



Pediatric Associates of Orlando

Practice Limited to Infants, Children & Adolescents

Newborn Booklet

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The Practice

The Partnership

Congratulations and welcome to Pediatric Associates of Orlando. One of the most exciting times in your life is about to begin. To help you, we would like to share some of our thoughts on your new journey.

The Pediatricians in this office work together in an equal partnership. This means that we share the responsibilities of hospital visits and night calls. Our group consists of 12 pediatricians and 2 pediatric nurse practitioners. We all have access to your child's records. While you will usually be able to see your preferred provider, there will be occasions when you will be asked to see one of the other doctors. This may be because your doctor is not in the office or is having an especially busy day.

Regular Appointments

Within the first week after your baby is born, call our office to schedule a check-up appointment. The appointment should be made with the doctor you have selected to be your child's regular physician. The American Academy of Pediatrics has a recommended schedule of well-child visits that we suggest for your child.

Age	Recommended Office Visits
	3-5 days for 1st time breastfeeding mothers or infants with other issues
	2 weeks
	2 months
	4 months
	6 months
	9 months
	12 months
	15 months
	18 months
	yearly 2-18 years

After the child's second birthday, we feel that a yearly check-up is sufficient. During the first year it is wise to make your appointment as you are leaving the office. Please make your "well check" appointments as early as possible, as our schedule sometimes fills up as much as 2 months in advance.

Sick Appointments

We schedule sick appointments each day after 8 A.M. Wednesday our office does not open until 9:30 A.M. If you call early, your child will be seen sooner and there is a greater chance of seeing your regular physician. Evening and Saturday morning appointments for sick visits are scheduled by calling the Mills Avenue Office. A physician is also available on Sundays and holidays for sick visits that can not wait for routine office hours.

After Hours

A physician will be on call at all times for medical emergencies. Non-urgent matters should wait until the next business day. We do provide sick/emergency appointments during weekday evenings, weekend mornings and holiday mornings. We utilize a telephone answering service before and after office hours. Most medical questions will be referred to a pediatric nurse triage system. They have specific protocols on how to manage common problems and when to call the physician. **There is a fee** to cover the cost of this service.

Insurance Information

The pediatrician's services are not billed through the hospital. The doctor's office will bill you separately for his/her services.

Please remember your insurance policy is a contract between you and the insurance company - not between the doctor or the hospital and the insurance company. You are responsible to the doctor and the insurance company is responsible to you.

Notify your insurance company of the new addition to your family. This will allow for prompt payment when the claim is submitted for your newborn charges and will expedite your checkout at the doctor's office.

General Newborn Characteristics

Your infant is a wonderful and complex person. Parents often worry about many normal characteristics of appearance and behavior. The following list addresses commonly asked questions.

- Most infants have **poor appetites** for the first four to five days. We expect babies to lose up to ten percent of their birth weight. By 2 weeks your child should be back to their birth weight and then gain 5-6 ounces weekly for the first several months.
- As **infants skin** adapts to its new environment it is often red, dry, cracking, peeling and subject to numerous rashes. The occasional blotchy appearance of the skin is due to the immaturity of blood vessels and usually occurs when the baby is cold.
- **Transient skin** rashes include:
 - Salmon patches/Stork bites - faint red marks on the eyelids, forehead and neck.
 - Gray/black blotchy areas on the buttocks.
 - **Milia** (white heads on the face and nose).
 - **Neonatal acne** appears in response to the mother's hormones.
 - **Erythema toxicum** looks like "flea bites" (yellowish pustules surrounded by a red circle) often come and go during the first two weeks of life.
 - **Jaundice** (yellowing of the skin) is common and is usually a harmless condition in the first week of life. It typically appears on the 2nd or 3rd day of life. It occurs in both breastfed and formula fed infants. If the whites of your newborn's eyes become yellow, we often do a blood test (bilirubin level) for further evaluation. Jaundice can be dangerous if the bilirubin level gets too high. Please call our office and speak to the nurse if you think your newborn is jaundiced.
- A newborn's **head** is often "molded" (lopsided in appearance) from the birthing process. This should spontaneously resolve.
- The **eyes** initially may be puffy and have a discharge secondary to antibiotics placed in their eyes to prevent infection.
- **Hiccoughing** (hiccupping) and **sneezing** are common behaviors and are not signs of illness.
- The baby's breathing pattern is different from adults. Newborns frequently will pause for several seconds followed by periods of rapid breathing (**periodic breathing**). There should be no color changes during these pauses. This irregular pattern will continue for several months.
- Symmetric **jerking movements** are normal (in the first few months of life) when your infant is startled and often occur while sleeping.
- **Bowing of legs** is normal and should gradually resolve.

