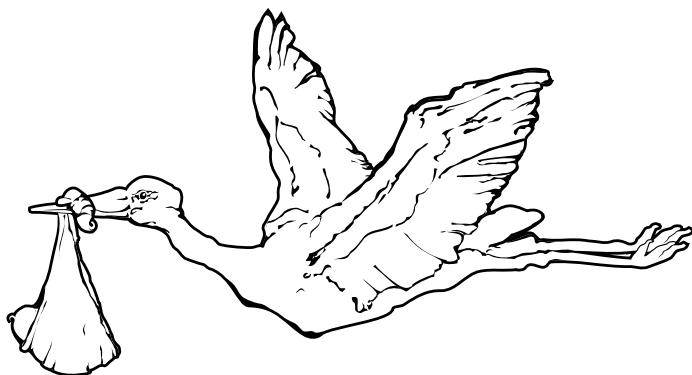




# COOPER CLINIC PEDIATRICS

GENERAL CARE OF  
YOUR NEWBORN BABY



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**TOLL-FREE DAYTIME NUMBER: 800-333-1305**

**REQUEST AN APPOINTMENT ONLINE:  
[www.cooperclinic.com](http://www.cooperclinic.com)**

## CONGRATULATIONS!

The arrival of a new baby is always an exciting and challenging time. This booklet is an outline of our ideas and concepts of newborn care, which we hope will serve as a helpful home reference in the next few weeks.

Everyone who ever was a parent is an expert on child care. You will be receiving lots of well-meaning advice from friends, relatives, neighbors, and sometimes even from strangers in the supermarket. Much of this advice is sound, but much of it is not; and we urge you to let us help when things are confusing. You should raise **YOUR** baby in ways that are comfortable and reasonable for **YOU**. One of our challenges as pediatricians is to help you develop a program to achieve this. Each baby is an individual, with individual needs. We will help you deal with the special circumstances your baby presents in an individual manner. Remember, there are no foolish, silly, or unnecessary questions where the proper care of your baby is concerned.

During your first few days at home, most of your time will be spent regaining your strength and caring for your new baby. Like most parents, you probably have some anxieties about how well you will manage. We want to try to relieve these anxieties involved with becoming a parent with the advice we offer in this booklet. Trust yourself and follow our advice rather than that of relatives and friends.

In the beginning, a baby's physical needs are simple—food, warmth, and comfort. But your child also has psychological needs for love and security that can best be fulfilled by you. If your baby is loved, well fed, and comfortable, he will never know if you are less than expert at infant care. Take advantage of this time to begin developing a caring, nurturing relationship with your baby that will last a lifetime. Remember that your baby is an individual—and a very special person!

## **OFFICE HOURS**

Our office is open from 8:00 am until 5:00 pm Monday through Friday. Telephone calls received after office hours are automatically sent to the answering service.

## **OFFICE VISITS**

We like to see babies in the office to check their weight and evaluate for jaundice after they have been home for a day or two.

**PLEASE CALL OUR OFFICE FOR AN APPOINTMENT FOR THE WEIGHT-CHECK BEFORE YOU LEAVE THE HOSPITAL.**

While you are in the office for the weight-check, we will schedule the baby's two-week old check-up appointment. At two weeks of age, we check your baby's growth and development and discuss his progress with you. If the baby needs our attention between the weight-check and two-week check-up, you may call our office.

Cooper Clinic Pediatrics sees patients "by appointment only." An appointment system allows both doctors and patients to plan time effectively and we feel that it enables us to give you better service. We certainly understand the urgency of earaches and such, and will do our best to avoid delays in taking care of acute problems. We will always try to take care of today's problems today if you call early enough to bring the baby in before the office closes.

A new service offered by Cooper Clinic allows you to request an appointment online. Go to [www.cooperclinic.com](http://www.cooperclinic.com), click on Appointments then complete the form for Request an Appointment. Our staff will contact you by phone, at a time that is convenient for you, to schedule your appointment.

## **EMERGENCIES**

If you feel the emergency might be life-threatening, call 911. For all other emergencies, call us immediately. If the situation occurs after regular office hours, the call will be picked up by our answering service. They will pass the message to the pediatrician on call. Many minor emergencies can be handled by phone; but if we feel your child needs to be seen, we will advise you of the most appropriate place to have your child evaluated. If you go to the St. Edward Mercy Emergency Room, the emergency room doctor will provide treatment. If the ER physician feels that your child needs to be admitted, hospitalization will be arranged.

