

Partners in Pediatrics



Naturally Healthy Kids Since 1977

WELL-CHILD CARE

AGE: NEWBORN

GROWTH:

Weight: lb. oz. (%)

Height: inches (%)

Head Circumference: inches (%)

We will be watching the %'s for trends in growth over time.

LABS:

1. NEWBORN SCREEN #2

Have you been to the hospital lab to obtain this test for your baby?

The first Newborn Screen was done at the hospital. PKU and many other metabolic diseases, if diagnosed early, can be easily treated. The test is repeated between 10 and 14 days of life in order to maximize the chance of picking up any problems.

2. VACCINE for infant (Hep B, if not yet given)

3. Recommended parent immunizations: Pertussis-Tetanus Booster, Flu, COVID

GENERAL PARENTING ISSUES:

I. FOR BREAST-FEEDING INFANTS

A. Mother's Diet

1. Protein sources: meat, dairy products, eggs, grains, beans, seeds, and legumes.
2. Vitamins: Prenatal vitamins or any balanced over-the-counter multi-vitamin supplement.
3. Fluids: Any fluid will do nicely. Drink plenty.
4. Drugs:
 - Alcohol: We suggest very conservative use of alcoholic beverages.
 - Use of all illicit drugs should be absolutely avoided.
 - Over-the-counter drugs (Tylenol™, cold preparations, stool softeners) can be used safely in the recommended doses. Some decongestants can reduce milk supply.
 - Use of prescription drugs should be cleared with your physician (e.g., birth control pills, antibiotics).

B. Foods which may cause a fussy baby

We encourage you to eat a full balanced diet. When a baby is intolerant to a food in your diet, its effect may be noted **within 1 to 12 hours** of your eating that food. The following foods are **possible** causes of a fussy baby:

- Caffeine (including coffee, soft drinks, etc.). Caffeine can also keep your baby awake.
- Chocolate
- Gassy vegetables (cabbage, spinach, broccoli, cauliflower, onions, garlic)
- Nicotine
- Eggs, wheat
- Dairy foods in large quantities (more than 2-3 servings per day)
- Spicy foods
- Nuts, corn
- Any specific food **you** determine is a problem for **your** child

C. Vitamins

While your baby is taking only breast-milk, we recommend a daily vitamin D drop. Your baby should take this vitamin everyday until 12 months of age or taking < 50% breastmilk.

D. Use of bottle in a breast-fed baby

We strongly support and encourage breastfeeding/the use of breast milk for the first year of your baby's life. If you are planning to return to work or desire the flexibility of the use of a bottle for your baby, we suggest the following:

1. Introduce the bottle at approximately 3-4 weeks of age and use it at least once every other day. This may initially be best with someone other than mother. If you feel your baby is confused about breast and bottle nipple, please call us. You may use pumped breast milk or formula for bottle feedings.
2. If you need advice in preparing to return to work and you want to continue breast-feeding, you may contact us.
3. Formula choice: Any commercial, iron-fortified formula is fine. "Low-iron" formula is **not** recommended. Generic formulas are comparable to brand name.
4. Pumped breast milk: Please see our "Caring For Your Newborn" booklet.

2. BOTTLE FEEDING

For a complete discussion of bottle feeding, please refer to the newborn booklet you received in the hospital. We discourage use of the microwave to heat breast milk or formula. Proteins in the milk may be super-heated and "denatured" or broken down by this form of heating. Also, "hot spots" may burn your infant's mouth. One safe way to warm breast milk is to set a bag/container of breastmilk in a bowl of warm water. Use glass or BPA free plastic bottles. Water may be warmed to body temperature before adding powdered formula – just be sure to mix well before offering to your baby. Remember to NEVER bottle prop.



DEVELOPMENT/STIMULATION:

Children from birth to 2 months are becoming organized after birth, and they are interested in looking, following (tracking), beginning to touch, accepting being touched, and sorting out sounds.

They like to be swaddled and to be moved gently with support, as in rocking. They like to scratch and feel objects in the palms of their hands and on the soles of their feet but are not yet able to grasp. They also enjoy touch over their entire body but require only **short** exposure to prevent over-stimulation. They like to look at patterns such as houndstooth, checks, bulls-eyes, and faces. Red, black and white are the most attractive visual colors. Environmental sounds are just reaching attention but do not have significant meaning. Music and lullabies are soothing and help babies calm. Your baby already knows your voice. Take advantage of her "quiet alert" times to speak to her "face-to-face". So that she can begin to regard and learn about your facial expressions. This practice will enhance her social development and communication!

