

Roswell Pediatric Center P.C.

Guide to Newborn Care



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www.roswellpediatrics.com

Introduction

Congratulations on the birth of your baby and welcome to Roswell Pediatric Center. We are a group of Board Certified Pediatricians and Nurse Practitioners who specialize in the care of infants, children, and adolescents. We strive to provide the highest quality and comprehensive care for your child.

As a new parent, you probably have a mixture of emotions, ranging from excitement and joy to fear and concern. We want to help you feel comfortable and confident with your parenting skills by providing education and guidance.

This manual will assist you in finding answers to many of the common questions that parents of newborns frequently ask. We hope you find this material helpful.

Office Hours

Monday through Friday

8:30 am - 5:00 pm

Saturday

(Haynes Bridge location only)

8:00 am - 11:30 am

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Office Policies

Phone and Email Advice

Our triage staff is trained to handle many of your questions and will be happy to assist you. They can help you decide if your child needs to be seen in the office or if there is something you might try at home first. During office hours we have live triage staff to take your calls. However, if we are busy, we ask that you leave a message and we will return your call. If you do not receive a return call from us within a reasonable amount of time, please call us back. If your question requires the attention of a practitioner, one will call you back as soon as possible. Please visit our website for additional information.

After Hours

If you believe you have a life-threatening emergency, dial 911 or go to the nearest emergency room. For urgent medical concerns that cannot wait until our regular business hours, call our answering service at 770-751-0800. Please have a pharmacy number available when calling. If we feel that your child needs to be evaluated, we may refer you to Children's Health Care of Atlanta Urgent Care or the emergency room at Children's Healthcare of Atlanta (www.choa.org).

If your call is not returned in a reasonable amount of time, please call the service back and let them know this is the second time you have called.

Insurance

Babies are not automatically covered on insurance plans. Therefore, before your baby arrives we recommend that you check with your HR department or member services to see how your individual health plan works, and to begin the process of adding your baby to the insurance.

The following is helpful information about insurance and answers to some of our frequently asked insurance questions:

- always bring your insurance card to the office
- know your benefits and co-pay amount
- know your primary care physician (PCP)
- know the effective date of the current policy

Preparing For Your Baby's Arrival

The anticipation of having a child can be overwhelming. Being prepared before birth can alleviate some stress and concerns for your family. Here are some suggestions to help you get ready.

CPR

Infant CPR (cardio-pulmonary resuscitation) provides you with the skills needed to help your baby in the case of an emergency. We recommend that all caregivers (including grandparents and babysitters) get trained in CPR. Northside Hospital offers infant CPR classes. Go to <https://classes.northside.com> to register. If you are not able to take a full class (offered by hospitals, Red Cross, etc.), consider purchasing CPR Anytime (www.cpranytime.org). Endorsed by the American Academy of Pediatrics, this program is equipped with a 20-minute DVD and an infant mannequin and will help you be ready in case of an emergency.

Immunizations

For protection against the Flu and Pertussis (whooping cough), parents and caregivers should receive the Influenza vaccine (annually) and Tdap vaccine. Roswell Pediatrics can administer these for you at your infant's check-up.

Deciding About Circumcision

Current evidence indicates that the health benefits of newborn male circumcision outweigh the risks of the procedure. Specific benefits include prevention of urinary tract infections, penile cancer, and the transmission of some sexually transmitted infections, including HIV. It is ultimately up to the parents, however, to decide whether circumcision is in the best interest of their child.

Breastfeeding Classes

Northside Hospital's Woman's Center offers breastfeeding classes to give moms the peace of mind and readiness to start nursing their newborns. To register for either a live or an online class, go to <https://classes.northside.com>.

Car Seats

Infants should ride in rear-facing car seats at least until age 2. After age 2 child can change to forward facing when child is no longer sitting comfortably.

Baby Supplies We Recommend

The following items will be helpful to have at home for your baby's arrival:

- digital thermometer
- diapers
- baby wipes - fragrance free
- diaper ointments (Desitin Maximum Strength or A& D Ointment)
- petroleum jelly
- triple antibiotic ointment
- acetaminophen (Tylenol)
- simethicone drops (Mylicon, Lil Tummies)
- saline nose drops
- rubber nasal aspirator or Nosefrida SnotSucker
- pedialyte solution
- cool mist humidifier
- baby cleanser – fragrance free (such as Eucerin Baby Wash & Shampoo, Dove Baby tip to toe wash, Aveeno Baby Cleansing Therapy Moisturizing Wash)
- baby lotion – fragrance free (Eucerin, Cetaphil, Aquaphor)
- detergent for clothes – fragrance free (Tide Free, All Free and Clear)
- Vitamin D drops (such as D-Vi-Sol, Carlson, Baby D Drops)

Baby's Arrival

Prior to leaving the hospital, your baby will have several procedures to make sure he or she is healthy.

In The Delivery Room

The Apgar Scores

The Apgar test helps the physician estimate your baby's general condition at birth. The scores are taken twice: first at one minute (the "one-minute Apgar") and then at five minutes (the "five-minute Apgar"). The Apgar is scored between a zero and ten.

