

Infant Health

Thank you for visiting the Brightstarts Pediatrics **infant health** care manual. We know you will find many helpful answers to common questions about **infant health**, including when to call the pediatrician when your **child is sick**.

Contents:

Breast Feeding

Breast Milk Collection and Storage

Breast Pain

Formula feeding

Bottles and Nipples

Vitamins and Fluoride

Water, Juice, and Solid Food

Medications and Supplements

Pacifiers

Stooling and Voiding

Diaper Rash

Care of Genitalia

Care of the Cord

Bathing

Nail Care

Crying

Never Shake a Baby

Sleep

Infant Cribs

Safety

Health Supervision

Symptom of Concern: Jaundice

Symptom of Concern: Fever

When to Call the Office

Emergencies

BREAST FEEDING

We encourage breast feeding. Breast milk is the ideal nutrition for a baby, providing all necessary nutrients for up to the first six months of life. It also provides additional benefits to the baby's immune system. Whether you ultimately nurse for a few days, a few weeks, or a few years; your baby will reap benefits.

After your baby is delivered, you will be able to get breast feeding assistance from the many educated nurses in the hospital. In addition, you may be offered the opportunity to speak with a lactation consultant. They will be able to observe your baby attempting feed, and offer tips and tricks to ensure successful feeding. Take advantage of all the help to get your baby off to a great feeding start.

It is normal for a healthy, breast feeding baby to lose weight over the first few days of life. Weight loss, therefore, is not a reason to supplement with formula or water after breast feeding sessions. Newborns need to be fed every 2-3 hours, around the clock, until they surpass their birth weight. This usually happens around 2 weeks of life.

During the first few days of life, a baby may be slow to nurse, fall asleep easily, be hard to awaken, or cry during or after feeds. Don't be discouraged. Almost all babies can be successfully breast fed. Let us know if you are having problems.

It is important for nursing mothers to eat well balanced diets and to drink plenty of fluids. Prenatal vitamins should be continued through the duration of breastfeeding. Also, a DHA fatty acid supplement should also be considered for nursing moms.

Some medications you ingest may be passed through the breast milk to the infant. Please check with our office, or your obstetrician, prior to taking any medications while nursing.

In specific situations, pumped breast milk or [supplemental formula](#) may be needed by the infant or desired by the family. Pumped milk or formula can be offered to a baby many ways. Please discuss supplemental feeding with your infant's pediatrician should the infant have a feeding problem, or if there is a parental desire to supplement.

[Co-sleeping](#), or allowing the infant to sleep with the parent, is NOT necessary for successful breastfeeding. Co-sleeping can be dangerous in that the parent can overlie on the infant causing injury or death. Also, an infant can suffocate in the loose bedding or pillows of the parent's bed. Please obtain advice from your baby's pediatrician before co-sleeping with your infant.

BREAST MILK COLLECTION AND STORAGE

Many women choose to use a breast pump to collect extra milk to feed their baby. Breast pumps may be purchased or rented. If you are planning to go back to work and continuing to breast feed, it would be more cost effective to purchase than rent.

Like nursing itself, using the breast pump takes practice to perfect. Many women do not get very much milk the first few attempts, if any milk at all. Follow the directions that come with the breast pump to determine how to use your machine most effectively. In addition, lactation consultants are a great resource for pumping advice.

Breast milk can be stored in specially designed plastic bags, plastic bottles, or glass bottles. If you freeze the breast milk, leave space at the top of the container as it will expand with freezing. Mark the date and amount on storage container.

Fresh breast milk can be stored at room temperature for 4-6 hours. Fresh breast milk can be stored for 3-5 days in the refrigerator. Milk can be stored for 6 months in the freezer portion of a refrigerator-freezer. Milk may be stored for 12 months in a deep freeze.

