

General Newborn Care

Your child is an individual from birth. Although you may obtain helpful information from friends, relatives, magazines, TV and the internet, it is not always accurate or relevant to your child. In view of this, let us help you with parenting and child rearing. Please feel free to ask your nurse or our staff for answers to all of your questions.

Temperament

This is the term we use to describe the basic personality tendencies that all babies have that differentiate them from other babies.

Temperament may or may not change with maturation, yet tendencies develop in the first year and often times do persist. It is important for you to understand that many of your baby's unique characteristics are things that they were probably born with and that one cannot necessarily change them.

Holding and Touch

Babies need lots of mothering and fathering when they are awake. We do not feel that young infants can be spoiled. Babies that are held more cry less. Talk to your baby in reassuring tones. Stay as calm as possible. If you are overly anxious your child will sense it.

Care of the Umbilical Cord

There is no special care of the umbilical cord. Normal healing occasionally creates a "mucky" look and might smell. If this happens, soak a cotton swab in water, squeeze out the excess water, and wipe away the wet sticky material that sometimes collects where the cord stump meets the skin. Dry the base of the cord. The cord typically comes off between 1-2 weeks of age. When it separates, there is often a small amount of bleeding, which should not concern you. The navel will dry up within a week after the cord falls off. If the area stays moist, fold the diaper back so that air can get to it.

Circumcision Care for Boys

If a Plastibell was used, a plastic rim will remain attached to the end of the penis for 5-7 days after the circumcision and then falls off. If the Gomco method is used, the foreskin is removed and there are no sutures or plastic in place. There will be mild redness, swelling and yellowish tissue at the site for several days, but infection is rare. Squeeze soapy water followed by clear water over the area to clean it. Do not retract the foreskin. Apply Vaseline to the head of the penis 3-4 times a day to prevent it from sticking to the diaper. Call us if you think the area is unusually red or swollen.

Bath

Never leave your child unattended in or near water.

Bathing about every 2-3 days is plenty. Daily baths are not necessary because over-washing breaks down natural skin oils. There is no need to use soap in the bath each time. Use a gentle shampoo for the hair. Baby lotions and powders are old-fashioned and generally should not be used.

It is fine to put your baby directly in water starting at birth. Fill a basin with about 2 inches of water that feels warm (not hot) to the inside of your wrist. Always support your baby's head with one hand. Wash the body starting at the face and progress to the toes. Wash the face and diaper area every day. Wash and dry baby girls' vaginal area from front to back, but it is not necessary to remove the mucous that may be present.

Breast enlargement is common for the first few weeks in both boys and girls. Do not rub or squeeze the enlarged breast. Use a Q-tip to clean the out ear, but never push it in the ear canal. Trim nails straight across with cuticle scissors or clippers.

Diaper Rash

All babies get at least a mild diaper rash from time to time. Keeping the bottom a little drier will help. A middle of the night diaper change makes a big difference. Zinc oxide (Desitin), Cetaphil Cleanser, Aquaphor ointment or other over the counter ointments work well. If a rash has been present several days, yeast may be present. Call our office for advice, especially if it looks "pimply". Use low alcohol wipes to clean stool from your baby's bottom to avoid breaking down the natural skin oils. Urine is relatively acid (like skin), so you may not need to use wipes during changing of a wet diaper. Just dab dry and get air to the skin before replacing the diaper.

Stooling Patterns

Babies should have a soft bowel movement on most days. During the first few weeks, breast fed babies usually have some stool in the diaper with each diaper change, but only 3-4 diapers each day contain a significant amount of stool. After 3-4 weeks of age, some breast fed babies go several days without stooling. As long as the stool is not hard, this is normal. They may even grunt and make a lot of noise while trying to pass stool, but the important thing is that the stools are soft and the baby is growing well.

Spitting Up and Vomiting

Spitting up and vomiting are different. Most babies spit up at least a little and this is usually not a problem if the baby is growing well, is not excessively fussy with arching of the back, and is not having frightening coughing or choking spells. Vomiting is described as a large amount of milk being forcefully expelled at one time with retching, and is most commonly due to over-feeding or too much handling after a feeding. Call the office if you have concerns about the severity or frequency of any of these types of symptoms or if your baby just acts ill.

