



Baby on the Way!

Congratulations! This can be an exciting, and anxious time. We hope the information in this booklet will help ease some of the worry and help you better prepare for your new bundle of joy. Any advice received during this time (and there will plenty!), is just that: *advice*. Some of the advice will even be contradictory! This is because raising children is not black and white, there is no checklist in a manual somewhere. There is a lot of gray area and how you raise your child depends on multiple factors: parent personality, home culture, religious background, what part of the world you live in, climate zone...the list is endless. Above all, the most important factor will be your baby's personality. That's right, your baby will be born with his/her very own personality! Do not worry. At One Family Pediatrics, we will be there every step of the way to help your inner parent shine! Together, we will grow as a family.



Table of Contents

Baby Equipment	3
Vaccine Preventable Diseases	4
In the Hospital	5
Feeding your Baby	5
Labs and Procedures	5
Circumcision	5
Bringing Your Baby Home	7
Crying	7
Soothing	7
Cord Care	7
Handwashing	7
Baths	8
Cutting Nails	8
Sleeping and Sids	8
Rashes	9
Jaundice	9
Newborn Acne	9
Erythema Toxicum	9
Salmon Patches	9
Mongolian Spots	9
Cradle Cap	9
Eczema	10
Fever and Illnesses	10
Thrush	10
Taking your Baby Outside	10



Baby Equipment

- ☑ Diapers – you will be going through 8-12 diapers per day within 3-5 days of life. Prepare accordingly (at least a case of Newborn sized disposable or 2-3 dozen cloth diapers).
- ☑ Sensitive wipes – you will probably need a few packs of this.
- ☑ Infant Car Seat: you want a government approved, crash-tested car seat. If you plan on buying second hand, make sure it has never been in a car accident (voids the car seat) and it has not expired. You will need the car seat to bring your baby home from the hospital!
- ☑ A place for your baby to sleep: crib, bassinet, etc.
- ☑ Undershirts: short sleeves and long sleeves, preferably built-in hand covers (mittens never stay on). You may want to buy 3-5 newborn and 0-3 month old each. Babies can outgrow newborn size within a couple of weeks depending on birthweight.
- ☑ Burp cloths (5-7).
- ☑ Receiving Blankets (2-4).
- ☑ Digital thermometer for the underarm. Rectal thermometers are no longer recommended due to potential for injury.
- ☑ Onesies (thin cloth if summer, thicker if winter). Zippered ones are easier to take on and off, but be careful not to catch the skin in zipper! 3-5 of these in newborn and 0-3 months.
- ☑ It is always tempting to buy a lot of clothes before the baby is born but take a few things into consideration:
 - #1) Your baby may be a 6 pound peanut or a 10 pound watermelon. The first will be newborns a lot longer than the latter.
 - #2) Remember the season in which your baby is due. If your baby is due in spring, then winter newborn clothes are probably not warranted.
 - #3) Babies grow at different rates, so it is hard to predict what size clothes your baby will fit into 2 seasons from when he/she is born.
- ☑ Unscented natural baby soap (Burt's Bees©, California Baby©, Baby Aveeno©, etc.)
- ☑ Mild detergent for washing clothes, preferably unscented.
- ☑ Diaper cream: Zinc oxide ointment. Do not use this as a preventative cream. You only need to apply diaper cream if there is a rash.
- ☑ If you plan on going back to work, you will want to invest in an electric pump. Insurance companies will pay for it, but some require a prescription from your



physician and it may need to be ordered online. This can take several weeks, so find out in advance what the procedure is for having your insurance company pay for the pump.

- ☑ Rarely, formula may be needed for your baby. In that situation, you would need a set of 4 oz bottles with stage 0 or 1 nipples (nipple size will correspond with age on packaging).
- ☑ Rarely thought of, taking a **CPR Class** is an important consideration. Ask your pediatrician for local CPR classes.

Vaccine-preventable Diseases

Newborns are very vulnerable to diseases. People around the newborns (from children to elderly) should be vaccinated fully to protect transmission of these diseases to the newborn. This includes Tdap boosters and yearly Flu vaccines.



