



# NEWBORN CARE GUIDE

COMPLIMENTS OF  
Capitol Pediatrics & Adolescent Center

 **UNC PHYSICIANS  
NETWORK**  
UNC HEALTH CARE



# WELCOME

## Capitol Pediatrics & Adolescent Center

### PRACTICE BACKGROUND

At Capitol Pediatrics & Adolescent Center, we are committed to providing excellent comprehensive medical care for all children from birth to college age. We work in close partnership with our patients and caregivers to provide a full scope of services including well checks, physical examinations and treatment for acute and chronic medical conditions. Our office is located in close proximity to other UNC and Rex specialists, which expands our ability to provide the best care, tailored to the patient's specific needs. Our philosophy of practicing pediatric care is beyond physical needs, as we recognize the interplay between a child's physical, emotional and developmental needs.

### OUR OFFICE HOURS

Capitol Pediatrics & Adolescent Center offers regular office hours from 8 a.m. to 5 p.m. Monday through Friday. Our North Hills location is also open Saturday mornings from 8 a.m. to 12 p.m.

With the exception of emergencies, we see patients by appointment only. Phone calls made to our office during regular office hours will be returned within the same business day. For after-hours needs, you may call the UNC HealthLink at (984) 974-6303, which is an after-hours answering service. The nurses at UNC HealthLink will send a complete record of your call to our office and contact the physician on call if there is an urgent medical matter.

**To schedule an appointment,  
please call (919) 782-5273**

# CONGRATULATIONS!

Congratulations on the arrival of your baby! We feel privileged to share in your baby's care and look forward to working with you during each step of his or her development. We hope that the following information will answer some common questions. As always, if you have any other specific questions, feel free to give us a call.

## YOUR HOSPITAL EXPERIENCE



Each baby is different. You will know your child better than anyone. Use the time in the hospital to learn some of your baby's cues. Ask the nursing staff to share their observations and make suggestions based on their experience. Realize that what works for one baby may not work for yours—the nurses have

experience with many different personalities and situations. Please ask questions. We are here for you and your baby.

## BREASTFEEDING YOUR BABY

You should make the decision about which method of feeding you prefer (breast or bottle) and feel comfortable with your choice. We recommend breast-feeding but realize that this method is not right for everyone, and we support your personal decision.

### The advantages of breast-feeding include

- Readily available breast milk at the right temperature, requiring no preparation time. Breastfeeding is convenient!
- Easy digestion and all of the nutrients needed for your baby. Breast milk is custom made for him or her.
- Breast milk contains important antibodies, which help babies properly fight infections.
- A special time for mom and baby to bond. Dad also can be involved by giving expressed breast milk after about 3-4 weeks.

## Things to remember

- Although we have all heard that breast-feeding is “natural”, you may feel a little awkward at first. Do not be afraid to ask for help.
- Your baby is equipped to handle receiving smaller volumes of milk initially. Your colostrum (the initial thick yellow milk) is packed with nutrients and is all he or she needs in those first few days.
- Your baby will have a sleepy phase for the first few days after birth. It is often difficult to awaken him or her. Keep trying by undressing your baby, using a cool cloth to wipe him or her or changing his or her diaper. It is important to put your baby to the breast approximately every 3 hours and with your baby’s feedings cues to establish your milk supply.
- Your milk will come in around day 3 or 4 after birth. At that point, your breasts will likely feel engorged (full and heavy) and possibly uncomfortable. You may need to soften your nipples so that your baby can latch on. You can do this by taking warm showers, using warm compresses or hand expressing small amounts of milk. These measures may lessen your discomfort. Encouraging your baby to nurse frequently will also provide relief to you. Hang in there—the discomfort should only last a few days.



- You will likely experience some nipple soreness in the first few weeks. Some of this is normal due to chapping and friction. Make sure that your baby is getting as much of your areola (the dark part- of your nipple) into his or her mouth as possible. The initial tenderness after latching on should subside if the baby is latched correctly.