Colic

Colic is traditionally described as inconsolable crying that may last for 3 or more hours and occurs most often in the early evening, usually when a baby is around 3 weeks to 3 months of age. Because parents are unable to calm the infant, everyone becomes quite frustrated. This type of crying is usually normal and may be related to temperament and other factors. There are, however, medical conditions that can cause this type of fussiness, such as gastro-esophageal reflux disease, milk soy protein intolerance, an overactive let down or excess foremilk in a breast fed baby, and a variety of other problems. Contact our office if you need help with an excessively fussy baby. If a medical diagnosis is made, treatment may be available. And there are various strategies you can use to try to calm a colicky baby.

Crying

All babies cry, and for many reasons. They might be hungry, cold, too warm, over-tired, over-stimulated, or "they're just in a bad mood." Maybe their clothing is pinching them or they just need love and cuddled. A certain amount of crying is good for your baby. You really can't spoil your child in the first few months of life. You will eventually figure out what causes most of these crying episodes, but sometimes infants simply cry for no apparent reason. But babies do have the ability to calm themselves.

PARENTS CAN HELP BABIES SELF-CALM

First and foremost, your baby's basic needs should be met. Make sure your baby is warm, dry, loved and not hungry. Also be sure your baby has established a pattern of steady weight gain with their feeding regimen, especially if they are breast fed. First, begin quieting your baby by talking gently to him, and then touch and massage him while you talk quietly. If he is still fussy, pick him up. We suggest that you allow two minutes for each of these steps. If he still does not calm down, then put him in the crib and allow him to cry for five or ten minutes before repeating the process. If you do this regularly,

as your baby gets older, he will eventually learn to quiet himself with minimal intervention, because he knows that you will help him quiet and calm down completely. Some babies need to cry for 10 or 15 minutes in order for them to get to sleep. Try to be as calm as possible yourself. If infants are over-stimulated, they may not be able to go to sleep and quiet themselves.

Sleeping

Keep the baby's room at a comfortable temperature (around 70 degrees) for the first few weeks. Do not over-dress your baby, particularly in the summertime. Dress your baby in about the same thickness/layers of clothing that you are comfortable in.

Some babies need night time feedings for a bit longer than others, especially breast fed babies. During the first 4 months or so, if your breast fed baby cries during the night, he's probably hungry. If he is gaining well, you can let him whimper briefly and see if he'll just fall back to sleep. Your baby should learn to fall asleep in his bed so you don't always have to rock him to sleep. It is best to lay your baby down for naps and at bedtime when he is drowsy, and then let him quiet himself to sleep. Understand that we all wake up several times each night, and we have learned to relax and go back to sleep. Babies must learn to do this also. Don't make them accustomed to seeing your face or being cuddled or rocked in order to get back to sleep. Six months of age is a great time to wean from the pacifier, because by now, most babies are sleeping through the night and can learn to fall back to sleep without a pacifier.

SAFE SLEEPING

The American Academy of Pediatrics has written a policy statement regarding safe sleeping environments for babies. Although bed-sharing rates are increasing in the United States for a number of reasons, including facilitation of breastfeeding, the Academy task force concludes that the evidence is growing that bed sharing, as practiced in the United States and other Western countries, is more hazardous than the infant sleeping on a separate sleep surface and, therefore, recommends that infants not bed share during sleep. The risk of SIDS has been shown to be reduced when the infant sleeps in the same room as the mother.

Infants may be brought into bed for nursing or comforting but should be returned to their own sleeping space when the parent is ready to return to sleep. The infant should not be in a bed with other children, or with a parent who is excessively tired or using medications or substances that could impair his or her alertness.

The Academy task force recommends that the infant's crib or bassinet be placed close to the parents' bed, which will allow for more convenient breastfeeding and contact. You might consider a "cosleeper" ie. an infant bed that attaches to the mother's bed. All cribs, bassinets, or cradles should conform to recommended safety standards.

Because it is very dangerous to sleep with an infant on a couch or armchair, no one should sleep with an infant on these surfaces.