The APGAR assesses your baby's Appearance (color), Pulse (heart rate), Grimace (reaction to stimulation), Activity (tone), and Respiration rate.

Babies who endure difficult deliveries may have a low Apgar score at one minute (score less than five) and then spontaneously improve at five minutes (score greater than 7).

The Vitamin K Shot

All newborns receive an injection of Vitamin K shortly after delivery. Previously called "hemorrhagic disease of the newborn," Vitamin K Deficiency Bleeding (VKDB) is a relatively common (1/200) problem in newborns that can result in severe bleeding. The Vitamin K shot at birth prevents this disease.

Eye Drops

Infants will receive Erythromycin ointment in each eye shortly after birth. This prevents a variety of eye infections caused from exposure to germs during delivery.

Your Baby's Blood Type – Do they test it?

Your baby's blood type will be tested if the mother has O blood type or is RH negative. In these cases, blood type incompatibility in the baby (i.e. baby is A or B, or RH positive) can lead to problems with jaundice. Otherwise, blood types are not routinely tested in the hospital or our office.

In The Newborn Nursery

First Exam by Pediatrician

We have partnered with Neonatology Associates of Atlanta who will visit your baby to perform a newborn physical exam. This exam is a comprehensive evaluation of your baby's physical and neurological development and is performed in the newborn nursery. They also review prenatal history and the record of your baby's delivery. After the exam of your baby, they will visit with you, discuss your baby's health and answer all of your questions. They will reexamine your baby daily until you are discharged to go home. Upon discharge you will be given a packet of information that we need at your first visit with us.

Hepatitis B Vaccine

All babies should begin their vaccinations before leaving the hospital. The first recommended immunization is the hepatitis B vaccine, which is given as a shot in the baby's thigh. Your baby will receive the next series of vaccinations at 8 weeks old. See page 28 for more details about the vaccination schedule.

Hearing Test

All babies will have their hearing tested prior to discharge from the hospital. Hearing loss is the most frequent abnormality detected by newborn screening. To perform this screen, the hospitals and doctor's offices use the Otoacoustic Emissions (OAE). Using a small microphone and a special computer, this test measures a baby's response to sounds. Occasionally, babies do not pass their initial hearing screen. In these cases, a follow-up test will be performed by an audiologist. In most cases the follow-up test is normal.

Critical Congenital Heart Disease Screen

All newborns receive a routine pulse oximetry at 24 hours of age or later, or prior to discharge. An abnormal result will help to identify a possible critical congenital heart defect.

Georgia Newborn Screen

The Georgia Newborn Metabolic Screen tests for 35 inherited disorders that can cause disability or death. All of these disorders are treatable, and early detection can prevent adverse outcomes. Every baby should be screened after birth. The hospital will perform a heel stick before your baby's discharge to collect a few drops of blood, usually at 24-48 hours of age. A Georgia laboratory will process the specimen and send its result to our office. We will contact you when we receive the results. Please make sure that you identify Roswell Pediatric Center as your provider home so the screen results will be sent to our office.

Does a positive screening test always mean that your baby has a serious disease?

No! There are several different causes for false-positive tests. Any baby with a positive metabolic screening test should have this test repeated immediately. Most babies will have a normal test when it is repeated.

How will you know if your baby needs retesting?

The state laboratory reports all abnormal tests to your doctor and the local health department. If your baby's first test is abnormal or not properly collected, you will be contacted to have your baby retested.

Your Baby's First Week At Home

Fever

If your baby is two months or younger and has a rectal temperature of 100.4 degrees Fahrenheit (38 degrees Celsius) or higher, call your pediatrician immediately. The doctor will need to examine your baby to rule out any serious infection or disease. Do not give Tylenol until the fever is verified at the office or hospital.

Jaundice

Many normal, healthy infants develop a yellowish tinge to their skin in the first days of life. This condition, called “physiologic jaundice,” is a sign that the blood contains an excess of bilirubin. Bilirubin is a chemical released during the normal breakdown of old red blood cells. Everyone’s blood contains small amounts of bilirubin, but newborns tend to have higher levels since their immature livers have trouble processing or breaking down the additional bilirubin that exists.

As bilirubin levels rise above normal, jaundice will appear first on the face, then on the chest and abdomen, and finally on the legs. Mild jaundice will usually subside without treatment. If the bilirubin level is extremely high and does not decline, there is a risk to the nervous system. Your doctor will order blood tests to determine the cause and may recommend treatment with phototherapy.

Red Flags of Abnormal Jaundice

The following are a few indications that jaundice might be concerning:

- jaundice is seen in the first 24 hours of life
- jaundice persists more than five days of life
- level of jaundice is visible below the belly button

The Crying Infant

A crying baby is challenging and concerning for all parents. As long as your baby is well-loved, well-fed, warm, and comfortable, you can be assured that you are giving excellent care. It is easy to forget that crying is one of the few ways a baby has to communicate. Crying is your baby's way of saying, "I'm hungry," "I'm wet," "I'm cold," or even "I'm just plain bored." As you get to know your baby, you will begin to understand what is causing your baby to cry and how to soothe him. Soon you will be able to tell the difference between a hungry, bored, hurt, or even angry cry.