To thaw frozen breast milk, warm at room temperature, or run warm (not hot) water over the frozen milk container. Never microwave breast milk. Fat in breast milk will separate when thawed, so mix milk after thawing. Do not refreeze milk that has been thawed. Thawed milk may be kept up to 24 hours in the refrigerator.

BREAST PAIN

Fullness to the breast will develop during the first week after delivery. This normal postpartum fullness usually diminishes within 3 to 5 days.

If engorgement occurs, apply moist warm packs or take a hot shower to relieve tenderness. Express or pump milk before breast feeding to relieve engorgement pressure. Gentle massage of the breasts before and during breast feeding, relaxation techniques, and ice packs to the breasts after nursing can relieve engorgement pain.

Pain can also be caused by incorrect or poor infant latch, breast infection, or other reasons. Take advantage of the assistance of a lactation consultant while in the hospital, or get an outpatient evaluation. If you think pain is caused by an infection, consult your doctor.

FORMULA FEEDING

Like breast milk, formula gives new babies all the nutrients they are known to need for a healthy start in life. If you choose not to breastfeed, we recommend using a cow's milk based formula unless otherwise instructed by your doctor.

Despite the similar appearance on the labels, generic or store-brand formulas may not be equal to branded formulas. Please do not change formula without discussing it with your doctor first.

Sterilization of the bottles used for formula is not necessary. It is recommended that bottles and nipples are washed thoroughly with soapy water and then rinsed, or they may be washed in the dishwasher. Bottle and nipple brushes are available to help in cleaning.

The water for mixing formula does not need to be boiled unless your tap water is unsafe for drinking. Purchasing special nursery or baby water to mix formula is not necessary. Microwaves should not be used to warm bottles, as the milk may become scalding hot while the container is not even warm to the touch. This could cause a serious injury to the baby.

When you feed your baby, tilt the bottle so that the neck of the bottle and nipple are always filled with formula. This helps your baby get formula instead of swallowing air. Air in the stomach will give a false sense of fullness and may also be uncomfortable. Never prop the bottle or leave the baby to feed alone. The bottle can easily slip into the wrong position. Remember that the baby needs the security and pleasure it gets when held close at feeding time. This is a special time to relax and enjoy each other's company.

You may find that your baby needs a chance to burp halfway through a feeding and again after a feeding. Even if fed properly, babies usually swallow some air. Hold the baby upright over your shoulder and against your chest supporting the head, or across your lap on his stomach and pat or rub his back gently until he burps. Some babies are better at burping than others. If your child does not burp after a few minutes of gentle patting, simply try again later.

Newborns need to be fed every 2-3 hours, around the clock, until they surpass their birth weight. This usually happens around 2 weeks of life.

Be flexible. The amount of formula babies take will vary. Newborns take from \hat{A} ½ to 2 ounces per feeding and will gradually increase this amount by the end of the first week of life to 2 to 3 ounces every 2 to 3 hours. Generally, most babies will not take more than a quart (32 ounces) per day by one month of age.

Once made, formula may be stored safely in the refrigerator for 24 hours. A bottle that has been partially finished by the baby is good for 2 hours after the child started eating.

BOTTLES AND NIPPLES

There are many types and brands of baby bottles and nipples on the market. It is fine to use most any baby bottle. Many parents are choosing to purchase BPA-free products.

Don't buy a large quantity of any bottle system until you are sure that your baby will drink from it. Buy 1 bottle/nipple of a few different types to see which your infant prefers. After baby finds a nice match, then invest in a few more bottles.

Different nipples may be tried to see if one is preferred by your baby. In addition, the nipple holes should be the right size for the baby to suck easily. When the holes are the right size, warm milk should drip as readily as possible without forming a steady stream. If the nipple holes are too small, the baby may tire during sucking before completing a feed. If nipple holes are too large, the baby gets formula too fast.

VITAMINS AND FLUORIDE

The AAP currently recommends your exclusively breast fed infant to receive a daily supplement of Vitamin D (400 IU). Please discuss this with your pediatrician.