## TELEPHONE CALLS

Feel free to call for advice or information on any matter concerning the care and well-being of your child. For calls that are not urgent, we ask that you call during office hours and our nursing staff will help you.

If you feel you have a non life-threatening emergency, please tell the staff member who answers the phone, and the doctor will be notified.

Should such an emergency arise after office hours, call our regular office number and your call will be handled through the answering service. We currently use **KIDS CARE**, a nurse call-back service staffed by Arkansas Children's Hospital.

There is no charge for calls made during office hours. Remember – non-urgent calls can best be handled during office hours when we have your child's medical chart available.

## WHEN TO CALL THE DOCTOR

Sometimes it is difficult to decide if the baby is sick. **All babies sneeze, yawn, belch, hiccup, pass gas, cough, spit up, and cry.** Eye movements will not be coordinated at first. Frequently your baby's nose will be stuffy for the first few days and this is nothing to worry about. Crying is baby's way of saying, "I'm hungry," "I'm wet," "I'm thirsty," "I want to turn over," "I'm too hot," "I'm too cold," or "I'm bored." You will learn what your baby's cries mean as you get to know him better. However, there are certain signs that baby may display that need the doctor's attention: listlessness, inactivity, refusal to eat, crying much more than usual, irritability, fever (we really don't consider it a fever unless the temperature is over 100.5°), rash, repeated vomiting, constant loose and watery stools.

Before you telephone the doctor, take the baby's temperature (if possible). If your infant is two months old or less, we do ask that you get a rectal temperature. Be prepared to give the doctor your baby's name, age, temperature, and symptoms. Have as many facts available as possible. Non-urgent calls can best be handled during office hours when we have your child's medical chart available.

If you believe you have a life-threatening situation, call 911. For a minor emergency, call our office and ask to speak to a doctor.

## **SAFETY**

Accidents are the **number one** cause of deaths in children.

**Safety is YOUR responsibility**; one that becomes increasingly complex as your baby begins to roll over, grasp, sit, crawl, and walk. In the newborn period, you should be aware of several points of safety:

### **(1) CAR SAFETY**

Get an approved infant car seat and **USE IT**, according to the manufacturer's instructions, at all times. Statistics show that children who begin from day one in a car seat, behave better in the car and less frequently resist sitting in a car seat. This naturally makes your driving safer and easier. A baby is **NOT** safe in your lap! If you are thrown forward, you will crush your baby. Use of a car seat is required by law in both Arkansas and Oklahoma.

### **(2) BURNS**

Test your bath water before putting the baby in the tub. Do not drink hot liquids while holding the baby. **Never smoke around the baby.**

### **(3) FALLS**

Keep the crib rails up at all times on the baby bed. Never leave the baby alone on a dressing table or bed. Handle the baby securely, supporting his neck and shoulders adequately.

### **(4) STRANGULATION AND SMOTHERING**

Toys should be too large to swallow, soft with rounded edges, and unbreakable. Keep small objects such as buttons, pins, beads, etc., out of baby's reach. Keep curtain cords, telephone cords, plastic bags, etc., away from baby. Don't put soft pillows in crib. Don't tie a pacifier around the baby's neck. Unless your infant is having a lot of trouble with spitting up, is premature, or we have told you otherwise, **he should always be placed on his back after feedings and NOT on his side or stomach. Placing baby on side or stomach increases the incidence of Sudden Infant Death Syndrome.**

### **(5) SMOKING**

Do not smoke around your baby since smoking increases the chances of your child having ear infections as well as respiratory problems such as asthma. It is bad for his general health as well as for yours.

## IMMUNIZATIONS

Immunization shots are very important and are started around the second month. You can get them at our office or at your local Health Department (where they cost a lot less since the Health Department is subsidized by the government). Your baby should have the **DTaP** shot to prevent **D**iphtheria, **T**etanus, and **P**ertussis (whooping cough). The **HIB** shot prevents diseases caused by the **H**aemophilus **I**nfluenzae type **B** germ (the bacteria that was the most frequent cause of meningitis in young children). The **I**nactivated **P**olio **V**accine (**IPV**) is an injection that is given to prevent Polio. There is also a series of shots to prevent **H**epatitis **B** (a serious liver infection) which is strongly recommended for children. Currently, the first shot of this series is being given to newborns in the hospital. The additional shots are available at the Health Department or at our office. There is also a vaccine for **V**aricella (chickenpox) that is available for children over the age of one year. There is a relatively new vaccine, **P**revnar, that is being given to prevent serious diseases caused by the pneumococcus germ. It has also been shown to reduce the number of ear infections and the need for tubes.

