

Your Baby

From Birth to 12 Months



Children's Hospital
of The King's Daughters

Contents

| | |
|--|----|
| INTRODUCTION | 2 |
| KEEPING BABY COMFORTABLE AND HAPPY | 3 |
| TAKING CARE OF BABY | 4 |
| Feeding | 4 |
| Breast milk, formula or both? | 4 |
| Breastfeeding..... | 4 |
| Formula Feeding | 7 |
| Bottle/Equipment Sterilization | 8 |
| Solid Foods | 8 |
| Burping, Hiccups and Spitting Up | 9 |
| Diaper Changing | 10 |
| Bowel Movements and Urination | 10 |
| Bath Time | 11 |
| Genitalia Care | 12 |
| Cord and Navel Care | 12 |
| Rashes, Skin Conditions and Birthmarks | 12 |
| Sleep | 14 |
| Sleep Safety..... | 15 |
| Carrying Baby | 15 |
| Pacifiers | 16 |
| Crying | 16 |
| Well-Baby Checkups | 18 |
| Newborn Screenings | 18 |
| Immunizations | 18 |

| | |
|---|----|
| HEALTH WATCH | 19 |
| Things to Watch for in Baby's First Weeks | 19 |
| Abdominal Distention | 19 |
| Birth Injuries | 19 |
| Blue Baby | 19 |
| Coughing | 19 |
| Excessive Crying | 20 |
| Jaundice | 20 |
| Respiratory Distress | 20 |
| Swollen Breasts | 20 |
| Thrush | 20 |
| Umbilical Hernia | 21 |
| Recognizing Illness in Your Newborn | 21 |
| Fever | 21 |
| Changes in Behavior | 21 |
| Breathing Problems | 22 |
| Gastrointestinal Problems | 22 |
| Congestion | 22 |
| Ear Infections | 23 |
| Diarrhea | 23 |
| Vomiting | 24 |
| Dehydration | 24 |
| Developmental Milestones | 25 |
| | |
| SAFETY FOR BABY | 26 |
| Car Seats | 26 |
| When Your Infant Rides in the Car | 26 |
| Home Safety | 27 |
| Suggested Books and Web Sites..... | 29 |

Introduction

Becoming a new parent is one of the most challenging yet rewarding experiences of life. Your baby's arrival gives you a unique opportunity to participate in shaping a new life – one that depends on you for safety, affection and nurturing care.

Your baby will get to know you from the moment you first hold him close. He gets a sense of security from that closeness to you, and even though he doesn't understand your words, he feels your love in your touch and the warmth of your voice.*

Be patient with yourself and your baby. You aren't expected to be an expert. It's normal to feel a little scared or anxious after bringing your baby home, especially if you don't have much experience with babies.

Your baby will help you learn how to take good care of him. He'll let you know what he likes and dislikes by his responses, and you'll learn to understand what he wants or needs. It won't take long before you feel more confident. Enjoy your baby; before you know it, you'll be waving to him on the school bus.

This booklet will help you answer some of the questions you might have during your child's first year of life. It was developed by Children's Hospital of The King's Daughters and the pediatricians in CHKD's Medical Group practices.

For even more help caring for your baby, visit our website at CHKD.org.

**Instead of writing "he or she" every time we need to use a pronoun, we alternate between "he" and "she" to make reading easier.*



Call the doctor's office the day after your baby is born to make an appointment for his first checkup and to get better acquainted with the routines of your pediatrician's office.

Keeping Baby Comfortable and Happy

Keep your baby's room at a comfortable temperature; provide adequate ventilation on warm days.

Dress your baby for the temperature. Babies do not need more clothing than adults.

In general, your baby may travel anywhere you go, but avoid exposing your baby to direct sunlight, sick people or large crowds, especially before your baby is 2 months old.

Many babies may startle in response to loud noises or sudden movements during the early weeks; occasionally you may notice that your baby's lip or chin may quiver. These are normal responses and don't mean that your baby is unhappy.

Allow older brothers and sisters to help care for your new baby as their abilities permit.

Your baby loves to hear the sound of your voice, especially when you're reading, singing or laughing. Hearing you promotes brain and language development.





Taking Care of Baby

Feeding

Feeding your baby provides more than just good nutrition. It gives you a chance to hold your newborn close, cuddle and nurture her and talk or sing to her.

Breast milk, formula or both?

Breastfeeding is recommended by experts, including the American Academy of Pediatrics, for the first year of life. Because of its nutritional composition, breast milk is the ideal food for babies. Research shows that it will also help protect your baby from infections.

Although it seems like it should be easy, breastfeeding is a skill that both baby and mom have to learn. Don't be upset if breastfeeding doesn't go smoothly at first. Almost everyone goes through a period of adjustment. If you have any difficulties, call your pediatrician's office for advice or assistance.

On the other hand, don't feel guilty if you decide to bottle-feed your baby. Infant formula is a good nutritional alternative to breast milk. And remember, there are benefits for your baby to get even small amounts of breast milk, so providing expressed breast milk along with formula is okay too. Your pediatrician can help you choose a formula for your baby.

Breastfeeding

Most newborns sleep a good deal of the time in the first days after birth and are content with the small amount of breast milk, called colostrum, that is available during this period. Colostrum contains substances that help strengthen your baby's immune system and protect her from infections.

Most new mothers feel their milk come in three days after birth, although it can take as long as eight days in some women. After your lactation begins, the breasts are naturally ready to produce milk. Breastfeeding your baby or expressing your milk with hand-expression or a pump early and often will help ensure an abundant supply.

