

**CENTRAL JERSEY
PEDIATRICS, P.C.**
Infants, Children & Adolescents Medicine

**1553 Ruth road, Suite 1
North Brunswick, NJ-08902**

**Dayton Professional Plaza
401 ridge Road, Suite # 2
Dayton, NJ, 08810**

**1300 How Lane
New Brunswick, NJ 08901**

**34-36 Progress St.
Edison, NJ 08820**

**Ph. (732) 418-1700
Fax. (732) 249-9599
After Hr. (732) 901-2801**

**Himanshu A. Patel, MD FAAP
Deborah Kessous, MD
Neil Patel, MD
Rusheil Patel, DO
Suresh Patel, MD
www.cjpediatrics.com**

TO THE NEW PARENTS

Congratulations! You are starting one of life's greatest adventures-parenthood. We appreciate you asking us to be your baby's physician. We will do our best to help your baby enjoy a healthy and happy childhood.

If this is your first child, you probably have a lot of questions. If you have other children, your memories of those baby days might have faded. Some infant care practices have changed, and you will want to have up-to-date information on the services that we provide.

Of course, the parents of new babies do not have to look far to get advice. Friends and relatives are eager to share their knowledge of baby care. However, what worked for them may not work for you, and not all their advice will be correct. So, we hope you will ask us any questions that come to mind during the time your baby is still in the hospital and afterward- either by phone or during office visits. **The best time to call is between 10.00am to 11.00 am.** Office staff will take your message and we will get back to you. **Visits are by appointment only.**

Most parents of children in our practice have many questions about baby care, but they often forget them during their office visit. For this reason, we suggest that you keep a running list of questions at home, even if they seem silly or trivial. As the saying goes "there are no silly questions, only silly answers." Anything that concerns your desire to understand and care for your baby is important for us to discuss.

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GETTING STARTED

Soon after birth, your baby will receive a special eye medicine (erythromycin) to help prevent eye infection. An injection of vitamin K is given to the baby to prevent rare bleeding problems that some newborns may develop. A purple medicine is applied on the skin around the umbilical cord to prevent infection in that area.

Before leaving the nursery, all babies are given a blood test to check for several very unusual but serious conditions (metabolic screening). A small drop of blood is taken from the baby's heel and sent to the New Jersey State Laboratory. You will be contacted **only** if the test needs to be repeated or if the test result is not normal.

New Jersey State Law requires that all babies be placed in an approved car seat every time they ride in a car (including the first ride home from the hospital). Infants should ride facing the rear of the car and the car seat should be placed in back seat.

When babies go home from the hospital nursery, everyone wants to see them. A new baby generally gets lots of callers. During the first few weeks, limit your baby's visitors, especially children. The baby needs a little time to build resistance to common infections. You do not know who might have a sore throat, cough, or other infectious conditions. If you have older siblings maintain a strict hygiene when they are around the baby. We also suggest that you keep the baby out of large crowds for a few (at least 6) weeks.

We ask that your newborn baby come for his/her first check-up by the age of two weeks. Should a problem arise before then, we will be happy to see your baby in the office. Please call our office as soon as the baby goes home from the hospital for the first appointment.

Your baby's growth and development will be discussed during each visit and a comparison to normal development as well as what to expect in future developments will be discussed. A recommended immunization schedule is given in this booklet, which can be changed to suite your baby's needs.

FIRST FEW WEEKS AT HOME

For most mothers, the first few weeks at home with a new baby are the hardest of their lives. You will probably feel overworked, even overwhelmed. Inadequate sleep will leave you feeling fatigued. Caring for a baby can be a lonely and stressful responsibility. You may wonder if you will ever catch up with the rest of your work. The solution is to ask for help. No one is expected to care for a young baby alone.

PREVENTING EXHAUSTION

Go to bed earlier in the evening. When your baby naps, you should nap too. He/she does not need you hovering over while he/she sleeps. If he/she is sick, he/she will show symptoms. Take the telephone off the hook while sleeping. If you cannot take care of yourself, it will be difficult for you to take care of the baby.

PREVENTING BLUES

More than 50% of women experience postpartum "blues" on the third or fourth day of delivery. The symptoms include tearfulness, tiredness, sadness, and difficulty thinking clearly. The main cause of this temporary reaction is probably the sudden decrease of maternal hormones after delivery. Since the symptoms commonly begin on the day, mother comes home from the hospital, the full impact of being totally responsible for a dependent newborn, may also be a contributing factor. Many mothers feel guilty about the symptoms because they have been led to believe that they should be overjoyed about caring for a baby. The symptoms usually clear up in one to three weeks as hormone levels return to normal and mother develops sense of control over her life.

There are several ways to cope with the postpartum blues:

- Acknowledge your feelings. Discuss them with your significant other or a close friend. Do not try to suppress crying or put on a "supermom" show for everyone.
- Get adequate rest.
- Get help with your work.
- Interact with other people. Do not let yourself become isolated. Get out of the house at least every week-go to the hairdresser, go for shopping, and go to the gym, visit a friend, or watch a movie.
- If you do not feel better by the time your baby is 1 month old, talk to your physician (Ob-Gyn) about the possibility of getting counseling or medication for depression.

