baby does not need to be fed every time he or she cries. Consistent crying at short intervals may mean more milk is needed at each feeding, or your baby may be uncomfortable from soiled or wet diapers, colic, swallowed air or an environment that is too hot or too cold. If your baby cries at less than 2 hours, rocking or using a pacifier may help extend times between feedings. It is best not to get into the habit of offering frequent small feedings to please a fussy baby. So before you offer the breast or bottle, be sure your baby is not crying for some reason unrelated to hunger.

Your baby should not be allowed to sleep more than 4 hours during the day without feeding. Otherwise, there is a risk that baby will reverse day and night and feed at night rather than during the day. Unless your child is under 6 pounds it is not necessary to awaken him at night for feedings. Make nighttime feedings brief and boring. Feed quickly and quietly and do not stimulate the baby.

Breastfeeding:

The first few days of nursing will be a time of learning for you and your baby. Neither of you may accomplish a lot on your first few tries. A clear or yellowish fluid called colostrum that is extra rich in nutrients will come from your breasts. Although the amount will be small, it is close to what your newborn's stomach can hold. At first your new baby may nurse often, eight or more times in 24 hours.

To begin breastfeeding, rinse your nipples with plain water, then dry them gently. Nurse from both breasts at each feeding. As long as you are holding your baby in the correct position and nursing is comfortable, there is no need to limit the time your baby nurses at each breast. Generally, 20 minutes of breastfeeding is sufficient. At the next feeding, begin at the breast where the last feeding was completed. Some mothers pin a safety pin to their bra on the side last used to remind themselves where to start the next time.

If you have trouble with sore nipples, make sure your baby has "latched on" correctly. Also, start nursing on the side that bothers you least. If you need to skip any feedings due

to sore breasts, express your milk by hand or with a pump at the baby's regular feeding times so you will maintain your milk supply.

Mothers with colds or minor illnesses may continue to breastfeed their babies. Medications taken by a mother can pass into breast milk. Examples are sedatives, tranquilizing agents, mood-altering drugs, laxatives, and antibiotics. If you are breastfeeding, please check with our office before taking any medications.

As a nursing mother you will need to eat a balanced diet that contains 500 to 600 calories more per day than the diet you needed before pregnancy. Your daily food intake should contain a lot of protein foods and at least one quart of milk; these foods provide you with enough calcium for both you and your baby. If you are unable to drink milk or eat high-calcium foods, ask your doctor to recommend a calcium supplement. If your baby seems fussy, markedly reduce your milk intake.

Foods in your diet may have a disturbing effect on the baby. Certain foods such as tomatoes, onions, garlic, broccoli, cabbage, Brussel sprouts, cauliflower, chocolate, and spicy foods can cause loose stools, colic, or excess gas. If your baby has any of these symptoms, review your diet for the previous 24 hours and eliminate foods on the above list and see if it helps.

If you are having trouble breastfeeding and would like assistance, please call our office for references and suggestions.

Formula Feeding:

You should sit upright in a comfortable chair and hold the baby in your arms in a semi-upright position to feed. When the baby appears satisfied, put him/her on your shoulder and gently pat his/her back just below the shoulder blades until he/she burps well. Then offer the formula again. This should be repeated as often as necessary throughout the meal until the baby is full and will take no more. Initially, we suggest that you put 2 to 3 ounces of formula in each bottle. You will need to increase this amount as necessary to satisfy the baby. Do not start your baby on any solid foods until instructed by your physician.

The nursery personnel will tell you which formula your pediatrician recommends for your baby.

In this modern age, using sterile canned formula preparations and water from Public Health supervised community sources, we do not feel that sterilization is necessary. Bottles, nipples, and etc. may be adequately washed by hand or in dishwashers.

Water may be offered two to three times a day between feedings especially in warm weather. Do not be concerned if this is refused because water is in the milk – both formula and breast milk. If you are breastfeeding, hold off giving water until your milk

supply is established unless you are outside in very hot weather. Water need not be sterilized unless it's "well" water.

VITAMINS AND FLUORIDE

Vitamins are not necessary at first, and their use will be discussed at your baby's initial office check-up.

In cities where fluoride is added to the water systems, it is better to mix formula, rather than using Ready to Feed, so that fluoride will be supplied for the development of your baby's teeth. If you do not have fluoride in your drinking water, it will need to be started at 6 months of age.