Wash your hands before each feeding to help prevent the spread of germs.

Breastfeeding is recommended by experts, including the American Academy of Pediatrics, for the first year of life.



To begin the feeding process, hold your baby in a comfortable “tummy-to-tummy” position near your breast, with his head and neck in a straight line. Stroke his cheek in the direction you want him to turn, and when he opens his mouth, bring him to the nipple quickly, with as wide open a mouth as possible. His lips should be flanged outward and he should be taking in as much of the areolar region as possible — not just nipple.

“Latching on” is the term used to describe how the baby takes the nipple and the dark area around the nipple into his mouth for breastfeeding. Although all healthy babies instinctively know how to suck, not all babies know how to latch on properly. This may take some time. If you feel pain when your baby latches on, or if you feel pain throughout the feeding, your baby may not have latched on properly. Refer to the steps described above. If you’re still having problems, call your pediatrician’s office for advice.

Your baby’s sucking will stimulate your body to make and release milk. This is called the let-down reflex. As you and your baby get used to the routine of nursing, you’ll begin to recognize this feeling.

Your body will make milk according to your baby’s needs. The more you breastfeed, the more milk your body will make. If you breastfeed less often, your body will make less milk.

Because breast milk is more easily and completely digested than formula, breast-fed babies need to eat more often than bottle-fed babies. Many newborns need to nurse every two or three hours. As they get older, they will be able to go longer between feedings.

Your baby lets you know when he’s hungry by crying, nuzzling against your breast and making sucking motions. Use these signals – not the clock – to decide when to nurse. Let him make his own schedule.

Start each feeding on one breast and allow the baby to finish before offering the other breast. Your baby is ready to change breasts when he falls asleep or stops sucking. Although both breasts should be offered during a feeding, do not be alarmed if your baby will take only one breast. If your baby seems sleepy after the first breast, you may want to wake him by changing his diaper or playing with him a little before switching him to the second side.



Relax
and nurse
in a quiet,
comfortable
place, free from
distractions.



Many new mothers worry whether their baby is getting enough to eat when they breastfeed. If your baby is having more than five wet diapers per day, several small stools per day, is happy between feedings and is gaining weight, you can be assured that he is receiving enough breast milk. On the other hand, a newborn who wants to nurse continuously and never seems satisfied may not be getting enough to eat. Do not hesitate to call the pediatrician's office if you have any questions or concerns.

Also, don't be alarmed if your baby suddenly wants to eat more often. She is probably just going through a growth spurt. This is common at 3 weeks, 6 weeks, 3 months and 6 months of age. Your milk supply will adjust in a day or two, and your baby should go back to a regular feeding pattern.

It is important to care for yourself while breastfeeding. Nursing mothers should try to eat well, drink plenty of fluids, get plenty of rest and continue to take prenatal vitamins. Some, but not all, medications can be taken safely while breastfeeding. If you need to take any medication, including over-the-counter medication, please check with your pediatrician to make sure it is safe. Avoid alcohol and caffeine while breastfeeding.

Keep your breasts clean for your baby by bathing daily with warm water. (Avoid soap on your breasts.) Excessive washing may

Important information for breastfed babies

- All breastfeeding newborn infants should be seen by a pediatrician or other knowledgeable and experienced healthcare professional after hospital discharge and again within a couple of weeks as directed by your provider.
- If your baby's skin and eyes look yellow, call your pediatrician's office. Yellow skin is a sign of jaundice, which may require medical attention (see page 20).
- If you wish to supplement with formula, talk to your doctor first. In most cases, pediatricians try to avoid supplementing with formula until breastfeeding is well established, which is usually after four to six weeks.
- All breastfed infants should receive 400 IU of oral vitamin D drops daily beginning during the first 2 months of life and continuing until the daily consumption of vitamin D-fortified formula or milk is adequate to prevent a bone disease called rickets.

dry the skin too much and make breastfeeding uncomfortable. If this happens, apply a small amount of expressed breast milk or ultra-purified lanolin to the breast and nipple area and allow it to air dry. Allow your nipples to air dry after each feeding. Wear a good supportive nursing bra, but avoid underwires.

Formula Feeding

There are several good formulas available for feeding your baby, all of which can provide the nourishment needed for normal growth and development. Formulas containing iron are best for the first year of life. Your pediatrician will guide you in selecting formula for your baby.

Formulas are available in ready-to-feed, concentrated and powdered forms. In general, the powdered form will be the most economical. The addition of the prescribed amount of fluoridated water, according to the directions, will provide the correct amount of fluoride needed by your baby. There is no need to provide vitamins since these are already contained in the formula.

A flexible feeding schedule is best. Very young babies may want to be fed every two to three hours. Most infants will feed every three to four hours. Babies need not be fed every time they cry. Babies rarely sleep through the night during the first weeks of life and frequently awaken to be fed and changed. It is important not to allow your baby to go more than six hours between feedings during early infancy.

Once prepared, formula can be stored safely for up to 48 hours in the refrigerator; unused formula should be discarded. Formula should be given to your baby at room temperature – though either cold or slightly heated formula is acceptable. If you like, you may warm it slightly by setting the bottle down in warm tap water, but be sure to test the milk to ensure it is not too hot for the baby. Never use a microwave oven to warm the milk. Never prop the bottle or let your baby feed alone. Do not let your baby sleep with a bottle. This may cause “milk bottle caries” or bad cavities of the front teeth.