FATHER'S ROLE

If it is possible, the baby's father should take time off from work to be with you during labor and delivery, as well as on the day you and the child come home from the hospital. If you have a relative who can temporarily live in and help, the father can continue to work after the baby comes home. Then when the relative leaves, the father may choose to take the paternity leave or leave without pay under the Family Leave Act. Fathers can help with feeding, changing diapers, bathing, dressing, putting the baby to bed, playing with the baby and calling the physician when the child is sick. Some fathers avoid interacting with the babies during the first year of life because they are afraid that they will hurt the baby or will not be able to comfort the baby when the baby cries. The longer the father goes without learning parenting skills, the harder it becomes to master them. A father should hold and comfort a baby at least once a day.

HELPERS

Remember that every one needs extra help during the first few weeks with a new baby. The best person to help (*if you get along with her*) is usually your mother or mother-in-law. If not, ask other relatives or friends to help out. If you have other young children, you will absolutely need daily help.

RECOMMENDED SCHEDULE FOR WELL CARE CHECK-UPS AND VACCINATION BY US.

2 week	Visit to check changes in Heart and Body
1 month	Weight check
2 months	DTaP+ Hep B+IPV (Pediarix), Rotavirus
3 months	Prevnar, Hib
4 months	DTaP+ Hep B+IPV (Pediarix), Rotavirus
5 months	Prevnar, Hib
6 months	DTaP+ Hep B+IPV (Pediarix), Rotavirus
7 months	Prevnar, Hib
9 months	PPD test
12 months	MMR, Varivax
15 months	DTaP, Hib
18 months	Prevnar.
2 year to 4 years	Check-up every 6 months
4 years- 21 years	Yearly check-up

FEEDING YOUR NEWBORN

Breast milk is the best food for babies during the first year of life. Breast milk provides just the right balance and amounts of nutrients that babies need for good growth and development. It contains substances that may help protect babies against certain illnesses and allergies. It is inexpensive, convenient and helps mothers to lose weight faster. If you choose not to breast-feed or if you stop nursing before your baby's first birthday, infant formula provides the best alternative to breast milk.

We recommend:

- **Similac® with iron**

American Academy of Pediatrics recommends that babies be given iron-fortified formula. Iron usually will not cause stomach problems or constipation. You should keep your baby on breast milk or formula until his or her first birthday. Cow-milk in any form-whole, 2% or skim- should not be given until the child is one year old. Cow-milk does not supply the balanced nutrition your baby needs, and it is often hard on a baby's sensitive digestive system.

FEEDING TIMES

Babies differ in their feeding needs and preferences, but most breast-fed babies need to be fed every 2 to 3 hours and nursed 10 to 15 minutes on each breast. If the baby is not finished in 30 minutes, "close up

shop” and wait until next feeding. Formula-fed babies usually feed every 3 to 4 hours and finish a bottle in 30 minutes or less. Bottle-fed infants drink about 60 to 120 ml (*2 to 4 ounces*) at first; by the time they are a few weeks old, their formula consumption generally gets doubled. Discard any remaining formula at the end of feeding. **Do not use honey as sweetener.**

Your new baby may cry as though asking to be fed as often as every two hours. Keep in mind, though, babies do not need to be fed every time they cry. When a baby cries for a short time on a regular basis, he/she may just need more milk at each feeding. Or he/she may be protesting that his/her diaper is wet, or he/she is too hot. It is best not to get into the habit of offering frequent small feedings to please a fussy baby. So, before you offer breast or bottle, be sure your baby is not crying for some other reason unrelated to hunger.

Let your newborn set his/her own feeding schedule but at the same time, do not feed every hourly. Do not watch the clock for him/her. He/she knows how much and how often he/she needs to eat. Lastly do not wake him/her up for a feeding unless it has been at least 5 hours since the last one.

HOW MUCH IS ENOUGH?

How can you tell whether your baby is getting enough breast milk or formula? The best gauge of good nourishment is growth, which is measured by weight and length. Each time your baby comes in for a check-up, we will weigh and measure him/her. It is one reason your baby needs regular checkups in the first 2 years.

SIGNS OF A WELL-FED BABY

- Looks and acts satisfied after feedings
- Wets six or more diapers daily (*after 4-5 days of age*).
- Has yellow or frequent dark stool (*after 4-5 days of age*).

Most new babies weigh between 5½ to 10 pounds. The average is about 7½ pounds. During the first days of life, infants generally lose 4 to 10 ounces; breast-fed babies may lose a little more. This is no cause for concern. It is all part of your baby's adjustment to the outside world, and most of the weight loss is water. By 10 days of age, most babies gain back what they lost. Healthy well fed babies usually double their birth-weight by 5 months and triples it by 1 year.

DRINKING WATER

If you take your baby outside during warm weather, you may want to offer water once or twice a day. Boil plain water and cool it to room temperature before feeding it. However, if you are breast-feeding, hold off giving water until your milk supply is established unless the weather is very hot.

BURPING

Burping your baby helps remove air swallowed during feeding. You can wait until the end of the feeding or burp at intervals during feeding. You will soon be able to tell if your baby needs frequent burping.

Here are 3 good methods:

- Hold your baby so his/her head rests on your shoulder and his/her chest is against you chest.
- Lay down your baby face down on your lap. Rub or pat his/her back.

- Hold your baby in a sitting position on your lap, with his/her side towards you. Support his/her head and back with one hand, chin and chest with the other. Then gently rock him/her back and forth as if helping him/her "take a bow."

Your baby may spit out small amounts of formula or breast milk. No cause for concern. It happens to all babies. You may be able to reduce the spitting by holding baby upright for 20 minutes after feed, burping your baby more often or longer during and after feedings. If baby vomits large amount each and every feed, please let us know immediately.