NEWBORN ILLNESSES

Below are possible warning signs of illness. If your infant has one or more of these symptoms, it does not necessarily mean a severe illness is present. However, it could; therefore, please call the office if you note any of the following:

- x Temperature of 100.4 rectally in any baby less than 2 months of age. Remember we prefer a true rectal thermometer in place of an ear thermometer.
- x Vomiting, not just spitting up.
- x No energy, poor suck or refusal to eat.
- x Diarrhea, especially if there is mucus or blood present in the stool.
- x Hard crying with no obvious cause.
- x Unusual rash.

GENERAL INFORMATION

First office visit is at 2 weeks of age. Please call the appointment line, 757-3535, to make an appointment for all office visits during the week. For your convenience and to aid in separating well children from those who may be contagious, we prefer to schedule well child check-up between 9:00 – 10:30 AM and 2:00 – 3:00 PM Monday-Friday. In addition, some physicians also do well-baby check-ups on Saturdays, from 9:00 – 10:00 AM.

OFFICE HOURS

We are open 7 days a week to serve you!

Weekdays: 9:00 AM – 5:00 PM (all offices)

All offices are open from 8:00 AM – 8:45 AM Monday - Friday as a walk-in clinic for sick children.

The 2002 Exeter office is open from 6:00 PM – 8:00 PM Monday - Thursday by appointment only. Call 757-3570 after 5 PM to make an appointment.

The Cordova office is open Saturday for sick children only from 8:40 AM – 12 noon by appointment only. Call 754-9600 after 8 AM to make an appointment.

The Cordova office is open Sunday for sick children only from 8:40 AM – 12 noon by appointment only. Call 754-9600 after 8 AM to make an appointment.

* * There is an extra charge for visits in the early morning, evening, and weekend clinics.

NURSE CALL CENTER

Please call (901) 757-3535 during routine office hours Monday – Friday with questions that are not emergent in nature (colic, diaper rash, feeding, teething, etc.). After regular office hours, call our doctor's exchange (937-6140). A nurse will return your call(s) after hours. One of our physicians is always on call, and will assist the nurse in meeting your needs if required. If you feel that your child's condition represents an emergency, call 911 or take your child to the nearest hospital emergency room.

DOCTORS DAYS OFF

Dr. Chatham	Tuesday
Dr. Irwin	Wednesday
Dr. McClain – Smith	Tuesday
Dr. Fesmire	Friday
Dr. Hayes	Monday afternoon, Tuesday morning
Dr. Edwards	Friday
Dr. Aguillard	Mon-Thurs & Friday
Dr. Scott	Friday
Dr. Senter	Friday
Dr. Benaim	Wednesday
Dr. Newman	Thursday
Dr. Hussain	Tuesday and Thursday
Dr. Higginbotham	Wednesday
Dr. Owen	Thursday
Dr. Adams	Wednesday
Charles Bagley, PNP	Tuesday

IN CONCLUSION

This booklet will not answer every question you have about the first few weeks and months of your baby's life. We hope that it provides you with some useful guidelines and answers some basic questions. You will receive another booklet at your 2 week checkup, filled with suggestions and remedies for common childhood illnesses. There are several books available at any library or bookstore that may address your questions, such as:

The American Academy of Pediatrics – Caring for Your Baby and Young Child (Birth to Age 5) edited by Steven Sherbo, M.D. and Robert Hannemann, M.D., New York 1993 by Bantam Books.

What to Expect the First Year by Arlene Eisenberg published by Workman Publishing, New York.

The Womanly Art of Breastfeeding by La Leche League

The Ultimate Breastfeeding Book of Answers By Jack Newman, M.D.

We are here to serve you and are happy to provide any information you need. Please, do not hesitate to provide us feedback as well. We welcome your suggestions and comments.

Useful Websites:

www.breastfeedingonline.com

www.breastfeeding.com

www.drjaygordon.com

NOTICE TO ALL PARENTS

As you know, the cost of health care is of concern to all. We would like to avoid the necessity of any further increases in our fees. In addition to insurance, supplies, mailing and salaries, one of the major expenses in a medical office is bookkeeping and billing. In an effort to cut our cost and in turn, yours, we ask that all charges be paid when services are rendered. You will be given a receipt at the front desk for all payments which you should keep for your insurance and tax purposes.

You will receive a statement at the end of the month and for our charges for hospital care visits for your baby. These charges are separate from your hospital charges. Contact the business office as soon as possible to see if you have an insurance plan which Pediatrics East files.

As an added convenience to you, we now accept VISA, MASTER CARD, and DISCOVER.