As a general rule, most babies will drink about 2 ounces of formula per pound of body weight per day (24 hours). Your baby, if bottle-fed, should be on a formula throughout the first year of life. Do not change your baby’s formula before consulting his pediatrician.



To reduce the risk of burns, don't use a microwave oven to warm bottles. Never prop the bottle or let your baby feed alone.



Bottle/Equipment Sterilization

Sterilize bottles when new. Further sterilization is not necessary. Wash bottles, nipples and caps in hot soapy water soon after use and then rinse thoroughly. If well water is used for washing bottles, it should be boiled a minimum of 5 minutes before using.



Solid Foods

Parents are often tempted to introduce solid foods as quickly as possible in hopes that fuller tummies will help babies sleep better at night. But solid foods are not recommended before 4 to 6 months of age for the following reasons:

- Breast milk or formula provides all the nutrients a baby needs to grow.
- Babies are not physically developed enough to eat solid food from a spoon before 4 months.
- Starting solid food too early may lead to overfeeding and excessive weight gain.

When starting solid foods, introduce one new food a day before adding another new food so you can tell what foods your baby may be allergic to or cannot tolerate.

Begin with small amounts of new solid foods, a teaspoon at first, and slowly increase to a tablespoon. Begin with a single-grain cereal mixed as directed, followed by vegetables, fruits and then meats. Infant cereals with iron should be given until your infant is 18 months old. Don't add sugar or salt to your baby's food. Avoid honey in any form for your child's first year, as it can cause food poisoning. Only infants with severe eczema or egg allergy need to worry about screening for peanut allergy before peanut protein is introduced. Talk to your pediatrician if your baby has either of these risk factors. Otherwise, all foods, including "high allergy risk foods" should be introduced when developmentally appropriate before 12 months.

Your baby's appetite can determine how much he or she eats. As soon as he can sit safely in a high chair, let him begin to feed himself. And be sure to avoid foods that he can choke on, such as hot dogs, nuts and seeds, chunks of meat or cheese, whole grapes, popcorn, peanut butter, raw vegetables or raisins.

Burping, Hiccups and Spitting Up

Burping: Young babies swallow air during feedings. Although this occurs in both breast- and bottle-fed infants, it happens more often with bottle-feeding. Burp your baby often, even if he shows no discomfort. The pause and the change of position alone will slow his gulping and reduce the amount of air he takes in. If he's bottle-feeding, burp him after every 2 or 3 ounces. If he's nursing, burp him when he switches breasts and when he's finished.

Hiccups: Most babies hiccup from time to time. If hiccups occur during a feeding, they may distress the baby. Change her position and try to get her to burp or relax. Wait until the hiccups are gone to resume the feeding. If your baby gets hiccups often, try to feed her when she's calm and before she's extremely hungry. This will reduce the likelihood of hiccups during feeding.

Spitting Up: Spitting up a small quantity of milk or formula after a feeding is usually nothing to worry about. Your baby may simply have eaten too much or brought a little milk up with a burp. Some children are more prone to spitting up than others, but almost all babies outgrow the tendency by the time they can sit up on their own.

You can minimize spitting up by feeding your baby in calm surroundings. Hold him in an upright position, not lying down, as he nurses. If you're bottle-feeding, hold the bottle at an angle, so the baby sucks only formula, not air. Burp him according to the directions on page 8. Placing him in an upright position in an infant seat or stroller immediately after feedings will also help keep his food where it belongs.

If these techniques don't slow your baby's tendency to spit up, he may need to be evaluated by your pediatrician. The stomach acid that comes back up with milk or formula can irritate the esophagus and cause pain. Rarely, children with chronic reflux might not hold down enough food to fuel normal growth.

A word of caution: the gentle spitting up caused by reflux or burping should not be confused with more worrisome forceful vomiting. Forceful vomiting could be a sign of infection or, if it occurs frequently after feeding, a constriction of the muscle that allows food to leave the stomach. Either of these conditions can be serious. **Forceful vomiting in an infant requires an immediate call to the pediatrician, as does vomit that is yellow or green.**



Diaper Changing



Never leave baby alone on the changing table even for a second.



The time you spend changing your baby's diapers can be special when you coo and talk to your child. Some simple preparations can help you relax and make it time well spent with your little one.

You will need to have these items close at hand:

- A clean diaper (plus fasteners if cloth-type diapers are used)
- Baby wipes (or cotton balls and a small basin with lukewarm water and a washcloth if your baby is sensitive to wipes)
- Ointment or petroleum jelly (if baby has a rash)
- A receptacle for the soiled diaper

Here's how to proceed:

1. Remove the dirty diaper and use a wipe or the water and cotton to gently wipe stool away.
2. Use the damp washcloth or a clean baby wipe to wash the area gently and thoroughly.
3. Put on a new diaper.
4. Wash your hands.

Never turn your back on your baby during diapering. Never leave your baby alone on the changing table even for a second. You cannot anticipate the exact moment when a baby will wiggle or turn over, and he might be seriously injured if he falls. Also, keep pins, powder and ointments well out of his reach. He should be focused on you and the chatter you provide to make this a pleasant activity for your baby.

Bowel Movements and Urination

Bowel Movements: Your baby may have a bowel movement with every feeding as part of a normal reflex pattern, or she might not have a bowel movement for several days. In general, infants have from 4 to 6 stools per day. Breast-fed infants might have a few more stools than formula-fed infants in the beginning. Their stools are described as seedy and often bright yellow. The stools of formula-fed babies are usually slightly darker in color and have a thicker, pasty texture.