The Most Common Causes of Crying

- hunger
- overstimulation
- boredom
- temperature too hot or cold
- soiled diaper
- signs of illness
- clothes too tight

How To Calm Your Baby

- offer a feeding if the last feeding was more than two hours ago
- attempt to burp your baby
- offer a pacifier
- change diaper if soiled
- check temperature in room
- check that diaper or clothing is not constricting
- swaddle infant in a blanket
- cuddle
- turn off all lights and sounds
- place baby in swing, crib rocker, sling or front pack
- talk or sing
- turn on music or heart beat simulator
- walk with baby in your arms
- car or stroller ride
- put baby in crib and allow to cry and fuss for a brief period

RELAX! Your baby can tell when you are tense and will often also become tense and cry.

Breastfeeding

The American Academy of Pediatrics (AAP) and the World Health Organization recommend exclusive breastfeeding for the first six months of life. The AAP also suggests that women try to breastfeed for the first 12 months of life because of the benefits to both the mother and baby.

Although the ideal goal is to breastfeed for at least the first year, your baby will benefit from whatever amount of breast milk he receives, even if just for a few weeks. Since breastfeeding may not be the best choice for all mothers and babies, feeding your baby with formula is another satisfactory alternative.

Benefits of Breast milk and Breastfeeding

Benefits For Baby

- decreases the incidence of SIDS
- decreases respiratory and diarrheal disease
- reduces ear infections
- decreases the likelihood of obesity later in childhood

Benefits For Mother

- aids in weight loss
- decreases the risk of osteoporosis
- reduces risk of breast, uterine, endometrial and ovarian cancer
- economic savings of over \$2000 per year in cost of formula

Getting Started

Good positioning and latch-on are the keys to successful breastfeeding

To feed the baby, turn her body chest to chest with mom. Support your breast with one hand and the base of the baby's head with the other hand. Place the nipple at her lip, and then stroke her lips with the nipple to prompt her to open wide. Next, gently, but quickly pull her towards the nipple to help her latch onto as much of the areola (the darker area around the nipple) as possible. The baby's chin should be tucked into the breast while the tip of the baby's nose should be just touching the breast.

Be Calm, Comfortable, and Close

Stay as relaxed as you can. A nursing pillow may be used to help support the baby. Several nursing positions may be useful: holding the baby under your arm like a football, placing the baby across your body, or laying the baby on top or next to you.

Breastfeeding should not be painful. Make sure the baby is latched onto as much of the areola as possible. If the latch is causing a lot of pain, break the suction by placing a finger in the baby's mouth, then retry. Once the baby has a good latch, feeding should proceed without pain.

Signs of an effective latch-on

- all of the nipple and as much of the areola as possible in baby's mouth
- lips flanged or turned out
- baby stays on breast
- absence of pain
- the baby displays signs of swallowing (long jaw motions)

Colostrum and Mature Milk

Commonly called "liquid gold," colostrum is the first milk your baby receives. It is a yellow to clear colored liquid that provides protective antibodies and multiple other benefits. After 48 – 72 hours, your milk will begin to change and increase in quantity.

How often should you breast feed?

The more often a newborn feeds, the quicker the supply of breast milk will come in. Breast milk production is related to supply and demand.

Before your milk supply in established

- Normal routine
A healthy newborn should feed 8-12 times per day. Feedings are approximately every 2 or 3 hours with one 4 to 5 hour stretch, hopefully at night. Each feeding is often 10 – 15 minutes per breast.
- Waking your baby
During the first few days to weeks, it is important to wake and feed your baby every 3 hours during the night to help establish a good milk supply. Once your infant is above the birth weight, this is no longer necessary.

After your milk supply is established– Breastfeeding “On-Demand”

It is ok to feed “on demand” when your milk supply is established, your baby is having wet and dirty diapers, and has become an expert at feeding. Become attuned to your baby’s hunger cues, but try not to let him sleep more than 3-4 hours during the day without feeding, or you might create a “night owl.” In time, your baby will take a 4-5 hour stretch at night. As long as your baby has started to gain weight, this is OK!

Methods to wake your baby include:

- undressing baby down to the diaper
- changing the diaper
- rubbing his toes or back
- placing a cool wet cloth behind his neck
- holding your baby upright

Clues that your baby is hungry:

- increased alertness, rooting around the breast, sticking his tongue out, sucking on hands, or opening and closing the mouth
- crying or fussing is a late sign of hunger

What are signs your baby is receiving milk?

- hearing the milk being swallowed (sounds like a soft “k”) or a “suck-pause-suck” during feeds
- breasts feeling less full after feeding
- baby seems content between feedings
- baby eating every 2 to 3 hours

How many wet diapers are signs my baby is feeding well?