## FEEDING AND BURPING

Feeding is one of the baby's first pleasant experiences. Feeding satisfies a baby's natural desire to suck as well as his need for food. Feelings of love and security are stimulated by the physical closeness between parent and baby. With proper amounts of love AND food, your baby will grow strong both emotionally and physically.

Organize the baby's feedings in such a manner that it meets his needs, but also fits in with the family's established routines. When you and your baby return home from the hectic pace at the hospital, let baby set his own schedule for feedings. He will let you know when he is hungry! You can expect him to take varying amounts and to eat at different times according to how hungry he is. Feedings should not take longer than twenty or thirty minutes. If this is a problem, phone us during office hours for suggestions. If baby is hungry at night, he will awaken and let you know—otherwise, let him sleep at night and encourage him to eat during the day. It takes about three hours to empty the stomach completely after a full feeding of formula, and one and a half to two hours for breast milk. There is no nutritional or emotional advantage to the baby to be fed more often than that. Demand routines can sometimes end up as mere

appeasement for crying, encourage overfeeding and obesity, and may lead to compulsive eating later in life. While feedings should be loving occasions, they should not be your main way of demonstrating to your baby that you love him. There are many ways of showing love that have no surplus calories in them.

Whether you breast-feed or bottle-feed your baby, provide a comfortable and loving atmosphere during feeding time. Both of you should be calm and comfortable at feeding time. Hold baby with his head slightly raised, and comfortably close. **Never prop the bottle for the baby to feed himself.**

If you are bottle feeding, be sure the nipple is full of formula at all times. This decreases baby's tendency to swallow air. However, a certain amount of air WILL be swallowed during and after feedings. Try to burp the baby if he seems bloated, and always at the end of each feeding. He may be burped over your shoulder, placed face down in your lap, or in a sitting position in your lap. If the baby is hard to burp, five or ten minutes of lying on the tummy will usually let all the small bubbles run together. That will allow the rest of the air to come up. Baby will burp if he needs to—don't force him. Some spitting up is normal and you shouldn't worry about it. Unless he is having a lot of trouble with spitting up, your infant should be placed on his back after feedings and not on his stomach or side.

Solid foods are currently introduced quite a bit later than they used to be. We try to individualize as to when babies start on solids, depending on such factors as growth and maturity rather than setting an arbitrary time for all babies. We will discuss this with you at the regular check-ups.

We recommend the ENFAMIL® or SIMILAC® formula **with iron**. (Despite what your grandmother may say, the iron doesn't cause stomach problems and is necessary to prevent anemia.) If you use a soy formula, we recommend ISOMIL® or PROSOBEE®. If you feel that your baby is having some kind of problem with the formula, call and talk to us before switching to another formula. We can help you choose a different formula based on qualities other than good advertising.

## **BREAST FEEDING**

Breast-feeding is good for you and good for your baby. Breast milk is especially tailored for your baby. Breast-feeding need not be confining. If it is not convenient for you to be with the baby at a feeding time, you don't lose the benefits of breast-feeding by the

occasional use of a bottle and a baby-sitter after the first month. Many mothers go back to work after six weeks or so and continue to nurse successfully.

**We would like to encourage you to breast feed your baby if at all possible.**

Colostrum, the first milk, is usually present in the first 48 hours; then after 48 hours, your breasts will become fuller and tighter as they begin to produce more milk. Stimulation of the breasts by the baby's nursing helps with milk production.

Begin breast-feeding by guiding the baby's mouth to the nipple, stroking the cheek nearest the breast to encourage him to turn his head that way. Be sure to keep baby's nostrils free to let him breathe; if necessary, make a "V" with your fingers around the nipple to keep the breast away from his nose. When baby finishes nursing, release his suction on the nipple by gently pushing the tip of your finger into one corner of his mouth. Limit the first day's feedings to five minutes on each breast to avoid soreness of the nipples, and then gradually increase your feeding time to 10-15 minutes on each side. Always begin the next feeding with the last breast that the baby nursed on. Your baby may nurse one or both breasts at each feeding. Alternate breasts if baby takes only one side at a feeding.

At home, the only limits you must observe are: **(1)** No longer than 15 minutes of nursing on each breast; **(2)** Leave at least one and a half to two hours between each breast feeding to allow your breasts to produce more milk. Otherwise, feed your baby on demand.

