

Craig Ranch Pediatrics

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Newborn Normal Development



Behaves largely in terms of reflex actions: crying, grasping, swallowing, sucking, blinking, coughing, gagging, hiccupping, sneezing.

Is startled by sudden noises and movements.
Turns towards the direction of sound.

Sleeps 17-20 hours a day. Fusses and cries 1-4 hours and alert and quiet for 2-3 hours a day.

Cannot focus at this stage. Likes to see black and white patterns. Sees best at 8-10 inches.

Newborn Care

Back to sleep

The American Academy of Pediatrics recommends that healthy infants be placed on their backs for sleep, as this is the safest position for an infant to sleep. Putting your baby to sleep on his back decreases his chance of sudden infant death syndrome (SIDS), which is responsible for more infant deaths in the United States than any other cause during the first year of life (beyond the newborn period). Despite common beliefs, there is no evidence that choking is more frequent among infants lying on their backs (the supine position) when compared to other positions, nor is there evidence that sleeping on the back is harmful to healthy babies.

Tummy Time

Beginning on their first day home from the hospital, play and interact with baby on their tummy while they are awake for approximately 3-5 minutes, for 3-4 times/day. Increase the time spent on his/her tummy as they begin to enjoy the activity. Tummy time prepares babies for rolling over, sitting up and crawling as well as preventing a flat head.

Cradle Cap: Basic Care

Cradle cap is a skin condition affecting the scalps of many newborn babies and is as common as it is unsightly. In its mild form, it appears as greasy surface scales that flake when the baby's hair is combed. It usually responds well to a brisk massage with baby oil or petroleum jelly, followed by a shampoo and several rinses to remove the oil and flakes. In its more stubborn form, cradle cap appears as a yellow crustiness and produces heavy flakes. Occasionally, cradle cap will worsen, recur, or spread to the baby's face and neck. In these cases, doctors may recommend treatment with a topical cream.

Navel Cord: Helping the Healing

- ❖ Expose the area to air to hasten healing and enable the stump to wither and detach, usually within two to four weeks.
- ❖ Stick to sponge baths; tub baths are more likely to expose the wound to bacteria.



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- ❖ To lessen friction, fold your baby's diaper below the navel.
- ❖ Call the doctor if the site turns red or begins to ooze a discharge.

Jaundice: Usually Harmless

As with cradle cap, it helps to know that jaundice commonly affects babies and is usually harmless. Characterized by a tanned, orange, or yellowish cast to the skin and the whites of the eyes, it occurs because the baby's liver—not yet fully functional—is unable to rid the blood of a substance called bilirubin (according to the American Academy of Pediatrics, as red blood cells die, the oxygen-carrying hemoglobin in them changes to yellow bilirubin).

Most jaundice doesn't require treatment other than **exposure to sunlight**, but close follow-up is necessary. Also the **baby needs to be fed regularly at 2-3 hour intervals and should have at least 7-8 wet diapers every 24 hours to facilitate proper removal of the bilirubin pigment**. If treatment is required, most doctors choose phototherapy—putting a baby under natural or artificial light to speed up the liver's removal of bilirubin.

Circumcised Penis: Basic Care

If your son is circumcised, physicians recommend covering his penis with petroleum jelly and a clean gauze pad during each diaper change. During the healing, which usually takes 7-10 days, sponge baths are recommended as tub baths are more likely to expose the wound to bacteria. Once the wound is healed (and the umbilical cord has fallen off) you can cleanse the penis with mild soap and water during a bath. No special care is needed for a newborn's uncircumcised penis. Use mild soap and water to cleanse it during his bath, as you do the rest of his body.



Spitting Up...

Almost every baby spits up. It may be that she's eaten more than her stomach can hold, or it may follow a burp. But it usually looks scarier than it is. Usually, it's only a tablespoon or two of milk—not enough to interfere with her nourishment. Most babies grow out of this “spitting up” phase by the time they can sit. You can decrease these episodes and the amount she spits up by:

- ❖ Making each feeding as calm and relaxed as possible.
- ❖ Avoiding interruptions during a feeding, like bright lights or unusual noises.
- ❖ Not feeding her when she's frantically hungry and crying (calm her down first to minimize the amount of air she's gulping).
- ❖ Feeding your baby in an upright position (not lying down), and keeping her in this upright position, up against your shoulder for 20 minutes after feeding.
- ❖ Burping your baby every 3-5 minutes during her feeding.
- ❖ Not bouncing her around right after she's eaten.
- ❖ Making sure the hole in her bottle nipple is the right size—when you turn the bottle upside down, a few drops should come out, then stop.
- ❖ Elevating the head of her crib (place blocks under the legs of her bed, instead of using a pillow), and placing her on her side to sleep. This keeps her head higher than her stomach and helps prevent her from choking in case she spits up while sleeping.

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If Your Baby Needs to Burp...