- First Day of Life: at least one wet diaper
- Days 2 or 3 of Life: at least three wet diapers
- After 4 or 5 days of Life: at least six diapers every day, with clear colorless urine

Note: In the first few days, infants urinate small amounts, making it difficult to detect in the absorbent diapers.

How many dirty diapers are signs my baby is feeding well?

- The first few days after birth your baby’s stools are a sticky, black substance called meconium.
- Stool will become runny and seedy, and change to a mustard color once milk volume increases.
- By day 5, there should be 3 to 4 stools per day.
- After the first month, some breastfed infants will stool only once every 5-7 days! This is NOT constipation unless the stools are difficult to pass.

Weight Gain and Loss

Expect your baby to have an initial weight loss before regaining her birth weight by 2 weeks of age. Many babies will lose up to 7% of their body weight in the first week of life. Your healthcare provider will see your baby in the office 3-5 days after birth to check the baby’s weight.

Storage of Breast Milk

Use BPA free breast milk storage bags or clean food-grade containers with tight fitting lids made of glass or plastic to store expressed breast milk.

	Storage Location and Temperatures		
Type of Breast Milk	Countertop 77°F (25°C) or colder (room temperature)	Refrigerator 40°F (4°C)	Freezer 0°F (-18°C) or colder
Freshly Expressed or Pumped	Up to 4 Hours	Up to 4 Days	Within 6 months is best Up to 12 months is acceptable
Thawed, Previously Frozen	1–2 Hours	Up to 1 Day (24 hours)	NEVER refreeze human milk after it has been thawed
Leftover from a Feeding (baby did not finish the bottle)	Use within 2 hours after the baby is finished feeding		

Source: CDC

Thawing or Warming Breast Milk

- Thaw or warm milk by placing under warm tap water.
- DO NOT MICROWAVE bottles of milk.
- Thawed milk must be used within 24 hours or discarded. Do not refreeze milk or save an unfinished bottle for another feeding.

Maternal Diet

It is a common misconception that a breastfed baby will become sensitive to many of the foods a mother eats. There is no “list of foods” that every nursing mom should avoid. While you are breastfeeding, it is generally recommended that you eat whatever you like unless you notice an obvious reaction in your baby. Certain foods may result in changed behavior for a very small percentage of babies. Since every baby is unique, his reaction to a food will also be unique.

Continue eating well-balanced meals, drinking plenty of water (to quench thirst), and limiting excess caffeine. In addition, continue to take your pre-natal vitamins while you breastfeed.

Vitamins and fluoride

Vitamin D

The American Academy of Pediatrics recommends vitamin D supplementation for babies 2 weeks of age and older who are exclusively breast feeding or taking less than 32 ounces of formula per day. Vitamin D supplements are available over the counter as part of a multivitamin preparation (poly-vi-sol or tri-vi-sol) or by itself (d-vi-sol).

Fluoride

The American Academy of Pediatrics recommends the use of fluoride toothpaste at the eruption of the first tooth. Use a grain of rice size for children under age 3 and pea sized for over age 3.

Iron

Breastfed and formula-fed infants have enough iron stored in the blood until 4-6 months of age. At this age, iron-fortified cereal should be introduced. If cereal is not started at this time, then vitamins (poly-vi-sol with iron) should be started.

Formula Feeding

Although breast milk is the ideal nutrition for babies, infant formulas are a safe alternative to breast milk. Most formulas are derived from cow's milk that has been extensively modified so that a baby can digest and utilize the nutrients.

Powder, Concentrate, or Ready to Feed

While ready-to-feed formula is the most convenient, it is also the most expensive and does not contain the recommended amount of fluoride. We suggest using powder or liquid concentrate and adding either tap water or "nursery water" (fluoridated bottled water). If you use well water or non-fluoridated bottle water, we will prescribe fluoride drops for your baby starting at 6 months of age. If using powdered formula, the CDC recommends using water heated to 158 degrees to mix formula.

See this link for more information,

<https://www.cdc.gov/features/cronobacter/index.html>

How Much and How Often?

Newborns

A newborn may initially take about 1-2 ounces per feeding. After a few days, she will take 2-3 ounces per feeding every 3-4 hours.

First few weeks

During the first couple of weeks, you should feed your baby on demand. Wake him if he sleeps more than 4-5 hours during the day.

After the first month

Most babies follow a more predictable schedule of four or more ounces about every 4 hours. By six months of age, most babies will take 4 to 5 bottles of 4-8 ounces each. In general, most babies consume between 20-32 ounces of formula per day.

Stools from formula-fed infant

Babies fed formula often have stools that look like strained peas, but any shade of yellow, green, or brown is okay. These stools are also thicker and pastier than breast milk stools. Normal frequency for dirty diapers may range from three or four times per day up to once every couple of days.