Care for your breasts by cleaning them with plain water, avoiding soap, especially on the nipple area. Before feeding baby, cleanse the nipple area with a wet washcloth or cotton ball. Be sure to wear a good supportive nursing bra—you will be more comfortable if you do. A certain amount of soreness of the nipples can be expected. You may use breastmilk as a lotion on your nipples after feeding. The best treatment for this is exposing the nipples to air and light. You may use a desk lamp (NOT a sun lamp) to provide light, but be careful not to burn yourself.

Include a balance of meats, fruits, vegetables, bread and abundant liquids in your diet while nursing your baby. You may eat foods such as chocolate, onions, etc., in moderate quantities as long as you experience no problems doing so. Medications such as vitamins, aspirin or Tylenol® may be taken safely during breast-feeding. If you need a laxative, you may safely take Milk of Magnesia®, prunes,

bran cereal, or your Obstetrician may want to recommend a stool softener.

Breast-feeding is not always easy. However, it is worthwhile and the most common problems can usually be worked out. If you need help with breast-feeding, utilize the nurses in the nursery, our office staff and us, your baby’s doctor. Don’t stop breast-feeding without asking for help.

Instructions for cleaning and preparing bottles follow in the section on bottle-feeding. **We strongly advise you not to supplement with formula in the first month without discussing it with your baby’s healthcare provider.** After that time, if you wish to substitute an occasional formula feeding, use the powdered formula to avoid waste. Mix it according to the following directions:

Powder.....1 level scoop      Water.....2 ounces

**WATER**

Most babies (especially breast-fed babies) do not need any extra water. If you feel that your baby needs extra water, you may offer unsweetened water once or twice a day. Sterilize the water and bottles the same as you would for bottle feeding formula (described in the next section).

**BOTTLE FEEDING**

Start off with about 3 1/2 to 4 ounces of formula in each bottle. As time goes on and the baby grows, you will need to add more formula to each bottle. We want the baby to take the bottle until he is satisfied and there is still a little formula left over. That way we know that he quit because he was satisfied, not because he ran out of formula. After the formula is mixed up and put in the bottle, place it in the refrigerator until you are ready to use it. The formula does tend to spoil more easily than regular milk, so try to use it within 48 hours. We do not recommend that you put it back into the refrigerator after you have had it out and warmed it up the first time. (If the formula has been sitting out for more than one hour, it should be thrown away and not fed to the baby.) Formula need not be hot—cool or room temperature is fine and will not give the baby a stomachache or indigestion. When you are ready to feed the baby, the refrigerated bottle should be warmed slightly. Warming the bottle in a pan of hot water or running hot tap water over the bottle is usually enough. Do not use a microwave oven to warm the formula. The formulas come

as a powder, a concentrate, and ready-to-feed; the more mixing YOU have to do—the lower the cost.

Many types of bottles are available on the market today. You should use the type you feel most comfortable with and which works best for your baby. Nipple holes should be big enough to let milk drip through the nipple as rapidly as possible without forming a stream. Recent studies have shown that sterilization of bottles is not necessary when using “city” water. If you have well water, we suggest that you use sterilization to prepare the formula.

If you have “city” water and do not wish to sterilize, be sure to keep the nipples, bottles and equipment for preparing the formula as clean as possible. Wash them well with hot, soapy water, and scald thoroughly, or use a dishwasher. After cleaning the bottles, prepare the formula. You may mix the formula (powdered or concentrate) and water in a clean bowl and divide it among the bottles, or pour equal amounts of water and concentrated formula into each bottle and shake to mix. The ready-to-feed formula may be poured directly into the clean bottles.

If you have well water, or choose to sterilize bottles, there are several methods you may use. Clean the bottles and nipples with hot, soapy water (be sure to squeeze water through the nipple) and rinse well.

**Terminal Method:** Do not use this method for powdered formula. If you are using concentrated formula, mix the formula according to the directions (usually 1 part concentrate plus 1 part water). Pour the prepared formula into clean bottles, put the nipples on, and screw the nipple collars on loosely. Set the bottles on a rack or on a cloth on the bottom of your sterilizer or deep kettle and add about 3 inches of water. Cover the sterilizer or kettle and boil for 20 minutes. Remove bottles, tighten nipple collars, and refrigerate.