- Initial bowel movements are called **meconium** and resemble tar.
- Both male and female infants can have **swollen breasts** due to maternal hormones. Do not rub or massage them, as this only makes them worse. They will slowly resolve.
- Female infants will often have a **vaginal discharge** and occasionally bleed small amounts. The labia may also appear swollen for the first 2 to 4 weeks of life. This is also due to maternal hormones.

Routine Care

Newborn screen

Your baby should have an Infant Metabolic Screening (blood draw) after your infant is 48 hours old. This screen was recently expanded to detect many conditions, including several where early detection can significantly improve outcome. Our office and the state laboratory will contact you if there are any problems.

Burping

Burping your baby helps remove air swallowed during feeding. In general, we recommend burping your infant halfway through each feeding. If your baby spits up, you may need to burp him/her more frequently. Here are three good methods:

- Hold your baby so his/her head rests on your shoulder and his/her chest is against yours. Pat his/her back or rub upward with your hand.
- Lay your baby face down in your lap. Pat or rub his/her back.
- Hold your baby in a sitting position on your lap, with his/her side toward 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 to “take a bow”.

Breastfeeding

Breastfeeding is an excellent and highly recommended way to feed your baby. Until your milk supply “comes in”, your infant will receive protective colostrum (yellowish) which has high levels of antibodies offering protection from illness. Colostrum is the ideal food for the newborn’s first few days of life and helps stimulate the baby’s first bowel movements (meconium).

A mother’s milk supply usually “comes in” on the second to fourth day after delivery. At first, your new baby will nurse eight or more times in 24 hours. This frequent nursing stimulates the production of prolactin, a hormone which stimulates milk production. Initially, an infant will get most of the milk from one breast in about 10-12 minutes. At the next feeding, begin at the breast where the last feeding was completed.

Positioning at the breast: Mom should either be sitting or lying down in a comfortable position, cradling the baby in her arms with the baby's tummy facing her tummy, and having his/her head resting in the bend of Mom's arm. A baby is correctly positioned when his/her gums are on top of the areola (dark area around the nipples). If the infant latches on only to the nipple, the nipple may become sore and cracked and may bleed.

While you are breastfeeding, your diet should include a wide variety of foods containing 500 to 600 calories more per day than before you were pregnant. Nursing mothers are naturally more thirsty and need to drink to fulfill this need.

Medications (both prescription and over the counter) taken by a mother can pass into her milk supply. While you are breastfeeding, please check with us before taking any medications.

The American Academy of Pediatrics recommends breastfeeding for the first year of life.

Formula Feeding

Formula feeding is an alternative to breastfeeding. The baby should still be fed on demand. Formula fed babies often eat every 2 to 4 hours after the second week of life. Newborns may start out eating 1 to 2 ounces every 1 to 2 hours, gradually increasing to 3 to 4 ounces per feeding.

Most formulas are available in three forms: Ready-To-Use, Concentrate, and Powder. Be certain to mix them exactly as directed on the formula label. The concentrate and powder require water for mixing, which should be sterilized until the baby is 2 months old. Bottles and nipples can adequately be sterilized in the dishwasher (or you can sterilize them by boiling for 5-10 minutes).

The size of the nipple hole should be large enough to let milk drip through at a steady rate without forming a stream. As you feed your baby, hold the bottle upright so formula fills the nipple instead of air (which can cause gas).

Please consult your Doctor prior to any formula change. Vitamins will be prescribed if needed by your physician at the 6-month check-up. If using concentrate or powder formula, please call your utility company to make sure your water is fluorinated. Never prop your baby's bottle for feeding.

Juice and Water

We do not recommend use of juice or water for the first several months, unless advised by your physician.

Solid Foods

There are no known advantages to early introduction of solid foods during the first 4 months. During this period breast milk or infant formula alone are capable of providing the needed amount of protein, carbohydrates and fats. There are potential harmful effects of early introduction of solid foods. These include the development of allergies, excessive introduction of salt and obesity. In general, solid foods may begin at 4-6 months with the introduction of iron fortified cereals. Per your physician, these may be followed by strained and single fruits. Feeding schedules will be discussed with you at your well baby check-ups.