### Getting started with breast-feeding

1. Wash your hands.
2. Make yourself comfortable (using pillows as needed).
3. Get yourself a glass of water—you may need extra fluids, and now is a good time for you to drink too.
4. Attempt to get as much of the areola (the dark part of your breast) as possible into the baby's mouth. Do not let him or her just suck on the tip of your nipple—it will become sore. It is not unusual to have some soreness in the first 1 to 2 weeks at latch on, but if this is extreme and continues throughout the feeding, contact your doctor or your pediatrician.
5. Nurse for 10 to 15 minutes on each side and gradually increase to 15 to 20 minutes. Once your milk supply is established make sure your baby empties at least one breast per feeding. Alternate sides on which you begin.
6. Try to relax! Tension can inhibit milk flow.
7. ASK, ASK, ASK! Everyone's experience is different. Do not be embarrassed to ask questions.



### FORMULA FEEDING YOUR BABY

- Moms who decide to bottle feed have equal affection for their

## DO NOT USE A LOW-IRON FORMULA unless instructed to do so

babies and should have no less sense of accomplishment.

- During the first week or so after birth, you may experience discomfort with breast engorgement. It will be important for you to wear a snug bra for support and to prevent milk letdown. Cool compresses or cabbage leaves applied to the breast and taking Tylenol can provide relief. Be



aware that long hot showers will increase breast milk production—you may want to make them brief for a while.

- All infant formula is standardized now. Starting on a regular infant formula is generally recommended. Milk allergies are not common and cannot be predicted without a trial with regular formula. If you have specific questions, contact us for recommendations.
- Infant formula should be continued until 1 year of age.
- Formula comes in powder, liquid concentrate and ready-to-feed forms. Be sure that you know which one you are using, and follow the directions carefully. Do not make it stronger than recommended—this can be dangerous! Adding more water than instructed can be dangerous to your baby as well.

### Getting started with formula feeding

1. If you want to warm the bottle, do this in warm water—not in the microwave. Microwaves heat unevenly and may cause burns. You do not have to warm the bottle—room temperature is okay.
2. Test the temperature of the milk on your arm before giving it to your baby.

3. Hold your baby closely for each feeding. Never prop the bottle or leave your baby to eat alone. Do not give your baby a bottle in his or her crib. This is your special time together, one on one.
4. Make sure that the nipple is always filled with formula while feeding so that the baby does not swallow air.

## BURPING YOUR BABY

- No matter what the feeding method, babies will swallow some air and should be burped at least after every 2 oz or between feedings from each breast.
- Place the baby upright on your shoulder, or support the head and trunk with one hand in front of the baby, and lean the baby forward on your lap. Gently pat or rub upward until you hear a burp.



## SOLID FOODS

Despite advice from many well-meaning grandparents, neither breast- nor bottle-fed babies need solids until 4-6 months of age.

- At approximately 4-6 months, you may begin with pureed fruits or vegetables or rice cereal, a couple of tablespoons once or twice a day. Rice cereal should be given with a spoon, not added to the bottle.
- Do not introduce honey to your baby until 12 months of age. Talk to your baby's doctor about which foods to introduce and when.
- We will discuss adding solid foods at each well-baby checkup.

## GROWTH SPURTS

All babies go through growth spurts, which are fairly predictable around the following ages: 6 to 10 days, 6 weeks, 3 months and 4 to 6 months. During your baby's growth spurts, you will notice that he or she wants



to nurse more frequently. This is his or her way of stimulating your body to produce more milk. After a few days, your body will do just that, and your baby will resume a normal feeding schedule. If you are bottle feeding, you will notice that your baby will cry when the milk in the bottle runs out, indicating that he or she wants more or that he or she just wants to eat more frequently. Just when you think you have them figured out—they change the schedule!

## VISITORS

Friends and family will be excited about the newest addition to your family. Discussing needs and expectations before your child's birth will lay some ground rules and make the transition easier.

Rest is imperative for new moms and dads, especially if you intend to breast-feed. Try to group visitors in the hospital so that you have some time for rest. Try to avoid a constant parade of visitors. When you get home, try to limit visitors for the first week or so to people who are going to help with activities of daily living. Remember, you and your baby are the number one priority—you are not being rude or unappreciative to request rest for all.