Bottle-feeding tips:

- Angle the bottle to avoid swallowing of air and place the infant in a semi-upright position. This prevents choking and drainage of formula into the eustachian tubes of the ears.
- Never prop a bottle.
- Warm a bottle by placing it in hot water for a few minutes. Test a few drops on your wrist to make sure the formula is lukewarm. NEVER use a microwave to heat a bottle.
- Use the correct nipple size. A baby will gulp or gag if the hole is too large.
- Find a nipple shape your baby prefers.
- Burp the baby several times during a feed.
- Do not let your baby sleep with a bottle. This may cause severe dental decay. For comfort, use a pacifier instead of a bottle.



Spit up and Reflux

Spit up is NORMAL

Many babies spit up small amounts of milk after feeding. This is a common behavior and is caused by a weakness in the lower esophageal sphincter, the muscle between the stomach and the esophagus. This muscle takes several months to fully develop, and until it does, your baby may spit up more often.

How to reduce spit up?

Since the most common cause of frequent spitting is overfeeding, try decreasing the quantity of milk provided per feed and increasing the frequency of feeds.

Gastro-esophageal Reflux Disease (GERD)

When reflux becomes excessive and problematic, we label this Gastro-esophageal Reflux Disease (GERD). Excessive reflux can lead to:

- Irritation of the esophagus (esophagitis) making babies irritable, fussy, resistant to feeding
- Respiratory/airway problems causing babies to wheeze, gag, choke, or have trouble breathing
- Not all babies with reflux actually spit up. Sometimes the acid contents of the stomach reflux into the esophagus (feeding tube) without actually coming out of the baby's mouth. This is called occult or silent reflux and can still be very troublesome.

Unlike colic, where the baby is fussy for a defined amount of time each day, babies with GERD are usually fussy with all feedings.

Worrisome Signs of Acid Reflux

- Poor weight gain from inadequate intake/large volumes of spit up
- Crying or arching of the back after feeding, with or without spitting up

Treatment and Diagnosis

If you are concerned that your baby has problematic reflux (GERD), call the office for advice or an appointment.

Introduction to Solid Food

When to start?

We recommend introducing solid foods at 4 to 6 months of age. Signs of readiness for solids include development of good head control, ability to sit well with support, loss of the habitual tongue thrust, and an apparent interest in solid foods.

First Foods

- There is no evidence to support that any particular order of solid foods is superior to any other; however, most parents will introduce a single-grain cereal, like rice cereal, first.
- After your baby is tolerating cereal and spoon-feeding well, we recommend introducing new fruits, vegetables, or meats one at a time (single ingredient) about every 3-4 days.
- There is no evidence that introducing a fruit before a vegetable will promote a dislike for vegetables.
- Watch for signs of allergic reactions, like vomiting or hives. If any food triggers a reaction, stop using that food and contact your baby's healthcare provider.
- A third daily solid meal is generally added when your baby is 8-9 months old.
- See Infant Feeding Guide at www.roswellpediatrics.com.



Sleep

Tips to reduce risk of Sudden Infant Death Syndrome (SIDS)

The following are the recommendations by the American Academy of Pediatrics to reduce the risk of (SIDS).

- **Babies should sleep on their backs from birth up to one year of age.** Do not place babies to sleep on their sides.
- **Place your baby to sleep in the same room where you sleep but not the same bed.** This is recommended for at least 6 months but preferably a year.
- **Place babies to sleep in a crib or bassinet with a firm mattress.** There should be nothing in the bed but the baby - no covers, no pillows, no bumper pads, no positioning devices, and no toys.
- **Offer a pacifier at nap time and bed time.** The use of pacifiers has been shown to reduce the risk of SIDS. We recommend offering a pacifier once breastfeeding is well established. If your baby does not want a pacifier or if it falls out of her mouth, do not force it.
- **Do not over dress the infant while he sleeps.** Dress the baby in enough clothes to keep him warm without having to use a blanket. Keep the room at a temperature that is comfortable for you. Over heating your baby may increase the risk for SIDS.
- **Avoid exposing babies to tobacco smoke before birth and after.**
- **Studies show that breastfeeding your baby can help reduce the risk of SIDS.**

Swaddling

Many babies take comfort in being swaddled in a blanket; however, swaddling the wrong way can cause hip dislocation. Hip dislocation is an abnormal formation of the hip joint where the top of the thigh bone is not held firmly in the socket of the hip.

Please visit www.choa.org/swaddling to watch a video on proper swaddling.

Sleep Patterns

While the total amount of sleep babies need gradually decreases over time, newborns typically spend 16 or more hours a day sleeping. At 6 months, this will decrease to just over 12 hours.

By definition, 6 hours of uninterrupted sleep is considered “sleeping through the night.” It takes most infants approximately 4-6 months of age to be able to sleep six straight hours at night.

Establishing Good Sleep Habits

The basic principle is to feed your baby when she is hungry and to play with her when she is awake. However, when your baby starts to fall asleep while feeding (nutritive versus a non-nutritive suck) or is beginning to fall asleep while being held, you should place her in her crib. By placing your baby in her crib when she is awake and drowsy, you are teaching her to self-soothe, the fundamental skill required to be able to sleep through the night. In contrast, babies who get accustomed to falling asleep on the breast or while being held tend to wake up more frequently at night crying for help (e.g., rocking, feeding) to fall back asleep.