Babies may grunt and strain and even turn red in the face while having a bowel movement. This does not mean your baby is constipated. If the stools are unusually hard or your baby does not have a bowel movement after four days, contact your pediatrician for advice.

Urination: Your baby may urinate as often as every one to three hours or as little as five to six times a day. In a healthy child, urine is light to dark yellow in color. Sometimes babies may have a pinkish stain in their diaper from highly concentrated urine. But if you notice blood in the urine or a bloody spot on the diaper, call your pediatrician. If there are also other symptoms, such as abdominal pain or bleeding in other areas, seek medical attention for your baby right away.

Bath Time

Sponge bathe baby daily until the cord has fallen off and the navel has healed (usually after the first two weeks). After that, only three or four baths a week are necessary, since frequent baths may dry his skin.

Baby's bath time should be a pleasant experience for both of you. Bath water should be lukewarm, never hot, and the room free from drafts. Choose a mild soap (such as Dove or Johnson's Baby Bath). Use only a small amount of warm water in a sink or baby bath vessel. Always test the water before putting baby in and never leave baby unattended in or near water. Remember, a baby can drown in as little as 2 inches of water.

Hold your baby securely during bathing. Wash gently; never scrub harshly. Pay attention to skin creases, especially around the neck, underarms and diaper area. For baby girls, always wash the genital area by wiping gently from front to back.

Shampoo hair and scalp with a soft baby brush. Rinse your baby thoroughly. It's a good idea to have two towels ready – one to dry her and one to bundle her in to keep baby warm before you dress her.

Use baby nail clippers or scissors to trim your baby's nails occasionally after bathing, when the nails are especially soft, or while she is sleeping. Filing nails with an emery board is a good alternative to clipping.



Genitalia Care

If your baby boy was circumcised, clean the penis with warm water and carefully dry it with each diaper change during the first few days. Do not use soap or alcohol. Apply a thin layer of petroleum jelly to keep the penis from sticking to the diaper. Later, once the circumcision is healed, routine cleaning at bath time is all that is necessary.

For girls, a white discharge from the vagina is normal. Occasionally the discharge may be blood tinged like a “period,” a normal result of your higher hormone levels during pregnancy. This will soon stop. Clean by gently wiping from front to back at diaper changes and bath time.

Cord and Navel Care

It is important to keep the navel clean and dry until the cord has fallen off and the belly button has healed. This generally occurs by 2 weeks of age.

Always keep the baby’s diapers secured below the belly button and cord to allow the cord to dry and prevent infection. A small amount of bleeding as the cord separates is normal. Contact your pediatrician if you notice continuous bleeding, oozing, foul-smelling discharge or redness.

Rashes, Skin Conditions and Birthmarks

No baby is born with perfect skin. Most newborns have normal rashes during the first weeks of life, however, if the rash is blistering, crusty or spreading, it should be checked by your pediatrician.

Baby Acne: Some newborns develop small red bumps on their faces around 3 to 4 weeks of age. This can last until 4 to 6 months of age. The cause is believed to be the transfer of maternal hormones to the baby just before birth. When the baby rubs her face on her blankets, the baby acne might get worse. Since the condition is temporary, usually there is no need for treatment. Call the pediatrician’s office if the baby acne gets severe. Never use adult acne medication.

Cradle Cap: Though not a rash, cradle cap is a skin problem, usually appearing as scaly patches on the scalp. Washing the hair and brushing out the scales daily help control this condition. It usually disappears on its own within the first few months. It can also be treated with a special shampoo. Ask your pediatrician.

Diaper Rash: The first signs of diaper rash are usually redness or small bumps on the lower abdomen, buttocks, genitals and thigh folds – all surfaces that have direct contact with the soiled diaper. Diaper rashes may be prevented by frequently changing soiled diapers and cleaning the diaper area. Rashes that appear will usually go away after letting baby go without a diaper as much as possible and applying soothing creams (such as Desitin, Vaseline or A&D ointment). If the diaper rash does not respond to these measures, call the pediatrician's office for further advice.

Drooling Rash: When a rash appears on the chin, cheeks or neck, it is often caused by contact with the milk and acid that the baby spits up. Rinse his face with water after all feedings, wet burps or when he spits up.

Erythema Toxicum: This rash looks like small (1/2 to 1 inch) red blotches around tiny white lumps and resembles insect bites. The cause is unknown, but the rash is harmless and usually disappears by 2 weeks of age.

Milia: These are tiny white bumps that appear on the nose and cheeks and sometimes on the forehead and chin. Milia might at first look like pimples. They are blocked skin pores which will open up and disappear by 1 to 2 months of age. Never squeeze them.

Birthmarks: Birthmarks frequently show up on a baby's eyelids, neck and forehead. Most will soon disappear. Many babies have blue-colored birthmarks on the lower back and buttocks and sometimes on the arms, legs and shoulders. They usually fade but don't disappear completely. Your baby's pediatrician can help you understand the origin and type of a birthmark.

Hemangiomas: Blood vessel malformations on the skin are called hemangiomas. When the condition involves only the capillaries (small vessels near the skin surface), the birthmark that develops is called a strawberry hemangioma. When the blood vessels are full-sized veins or a mixture of capillaries and veins, it may be a different type, such as a port wine stain. All types of hemangiomas should be checked by your pediatrician as your baby grows. Though the spots are not usually a health problem, they can worry parents.

Sleep

It is often hard for new parents to know how long and how often a newborn should sleep. Unfortunately, there is no set schedule at first, and many newborns have their days and nights confused – they think they are supposed to be awake at night and sleep in the daytime.