BREAST FEEDING

The first few days of nursing will be a time of learning for you and your baby. Neither of you may accomplish a lot on your first few tries, but that is all right. It is nature's wonderful design that infant's appetite develops in approximate 3 to 4 days as breast milk production increases. Clear or yellow fluid called *colostrum* is extra rich in nutrients will come from your breasts. Although the amount will be small, it is close to what your newborn's stomach can hold and need. At first, your new baby will nurse often eight or more times in 24 hours.

Nurse from both breasts at each feeding. Breast-feeding should not be very painful. First few days are frustrating; do not give up. Sit comfortably in a couch/chair with baby in your lap, facing at you. Take your nipple to baby's lips and put it inside the baby's mouth as soon as he/she opens it. Keep nipple facing towards roof of the mouth. Make sure baby should take as much areola(brown part of breast) as possible. As long as you are holding your baby in the correct position and nursing is comfortable, you may feed your baby 10 – 15 minutes at each breast.

At the next feeding, begin at the breast where the last feeding was completed. Some breast-feeding mothers pin a safety pin to their bra on the side last used to remind themselves where to start the next time.

If you have trouble with sore nipples, make sure that the baby has 'latched on' correctly. Also, start nursing on the side that bothers you the least. If you need to skip any feedings due to sore breasts, express your milk by hand or with a pump at the baby's regular feeding times, so that you can maintain your milk supply.

EAT BALANCED DIET

As a nursing mother, you will need to eat a balanced diet that contains 500 to 600 calories more per day than the diet you needed before the pregnancy. Your daily food intake should contain protein-rich foods with at least a quart of milk. These foods provide enough calcium for both your baby and you. If you are unable to drink milk or eat high calcium foods, take a calcium supplement.

Eat fresh foods and try to avoid processed food. Drink plenty of water and avoid eating leftover food. As a breast feeding mother, you should not diet, instead you may exercise to lose weight after discussing it with your doctor.

BE AWARE OF MEDICATIONS

Medications taken by a mother can pass into her breast milk. This applies to both prescription and over-the-counter drugs. Examples are sedatives taken for sleep, tranquilizing agents, other mood-altering drugs, laxatives and antibiotics. If you are breast-feeding, please check with prescribing doctor before taking any medications, even seemingly harmless nonprescription drugs.

CARE OF THE BREAST

Do not let the baby suck when he/she has finished nursing. It is not a pacifier. Separate baby's mouth gently by inserting finger gently between the breast and lips of baby to break the sucking. After each feed, wash your breasts with clean water and let them air dry. Do not use soap to clean nipples.

If your breasts are hard and swollen try this:

- Feed your baby more often to keep breasts soft and empty.
- Soak a cloth in warm water and put it on your breasts or take a warm shower.
- Feed your baby in more than one way. Try sitting up and lying down.
- Gently massage your breasts from under the arm and down to the nipple. This will help to reduce soreness that you feel in your breasts.
- Do not stop breast-feeding.
- Avoid supplements of water or formula to the baby for the first 3 to 4 weeks unless medically indicated.
- Express your milk if you miss a feeding.
- Hand express to soften the areola before breast-feeding. Gently massage your breast before and during breast-feeding.
- If your baby is unable to latch on, you will need to express your milk. You can do this by manual expression or by electric pump.

Manual expression:

- Get ready by placing a cup under your breast.
- Position your thumb (above the nipple) and first two fingers (below the nipple) about 1 inch to 1½ inches from the nipple, though not necessarily at the outer edges of the areola. - Be sure the hand forms the letter "C" and the finger pads are at 6 and 12'o clock in line with the nipple.
- After grasping your areola between your thumb and first finger.
- Push straight into the chest wall.
- Rotate your thumb and finger around the areola so you get milk from several positions.
- Repeat rhythmically to completely drain reservoirs. **Position, push and roll.**
- Avoid cupping the breast.

Breast Pump:

If you need breast pump we advise electric one. You can buy or lease from any surgical supply store. Medical insurance does not cover this. If you are not able to find, you can try to call Milton Pharmacy at 1-888-410 1380(We do not have any association with them). They have many styles, mostly "pump in style 99" might be appropriate. They do deliver next day for total price of approximately \$250.00.

WHEN YOU NEED TO SUPPLEMENT

Sometimes breast-feeding mothers choose to give their babies some infant formula. It is quite possible to balance breast-feedings and bottle-feedings, but we advise new mothers against this practice until their breast milk supply is established, usually a matter of several weeks. Generally, breast-feeding babies should not even be given water during this period unless they are exposed to very warm weather. After your milk supply is steady and reliable, you may give a couple of ounces of water once or twice a day between feedings.

INFANT FORMULA

If you are bottle-feeding your baby, infant formula should be the only form of milk your baby gets in the first year of life. **Similac**[®], the formula we recommend, is available in three forms. *Ready to feed* is fed without adding water. *Concentrate* is a condensed liquid, which must be diluted with water. *Powder* must be dissolved in water.

Similac[®]	Container Size	What to Do
Ready To Feed	8 & 32 oz. cans	Pour in clean bottle
Concentrate	13 oz. cans	Mix equal parts of water & formula
Powder	14 or 16 oz. cans	Mix 1 scoop of powder with 2 oz. water

Note: Always follow directions for mixing and serving exactly as given by the manufacturer.

When your baby comes home from the hospital, he or she will probably take 2 to 4 ounces of prepared formula at each feeding. When he or she is able to empty the bottle start adding another ounce.