Daily Care

Umbilical cord

The umbilical cord usually falls off in one to four weeks. Keep the stump of the umbilical cord clean and dry as it shrivels up and eventually falls off. To keep the cord dry, bathe your baby with a sponge rather than submersing him in a tub of water. Also, keep the diaper folded below the cord to keep urine from soaking it. After the cord falls off, a scab will develop and occasionally a slightly blood-tinged discharge will be seen. This is normal.

Keep an eye out for signs of infection, which may include:

- redness and swelling around the base of the cord
- continued bleeding
- foul smelling yellowish discharge from the cord

Circumcision care

Place Vaseline (white petroleum jelly) in the center of a pad of gauze and position the gauze around the head of the penis. Change the dressing at least three times a day and with each diaper change. Three-to-five days after the circumcision, the skin will begin to heal and develop a yellowish scab. At this point, you no longer need to use gauze and Vaseline. If your doctor used a “plastibell” for the procedure, you will not need to use Vaseline or gauze. The plastibell will spontaneously fall off in approximately one week.

Diaper rash

Diaper rash is a result of the skin’s exposure to a wet and warm environment over long periods of time, causing generalized redness and/or bumps. To prevent a diaper rash, change the diaper as soon as possible after the baby wets or has a bowel movement. Wash the baby’s bottom with warm water and apply a diaper rash cream. Use “fragrance free” wipes.

Constipation

Constipation is diagnosed by the firmness, not the frequency of stooling. Most babies grunt and turn red when passing stool; this does not mean they are constipated. Many babies stool every 5-7 days without discomfort. Constipated stools are hard and difficult to pass.

Worrisome stools

- no stool in the first 24 hours of life
- blood in stool
- white or gray stools
- increased stool volume or frequency (may be a sign of diarrhea if more than two to three times normal)
- hard painful stools

Burps

Burping your baby helps remove air that is swallowed during feedings. Hold your baby in one of three positions: upright on your shoulder, upright in your lap, or lying face down on your lap. Then rub upwards on his back or pat gently. If your baby does not burp in less than ten minutes, give up. He will be fine.

Hiccups

Hiccups are spontaneous spasms of the diaphragm and are completely normal. Since they do not harm or bother a baby, no treatment is needed.

Gas

Gas may bother parents far more than it bothers babies. However, if you feel your infant is very uncomfortable, consider trying one of the following: warm bath, infant massage, or Simethicone (Mylicon, Lil Tummies) drops. These drops are safe to use and are sometimes helpful. If your baby is breast-feeding, try adjusting your diet (reducing caffeine, garlic, onions, broccoli, and beans).

Fingernails

Your baby's nails will be very soft for the first few days of life. Since the nails are so soft and adhere tightly to the underlying skin, attempts to "clip" or cut the nails might lead to injury to the underlying skin and possible infection. The nails harden in seven to ten days. Until then, use an emery board to gently file the ragged edges or keep the hands covered with mittens. By 2-3 weeks of age, you can cut them with nail clippers or blunt scissors.

Bathing and Skin Care

Babies do not need to be bathed daily. In fact, bathing every second or third day will promote healthier skin. Give sponge baths until the cord has fallen off. You should use tap water without soap or a baby wash that is fragrance free, such as Aquaphor Gentle Wash and Shampoo or Aveeno Soothing Relief. Baby lotions that are scented tend to be drying for many children. If you feel your infant needs a lotion for dry skin, we recommend using fragrance free products such as Eucerin and Aquaphor.

Clean the outer ear only with a washcloth. Avoid cotton swabs (Q-tips). The ear canals of newborns do not need cleaning.

Stuffy Nose

Most newborns have nasal congestion for four to six weeks after birth. It is probably not a cold. Some congested babies are very loud – snorting, snoring, and sneezing. That's all normal. If the congestion interferes with feedings or sleep, use saline nose drops and a bulb syringe to clear the mucous.

Germs, Visitors, and Travel

Infants under 3 months old are at greater risk of infection than at any other age. For this reason, we encourage parents to limit exposure to public places, such as airplanes, church nurseries, daycare, or grocery stores.

When visitors come to your home, have them wash their hands well before touching your infant. Avoid having young children touch or hold your baby.

Avoid contact with people who have flu, colds, fever blisters or other contagious illnesses.

Avoid exposure to smoke in the home, car, and public places.

Newborn facts you should know

Acrocyanosis

- Acrocyanosis is a blue color of the hands and feet and is caused by a decrease in circulation. This usually can occur in the early newborn period and is considered normal. It is abnormal, however, to have blue coloring over the lips and chest. If this occurs, call your physician immediately.

Periodic Breathing

- Newborns breathe 30 to 60 times a minute, but very erratically. There may be a stretch of several pants in a row, then a long pause, followed by a big breath. That is normal, as long as that pause is less than 10 seconds and your baby remains pink.

Milia

- A normal newborn rash on the nose that looks like pinpoint white dots. This rash generally disappears on its own by 2-3 weeks of age.