If your local water supply does not contain fluoride, a vitamin preparation with fluoride may be prescribed.

Babies who are formula fed do not require any additional supplementation.

WATER, JUICE, AND SOLID FOODS

Newborns need only breast milk or formula to grow. Newborns should not be given extra water. There is an adequate amount of water in breast milk and formula. Juices are never necessary.

Do not add anything else to your infant's bottle (rice cereal, oils, fortifiers) without talking to your pediatrician first.

Beginning solid foods will be discussed at the baby's 4 or 6 month old check up. Additional food besides milk is not needed before that time.

MEDICATIONS AND SUPPLEMENTS

Your infant does not need any additional medications. Acetaminophen is for infants over the age of 2 months. If you think [your child is ill](#) enough to need acetaminophen before that age, you should be calling our office.

Some parents like to give their infants gas drops, gripe water, or probiotics. Discuss these with your pediatrician.

If your child is breast fed, the AAP recommends a daily [Vitamin D supplement](#) for your infant.

Herbal medications and supplements are gaining wide spread popularity among adults; however, the safety of these products may not be fully tested or known in children and infants. Some home remedies and herbal medicines can be toxic to infants and children. Please discuss home remedy and herbal use with your doctor before using on your child.

PACIFIERS

Pacifiers are generally fine, but first discuss with your doctor whether to use and when to start use. Pacifier use must be stopped between 15 and 24 months old or even sooner to prevent tooth malocclusion.

Pacifier use is associated with decrease rate of SIDS (sudden infant death syndrome.) rate. If your infant begins to sleep with a pacifier, you do not have to continually re-insert the pacifier if it falls out of your sleeping baby's mouth.

STOOLING AND VOIDING

All babies have variable stooling patterns and only generalities can be stated. Breast fed babies usually have looser stools than babies on formula. Breast fed babies' stools may range in frequency from many times per day to once per week; both are fine. Stools can be of various colors. Black, red or white stools are abnormal and require evaluation.

Constipation is a difficult term to define. In general, babies can go several days without a bowel movement and be normal. If you have concerns, call your pediatrician. Avoid laxatives, enema or rectal stimulation without discussion with your pediatrician.

As a general rule, babies have as many wet diapers as days of life, until 1 week of age. Again, voiding patterns vary. In the first days of life, some babies have orange colored crystals in their urine. If you are concerned about what you see, call your pediatrician.

DIAPER RASH

Diaper rash can be prevented or minimized by good skin cleansing. Use diaper wipes without perfumes or preservatives, or use plain water for diaper area clean up.

Clean your baby's skin in the diaper area with every dirty diaper change. Air drying and having no-diaper time will also help reduce rash. Most of the times routine powders, creams or ointments are unnecessary to prevent rash.

There are various treatments for diaper rash. Most newborns need a basic barrier ointment to protect their skin, such as petroleum jelly. Ointments and creams with many chemical agents can sometimes cause diaper rash on newborn skin; use sparingly.

If rashes are recurrent, a different brand of diaper may need to be tried. For persisting diaper rash, a doctor's visit or even a prescription medication may be needed.

CARE OF THE GENITALIA

Uncircumcised boys need routine bathing of the external skin. The foreskin does not need to be retracted (pulled back) forcefully. Retract the foreskin in the bath as far as it will easily retract, wash, rinse well, then pull back to original position. With time, the foreskin will completely retract with only gentle pressure. If the foreskin is stuck in the retracted position, call your son's pediatrician.

If circumcised, the circumcision usually heals over several days to 2 weeks. Apply petroleum jelly over the circumcision area while it is healing. Watch for swelling, discharge or bleeding. Do not retract any adhering foreskin forcibly. The circumcision will be checked at each well child visit. If you have concerns prior to the next scheduled visit, please call.