WASH AND STERILIZE

Cleanliness is important for small babies, especially when it comes to things that go in their mouth. So you will need to be careful about keeping formula containers, bottles, nipples, and utensils free of germs. Everything must be washed thoroughly in hot, soapy water and rinsed with plain hot water. Utensils must be kept off from unclean surfaces. You should wash your hands well with soap and water before beginning formula preparation. You may prepare enough formula for one feeding or for a whole day. If you choose to mix the formula, boil water for 5 minutes to kill all germs and cool it before use. Formula prepared should be kept in refrigerator until ready to be used.

After each feeding, rinse the bottle and nipple before the milk film is formed with cool water. If your baby prefers warm formula, warm up to body temperature by placing the bottle in warm water. Prepare the bottle for the baby and make sure that the formula is not overheated by placing few drops on the back of your wrist. **Never use a Microwave oven to warm the formula.**

Test nipple regularly to be sure the hole is of the right size. If the nipple hole is too small, the baby may get tire of sucking before getting all the formula. If the hole is too large baby may get too much formula too fast, swallowing too much air, therefore causing the baby to choke, vomit or spit up. When the hole size is right, infant formula will drip smoothly without forming a stream when you turn bottle up side down. To enlarge the hole, use hot needle.

GET COMFORTABLE

Before you start a feeding, make sure your baby is ready. He/she should be wide-awake, hungry, warm, and dry. You should sit in a chair where you are comfortable and relaxed. Hold him/her close to you in the nursing position. Mealtime is more than an opportunity to get nutrients into your baby. It is a time for closeness and sharing. Your baby's meals are equally important for emotional pleasure and physical well being. Maintain eye contact with your baby during feeding. Keep the baby in your lap with his/head comfortably resting in the bend of your elbow in a slightly raised position. Talk to the baby softly during feeding.

Never prop your baby's bottle because unattended babies have been known to choke when left with a propped-up bottle. Never let him/her feed alone by him/herself as it deprives your baby of much needed contact with you.

FOOD ALLERGY

A little spitting after feeding or when you burp your baby is common. A true allergy to a food is not very common in infants, and can be controlled by changing the formula or diet. The best way to help your baby avoid allergies is to breast-feed. Occasionally a formula-fed baby may develop symptoms that might indicate an allergy, such as colic, severe rash, eczema, or diarrhea that will not clear up. If we suspect that an allergy is causing these symptoms, we may switch your baby to a formula called *Alimentum*®. The protein in *Alimentum*® is 'predigested' so your baby can be less allergic to it. If food allergy is causing a problem, the symptoms should improve within a few days of starting *Alimentum*® and making other changes in the baby's diet as we instruct.

VITAMINS

If you are **ONLY** breast-feeding, please give your baby Polyvisol with Iron drops, one ml every day by mouth from 2 weeks of age. (It is over the counter and does not require a prescription for it.) Make sure your baby gets his/her vitamins every day as directed.

Please do not give your child ANY HERBAL medicine with out our knowledge (Including Gripe Water).

DAILY ROUTINE

BOWEL MOVEMENTS

Your baby's stools will probably change in color, softness, and frequency from time to time. Also different babies have different bowel habits. Some have a stool with every feeding (6 to 9 stools/day); others may have one stool every 36-72 hours. The consistency and color varies from day to day. Usually breast-fed babies have yellow or mustard-colored liquid stools. If you are breastfeeding, do not take runny stools as a sign of diarrhea. The stools of formula-fed babies are yellowish-tan. All babies sometimes have green, brown, or gray-colored stools. However, if the stool is green, runny and frequent, it is usually a sign of diarrhea.

As long as your baby seems happy and content, eats normally, and has no signs of illness, do not worry about minor changes in the stools. It is normal for a baby to strain, grunt or turn red-faced during a bowel movement.

Constipation has nothing to do with frequency of stools. Small and pebble-like stools generally indicate constipation. Do not give him/her an enema, suppository or laxative until you have talked to us.

Female babies should always be cleaned from front to back during diaper change. Also clean them between the vagina by gently wiping the area with wash cloth. It will not hurt.

BREATHING, HICCUPS & SNEEZE

Dry sneezes and rattley snorting noises do not mean a cold. If you hear it, but you don't see it and if it doesn't bother the baby when he/she is sleeping or eating, you can safely ignore it! If your baby seems stuffed up, you might want to use cool mist humidifier, put 3 to 4 saline water drops to the each nostril and gently clean the nose with a blue bulb (bulb syringe). Do not give baby any cold medicine without

first speaking with us. Babies do have some irregular breathing due to immature brain development. Call us if baby coughs more than 20 times an hour, lips and skin have bluish tone, breaths much faster (more than 60 times/minute), pauses more than 20 seconds for respiration, looks very uncomfortable or is having trouble breathing.

All babies have hiccups, frequent yawning, trembling of the chin and are startled when a loud noise is heard. This is normal as long as it is not too excessive.

Babies very rarely have teeth at birth and when they do, it is always at the lower front. Many babies have shiny white pearl like objects on the gums or in the roof of mouth, which are not related to teeth. They will soon vanish.

BATHS

For the first few days after your baby comes home, sponge him/her gently with a soft, warm, damp, washcloth and a mild soap such as Dove or Johnson's baby soap. You may give regular baths after the remnant of the umbilical cord had come off in a small tub containing about 3 inches of comfortable warm water. In the case of boys, wait until the circumcision heals. Once your baby is ready for full-fledged baths, be sure that the room is warm with no drafts and the water is about 85°F (When you stick your elbow in the water, it should feel warmer but not hot).