In the Hospital

Feeding your baby

As soon as your baby is born, if there are no immediate health concerns, have the newborn spend some time on the mother's chest for skin-to-skin time. This is an important bonding time for mother and baby and begins the process of initiating breast feeding. Newborns will start rooting for the nipple immediately. Initially, when there is colostrum, your baby may want to feed more frequently (every 1 1/2 - 2 hours). This is perfectly normal and should not be mistaken for inadequate milk intake. Your baby will feed 8-12 times within a 24 hour period. With every latch, a signal is sent to the mother's brain to produce more milk. This process can last up to 3-5 days.

The best way to tell if your baby is getting enough is counting the number of wet and dirty diapers as well as level of weight loss. A good rule of thumb for when you are discharged from the hospital is 1 urine and 1 stool per day old. Urine output will usually level out with 6-8 wet diapers and anywhere from 3-12 stools per day. There is some weight loss initially, and most babies will be back to their birth weights within 1-2 weeks. Once your baby starts gaining weight, he/she will gain about an ounce on day on breast milk.

Some babies tend to be sleepy the first few days. Do not let your baby go more than 4-5 hours without feeds for the first 2 weeks of life.

Tests/Procedures in the Hospital

- PKU/Newborn Metabolic Screen

This is a blood test performed in the hospital via heel stick. The test screens for genetic and other diseases which can cause mental retardation. These are diseases that cannot be diagnosed by physical exam and are treatable only if caught early.

- Vitamin K

Vitamin K is made by gut bacteria. In a clean world with clean births, babies take a long time to grow these gut bacteria. Without Vitamin K, babies lose the ability to clot resulting in bleeding problems such as brain, eye, stomach bleeds. These bleeds do not only happen in babies with traumatic births. Many times, there are no warning signs. Babies are risk of bleeding up to 2 months of age.

To prevent this disease, babies receive a Preservative Free Vitamin K shot in the hospital. Oral Vitamin K provides varied absorption resulting in breakthrough Vitamin K deficiency bleeding in children as far as 6 weeks of age.



With the rise of Vitamin K refusal, brain bleeds, GI bleeds, eye bleeds have increased.

- **Hepatitis B Vaccine**

Hepatitis B is a preservative free vaccine that prevents against hepatitis in your baby. Babies are at highest risk of developing chronic illness (up to 90% of babies who are infected!). Some mothers may test negative for Hepatitis B, but seroconvert after the test resulting in transmission to the fetus right before delivery.

Circumcision

If your baby is already circumcised, apply petroleum jelly around the red area where the foreskin was removed and wrap with gauze. This should be performed with every diaper change until the area is healed completely. The head of the penis will look angry red, followed by golden, crusty and then pink, healed skin. Once healed, pull back gently on foreskin once per day to make sure any extra skin does not re-attach to the head of the penis.

If you have a poor breastfeeding baby in the hospital, you may want to consider to circumcise after discharge, once breastfeeding is well established. Surgeons can do this in the office setting with great results.



Bringing your baby home...now you're on your own!

Crying

Your baby may have periods of crying. Initially this can seem very stressful. There are a checklist of things to consider when your baby is crying:

1. Is he/she hungry?
2. Is there a dirty diaper?
3. Is your baby hot/cold? A good rule of thumb for dressing your baby is dress your baby in something similar to what you are wearing plus one layer.
4. Does your baby want to be held? Newborns are used to an enclosed, cozy womb, and once born, the world is big. It's okay to hold your baby. There is no such thing as too much holding or spoiling the baby.

Soothing the baby can be accomplished with the "5 S's"

Sucking – sucking can trigger a calming reflex in babies. Remember, this is all they did in the womb.

Swaddling – swaddling can help your baby feel secure. After the first week or two of life, avoid swaddling the hips.

Shushing – Shushing sounds or your voice in a soothing sound can help reassure your baby.

Swinging – Baby swings and rocking motion provides positive sensory stimulation to your baby. Never shake your baby, because this can cause damage to the brain.

Side or Stomach Position – putting your baby on his/her stomach or side while awake can help them feel secure. You can do this while the baby is swaddled. If the baby falls asleep, then reposition onto his/her back.

Cord care

Do not clean the cord with alcohol unless the area gets dirty. The cord will fall off anywhere from 1 week to 1 month of life.

Handwashing

Handwashing is the best way to prevent transmission of disease, far better than hand sanitizer. Wash hands frequently!