For girls, spread the labia and clean with soap and water by wiping from front to back. Rinse all soap off the area after washing. It is not unusual for secretions to accumulate. Many girls have a milky vaginal discharge or even blood tinged discharge during the first few weeks of life.

CARE OF THE CORD

Cleanse the base of the umbilical stump with rubbing alcohol on a cotton ball 1 to 2 times a day until the cord comes off. The cord should be dry and fall off between 1 and 3 weeks of age, usually about 10 days old. Do not be concerned if there is a small amount of bleeding as the cord nears separation.

Have your baby seen by a doctor if there is redness around the cord or umbilicus, foul odor or discharge or excessive bleeding.

BATHING

Sponge bathing should be done until the baby's cord comes off and the circumcision has healed. After this, tub baths may be given. Use a mild soap over the entire body as well as the head and face. Rinse well, especially the genitalia.

Girls should not take bubble baths from infancy through adulthood as this can increase the risk of urinary tract infections.

Playtime or soak time in the bath should be followed by shampoo, soap, and rinse. Then, get out of the bath.

NAIL CARE

An emery board may be used to peel the excess nail since the nails are thin. A baby nail clipper or baby safety nail scissors may be used with caution as well. Waiting until the baby is asleep or feeding to trim his nails may be helpful.

CRYING

Most babies begin to cry and fuss on the fourth or fifth day of life and cry more each day until about 4 to 6 weeks of age. Babies cry for a reason: hunger, wet diaper, insecurity, illness, or to relieve frustration.

It is not possible to "spoil" a baby by frequently holding or picking them up. It is natural to relieve the source of crying. On the other hand, if you are frustrated from trying to calm the baby, it will not harm him to allow 10 to 15 minutes of crying while you take a breather.

NEVER SHAKE A BABY

It is better to place the baby safely in his crib and step away for a short break for yourself to relieve your frustration than to shake the baby.

SLEEP

Babies should be placed in a crib, bassinet or playpen to sleep.

The crib should be clear of any blankets, "lovies," bedding, or bumper pads. Stuffed animals are cute in the rocker, not in the crib.

The preferred sleep position is for the baby to lie on its back to reduce crib death or SIDS (sudden infant death syndrome).

Adult and infant co-sleeping is dangerous and should be avoided. Accidental entrapment and suffocation can cause injury or death. Co-sleeping is NOT necessary for successful breast feeding.

A safer sleeping option is for your infant to sleep in a bassinet, cradle, or playpen near your bed. This will allow baby to be close for night time feeding, but in a safe place to rest.

INFANT CRIBS

If using an older or used crib, be sure that the slats are no more than 2 3/8 inches apart. Make sure all joints and parts fit tightly and that the wood is free of splinters. There should not be decorative areas that can entrap the infant's head.

Drop-side cribs are no longer being manufactured. If you have an older drop-side crib, be sure the moving side is securely latched and stable if vigorously shaken.

Mobiles and hanging toys are fine until the baby can push his chest off the mattress with his arms, then the hanging toys should be removed at times when the baby is unsupervised into the crib. Do not place the crib by a window blind or drapery as the cords form a strangulation hazard.

The crib should be free of stuffed animals and excess loose blankets and bedding that can tangle and potentially suffocate the infant. Bumpers should not be used in the crib.

Bottom line, a safe crib is a boring crib. Save the fancy decorations for other parts of your baby's new room.

SAFETY

By far, the largest cause of death in children is from accidents. A large percentage of these are preventable. Be sure his crib is safe. Babies are to sleep on their backs unless otherwise directed by the physician.

Be sure his toys are sturdy and large enough that he cannot swallow them. Protect your baby from falls. Your water heater thermostat should not exceed 120° F. Never leave him unattended in a bathtub. Have a working smoke detector and carbon monoxide detector in your home.

Keep your child in a safe infant car seat while riding in a car. The car seat faces backwards until the child outgrows the infant seat, as long as 2 years of age. Buckle up your own seatbelt as well.