Generally, newborns sleep about eight to nine hours in the daytime and about eight hours at night – just not all at once!

Newborns and young infants have small stomachs and must wake every few hours to eat. In most cases, your baby will awaken and be ready to eat about every two to four hours. It is not necessary to wake a baby for feedings unless you have been advised to do so by your baby's physician.

Most babies do not begin sleeping through the night (six to eight hours) without waking until at least 3 months of age, or until they weigh 12 to 13 pounds.

Sleep becomes a very valuable commodity in homes with babies, so it's a great idea to help your baby develop good sleep skills from the start. When it is time for bed, you can rock or feed your baby until she is drowsy, but put her down in the crib before she falls asleep. This way your baby will learn to put herself to sleep – and back to sleep should she wake for a moment in the night. Letting a baby fall asleep in your arms can make it very hard for her to fall asleep any other way – so when she awakens for a second during her natural sleep cycle, she may not be able to go back to sleep on her own.

Back To Sleep, Tummy To Play

Put your baby down to sleep on her back to reduce the risk of sudden infant death syndrome. But make sure she also gets plenty of “tummy time” when she's awake to help strengthen her neck, back and shoulder muscles.



Sleep Safety

To decrease the likelihood of sudden infant death syndrome (SIDS), follow these “safe sleep” recommendations from the American Academy of Pediatrics:

- Infants should be placed on their backs, not their tummies or sides, for every sleep.
- Use a firm sleep surface. A firm crib mattress, covered by a sheet, is the recommended sleeping surface.
- Keep soft objects and loose bedding out of the crib. This includes pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys and other soft objects.
- Don’t share a bed with your infant. Instead, you can keep your baby nearby in a bassinet.
- Offer a pacifier at nap time and bedtime, but do not reinsert the pacifier once the infant falls asleep.
- Avoid overheating your baby. The bedroom temperature should be kept comfortable for a lightly clothed adult.
- Avoid commercial devices marketed to reduce the risk of SIDS. None have been tested sufficiently to prove if they are safe or effective.
- To avoid flattening of the back of the head, place the infant to sleep with his head turned to one side for a week and then change to the other side for a week.
- Make sure that others caring for your baby (childcare provider, relative, friend, babysitter) are aware of these guidelines.

Carrying Baby

A newborn has not developed head control or strong enough neck muscles to hold up her head. Carry her in a way that cradles her head and holds it firmly so it doesn’t flop from side to side or snap from front to back. When carrying her in a lying down position, support her head and neck at all times with your hand or arm.

Pacifiers



You may give your baby a pacifier to satisfy her normal instinct for sucking. Research indicates that pacifier use at nap and bedtime may reduce the risk of sudden infant death syndrome. Most infants will give up the pacifier during the early months of life. Sucking does not necessarily mean hunger; your baby uses this reflex for security and satisfaction.

Any pacifier you give your child should be made from a single piece of rubber and have no parts that could loosen or get stuck in the baby's throat. Never tie the pacifier or any other object on a cord around a baby's neck. A cord could become entangled or even strangle your baby.

Crying

Crying is one way your baby communicates. It's his way of letting you know he needs you. Always respond promptly. Don't worry about whether you are spoiling your baby by going to him every time he cries. You can't spoil a baby at this early age (the first 3 months).

Check to see if your baby is crying because he is hungry, wet, hot, cold, tired, lonely, bored or in pain. Sometimes changing your baby's position or diaper or just a little cuddling may be all he needs. Your comforting touch or the sound of your voice may make him more comfortable. Wrapping him snugly in a blanket (not too tightly) may help. But leave his hands free so he can get them to his mouth for sucking.

Some babies have long crying spells lasting several hours. When there is no medical problem, this type of crying is often called "colic." If your baby is fussy and cannot be consoled, discuss the problem with her pediatrician. If there are no medical reasons for her crying, your baby will get through this period by about 12 weeks of age.

Since heavy crying often takes place in the evening when parents are tired and their coping skills may have worn thin, it's important to have a plan to deal with the situation. Plan how you are going to console your baby and how you are going to help yourself get through the situation as well.

♥
If you become frustrated and feel like hitting or shaking your baby, lay him gently on his back in a safe place such as his crib and walk away. Take a deep breath and call a friend or the baby's doctor. But never shake or hit a baby.
♥

Tips for comforting a crying baby:

- Hold your baby close to your body and walk or rock him while talking or singing softly.
- While sitting, lay your baby face down across your knees, gently patting his back.
- Try a wind-up bed or swing to rock your baby to sleep.
- Play soft music or turn on the dryer or vacuum cleaner.
- Take your baby for a stroller ride or car ride.

If none of these tips work, lay your baby down gently in his crib and walk away for a few minutes to see if he'll calm down on his own.

Take care of yourself, as well:

It's normal to have mixed feelings about babies when they cry. You may feel overwhelmed, burned out, depressed, tired, frustrated, irritable, angry and even afraid. Never take these feelings out on your baby. Try the following instead:

- Give yourself a break from your baby from time to time.
- Don't be afraid to ask friends or relatives to help you.
- Talk to someone about your feelings if you get overly angry during baby's crying spells.
- Ask your pediatrician about a parent support group.
- Get help when you need it.





Well-Baby Checkups

Well-baby checkups are important times for you and your baby. They allow your pediatrician to examine your baby and be sure he is growing and developing normally. Immunizations are also provided. These checkups also give you time to discuss your worries and woes with someone who is trained to help you. Write down your questions before the appointment.

