

NEWBORN CARE

Warmth and Bonding: Your baby needs to be held, skin to skin is a great tactile stimulation, and kept close to you and your partner. The baby's color should be a nice pink in it's face and body, it is normal for the feet and hands to remain a bit bluish. If the baby is a reddish color, sweaty at the back of the neck and the temperature is above 99 degrees try removing one layer of clothes or blankets and recheck temp again in 30 minutes. If the baby's temp is 97 degrees or below add some layers like socks, a hat and another blanket and again recheck the temp in 30 minutes. If you cannot correct the temp please call me.

Breathing: A typical newborn breathing pattern may alternate between rapid shallow respiration's and slow, deep respirations. The normal range is 40-60 breaths per minute, with the lower rate occurring at rest and the higher rate while nursing or crying. If you have concerns about your baby's breathing pattern try counting by watching the baby's belly breathe in and out equaling a count of 1 for a full 60 sec. If the rate is higher or lower than normal or the baby is gasping, grunting, or having obvious breathing difficulties call me immediately. If your baby sounds mucousy you can use the bulb syringe, by deflating it first and then suctioning to help clear the airway. Sneezing and hiccups are normal.

Nursing: The baby may or may not suck right away, remember you are both learning and need to be patient with each other. Put baby to your breast at least every 3 hours to encourage suckling. Initially the baby is receiving colostrum and your milk should come in within 2-5 days. When your milk comes in you will be able to hear the baby swallowing, occasionally choking, letting you know it is receiving milk, put baby to breast as often as the baby wants, but again no less than 3-4 hours. Frequent nursings help to move the baby's bowels, lessen the likelihood of problem jaundice, brings your milk in sooner, helps with engorgement, and helps your uterus return to it's prepregnant size.

Weight: Most babies lose five to seven percent of their birth weight within the first 24 hours. They should regain their birth weight by two weeks and gain an average of four to eight ounces a week in the first three to four months. From four to six months the average weight gain is three to five ounces per week.

Length: Approximate growth in length for the first six months is 1 inch per month.

Urine and Stool: The first 2-3 days the baby's bowel movements are called meconium and are very black and tar like, frequently in every diaper change. We remind you to put oil on the baby's bottom to help remove the meconium more easily. The stool will begin to change in color and consistency as your milk comes in, which will end up being a normal mustard/seedy/thin stool. Your baby should have a wet and stool diaper in the first 24 hours, if there is a longer delay please call and notify me. After your milk comes in your baby should have 6-10 wet diapers in a 24 hour period, this will assure you that the baby is getting enough milk.

Sleeping: It is now recommended that babies sleep on their back to reduce the risk of SIDS. Side position is an alternative. It is typical for the baby to have one long sleep cycle each day, perhaps 3-5 hours. It is suggested to only allow 1 long sleep phase in a 24 hour period and to be waking baby up at least every 3-4 hours thereafter for the first two weeks of life. It is not uncommon for the baby to rest a lot in our daytime and than be fussy through our night time. The baby cannot tell time!!!!!! So once again the golden rule those first 2 weeks post-partum is to SLEEP WHEN THE BABY SLEEPS.

Cord Care: The entire cord should be kept dry and clean and remember to fold the diaper down under the cord clamp. The stump falls off usually in 5-14 days. If it looks moist you can put rubbing alcohol on a q-tip and apply it around the end and base of the cord several times a day. If the cord or area around the cord becomes reddened, inflamed, foul smelling, or if there is pus draining from the cord call me.

Jaundice: It is not unusual for babies to develop a yellowish skin tone during the first week of life. Typically jaundice develops around 3 days after the birth and can be seen on the face, chest and sometimes in the whites of the eyes. It is recommended to place the baby undressed in the sunlight for 5-15 minutes daily which helps the Bilirubin breakdown, until the yellow pigment begins to reduce. As long as the baby is nursing frequently and vigorously there is probably no need for concern. If you notice Jaundice within the first 24 hours or your baby seems lethargic and is not nursing well, call me.

Eyes: If babies eyes look irritated or have a discharge, please call. It is normal for them to look puffy after birth.

Genitals: It is normal for the breasts and genitals of all babies to be swollen. There may be a slight secretion of fluid from the baby's breasts, which should not be squeezed out. The newborn girl may have a vaginal discharge for 3-5 days that will be a white mucous and may be tinged with blood. These are the effects of the mother's hormones that have passed through the placenta and are normal. The newborn boy may also have a slightly white discharge, external washing and rinsing on a daily basis is all that is required. DO NOT retract the foreskin.

Infant Health Screen: Wisconsin law requires that infants be tested for several congenital and metabolic disorders: PKU, cystic fibrosis, galactosemia, congenital adrenal hyperplasia, biotinidase, sickle cell disease, and congenital hypothyroidism. These are rare hereditary chemical deficiencies, which if left untreated will cause illness, which may lead to brain damage, learning disabilities, or death. If diagnosed in infancy and treated with the appropriate medication, diet, hormone or vitamin supplements, the infant will almost always not develop the complications associated with these conditions. There is an additional lab fee if I do this screening. It can not be done prior to 24 hours of age. You may also arrange this with the baby's doctor. You will then need to take the baby to the nursery at your local hospital.

Hearing Screening: It is recommended your baby get a noninvasive hearing test within the first 2 months of life. About 3 out of every 1000 babies are born with a significant hearing loss. Undetected hearing loss may lead to speech and language delays. At this time you will need to make arrangements with your doctor to have it done at the hospital nursery. You can also call your local audiologist and ask for "initial newborn hearing screen".

Doctor visit: I recommend the baby be seen by a Pediatrician or Family Practice Physician within the first 2 weeks. The doctor will chart all is well. This will prevent any controversy or questions about your baby's health at birth if your baby would get sick at any later time and needed medical attention.

*** Again, if you have any questions or concerns about you or your baby don't hesitate to call.