Your baby will find bath time a highlight of his/her day if you take a few precautions such as keeping soap out of his/her mouth and eyes. Wash your baby's face with plain water, mild soap and a soft-cloth. Wash your baby's head gently, working from front to back, to keep the soap out of his/her eyes.

To clean the area around the eyes, use cotton napkin dipped in cool clean water. Clean the outer areas of the nose and ear only, using a moist washcloth dipped in water. Wipe away any yellow-orange earwax that is collected in the visible part of his/her ear with a wash cloth. It is important not to poke inside the ear with Q-tip; it is risky, painful and unnecessary.

Do not try to clean any area inside his/her mouth with a toothbrush until she/he gets teeth. Till then you may clean the gums with a washcloth after every feeding and while giving bath.

SLEEPING

Newborn babies sleep a lot (up to 20 hr), usually waking up every 2 to 4 hours for feedings. At about 1 to 2 months of age, they generally start sleeping through the night, although a few cooperative babies start sooner.

Make sure your baby sleeps on a firm mattress or firm surface. The bar of your infant crib should be less than 2.25 inches apart. The mattress should fit snugly, so that baby's head can't get stuck between the mattress and the crib. Keep side rails up all the time when the baby is unattended. Always use crib bumpers. Don't use fluffy blankets or comforters under the baby. Do not let baby sleep on a waterbed, sheepskin, a pillow or other soft materials. When your baby is very young, do not place soft stuffed toys or pillows in the crib with him or her. Avoid toys with large strings, cradle gyms that are not tightly suspended and small objects including safety pins.

Babies should be kept warm, but they should not be allowed to get too warm. Keep the temperature in your baby's room so that it feels comfortable to you (70 to 74°F). Do not overbundle or over clothe baby.

They should be clothed just like you would like to get clothed to be comfortable. Keep the baby out of the Sun. Do not use sunscreen for the first two month.

Create a smoke free zone around your baby. No one should smoke in the house or around the baby.

You may have heard that starting solid foods will make a baby sleep through the night; but there are no evidence that this is true. It might invite problems with allergies later in life. Infant can not digest starch until four months of age. The coordination of lips, tongue and swallowing movements reaches at the right maturity for handling solids, somewhere between four to six month of age.

It is now recommended that you place your baby ONLY on his/her BACK during sleep. Recent research shows that putting baby to sleep on back might help to reduce rate of Sudden Infant Death (SIDS or crib death). While awake, try to keep the baby on his/her stomach to prevent the back of the head from flattening. There are important exceptions: preemies and babies with medically significant “reflux” should still be placed on the stomach. Please make sure baby does not always sleep in exactly the same position. The head and face will become unattractively flattened. Put the baby to sleep on each side equally often.

CRYING

Tiny babies have limited ways of communication. Crying is one way how your baby makes his/her needs known and his/her displeasure felt. You will quickly learn to identify whether your baby is crying from hunger, restlessness, pain, anger, or some other reason. Many babies go through unexplainable fussy periods each day as they adjust to living in this world. Do not worry about spoiling a tiny baby by pampering. He/she needs to know that you are there to meet his/her needs. Many babies begin to have intense crying spells or colic around 2 weeks of age, which may last until 3 to 6 months of age. Most commonly, the crying episodes occur in the evening hours and stops only momentarily when you attempt to calm or burp him/ her. The infant will likely draw his/her knees up to his/her chest and expel gas with vigorous crying. Mother's diet rarely has a disturbing effect on the babies. However certain foods such as tomatoes, onions, cabbage, chocolate, spicy foods may adversely affect your baby. If you cannot think of a reason for your baby's loose stools, colic or excess gas, review your diet for the past 24 hours. It may help you eliminate foods mentioned above from your diet. Colic is not a serious condition. It is self-limited and will resolve with patience.

There are a number of things you can do to comfort your baby:

- Check the diaper and make sure it is clean and dry.
- Lengthen feeding times.
- Give the baby more physical contact and movement. Walk, rock or pat him/her.
- Take the baby for a stroller ride or car ride.
- 'Bundle' the baby (wrap him/her snugly in a blanket) or raise the temperature in his/her room if you think it is cold.
- Change his/her position.
- If all other trial fails just let the baby cry. He/she may just need to let off some steam. Often babies fall asleep after a good cry-so allow him/her up to 20 minutes on his/her own.
- If baby cries for prolonged period of time (2 to 3 Hr.), looks very sick or lethargic, breathing funny or fast, persistently vomiting, not eating for a long period of time, please call us as soon as possible or take baby to nearest emergency room.

SPECIAL CONDITIONS IN THE NEWBORN PERIOD

Entry into this world is a major adjustment for your baby. During this period of adjustment, your baby will go through some major changes and exhibit certain characteristics that you should be aware of. Some of these normal conditions of the newborn period are described below.

UMBILICAL CORD

Your baby's umbilical cord will fall off by itself in 1 to 4 weeks. Till then, you may apply alcohol to the cord with swab two times a day and do not cover it with any bandage. Move stump from side to side as you clean the whole base. This will not hurt the baby. It is normal to see a little blood or clear moist fluid oozing from the navel for a while after the cord drops off. It should not worry you. Keep the baby's diaper below the cord so the cord can dry. Notify us for persistent oozing (for more than 2 days), foul-smelling discharge, red skin around the cord, or if your baby gets a fever.