Your baby's pediatrician will help you with questions about your baby's nutrition, growth and development, as well as how to provide routine care and stimulation to nurture a healthy, happy, loving relationship between you and your newborn. This time with your doctor is important to you and your baby. Take your time and make sure you understand every aspect of what your doctor tells you about your baby's care.

Newborn Screenings: Before discharge from the hospital, your newborn baby had special screenings for several diseases and conditions, including PKU, thyroid function and hearing impairment. The test results will be sent to your pediatrician's office.

Immunizations: Immunizations, some started soon after birth, are the best defense against many dangerous childhood diseases. Here is a list of recommended vaccines your child's pediatrician will provide on a schedule recommended by the American Academy of Pediatrics. Keep track of your child's immunizations to be sure your child is protected.


Keeping up
with your
pediatrician's
recommended
schedule of
well-baby
checkups is one
of the most im-
portant things
you can do to
safeguard the
health of your
new baby.


DTaP - A vaccine that combines immunizations against diphtheria, tetanus and pertussis (whooping cough).

IPV - The vaccine against polio, a serious crippling disease.

Hib - The vaccine against hemophilus influenza type b, the bacteria that causes serious illness such as a type of meningitis.

Hep B - The vaccine that protects against the hepatitis B virus, which may cause serious liver disease.

Pneumococcal conjugate - The vaccine that guards against infections that cause bacterial meningitis, pneumonia and bloodstream infections, and may offer some protection against ear infections.

Rotavirus - The oral vaccine that guards against the common intestinal virus.

MMR - A single vaccine that combines measles, mumps and rubella (German measles) vaccines.

Varicella - The vaccine to protect against the chicken pox virus.

Hep A - The vaccine that protects against the hepatitis A virus.

Tdap - The tetanus and diphtheria vaccines combined with a pertussis booster given to older children and throughout life.

Health Watch

Things to Watch for in Baby's First Weeks

Some physical conditions are especially common during the first couple of weeks after birth. If you notice any of the following in your baby, contact your pediatrician where recommended.

Abdominal Distention – A baby's belly might stick out after a large feeding, but between feedings, the belly should feel quite soft. If your child's abdomen feels swollen and hard, and if he has not had a bowel movement for more than one or two days, or if he is vomiting, call your pediatrician. Though the distention might be caused by gas, it could also signal a more serious problem.

Birth Injuries – A broken collar bone or muscle weakness might occur during a particularly long or difficult labor. Your pediatrician will advise you how to help keep your baby's side relatively motionless to allow the bone to heal. In the case of muscle weaknesses, usually appearing on one side of the face or one shoulder or arm, your pediatrician will advise you how to feed or hold baby to promote healing until the area returns to normal, usually in a few weeks.

Blue Baby – Blue hands and feet are not usually something to worry about in a newborn. His face, tongue and lips may turn a little blue occasionally when he's crying hard. But once he becomes calm, his color in these areas should quickly return to normal. If his hands and feet turn blue from cold, they should return to pink when they are warm. Persistent blue skin coloring is a sign that heart or lungs are not operating properly and the baby is not getting enough oxygen in his blood. Immediate medical attention is necessary.

Coughing – If your baby eats very fast or is trying to drink water for the first time, he may choke, cough and sputter a bit. But the coughing should stop once he returns to his familiar feeding routine. If he coughs persistently or routinely during feedings, consult the pediatrician. These symptoms could mean an underlying problem in the lungs or digestive tract.



Excessive Crying – All newborns cry, sometimes for no apparent reason. If you've made sure baby is fed, burped, warm and dressed in a clean diaper, the best tactic is probably to hold him and talk or sing to him until he stops. If this doesn't work, try one of the tactics on page 15. You will become accustomed to your baby's normal pattern of crying. But if it ever sounds peculiar – such as shrieks of pain – or if it persists for an unusual length of time, it could mean a medical problem. Call the pediatrician for advice.

Jaundice – Infants sometimes develop a yellowish tinge to their skin in the first few days of life. The condition, called jaundice, is a sign that the blood contains an excess of bilirubin. Everybody's blood contains small amounts of bilirubin, but newborns tend to have higher levels because they have extra red blood cells at birth and their immature livers may have trouble processing the additional bilirubin. **Most infants have mild jaundice that is harmless**, but in very rare cases, the bilirubin level can get very high and cause brain damage. Your pediatrician will check your baby for jaundice and recommend treatment in the case of significant jaundice.

Respiratory Distress – It may take your baby a few hours after birth to form a normal pattern of breathing, but then he should have no further difficulties. If he has any of the following signs, notify your pediatrician immediately:

- Fast breathing (more than 60 breaths in a minute)
- Retractions (sucking in the muscles between the ribs with each breath, making his ribs stick out)
- Flaring of his nostrils
- Grunting while breathing
- Persistent blue skin coloring

Swollen Breasts – Your new baby's breasts may feel large or swollen and secrete a thin, white substance. This is a result of your high hormone levels during pregnancy. The baby's breasts will soon be normal.

Thrush – This common yeast infection appears as white patches in the baby's mouth and is treated with an oral anti-fungal medication prescribed by your pediatrician.

Some physical conditions are especially common during the first couple of weeks after birth.

Umbilical Hernia – If your baby’s umbilical cord seems to push outward when he cries, he may have an umbilical hernia. This is a small hole in the muscular part of the abdominal wall that allows tissue to bulge out when there’s pressure inside the abdomen (such as when baby cries). This is not a serious condition, and it usually heals by itself in the first few years of life. In the unlikely event that it doesn’t heal, the hole may need to be surgically closed.