Newborn Acne

- Skin inflammation due to hormonal changes in the newborn period, resulting in small pimples. Onset is usually by 4 weeks of age and lasts until 8 weeks of age.

Stork Bite (nevus flammeus, “angel kiss”)

- These are newborn birthmarks located at the nape of the neck, eyelids, and forehead. They are bright pink in color and fade over the first year of life. The marks on the neck can last forever.

Mongolian Spots

- A bruise-like discoloration found on the buttocks of darker pigmented newborns. These spots fade over several years and no treatment is needed.

Erythema Toxicum

- A normal newborn rash that looks like mosquito bites or fleabites (white pimple with red around it). These may come and go from birth until four weeks of age.

Epstein’s Pearls

- Tiny white bumps or cysts found on the roof of the mouth in newborns. These are common and normal, and self-resolve.

Cradle cap (seborrhea, dandruff)

- A skin problem that causes greasy, flaky, and sometimes red skin on the scalp, behind the ears, besides the nose, and eyebrows. Most babies experience cradle cap, and this resolves usually by 4 months of age.

Breast Engorgement

- Swollen breasts may be present during the first week of life in many girl and boy babies and may last for four to six months. Call your healthcare provider if the swollen breast develops redness, streaking, or tenderness.

Vaginal Discharge

- Occasionally a light, bloody, or white vaginal discharge may be seen in the newborn female. This is a normal occurrence.

Blocked Tear Ducts (nasolacrimal duct obstruction)

- Blocked tear ducts are common and normal in the first 9 months of life and present as white or yellow discharge from the corner of one or both eyes. The eye with the blocked tear duct may also have excessive tearing. If the problem persists beyond then, a referral to a pediatric ophthalmologist may be warranted. When excess eye discharge is noted, wipe away with a warm wet cloth.

Postpartum Depression Screen for Mom

Although postpartum depression is very common, unfortunately most cases go undiagnosed. We screen moms for post-partum depression using the Edinburgh Postnatal Depression Scale at your child's 2-week, 2-month, 4-month, and 6-month well visits.

Parenthood is a new adventure into the unknown. You love a new person so much, it is normal to feel fear and anxiety. However, when feelings of anxiety and fear dominate your daily experiences with your new baby, it can be a sign of postpartum depression. If needed, we can provide a referral source for management.

We would like to know how you are feeling. Here are some examples of the things you will be asked.

1. Have you blamed yourself unnecessarily when things went wrong.
2. Have you been anxious or worried for no good reason.
3. Have you felt scared or panicky for no good reason.

If you are concerned about excessive anxiety or post-partum depression, please contact your doctor (ob-gyn or intern) or speak to one of the medical professionals at RPC.

Schedule of Checkups and Vaccinations

Age	Vaccines
Birth	Hep B
Newborn	none
2 Week	Hep B if not given in hospital
2 Months	Pentacel (DTaP, HIB, IPV), Hep B, Prevnar, Rotavirus
4 Months	Pentacel (DTaP, HIB, IPV), Prevnar, Rotavirus
6 Months	Pentacel (DTaP, HIB, IPV), Prevnar, Rotavirus
9 Months	Hep B
12 Months	MMR, Hep A, Varicella
15 Months	Pentacel (DTaP, HIB, IPV), Prevnar
18 Months	Hep A
24 Months	Any vaccine previously missed
30 Months	Any vaccine previously missed
3 Years	Any vaccine previously missed
4-5 Years	DTaP, Polio, MMR, Varicella
6-10 Years	Any vaccine previously missed
11-12 Years	Tdap, HPV Series, Menactra
13-15 Years	Any vaccine previously missed
16-18 Years	Menactra, Bexsero

A yearly flu vaccine is recommended for all children, beginning at 6 months of age.

Vaccine Position Statement

We believe that vaccinations are essential in promoting your child's health, preventing many serious illnesses and saving lives. Because of the effectiveness of vaccines, many of you have never known a child with polio, tetanus, whooping cough, bacterial meningitis, or chickenpox. Consequently, some parents feel that the vaccines are no longer necessary, and choose not to vaccinate. However, failure to immunize your child may place him at risk and can aid in the re-emergence of many of these serious diseases.

Our goal is that all children cared for by Roswell Pediatrics receive the recommended vaccines on schedule. To this end, we will provide all parents with the most recent science-based information and will listen to and respond to all voiced concerns. We believe that neither individual vaccines nor Thimerosal, a preservative used in some vaccines, causes autism. We also believe that giving multiple vaccines together, as recommended by the AAP, is safe, and that the practice to "splitting up" vaccines is unnecessary and potentially dangerous.

Parents who choose to alter or delay the recommended vaccine schedule will be required to sign a statement acknowledging their understanding of the potential risks. Also, altering the recommended schedule will lead to more frequent office visits, resulting in an increase exposure to germs, extra co-pays, and additional fees.

If, by your child's two-month checkup, you have chosen not to vaccinate your child at all, we will certainly respect your decision. However, we will suggest that you find another healthcare provider who shares your views.