BOOKS:

Any general development book should be helpful. Most serve only as broad guidelines. Some recommendations:

- *First Twelve Months of Life*, Frank Caplan.
- *Infants and Mothers*, T. Barry Brazelton.
- *Touchpoints*, T. Barry Brazelton.

HOMEWORK ASSIGNMENTS:

1. Please reread “Caring For Your Newborn”. You may benefit from reading this booklet once weekly for the first few weeks.
2. Please peruse and be familiar with the general topics outlined in our *Naturally Healthy Kids*. Note the section on telephone advice, office policies, and drug dosages.
3. Please read the sections on constipation, colds, and fever and colic in our *Naturally Healthy Kids*.
4. Please read the informational handouts on vaccines given to you today. Check the website www.healthychildren.org for more information about vaccines.
5. Be sure **adult care providers** for the baby are **up to date** with flu vaccination in fall and the newer tetanus-whooping cough booster and COVID vaccine. Partners in Pediatrics may offer some vaccination for adult caregivers.
6. Be sure that the breastfeeding mom is getting the rest, nutrition and support she needs. After all, she is making the “liquid gold” that will provide antibodies and nourishment to help make baby strong!

COMING SOON:

1. Your next appointment is at 2 months of age.
2. An important set of vaccines will be given at your next appointment.

YOUR NOTES:

Infant Sleep Safety

After many years of research and observation, the American Academy of Pediatrics has come to several conclusions about how parents can best promote SAFE SLEEP for infants.

First, healthy infants should be placed on their **backs** (supine) for sleeping, rather than on their **sides or stomachs** (prone), to reduce the risk of sudden infant death syndrome (SIDS). Be sure that all of your baby's care providers follow this advice. The incidence of SIDS in this country was relatively low (1.5/1000 live births) when compared to that in other countries. Since the 1992 recommendation to place infants on their **backs** for sleep, the U.S. has noted a significant **drop** in SIDS-related deaths. Unlike previously held beliefs about babies and choking, there does not appear to be a problem with aspiration in the healthy infant who sleeps on her back. As your infant grows and learns to roll over she may develop a strong preference for sleeping on her stomach, it is reasonable to allow her to do so.

Second, avoid the use of pillows, sheepskin, soft toys, and bulky blankets in the crib **during the first two years of life**. These items have led to breathing obstruction and an increase incidence of SIDS. If you wish cover your infant with a blanket, scoot her feet to the end of the crib where you can tuck in the bottom and sides of the blan-

ket under the mattress, leaving just enough blanket to cover up to her chest.

Third, promote the use of a **separate sleep space** for your infant rather than having the infant share your bed. There is an increased incidence of suffocation deaths and SIDS when infants sleep with others. A co-sleeper or bassinette in your room for the first few weeks is a good alternative.



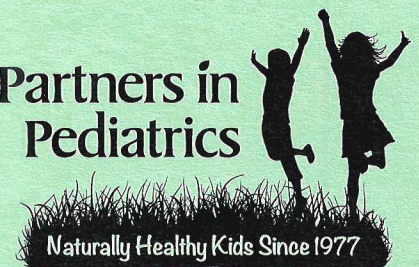
Fourth, **pacifier use** by infants less than 6 months of age at bedtime **may have a protective effect** against the incidence of SIDS. Researchers do not yet know why pacifier use appears to be beneficial but it is! If you're breastfeeding you may wish to wait until your baby is

1 month of age before introducing the pacifier. If your baby doesn't immediately "take" to a pacifier don't force it. Some babies simply don't like them. Many children naturally wean from pacifier use after 6 months of age.

Lastly, there is some new evidence that using a fan in an infant's sleep environment may help reduce the incidence of SIDS. The reason behind it is not entirely known but thought to be due to reducing rebreathing as an infant sleeps.

While these recommendations do not guarantee that an infant will not be a SIDS victim, we are hopeful that, as we await more research on the cause(s) of SIDS, adopting these precautions will help.

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