GENITAL AND BREAST AREAS

The decision of circumcision is one based on personal preference. If your little boy has had a circumcision, each time you change his diaper apply Vaseline® to the circumcised area. You might notice yellowish or grayish coating around top part of penis. It is normal and do not confuse it with pus. Do not attempt to remove it and just clean it with water. Call us if you see any swelling, bad odor or persistent bleeding. If your baby has not been circumcised, do not pull the foreskin on the penis until after his first visit with us. The tip of the penis (*glans*) of newborn boys is generally red at first and sometimes has thin yellow crusts. The skin looks more normal in 2 to 3 weeks. Notify us if your son do not produce strong urine stream. Some male kids might have collection of fluid in scrotum called hydrocele. It might take 6 to 12 months to clear it completely.

Many newborn girls have a whitish or red blood stained discharge from the vagina for few days. As this is a normal phenomenon, there is no need to worry. Just clean the area with a cotton ball soaked in sterile water. Some girls have swollen folds of genitalia (labium) due to mother's hormones and it is normal. It will disappear in few months.

A thin discharge from the nipple is also seen in some babies, both male and female. Some of them may have enlarged or swollen breasts. No treatment is necessary since the condition will go away by itself. However, notify us if you notice any redness in the swollen areas.

HEAD

Most babies have some amount of swelling on their head right after birth call "Caput". This swelling is usually created as baby passes through the birth canal and will disappear on its own. Some time due to the birth process, there might be collection of blood on the side of the head called, "Cephalohematoma". It might take 6 to 8 months to resolve. There is no need to worry for it.

It is normal for newborn babies to have white dandruff-like flakes in their scalps. These flakes are old skin being shed and not a dry scalp condition. Do not use lotions or Vaseline® that may paste these flakes on to the scalp and thus make the condition worse. Thick yellowish scales are called *cradle cap*, a very common condition in infants. It too is associated with old dead skin and it will only get worse by oils, lotions and so on. Washing may not help much. You can treat cradle cap by removing the scales with a soft brush.

All babies have a diamond shaped area on the top of the head, which feels softer than the rest of the head. The soft spot on your baby's head (*fontanelle*) is an area where the skull bones have not yet joined. A thick tough tissue that protects the brain tissue underneath covers the soft spot. You do not need to worry

about hurting it. It is also normal to notice the soft spot pulsating at times. You may also see small lumps, bumps, and irregularities that are also normal. There is no need to put baby oil/any oil in hair.

EYES

Many babies look slightly cross-eyes at birth. Usually muscles that are temporarily out of balance cause this. Also the wide nasal bridge may make the eyes look crossed when they are actually not. Crossed eyes generally correct themselves by the end of the first year. Some babies may get bleeding in the white part of the eye during birth and it is normal. It will go away in few weeks. Some babies have mild gray color of eyes initially and this will change with the time. If your baby's eye waters continuously and has a mucoid discharge, he/she might have "blocked tear duct". This condition frequently clears up spontaneously by the age of twelve months.

EARS

The newborn ears are normally soft and floppy with edge folded some time. This will assume its normal shape, as the cartilage becomes firmer over next few weeks of life.

SKIN

Some babies have little white dots on their noses. They are called milia and will go away without treatment. One of the most common newborn rashes is newborn acne, which appear during first two weeks of life and disappears in 4 to 6 months. No treatment is necessary for this condition. It is helpful to wash the area with a mild soap once or twice a day. Do not apply oils, lotions or creams; they only worsen the condition.

About 60% of babies get another kind of rash called Erythema Toxicum. It contains 1/4 to 1/2 inch red blotches with tiny white lumps in the center. They are numerous and can occur anywhere on the body. The cause is unknown. The rash is harmless and usually disappears in 2 to 6 weeks.

Drooling rash is caused by contact with saliva or milk. Normally it happens on face (chicks), neck or upper chest, it comes and goes. Keep skin clean and dry, then apply Vaseline® twice a day.

Mongolian spots are bluish gray flat birthmarks over the back and buttocks and vary greatly in size and shape. Most fade away by 2 to 3 years of age.

Stork Bites (Angel Kiss) are flat pink birthmarks that occur over the bridge of the nose, eyelids or the back of the neck in more than 50% of the newborn babies. They are harmless and most of them disappear by 2 years of age.

All babies peel their skin and it is normal. There is no need to apply any lotion or oil on it. There is no need to do oil massage to babies. If you do, please be very gentle.

Babies do have long nails! You can buy special small nail cutter from the baby section in pharmacy store and cut them while he/she is sleeping.

LEGS

Most newborns have legs that curve inward because that's the way they were positioned in the womb. The curve is normal and will usually straighten out on its own after 6–12 months.

Pacifiers!

Use or not to use? There is no perfect answer. It is up to parental preference. Please keep it clean and do not hang around the neck. Check the pacifier to ensure that it can not be pulled apart and it is large enough, so baby do not chock on it.

ILLNESS

We would like you to be familiar with a few warning signs of severe illness. Just because your child has one or more of these signs, it does not necessarily indicate the presence of a severe illness.

DIAPER RASH

Some babies are more prone to diaper rash than others are, but almost all of them get it at some time or the other. Babies who wear disposable diapers are more likely to get diaper rash than those who wear cloth diapers, which allows the skin to breathe. Plastic pants worsen diaper rash.