Comfort/Sleeping

In general, babies enjoy temperatures which adults find comfortable. If the baby is dressed correctly, it can adapt to mild variations in temperature. If the room is warm, make sure there is adequate ventilation and your infant is not overdressed.

Clothing is primarily for comfort. Clothes, therefore, should be light, non-irritating and loose fitting. Cotton is the best material for the baby's clothes and blankets. Booties and socks are fine as long as they leave plenty of room for the feet. Shoes are not necessary until walking is established. We recommend flame-retardant sleepwear at night.

The baby's mattress should be firm and flat. No pillows or loose blankets should be used. The American Academy of Pediatrics recommends that infants be placed on their backs to sleep to decrease the risk of SIDS (Sudden Infant Death Syndrome).

Visitors

Except for immediate family members, your baby does not need to visit with your friends or neighbors. A newborn can get sick very easily and germs are transmitted from person to person. Limiting visitors for six to eight weeks prevents many hospitalizations for "newborn with fever".

Avoid exposure to wind, rain or excess heat/cold. It is particularly important not to leave the baby outside too long as infants will sunburn very easily, even if not directly in the sun. Try to use hats, long sleeves, strollers, car seat covers and car window shades.

Circumcision

Circumcision involves removal of the foreskin of the penis. The only true benefit is that it makes the penis easier to clean. This is a personal decision that should be made by you. If you plan to have your son circumcised, it is best done during the first few weeks of life and preferably in the hospital.

The circumcised penis may still have a Vaseline dressing in place when the baby returns from the circumcision. This may be removed with the first diaper change. After the dressing is off, the simple application of Vaseline at each diaper change is adequate. While healing, the appearance of the penis will be irritated, sore and swollen. It should be well healed in about 10 days. Call us if the penis becomes more swollen after the 2nd day or if there is more than a few drops of blood in the diaper.

Umbilical Cord

Your baby's umbilical cord will fall off by itself in 1 to 4 weeks. Until it does, apply isopropyl (rubbing) alcohol on a cotton swab to the cord three times a day. It is normal if the navel produces spots of blood or a clear moist fluid after the cord drops off. Call if the bleeding persists, if there is a foul discharge or if the skin around the cord gets red.

Bathing

For the first few days after your baby comes home, bath time can consist of a gentle once-over with a soft, damp, warm, wash cloth and a mild soap. Regular (tub) baths should wait until the umbilical cord has come off (additionally boys should wait until the circumcision is healed). Once your baby is ready for full-fledged baths, be sure the room is warm, without drafts and the water is warm but not hot.

Wipe away any earwax outside the ear, but do not use cotton swabs inside the canal.

Nails

The baby's nails grow rapidly and will need to be trimmed or filed frequently. This must be done with great care and may be easily done while the baby is sleeping. Some newborn's nails are connected by small amounts of skin. The first time your newborn's nails are trimmed be sure to separate the nails from the skin if necessary.

Teething

Most babies start teething at 6 to 7 months. Some children will begin at 3 to 4 months. Some babies get irritable, eat poorly and have trouble sleeping when teeth begin to arrive.

If your baby seems uncomfortable, you may want to give Acetaminophen (i.e. Tylenol). Ibuprofen (i.e. Motrin or Advil) should only be used on children older than 6 months. Mild topical anesthetics (used sparingly), teething toys and teething biscuits help some babies.

Safety

- Prevent falls from a changing table, bed or couch. Always have your hand firmly on your baby before you turn your back to reach for something.
- Begin now baby-proofing your home by putting medications, detergents, cleaners, etc. well out of reach.
- Don't use a baby walker or "Johnny Jumper" type device without discussing it with your doctor.
- Keep the water temperature in your hot water heater at or below 120 degrees F.
- Don't smoke in the house, car or around your infant.
- Crib Safety: The slats should be no more than 2 3/8 inches apart. The mattress should fit snugly so arms and legs cannot get trapped. Avoid any items that have strings that may choke the infant, such as pacifiers attached by a string to the bed or clothing. Keep the crib away from dangling cords such as blind cords that the baby may eventually be able to wrap around the neck.
- Always use a car seat.
- Sign up for an infant safety class.

Common Problems

Fever

A fever in a baby before 3 months of life is defined as a rectal temperature of 100.4 degree F or higher. Call our office immediately if your infant has a fever. The most accurate way to take a temperature is with a rectal digital thermometer. First lubricate the bulb of the thermometer with K-Y jelly. Place the infant on his/her tummy. Spread the baby's buttocks and insert the tip of the thermometer. Remove the thermometer when temperature registers as final. We do not recommend ear or pacifier thermometers.