The staff at Roswell Pediatric Center looks forward to partnering with you in promoting the growth, development, and health of your child. If you have any questions or concerns about our policy to vaccinate, please let us know.

Medication Guide

Acetaminophen Dosage Table (for Fever and Pain)

Child's Weight (pounds)	6-11	12-17	18-23	24-35	36-47	48-59	60-71	72-95	96+	bs
Syrup: 160 mg/5 mL (1 tsp)	1.25	2.5	3.75	5	7.5	10	12.5	15	20	ml
Syrup: 160 mg/1 teaspoon	--	1/2	3/4	1	1 1/2	2	2 1/2	3	4	tsp
Chewable 80 mg Tablets	--	--	1 1/2	2	3	4	5	6	8	tabs
Chewable 160 mg Tablets	--	--	--	1	1 1/2	2	2 1/2	3	4	tabs
Adult 325 mg Tablets	--	--	--	--	--	1	1	1 1/2	2	tabs
Adult 500 mg Tablets	--	--	--	--	--	--	--	1	1	tabs

- **AGE LIMIT:** Don't use under 12 weeks of age. EXCEPTION: Fever from immunization if child is 8 weeks of age or older.
- **MEASURING the DOSAGE:** Syringes and droppers are more accurate than teaspoons. If possible, use the syringe or dropper that comes with the medicine. If not, medicine syringes are available at pharmacies. If you use a teaspoon, it should be a measuring spoon. Regular spoons are not reliable. Also, remember that 1 level teaspoon equals 5 ml and that ½ teaspoon equals 2.5 ml.
- **FREQUENCY:** Repeat every 4-6 hours as needed. Don't give more than 5 times a day.
- **ADULT DOSAGE:** 650 mg MAXIMUM: 3,000 mg in a 24-hour period.
- **BRAND NAMES:** Tylenol, Feverall (suppositories), generic acetaminophen
- **MELTAWAYS:** Dissolvable tabs that come in 80 mg and 160 mg (jr. strength)
- **SUPPOSITORIES:** Acetaminophen also comes in 80, 120, 325 and 650 mg suppositories (the rectal dose is the same as the dosage given by mouth).

Ibuprofen (for Fever and Pain) Dosage Table

Child's Weight (pounds)	12-17	18-23	24-35	36-47	48-59	60-71	72-95	96+	lbs
Infant Drops 50 mg/1.25 mL	1.25	1.875	2.5	3.75	5	--	--	--	ml
Liquid 100 mg/1 teaspoon (tsp)	1/2	3/4	1	1 1/2	2	2 1/2	3	4	tsp
Liquid 100 mg/5 milliliters (ml)	2.5	4	5	7.5	10	12.5	15	20	ml
Chewable 50 mg Tablets	--	--	2	3	4	5	6	8	tabs
Junior-strength 100 mg tablets	--	--	--	--	2	2 1/2	3	4	tabs
Adult 200 mg Tablets	--	--	--	--	1	1	1 1/2	2	tabs

- **AGE LIMIT:** Don't use under 6 months of age unless directed by child's doctor.
- **MEASURING the DOSAGE:** Syringes and droppers are more accurate than teaspoons. If possible, use the syringe or dropper that comes with the medication. If you use a teaspoon, it should be a measuring spoon. Regular spoons are not reliable. Also, remember that 1 level teaspoon equals 5 ml and that ½ teaspoon equals 2.5 ml.
- **IBUPROFEN DROPS:** Ibuprofen infant drops come with a measuring syringe
- **BRAND NAMES:** Motrin, Advil, generic ibuprofen
- **ADULT DOSAGE:** 400 mg
- **FREQUENCY:** Repeat every 6-8 hours as needed

When to call your Pediatrician – Birth to 3 Months

Report any of the following symptoms to your baby’s physician:

- A rectal temperature below 97.0 degrees Fahrenheit or over 100.4 degrees Fahrenheit (38 degrees Celsius)
- Refusal to eat for 2-3 feedings in a row
- Forceful vomiting (not just spitting up)
- Less than 6 -8 wet diapers per day
- Very watery or very hard stools
- Blood in stool
- Yellow color of skin or eyes (jaundice)
- Circumcision: bleeding, increased swelling, redness or foul odor
- Listlessness, difficulty awakening, or intense crying for a long time
- Umbilical cord with smelling yellowish discharge, redness, continuous bleeding or swelling
- Eyes with redness, drainage, or swelling
- Baby just doesn’t seem right and you are worried
- Call 911 if your baby has blue lips or skin, is breathing very slowly or very rapidly, or is working hard to breathe

Recommended Reading and Suggested Books

- The Nursing Mother’s Companion by Kathleen Huggins
- The American Academy of Pediatrics New Mother’s Guide to Breastfeeding by The American Academy of Pediatrics
- Baby 411 by Denise Fields and Dr. Ari Brown
- Your Child’s Health by Barton D. Schmitt
- The Happiest Baby on the Block by Harvey Karp, MD
- Your Baby’s First Year by The American Academy of Pediatrics

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