Recognizing Illness in Your Newborn

Although serious illnesses are rare in newborns and infants, it’s important for every parent to know about symptoms that warrant a call to the pediatrician. The following information can help you recognize when medical care is needed.

Fever – Call your physician immediately if your baby is younger than 3 months old and has a rectal temperature of 100.4°F or higher.

Changes in Behavior – A change in behavior may be one of the first signs of illness in a newborn. If your baby is alert, active and feeding well and can be comforted when crying, occasional variations in behavior are normal. On the other hand, distinct changes in a baby’s activity level, appetite and crying pattern may signal illness. Call your pediatrician if your baby has:

- little or no energy
- difficulty sucking at the breast or bottle
- lack of hunger or refuses several feedings
- persistent crying or irritability



Breathing Problems – Changes in a baby’s breathing rate or pattern – using other muscles and parts of the chest to breathe – or changes in color may mean the baby is having respiratory distress and needs immediate medical attention. Call your pediatrician if your baby:

- has blue-tinged skin
- takes more than 60 breaths a minute
- has longer than 10 seconds between breaths
- flares the nostrils, sucks in the chest or grunts when inhaling
- moans or sighs when exhaling
- coughs persistently

Gastrointestinal Problems – A newborn’s ability to eat and digest food is essential to growth and development. Most babies are able to absorb milk normally at each feeding and then have normal bowel movements. Difficulty in either of these areas can be a sign of a more serious problem. Watery bowel movements and diarrhea in a newborn can quickly lead to severe dehydration and should be treated immediately. The following symptoms may indicate the baby is having gastrointestinal problems:

- frequent, forceful or projectile vomiting
- discolored or green-tinged vomit
- diarrhea (watery, very loose bowel movements that occur very frequently)

Congestion

Most infants at some time may sound congested. Coughing and sneezing are your baby’s attempts to blow his nose. You can help your baby by suctioning his nose often when he’s congested; use a rubber suction bulb made especially for infants. To thin the mucous before you suction his nose, use a normal saline solution (infant nose drops from the store or drops you prepare by dissolving 1/4 teaspoon of salt in a cup of warm water). Place one or two drops in one nostril, then suction. Repeat in the other nostril. To suction: squeeze the bulb and then insert the tip gently into the nostril; slowly release the bulb to draw the mucus into the bulb. Empty the bulb by forcing the air out into a tissue, then repeat the suctioning process in the other nostril. Make certain to clean the bulb between uses.

Ear Infections

Ear infections may develop along with a cold in the early months. Symptoms can include loss of appetite, irritability, difficulty sleeping, fever and vomiting. Other symptoms may include ear pain and, in later months, pulling at the ear. If your baby has these symptoms, see his pediatrician. If the pediatrician prescribes medicine for the infection, be sure to give it to the baby for as long as the doctor says. A warm (not hot) compress held over the ear can sometimes soothe the baby.

Diarrhea

An occasional loose stool is nothing to worry about. In fact, stools of breast-fed babies are normally very soft and frequent. If your baby has a vomiting spell followed (a day or two later) by frequent, watery stools that are different from his usual pattern, he may have diarrhea caused by a virus. Ask your pediatrician about the best way to manage diarrhea. If you're breastfeeding, or providing expressed breast milk by bottle, your pediatrician will probably suggest that you continue nursing as usual. If you're formula-feeding, the doctor may advise that you limit the baby's intake to a special solution containing electrolytes (such as Pedialyte). When formula is restarted, you may be advised to use soy formula for a few days. This is because diarrhea washes out the enzymes needed to digest the sugar in cow's milk.

It is important to monitor your baby for signs of dehydration (see page 24) if he has diarrhea. Also, be sure to notify the doctor if the diarrhea has blood in it or lasts more than two days.

♥
If the pediatrician prescribes medicine for an infection, be sure to give it to the baby for as long as the doctor says.
♥



Vomiting

Many childhood illnesses include vomiting, which is different from just spitting up. Vomiting means forcefully throwing up. Call your doctor right away if you notice any of the following:

- Frequent, repeated vomiting
- Crying (with legs pulled up toward the chest) that cannot be soothed
- Fever (any fever in a baby less than 3 months old; rectal temperature of 100.4 degrees Fahrenheit or higher if older)
- Blood or bile (green color) in his vomit
- Swollen belly
- Inability to keep fluids down
- Repeated refusal of feedings
- Any signs of dehydration
- Discolored or green-tinged vomit

Dehydration

Dehydration is a serious condition usually caused by diarrhea and vomiting. Signs of this condition include lack of tears, dry mouth, decrease in the number of wet diapers and listlessness (lack of energy). Call your doctor immediately if you see any of these signs.



Developmental Milestones

Parents are almost always on the lookout for their baby's important "firsts." The first time he smiles, rolls over, sits up by himself, talks and walks are important milestones. But developmental stages can also be a source of worry, especially when the neighborhood playground is your main source of comparison.

Please remember that no two babies are alike. Development is a process that unfolds at a different pace for every child. Please use the following information as a general guide to a few of the things you can look for at certain stages of your child's first year. If you have concerns about your child's development, talk to your pediatrician during a well-baby checkup.

3 months:

Wiggles both arms and legs equally when lying on her back.

Makes noises such as cooing or gurgling.

Lifts head and chest when on her tummy.

Watches (follows) a moving object or person.

Grasps a rattle or finger.