Bowel Habits

Many babies during the first weeks will have bowel movements whenever they eat and upon awakening. They tend to be explosive, loud, watery and many infants turn red and strain. Breastfed babies tend to have watery bowel movements with yellow curds in them, while formula fed infants tend to have more formed stools. Pure water or hard pebble-like bowel movements are abnormal. A normal number of stools can range from 10-12 per day to one stool every four or five days. Remember that consistencies can vary from day to day. Don't give your infant a laxative, enema or suppository unless instructed by a physician.

Crying

Ways that tiny babies communicate are limited. Crying is one of them. Crying is how your baby makes his/her needs and dislikes known. Most parents quickly learn to identify the cause of their infants crying. Many babies go through unexplainable fussy periods each day as they adjust to living in the world. Don't worry about spoiling a tiny baby. If you are sure your baby is not hungry, is not cold or hot, has a clean/dry diaper and does not need to burp, here are some things you can try:

- Give the baby something to suck, such as a pacifier.
- Give the baby more physical contact and movement. Walk, rock or pat your infant.
- Take the baby for a stroller or car ride.
- "Bundle" or "Swaddle" your infant in a blanket.
- Change his/her position. For example, move him/her from his/her back to his/her stomach or vice versa.
- Sometimes you may be unable to quickly console your baby. Allow him/her 20 minutes on their own.

Persistent crying without an identifiable cause that is atypical for your infant warrants a call to your physician.

Spitting up

Most babies spit up some after feedings. Spit up should be white (the color of the ingested milk) and occur after a feeding. This common problem may be helped with more frequent burping and keeping the infant elevated for 30 minutes after each feeding. Spitting up is only of concern when it causes breathing difficulties, is projectile in nature, or when an infant is not gaining weight appropriately.

Diaper Rashes

Even with the most vigilant care, most babies eventually get a diaper rash. To treat your baby's diaper rash:

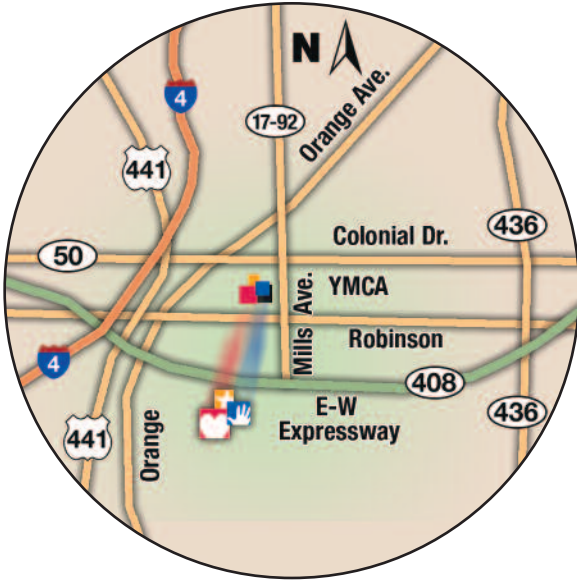
- Change dirty or wet diapers as soon as possible.
- Use a clean, wet washcloth instead of diaper wipes.
- Expose your infant's bottom to air several times a day. You can even use a hair dryer on cool setting for 3 minutes.
- Avoid plastic pants until resolved. Use disposable diapers that pull moisture away from the skin.
- Wash your infant's bottom with water or mild soap with each diaper change.
- Once the affected area is dry, apply barrier "diaper rash" creams.

Congestion

For the first few months, babies are nose breathers. They cannot adequately breathe through their mouths. If your baby's nose is congested, it may be helpful to clear this mucus from their nostrils. Do not use over the counter medications in your newborn unless directed by a physician. Use the rubber bulb syringe from the hospital to remove visible mucus. If it is too thick, use saline (salt water) drops. You can either purchase these at a pharmacy or mix your own (One quarter teaspoon salt with one-cup sterile water). Put 2-3 drops in each nostril before suctioning. Elevating the crib can help some babies breathe better. This can be accomplished with a 4-8 inch book or pillow under the mattress.

Conclusion

We hope this booklet answers many of your questions and provides some useful guidelines for baby care. We will continue to supplement this information with additional handouts at "well checks". The care of your infant is of the utmost concern to us. We welcome any questions you may have.



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