HEALTHY FULL TERM BABIES SHOULD SLEEP ON THEIR BACKS unless your doctor tells you otherwise. Keep the baby's sheets drawn tight and do not have your child sleep on a sheepskin or other soft surface. Keep pillows and fluffy things away from newborns. Do not swaddle tightly. If your child spits a lot, is premature or has lung disease, talk to your doctor about proper sleep position.

For more information about safe sleeping, go to www.aap.org/healthtopics/Sleep.cfm.

Visitors and Illness

While we realize that you want to show off your baby, keep visitors to a minimum during the first few weeks, especially during cold and flu season. Ask people to wash their hands before holding your baby. If you or anyone in the home has a cold sore, do not kiss the baby and be very careful with hand washing. Premature babies are at high risk for hospitalization if they catch viruses. Avoid traveling great distances with your newborn. Contact your physician for further information.

Nasal Congestion

Babies noses may sound congested, particularly during the winter months when we heat our homes and the air is very dry. Cool mist or ultrasonic humidifiers help put moisture in the air. Humidifiers which produce hot steam may cause accidental burns.

If a "stuffy nose" seems to bother your baby's eating and sleeping, we recommend saline nose drops. Make your own by adding ¼ teaspoon of salt to 1 cup of water. Mix a fresh batch every four hours. You can also buy saline/salt water nose drops over-the-counter (AYR, OCEAN). To use them, simply lay baby on his back and put 2 to 4 drops in each nostril every 2 or 3 hours as needed. This can be done several times a day and is non-irritating to the nose. A nasal suction bulb can be used to suction secretions from the nose. Ask your doctor how to best do this. Cigarette smoke is very irritating to a baby's small airways so secondary smoke must be avoided, especially if the baby is ill.

Do you think your baby might be ill?

Follow the "eating and sleeping rule." If your baby is eating sleeping well, he's probably just fine. Realize that all babies spit up, burp, cough, sneeze, squeek, hiccup, etc., but if they are eating and sleeping well, you can just watch them. If you are worried, your baby "seems sick" or if your baby runs a temperature over 100.4 degrees (rectally) in the first two months of life, we want to be informed immediately. Temperatures normally run between 97.5 and 99 degrees. Please take temperatures rectally, since it is more accurate. You can take it under the arm first, but if when you add a degree it is nearing 100.4, recheck it in the rectum before you call the office for advice. If you don't feel comfortable taking a rectal temperature ask your nurse or physician to teach you. Tympanic (ear) thermometers are generally felt to be inaccurate in the first 15 months.

Sibling Rivalry

When a new baby comes home, busy parents may spend 25% less time with older children than before. Because of this, some children may regress and show signs of jealousy.

Allowing older siblings to participate in the baby's care gives them a sense of ownership and pride. Teach them to be gentle with the baby, especially if they will be close in age. To teach them this, "**catch them being good.**" Give them little jobs to help you with the baby, and then praise them and hug them for doing so.

Kids just want your attention, whether it is positive or negative attention. If you only give them attention by scolding them when they misbehave, then they will misbehave more often. If you give them attention by praising them when they act appropriately, then they will act good more often. This also teaches them which behaviors ARE good. The best positive attention to give is touches and hugs.

If your child is naughty, send them to time-out. Don't try to reason with them or over-explain things. Simply state what they have done wrong and promptly order a time-out. Time-outs are a way of removing attention from your child. If they get no attention for bad behavior, over time the bad behavior should decrease. For more information on discipline, we recommend the following 2 books:

1. Little People--Guidelines for Common Sense Child Rearing, by Ed Christopherson
2. Beyond Discipline--Guidelines for Common Sense Child Rearing, by Ed Christopherson

Use a car seat, it's the law.

Car seats lower the risk of injury in an auto accident by 90%. It's safest to have the child in a rear facing car seat in the back seat. Go to www.aap.org/family/carseatguide.htm for extensive information from the American Academy of Pediatrics.

Well Water and Fluoride

If your water supply is from a well, check the levels of fluoride, nitrates and bacterial count. If the fluoride level is low, we recommend fluoride vitamins after 6 months old. Proper levels of fluoride can cut the number of cavities in half. Lincoln's water supply contains fluoride, as do some of the surrounding communities. For more information on this topic, go to www.hhs.state.ne.us/dental/topics/waterfluoridation/h2ofacts-english.htm