Babies often swallow air while they're feeding...and that can make them cranky. It happens more often with those who are bottle-fed. A good rule of thumb for burping is:

bottle-feeding, after every 2-3 ounces, and breastfeeding, each time she switches breasts.

There are several ways to burp your baby. Experiment a little, and you'll find which one works best.

- ❖ Hold your baby upright with his head on your shoulder, supporting his head and back, you gently pat his back with your other hand.
- ❖ Sit your baby on your lap, supporting his chest and head with one hand while patting his back with your other hand.
- ❖ Lay the baby on your lap, with his tummy touching your lap. Support his head so it is higher than his chest, and gently pat your hand on his back. If your baby hasn't burped after several minutes, go ahead and continue feeding him...no baby burps every time. Just try to burp him again when he's finished, and keep him in an upright position for 10-15 minutes to help prevent spitting up.

If Your Baby Has Gas...

Some babies may experience gas daily. Even though it may be a little upsetting to you (to think she has a tummy ache) or a little embarrassing, it's really not a big deal. Passing gas is very normal. Once your baby's digestive system begins to mature a little bit, she'll probably experience and pass gas less often.

If Your Baby Has Hiccups...

Most babies will hiccup pretty regularly after meals, especially during the first few months.

Feeding the Baby

Breast feeding is **the best** for your baby. Breast fed babies have lower incidence of diarrheal diseases, allergies, respiratory diseases and ear infections. It also reduces the risks of various childhood cancers and diabetes.

Make sure your baby is **latched on** to your breast correctly. Be sure you aren't pushing on the baby's head, that the baby's head is straight, and that you are tummy to tummy. If the baby doesn't get very much of the breast in his mouth, or if you think he isn't nursing correctly, break the suction and tickle his lips until his mouth opens very wide, then try latching on again. When your baby is latched on correctly, you should feel a firm tug on your breast as he sucks. You should also feel the baby suck and swallow in bursts of at least 10 sucks/swallows at a time. **Varying positions** changes the area of the nipple compressed in your baby's mouth, and helps avoid a constant friction in the same place. So there's no delay in milk flow, try **to stimulate let down** before you start nursing. The slight pain felt at the beginning of nursing (in nearly every new mother, not just those with sore nipples) is caused by the baby's tongue and the suction of the baby's mouth before the milk starts to flow. The suction is like a vacuum and ends once the milk is flowing.

Since your baby's most vigorous sucking will be over by the time you get to the painful side, **start your nursing on the breast that hurts least**. This is contrary to the advice telling you to vary which breast the baby starts on, but it won't cause problems if you limit it to a 24-hour period—which is long enough to help your sore nipple heal.

Along with exposing your nipples to the air, you can also speed healing by squeezing some breast milk onto your nipples, rubbing it in gently, and allowing your nipples to air dry. Exposing your breasts to



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sunlight for 10-15 minutes at a time can help too. Some women even dry their breasts briefly with a hand-held dryer at a low setting-whatever works for you! Some mothers find that applying a little modified **lanolin** helps heal sore nipples. Make sure you don't have a yeast infection on your breasts.

How to Stimulate Breast Milk Production:



- ◆ In the early weeks, nurse often to stimulate your milk production. Breastfeeding operates on the principle of supply and demand—the more your baby nurses at your breast, generally the more milk you will make.
 - ◆ Be sure that your baby nurses long enough to thoroughly soften the breast at each feeding. Remember, the richer hindmilk comes as the breast softens. Start the next feeding on whichever breast feels heaviest.
 - ◆ Give your baby plenty of time at each breast. The longer your breasts are stimulated at feedings, generally the more milk they will produce.
 - ◆ Avoid giving your baby a bottle during the first few weeks of nursing. Some babies get confused when they're offered an artificial nipple, especially in the first weeks.
 - ◆ Be sure to drink healthy liquids like water, milk and orange juice whenever you are thirsty. Avoid caffeine and carbonated soft drinks.
- ❖ Eat nutritious foods. Even malnourished mothers can make nutritious breast milk, but they do so by using their own body stores. Take your vitamins.
 - ❖ Get as much rest as you can. The lying-down nursing position can help you rest while you nurse your baby.

Bottle Feeding: Make yourself and the baby comfortable while you're sitting

- ❖ Make sure your baby's head is held slightly higher than his tummy and keep the bottle tilted so the formula always fills the nipple. When a baby lies flat while taking his bottle, liquid in the baby's mouth can drain into the ear canal, which can lead to ear infections.
- ❖ **Do not** prop your baby's bottle to let your baby feed on his own. Babies need the love and human contact they feel when you are feeding them. Propping the bottle may also cause your baby to choke, and can lead to ear infections.



Do not put baby to bed with a bottle. The American Dental Association believes putting a baby to bed with a bottle can lead to tooth decay. Juice, cow's milk, even breastmilk have sugars that can cause tooth decay. Beyond the risk of tooth decay, putting a baby to bed with a bottle still isn't a good idea. Your baby needs to learn how to go to sleep without depending on a bottle.