Store all guns and firearms unloaded and locked in a safe box or cabinet or with a trigger lock. Keep ammunition for guns in a separate place apart from the guns.

Keep poisons, cleaners, chemicals, and medicines up high, preferably locked.

Syrup of Ipecac is currently NOT recommended to induce vomiting in infants and children after an accidental ingestion. Poison Control (800-222-1222) will direct you on what needs to be done for specific ingestions.

HEALTH SUPERVISION

Ask the doctor who sees your baby in the hospital when he should have his first visit to the office. Hospital follow-up with your pediatrician may be necessary as early as the following day, but no longer than 2 weeks of life.

Most appointments are arranged in advance and it is suggested that you call as soon as you arrive at home to make your appointment. You may have questions about your baby that can be answered by our nurses, but if problems arise and you wish to have your baby examined at anytime, the office is available.

Routine checkups are at 1, 2, 4, 6, 9, 12, 15, 18, and 24 months old; then yearly thereafter. Anticipate vaccinations at most well child visits.

SYMPTOM OF CONCERN: JAUNDICE

Jaundice is a word describing a yellow tint to the skin. Babies will experience this during the first few days of life. The degree of jaundice is variable and is measured by testing

the baby's blood for a level of bilirubin. Bilirubin is a pigment formed as a byproduct of the breakdown of red blood cells. Bilirubin is normally eliminated from the body through the liver. After birth, the liver may not be able to eliminate the bilirubin at a rate that keeps up with its release as red blood cells are broken down thereby causing an accumulation in the blood. Bilirubin usually reaches its maximum level by the 3rd to 4th day of life then gradually decreases to adult levels.

Pediatricians watch the level of bilirubin in a baby's blood because large excesses of this substance can be harmful to the baby's brain. If jaundice is detected, the pediatrician may begin to monitor the bilirubin levels by frequent lab testing. This can usually be done as an outpatient. Most babies who develop jaundice do not need treatment. If the level should rise very high or too rapidly in a short period of time, therapy may be recommended that will be discussed with you.

SYMPTOM OF CONCERN: FEVER

A temperature of 100.5°F (38° C) or higher in an infant under 2 months old is considered a medical emergency, and the baby needs to be evaluated by a physician immediately.

When measuring a temperature in an infant or child, a rectal temperature is the most accurate for a baby under 2 months old. No one can estimate a temperature reading accurately by touch. If you think that your child has a fever, measure the temperature with a thermometer.

Digital thermometers, and tympanic (ear) temperatures are fine for screening temperatures; however, if the temperature registers high or does not seem to make sense, retake the temperature using a different method. Pacifier thermometers and forehead strip thermometers have the least accuracy.

It is unnecessary to add or subtract degrees when considering a temperature reading from different sources or methods. When reporting a temperature to a doctor or nurse, state the type of thermometer used, where the temperature was taken and what the thermometer actually read.

If you believe that your baby under the age of 2 months has a fever, call the office immediately.

No fever/pain [medication](#) should be given to your infant. If you think your infant is uncomfortable enough to need medication, you should be calling our office.

WHEN TO CALL THE OFFICE

In the first 8 weeks of life, call our office if your baby:

- has a rectal temperature of 100.5° F (38° C) or higher
- has difficulty breathing, or turns blue
- has vomiting (not just spitting up) urinates less than 3 times in 24 hours
- seems lethargic (cannot be aroused even with heel flicking)
- is inconsolable (2 hours of continuous crying)
- is becoming increasingly yellow (jaundice)
- refuses 2 consecutive feeds, separated by a normal feeding interval

If you are concerned about your infant, so are we. Please call the office to discuss any other symptoms of concern.

EMERGENCIES

For a life-threatening emergency, call 911. For ingestion or poisoning call Poison Control at 800-222-1222. The telephone at Brightstarts Pediatrics is answered 24 hours daily for emergencies as well.