**Boiling (Aseptic Method):** Place clean bottles, nipples, and equipment in sterilizer or deep kettle and cover them with water. Cover sterilizer or kettle and boil for 5 minutes. Remove from heat and let cool to the touch (about 1 hour). Remove equipment with tongs and place on clean towel. If using powder or concentrate, boil water for formula in a covered saucepan for 5 minutes and let cool to room temperature. Mix formula. (Usually 1 part concentrate to 1 part water or 1 level scoop of powder to 2 ounces of water.) Pour formula into bottles, screw on nipples and refrigerate.

**Single Bottle Method:** Sterilize bottles, nipples, and tongs according to the boiling (aseptic) method above. Store bottles and nipples in a convenient place at room temperature. At feeding time, pour the correct amount of ready-to-feed formula into the bottle. If using powder or concentrate, boil water in a saucepan for 5 minutes and then allow it to cool to room temperature. Pour the correct amount of water into the bottle, add the powder or concentrate (usually 1 part water to 1 part concentrate or 1 level scoop of powder to 2 ounces of water), and shake well.

## **BATHING**

Sponge bathe your baby with mild soap and a soft washcloth until the navel cord has dropped off and the navel quits oozing (and in boys, until the circumcision has healed). When bathing baby, the room should be warm and free of drafts. Keep bathing supplies together to save steps.

Wash the baby's body and head gently with a mild soap and soft washcloth, rinsing and drying well, especially in body creases. Clean baby's outer ears, nose, and eyes with a cotton ball dipped in cool water. Cleanse the eyes from the inner corner to the outer corner. "After-bath" lotion is not necessary to the health of your newborn's skin. However, if you wish to use something, we would prefer that you apply baby lotion or cream rather than baby oil.

## **BOWELS**

Your baby's first stools will be thick, dark, and sticky. During the first week or ten days, the stools will progress to a soft, pasty consistency, yellow in color. Bowel movements can vary in size, number, time, and frequency, and each baby has his own pattern. Some infants may have a stool after each feeding while others may have only one or two a week. Either way is normal as long as the stools are of normal consistency and the baby is comfortable. If the stools are hard, dry, and difficult to pass, call the office and talk with a nurse. She can offer advice that will hopefully remedy the problem. Remember, the number and color of bowel movements are not important if the baby can pass them without difficulty and isn't sick. If you attempt to regulate the number of stools, the normal body processes for removing waste materials are by-passed and will quit functioning on their own. **Laxatives, suppositories and enemas**

**are habit-forming, do more harm than good, and should only be used for specific medical reasons** such as preparation for an x-ray or surgical procedure.

## **BABY'S BREASTS**

The breasts may be red or swollen and may even have a milky discharge for the first few days after birth. This is normal and nothing to worry about.

## **CRYING**

Most babies have a fussy spell from time to time. Unexplained fussiness is most evident in the late afternoon or evening, but may occur at any time. This is one of the most aggravating and frustrating things about having a new baby, and is seldom traceable to any detectable physical cause. Gas cramps, constipation, swallowed air, the formula, breast milk, and a whole host of other factors are commonly blamed, but there is no scientific basis for any of these theories. The worst thing about the situation is the guilt that almost every mother feels when all her efforts to soothe her baby are in vain; even though it is almost never mom's fault. Typically this problem (usually called colic) subsides by the time the baby is a three to four months old no matter what you do about it. There are things to try that may help in individual cases. Please call for suggestions if it is troublesome for you or your baby.

## **DIAPERS**

Cleanse the baby's diaper area as soon as possible after each urination and bowel movement. Use soap and water and rinse and dry well. If your baby has trouble with a diaper rash, you may try a type of diaper rash preparation available without a prescription. While most babies will do fine in either disposable or cloth diapers, it does seem to make a difference for some babies. If your baby has trouble with diaper rashes, you might try a different type (or brand) of diaper.

## **EARS AND NOSE**

Cleanse only those areas easily reached with a washcloth. Not only is deep cleaning unnecessary, it may be harmful. Cotton-tipped applicators should never be inserted into these small openings.

As a general rule, we recommend that you wait to pierce the baby's ears until they are old enough to take care of them on their own – usually around 12 years of age.

## ENVIRONMENT

Try to keep baby's room at a comfortable temperature—around 70° day and night. Use yourself as a guide—if you are chilly, baby probably needs a light blanket; if you are hot, he will need less covering and clothing. It's best not to wrap baby closely in clothing or blankets—he needs room to kick and move around.