Baths

No baths until the umbilical cord falls off. Until then, only sponge baths. Most newborns only need baths about 2-3 times per week. Avoid scented soaps and lotions. Coconut oil or almond oil work great on peeling/cracked skin.

Cutting Nails

Only file nails with an emery board for the first month of life. Baby's finger nails are very soft and it is very easy to accidentally cut the baby's finger at this time.

Sleeping and SIDS

Always put babies on their back for sleep. This decreases the risk of SIDS.

If co-sleeping cannot be avoided, there are some precautions you must take:

1. Place the baby on his/her back.
2. Use firm, flat surfaces (not waterbeds, couches, daybeds, sofas, pillows, loose bedding, soft materials).
3. Do not share any blankets. Blankets should be tucked in and around the mattress.
4. Ensure head is NEVER covered of your baby.
5. Do not use quilts, duvets, comforters, pillows, stuffed animals in the baby's sleep environment.
6. Never put the infant to sleep on or adjacent to a pillow.
7. Never leave an infant alone on an adult bed.
8. There should be no spaces between the mattress or headboard, walls, other surfaces that may entrap the infant and lead to suffocation.
9. Firm mattress directly on the floor away from walls may be a safe alternative.
10. Room sharing with parents (crib in room) reduces risk of SIDS.

SIDS increases with the following unsafe practices:

1. Environmental smoke exposure
2. Use of alcohol or mind-altering drugs by adults who bed-share.
3. Infant bed-sharing with other children.
4. Bed sharing with babies <8-14 weeks of age may be more strongly associated with SIDS.
5. Co-sleeping on waterbeds, couches, daybeds, sofas, pillows, loose bedding, soft materials.



Rashes

Newborn skin is prone to rashes and changes in skin color. Most of these are harmless and will resolve on their own. If other symptoms are associated with the rash (cough, fever, fussiness, feeding poorly), call your pediatrician immediately.

Jaundice

Jaundice is the yellowing of skin. This is very common in the newborn period. The eyes can appear yellow for up to a month. Jaundice is caused due to immaturity of the baby's liver. If there is a concern for jaundice, the problem will usually be addressed in the hospital. If you see new jaundice after discharge from the hospital, call your pediatrician immediately.

Pimples or Neonatal Acne

These are caused by maternal hormones, lasting from a few weeks to a few months. No treatment is needed.

Flea-bitten Looking Rash

Known as erythema toxicum, they look exactly like flea bites with red, blotchy skin that is raised. In the center you may see a white or yellow dot. This lasts from a few weeks to months and resolve without treatment.

Salmon Patches or Stork Bites or Angel Kisses

This is a nest of blood vessels that are visible usually between the eyes or nape of the neck. They fade on their own within months to 1-2 years. Occasionally, they do not resolve, but they cause no problems.

Mongolian Spots

Found on any part of the body, usually on the back. They look like bruises but with well-defined borders. They usually resolve before your child reaches puberty (don't panic, we'll talk about this subject later).

Milia

These are little white bumps usually found on the nose. They disappear within a few weeks without treatment.

Cradle Cap

Some babies get yellow, crusty skin in the scalp and eyebrow areas at about 1-2 months of age. This does not bother the baby, but if areas are worsening, you can discuss treatment options with your pediatrician.



Eczema

This is red, itchy patches of skin that get dry and scaly with time. This is due to allergens or dry sensitive skin. Use unscented, gentle soaps, detergent, moisturizer. Some babies may need a steroid cream if the symptoms are worsening. Discuss with your pediatrician before applying any steroid creams.

Fever and Illnesses

Any fever (under arm – NO rectal temperatures) $>100.4^{\circ}\text{F}$ should be reported to the pediatrician immediately if your baby has not had his/her 2 month old vaccines.

Sneezing and hiccups are normal, but coughing can be concerning. If your baby has excessive coughing, notify your pediatrician right away.

Thrush

If you notice white patches on the inside of your baby's mouth and/or if mother's nipples are red and painful, there may be a candidal infection causing thrush. Your pediatrician can diagnose this and provide proper treatment.

Taking your Baby Outside

Walks and car rides are perfectly safe with your infant. You want to avoid crowded places for at least the first 6-8 weeks of life. Avoid exposures to people and children with an active illness.