To treat your baby's diaper rash:

- Change diapers often. Keeping the area clean and dry, which allows it to heal.
- Expose the baby's bottom to air several times a day. Put the baby in the sun if possible or blow warm air from a hair dryer on the bottom for 3 minutes **(low setting)**. Avoid plastic liners for a while. At night use disposable diapers that pull moisture into the diaper and away from the skin.
- Wash your baby's bottom with warm water if the diaper contains only urine. Use mild soap if there is stool. Rinse thoroughly and pat dry. Do not put cornstarch powder. Try to avoid using wipes.
- Do not use special creams or ointments except A & D and desitin or unless prescribed by us.
- If you use cloth diapers and choose to launder them at home, use a regular detergent during the wash cycle. Then run a second wash cycle with warm water and 1 cup of bleach added. (Vinegar does not kill germs.) Follow with a normal rinse cycle.

If your baby's diaper rash lasts more than 3 days, call our office. You should also call if the rash spreads beyond the diaper area or if any blisters, pimples, boils, pus, or yellow crusts form on the baby's buttocks.

JAUNDICE

Jaundice is a common condition in newborn infants, up to 60% patients have jaundice, that usually shows up shortly after birth. In most cases, it goes away on its own. If not, it can be treated easily.

What is jaundice?

A baby has jaundice when bilirubin gets accumulated in the body, which is by- product of naturally broken down red blood cells by the body. This happens because of one or more of the following reasons:

- the baby's developing liver is not yet able to remove the bilirubin from the blood
- more bilirubin is being made than the liver can handle
- too much of the bilirubin is reabsorbed from the intestines before the baby gets rid of it in the stool

Too much bilirubin makes a jaundiced baby's skin look yellow. This yellow color will appear first on the face, then on the chest and stomach, and finally, on the legs.

How do I know if my baby has jaundice?

Look for any changes in newborn's skin color or the color in the whites of child's eye. A quick and easy way to test for jaundice is to press gently with your fingertip on the tip of your child's nose or forehead. If the skin looks white (this is true for babies of all races), there is no jaundice. If you see a yellowish color or when you have doubt, contact us to see if significant jaundice is present.

TYPES OF JAUNDICE

- **PHYSIOLOGICAL JAUNDICE**

Physiological jaundice occurs in more than 50% of babies. Immaturity of the liver leads to a slower processing of bilirubin.

- **BREAST MILK JAUNDICE**

Breast milk jaundice occurs in 1% to 2% of breast fed babies. A special substance that some mothers produce in their milk causes it.

- **BLOOD GROUP INCOMPATIBILITY (Rh & ABO)**

If a baby and mother have different blood types, some times the mother produces antibodies that destroy the newborn's red blood cells.

Can jaundice hurt my baby?

Jaundice can be dangerous if the bilirubin reaches too high a level in the blood. The level at which it becomes dangerous will vary based on a child's age and if there are other medical conditions. A small sample of your baby's blood can be tested to measure the bilirubin level. Other tests may be needed to see if your baby has a special reason to make extra bilirubin that is causing jaundice.

How is jaundice treated?

Mild to moderate levels of jaundice does not require any treatment. If high levels of jaundice do not clear up on there own, your baby may be treated with special lights or other treatments. These special lights alter it to make it easier for your baby's liver to get rid of it. This treatment may require that your baby stay in the hospital for a few days.

Another treatment is more frequent feedings of breastmilk or formula to help pass the bilirubin out in the stools. We will give you more details if other treatments are necessary. Once your child's bilirubin level goes down, it is unlikely that it will increase again. However, if your child continues to look yellow after 3 weeks of life, other test may need to be done.

What effect does breastfeeding have on jaundice?

Most breastfed babies do not have a problem with jaundice that requires interruption of breastfeeding. However, if your baby develops jaundice that lasts a week or more, we may ask you to temporarily stop breastfeeding for a day or two. If you must temporarily stop breastfeeding, talk to us about pumping your breasts, so you can keep producing breast milk and can restart nursing easily.

If your baby has jaundice, do not be alarmed. You can help your baby by placing him/her in to direct sunlight (near window in house, not outside) for less then 30 minutes in morning before 11 am. Take off all cloths except diaper while you expose child to sunlight. Remember that jaundice in a healthy newborn is not serious and usually clears up easily. If your baby has a very serious case of jaundice and other medical problems, we will talk to you about other treatments.

Call our office if,

- Jaundice involves arms & legs
- Your baby has fever more than 100' F
- Your baby start to look or act sick
- Color gets deeper after 7 days
- Jaundice is not gone by day 14.
- Baby is passing gray color stool or having abdominal distention.

FEVER

During the course of the day, infant's temperature will vary from 97 F to 99 F. It is not necessary to measure your baby's temperature routinely. Take temperature only if your baby is not looking well, appears pale or weak, breaths quickly or feels warm. If your baby develops a fever (temperature of 100.4°F or higher until 2 month of age), call our office immediately. In babies, rectal temperature is the simplest and most accurate to take. First, lubricate the bulb of the thermometer with petroleum jelly (Vaseline®). Place the baby on his/her tummy. With your thumb and index finger, spread the baby's buttocks and insert the tip of the thermometer with your free hand. Remove the thermometer after 1 minute.

To lower the temperature, do not give acetaminophen (Tylenol); until you call us for first 6 month of life. Also, give extra liquids such as water and juice. Do not use cold water or plain alcohol for sponging baby. Alcohol could poison your child as it gets absorbed through the baby's skin. Ice baths should never be used at home.

VOMITING

If your baby has forceful and persistent vomiting more than 3 times a day, any time in the first 6 months of life, report it to us as soon as possible. Persistent vomiting with/without fever or abdominal pain needs prompt attention.