Smiles.

6 months:

Holds head up and looks around.

Recognizes familiar faces and smiles.

Coos, giggles and make lots of noise.

Rolls over from tummy to back and back to tummy.

Begins to push up on hands and knees, sometimes as if ready to crawl.

Responds to sounds.

Notices (sees) small objects, such as small toys or crumbs.

9 months:

Sits up without much help.

Starts to pull up to a standing position.

Crawls or scoots.

Makes ma-ma or da-da sounds.

Uses thumbs and forefingers to pick up little things.

Begins imitating sounds.

12 months:

Plays interactive games like peek-a-boo.

Crawls on hands and knees.

Pulls up to stand.

Cruises around while holding onto furniture.

Walks with assistance (holding hand).

Responds to music by bouncing.

Responds to his name.

Says a word or two.

Safety for Baby

Car Seats



The law requires that infants and children be secured in approved safety seats while riding in automobiles. Choose a car seat that is crash-tested and meets federal safety guidelines. Don't use a car seat if it's been in an accident. And never purchase a used car seat if you don't know whether it has been recalled by the manufacturer because of a defect.

Infants should ride in a rear-facing car seat positioned in the center of the back seat if possible and never in the front seat of a vehicle that has a passenger-side air bag.

Never leave your baby or any other children alone in the car for any reason.

Make your child's first ride and every ride a safe one. Be prepared for the ride home from the hospital by installing an approved car seat and having the installation checked at the DMV or your local police precinct or fire department before your baby's first ride.

When Your Infant Rides in the Car

- Use a rear-facing car seat for infants until they are at least 2 years old.
- Secure harness straps for baby's seat below or at shoulder level in one of the lowest slots.
- Recline infant car seat at a 45-degree angle.
- Make sure harness straps fit snugly against the baby's body and, if a chest clip is used, secure strap at armpit level.
- Check the instructions on how to adjust the straps. The infant's head should be below the top of the shell of the car seat. As the infant grows and his head is less than one inch from the top of the seat shell, he should be moved from the infant-only car seat to a rear-facing convertible car seat.
- In hot weather, always check the car seat before you put baby in. Some parts might be too hot and burn baby or make him uncomfortable.

- Never take baby out of his safety seat while the car is in motion.
- Replace your car seat if you are in an accident.

Home Safety

Your child's home should be the safest place in the world for him. Closely following some simple rules will help to ensure his safety at all times.

- Never leave the baby in the home alone or unattended at any time. Never leave him in a room alone unless he is asleep and you can hear him if he awakens. And never leave him alone on a bed, couch or chair, or in or near water.
- Set your water heater below 120 degrees Fahrenheit.
- Be sure baby furniture meets government standards for safety.
- Make sure the labels on your baby's clothing say it is flame-retardant.
- Cribs should meet all crib safety regulations from the Consumer Product Safety Commission, visit cpsc.gov. Cribs should be clean and free of defects, splinters or cracks; mattresses should be firm and there should be less than two finger widths between the mattress and crib side; sheets and blankets should be tucked in securely when baby is in the bed; crib slats should be no more than 2 3/8 inches apart. Headboard and footboard should have no protruding, decorative posts or knobs.
- Make sure hanging mobiles are out of reach of the infant, and remove them when your baby begins to sit up. Keep the crib away from chairs, curtains or other furniture the baby may use to climb out.
- Don't attach pacifiers, toys or other objects to the crib or baby's clothing with a string, cord or ribbon. Never put a string or necklace on baby's neck.
- Be careful not to jiggle or shake the baby too vigorously. Always support her head and neck when moving her body.
- Make sure toys are non-flammable and have no loose or



Set your water
heater below
120 degrees
Fahrenheit.



removable parts or sharp edges. All toys should be too large to fit in the baby's mouth. (If a toy or part can pass through an empty toilet paper roll, it's too small for your baby.) Remove all manufacturer's tags. Make sure stitching on stuffed toys is secure.

- Install smoke and carbon monoxide detectors in your home.
- Never put your baby to bed with a bottle.
- Do not expose your infant to tobacco smoke. Do not allow anyone to smoke in your home or car.
- Do not use strong cleaning agents (such as mildew removers), solvents or toxic materials in a home with a new baby.
- Do not eat, drink or carry any hot substance while holding or being close to your baby.
- Do not use the microwave to warm baby bottles.
- See page 15 for more information on sleep safety.



Suggested Books

Caring for Your Baby and Young Child, Birth to Age 5, American Academy of Pediatrics

Child Behavior from Birth to 10, Ilg & Ames

Discipline: The Brazelton Way, T. Berry Brazelton

Happiest Baby on the Block, book and video by Harvey Karp

Infants & Mothers, Parents & Toddlers, T. Berry Brazelton, MD

The Father's Almanac, S. Adams Sullivan

Kids, Parents and Power Struggles, Mary Sheedy Kurcinka

The Magic Years, Selma Fraibert

Sleepless in America, Mary Sheedy Kurcinka

Ten Greatest Gifts I Give My Children, Steven W. Vannoy

Touchpoints – The Essential Reference: Your Child's Emotional and Behavioral Development, T. Berry Brazelton

What to Expect the First Year, Arlene Eisenberg

Your Child's Self-Esteem, Dorothy Corkille Briggs

Your Child's Health, Barton D. Schmitt

Suggested Websites

CHKD.org

healthychildren.org



**Children's Hospital
of The King's Daughters**

601 Children's Lane
Norfolk, Virginia 23507
CHKD.org