## EYES

Clean gently with water if any excess secretions are present. Secretions may be present for several days due to the irritation from the medication placed in the eyes after birth to prevent infection. If the secretions are green or if the eyes get very red, call one of the nurses to see if any treatment is needed.

## FACE

Bathe with a washcloth and mild soap when dirty, taking care to keep the soap out of the baby's eyes. If small bumps of “heat rash” appear on the forehead, cheeks, or around the base of the neck, gentle scrubbing with the washcloth is usually helpful.

## FEVER

If your infant feels warm or hot, take his temperature. If the baby is two months old or less, we strongly recommend using a **rectal** thermometer.

**If your baby is acting sick and has a lower than normal temperature (under 96.5°) or if the baby has a fever call us. If the baby is two months old or less, call if he has a temperature of 100.5° or higher rectally.**

## GENITALS

**BOYS:** If your son was circumcised, watch for any swelling or bleeding, although the circumcision will usually be healing well by the time you take him home. Keep the circumcision clean, like the rest of the diaper area, with a mild soap and water. We recommend you use a small amount of Vaseline® to keep the circumcision from

sticking to the diaper.

If your son has not been circumcised, gently clean the penis with a mild soap and water. There is no need to try to pull the foreskin back until he is about 6 months old.

**GIRLS:** You may notice a clear, mucous discharge from your daughter's vagina, as well as some swelling, for several days after birth. Occasionally, the discharge may appear pinkish or blood-tinged. This is no cause for alarm. Wash it off gently with a washcloth or cotton ball using mild soap and water.

## **HEAD**

Bathe with soap and water as often as necessary. Don't be afraid of the soft spot, and don't hesitate to scrub it if flakes start to accumulate.

Over the last few years, since we have been keeping babies on their back to sleep, some pediatricians have noticed that there seems to be an increase in the number of misshapen (or lopsided) heads. A simple way to prevent this is to change the head and foot of the baby's bed every 5-7 days. Since babies tend to look out into the room, this keeps them from lying on the same side of their head all the time.

## **JAUNDICE (YELLOW COLOR TO THE SKIN)**

Most babies develop jaundice (a yellowish tint to the skin) in the first few days of life. Jaundice is most noticeable on the baby's second or third day after birth. Normally this is caused by the natural breakdown of parts of the red blood supply of the baby and the fact that the newborn's liver isn't fully mature until the baby is several days old. This usually requires no treatment and has no lasting effects. However, there can be some conditions, such as a blood incompatibility between the mother and baby, which can cause the bilirubin (the name of the chemical that makes the baby look yellow) to go high enough to require treatment. If you think your baby is looking more yellow or especially if the whites of the eyes are very yellow, call the office. We may need to see the baby and check a blood test to measure his bilirubin level. The hospital has recently started a program where a home-health nurse will come to your home to check on the baby at three to four days of age (if you go home before 48 hours of age) to be sure the baby isn't becoming jaundiced.

## **NAVEL AND NAVEL CORD**

Keep clean and dry, and apply rubbing alcohol to the cord three or four times daily until it falls off (usually in two to three weeks). Sometimes there is a small amount of blood on the navel after the cord comes off, but this is no cause for concern. Continue swabbing the navel with alcohol several times a day until the oozing dries up (usually a week or so). Cotton-tipped applicators work well to get to the base of the cord.

Don't worry about hurting the baby in caring for the navel—there are no nerves in the cord, and it can be moved about, trimmed, and cleaned just as hair is cared for without pain or discomfort to the baby. Belly bands, adhesive tape, etc., are neither necessary nor desirable; they do not prevent or cure hernias or “ruptures,” and may cause additional irritation.

## **SKIN**

Use baby creams or lotions as desired, but don't use baby oil or Vaseline® on the skin. Heavy oils and greasy substances are hard to wash off completely, trap dirt and bacteria, and seal in irritating materials. If corn starch or baby powder is applied, avoid using excessive powder and be careful to keep the baby from inhaling the powder dust.

## **VITAMINS AND FLUORIDE**

Vitamins are added to the formula, so the baby doesn't need any extra vitamins until he is taken off the formula (at around 12 months). In fact, if your baby is eating a well-balanced diet, he may not need them even then. It is recommended that they get fluoride drops to strengthen their teeth, however. If you do not have fluoride in your water, we will give you a prescription for fluoride drops at the six-month checkup.

If you are breast-feeding, vitamins may be recommended for your baby. We will discuss this with you at the two-week exam.