DIARRHEA

A baby has diarrhea when he/she passes frequent, loose or watery stools. Usually diarrhea is not a medical emergency but it can lead to dehydration, which is a serious complication. Dehydration is caused when minerals and fluids are lost through diarrhea. Giving your baby the right liquids can prevent dehydration. Not every clear liquid has the right amount of minerals, salts, or carbohydrates. Therefore, we recommend a commercial oral electrolyte solution, which has the proper balance of minerals, salts, and carbohydrates (like Pedialyte, Ricelyte, etc). These solutions can be found in most drug stores and some grocery stores.

When your baby has diarrhea, you should call our office if you notice any of the following

- Mild diarrhea that last more than 24 hours
- Severe diarrhea
- Fever above 100°F for 2-3 days
- Vomiting 2-3 times in a two-three hour period
- Blood in the stool
- Baby does not wet diaper every 6-8 hours or if urine is deeply colored
- Baby is lethargic or always sleepy
- Baby is acting very sick

If your baby's bottom becomes red or sore from diarrhea, wash it after each bowel movement. Apply a thick layer of petroleum jelly (Vaseline®). Also, change diapers soon after each bowel movement.

Diarrhea is often caused by intestinal viruses and hence very contagious. You should wash your hands after changing diapers or using the toilet, to prevent the viruses from spreading to other family members.

COLDS

Occasional colds are unavoidable in babies and children. Usually colds involving no more than a runny or stuffed nose and a mild cough which can be handled at home. However if your baby is vomiting or has a

high fever, call us. Use a nasal bulb to clear the mucus. A vaporizer of cool mist type in your baby's room may also help.

SAFETY TIPS

- Always put baby in car seat before starting car.
- If you have seen your child swallow a medicine or poison, call **POISON CONTROL** at **1-800-764-7661** or **1-800-962-1253**. If you only suspect it, call!
- If you do not know CPR (Cardio Pulmonary Resuscitation), please ask us. If you want formal training, you can call 732-745-8577.
- Keep hot food and liquid away from your baby, as they may accidentally spill and cause a serious burn.
- Prevent accidental burns by reducing the temperature of your home hot water below 120 degrees.
- Never leave your baby alone on high places such as changing tables, beds or cribs with side rail down even for few seconds.
- Never leave baby alone with pet or small sibling.
- Please do not place any necklace around neck.
- Make sure you have working smoke and carbon monoxide alarm.
- Make sure, person taking care of baby in your absence, have all important phone numbers.

WHEN TO CALL DOCTOR

Immediately if:

- Abdomen feels swollen and hard. Baby vomits persistently and/or forcefully.
- Baby's skin is blue all the time; even when baby is warm and calm.
- Cry persistently for long time (longer than 60 to 90 minutes without any obvious cause) sounds peculiar, like shrieks.
- Rectal temperature more than 100.4.
- Baby looks very floppy, seems very lethargic and refusal to take feeding.
- When whole body seems to be shaking and does not stop even when you try to hold it (i.e. arm/leg)
- Fast breathing, difficulty breathing, flaring of nostrils.
- Red skin around umbilicus.

During office hours if:

- Routinely coughs or chokes during feeding.
- Doesn't startle at loud sounds.
- Skin develops yellowish color.
- White patches in the mouth.
- When you feel that baby is not gaining enough weight.
- Unusual rash otherwise baby looks normal.

SUPPLIES TO HAVE

- Pedialyte or Ricelyte
- A rectal thermometer (oral thermometer for children over 6 yrs of age)
- Acetaminophen drops for infants (e.g., Tylenol, Tempra or Liquiprin)
- Cotton Balls
- A list of emergency numbers (e.g., pediatrician, local first aid squad, pharmacist, local hospital number, Poison Control, fire department)
- Normal saline nose drops (e.g., Ayr, Ocean, Nasal)

- Nasal aspirator(Blue bulb)
- Diaper rash medication:
-Ointments: A&D Ointment or Desitin.
- Infant fingernail clipper
- Bandages and 2x2 sterile gauze pads

BOOKS FOR PARENTS

American Academy of
Pediatrics
Caring for Your Baby and Young Child, 1998

Your Baby's First Year, 1998

Guide to Your child's Nutrition, 1999

Guide to Your Child's Symptoms, 1999

Biracree, N&T
Buying the Best for Your Baby, Knightsbridge Publishing

Brazelton, T.B.
Infants and Mothers, New York, Delacorte, 1969

Toddlers and Parents, New York, Delacorte, 1974

On Becoming a Family, New York, Bantam Books, 1981

Caplan and Caplan **The Second Twelve Months of Life**, New York, Bantam Books
1977

Chess and Thomas **Your Child is a Person**, New York, Viking, 1972

Ferber, Richard **Solve Your Child's Sleep Problem**

Frailberg, S. **The Magic Years**, New York, Scribner's, 1959

Leach, P. **Your Baby and Child**, New York, Knopf, 1974

McCall, R. **Infants**, New York, Bintage, 1980

Sparling, J. **Learning Games for the First Three Years**, New York,

Berkley Books, 1979

Spock, B. **Baby and Childcare**, New York, Pockets Books, 1945

Turecki, Martin **The Difficult Child**

RECOMMENDED FOR BREAST FEEDING

LaLeche League Intl. **The Womanly Art of Breastfeeding**, Franklin, Ill.

A FINAL WORD

This information guide will not answer every question you have about the first weeks and months of your baby's life. But we hope that it has given you some useful guidelines for baby care and outlined some precautions you must take to safeguard your baby's health. Please read again very carefully, when you get time, most probably you will find information you are looking for.

Our youngest patients are of the utmost concern to us, and we welcome any questions you may have about your baby's growth, development and well being.