# VACCINATION SCHEDULE

VACCINE	BIRTH	1 MONTH	2 MONTHS	3 MONTHS	6 MONTHS
<b>Hep B</b> Prevents hepatitis B	1st	2nd			
<b>DTaP</b> Prevents diphtheria, tetanus, pertussis			1st	2nd	3rd
<b>Hib</b> Prevents haemophilus influenza type b			1st	2nd	3rd*
<b>IPV</b> Prevents polio			1st	2nd	
<b>RV</b> Prevents rotavirus			1st	2nd	3rd*
<b>PCV</b> Prevents pneumococcus			1st	2nd	3rd
<b>Flu</b> Prevents influenza					
<b>MMR</b> Prevents measles, mumps, rubella					
<b>Varicella</b> Prevents varicella (chickenpox)					
<b>Hep A</b> Prevents hepatitis A					

12 MONTHS	15 MONTHS	18 MONTHS	24 MONTHS	4 YEARS	5 YEARS	6 YEARS
3rd						
	4th			5th		
4th						
3rd				4th		
4th						
Yearly						
1st				2nd		
1st				2nd		
1st and 2nd at least 6 months apart						

\*This dose is not necessary with some versions of these medications.

Visitors also pose an infectious risk to your baby, and this is another reason to limit visitors initially. Have everyone wash their hands upon entry into your hospital room or home. Should someone have a cold or other illness, it is best for them not to hold your little one.

**Get vaccinated to help protect your newborn baby. You should be up to date on the Flu and Tdap (Tetanus-Diphtheria & Pertussis) vaccines.**

## **SLEEPING**



- Every baby is different. Some may sleep 18 to 19 hours per day; others only 10 to 12 hours per day.
- Newborns tend to sleep more during the day than at night, but will gradually transition to a better sleep schedule at night.
- Most babies do not sleep peacefully. About 50 to 60% of their sleeping hours are restless.
- Position—only position your baby to sleep on his or her back. Sleeping on tummies is strongly associated with an increased risk of Sudden Infant Death Syndrome (SIDS).

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- Use firm mattresses. No water beds, lamb's wool or pillows.
- Initially, we recommend your baby sleeps in their own bassinet or crib in your bedroom.

## CRYING

- Babies cry for many reasons—hunger, fatigue, frustration, pain or overstimulation. Soon, you will learn what each cry means.
- You can't spoil a newborn. For the first several months, it is probably best to respond quickly to your baby's needs.
- At the same time, it will not hurt your baby if he or she must cry for a brief time while you are trying to get some things done (for example, going to the bathroom, cooking dinner for your children, etc.).
- There will be periods where your baby is just fussy, and nothing you do will seem to help. Often crying itself helps your child release tension or get rid of excess energy.
- As long as you know your baby has been fed and changed and has no obvious cause for crying, you may place him or her in the bed, and walk out of the room to collect yourself and return.
- Babies sense our anxiety too, and often this simple measure will make both of you feel better.
- However, if he or she is absolutely inconsolable and acting differently, this could mean that your baby is sick. Take his or her temperature, and if greater than 100.4 degrees Fahrenheit rectally, call us.
- Never shake your baby to try to stop the crying, as this can cause brain damage or death.



## BATHING



- Do not bathe your baby in the tub until the umbilical cord has fallen off.
  - You may sponge bathe your baby daily or every couple of days until then.
  - Use mild soaps and shampoos.
  - Do not use baby powder.
- Oils and lotions are not recommended in the first two weeks of life.
  - Once the cord falls off, you may give your baby a tub bath using an infant tub or placing a towel in the tub for the baby.
  - Check your hot water heater. The water temperature should be less than 120 degrees Fahrenheit for households with small children. This lessens the risk of scalding. Use your elbow to test the temperature of the water. It is more sensitive than your hand.

## CORD CARE

- The umbilical stump will fall off on its own in about 2 to 3 weeks.
- You do not need to clean the cord at all.
- The cord will occasionally have small amounts of dried blood at the base from rubbing against the diaper. This is okay as long as there is no active bleeding.
- If the cord develops drainage, redness or a foul smell, call us immediately.
- Do not bathe the baby in the tub until the cord has fallen off—just sponge bathe your baby until then.



## CIRCUMCISION CARE

- If your son's circumcision was done with a plasti-bell, he will have a plastic bell tied underneath the remaining foreskin. The plastic bell, the string and the rim of the foreskin on the tip will fall off in 5 to 7 days. Until it falls off, you may wash the penis with soap and water. Allow it to fall off completely on its own. Once the bell falls off, there will be new tender skin. You should apply Vaseline or Vaseline gauze with each diaper change over the next couple of days.

**If there is any cloudy or foul-smelling discharge, please contact our office. If he develops any swelling or cloudy discharge or if the bell does not fall off in 7 days, call us.**

- If your son's circumcision was done **without** a plasti-bell, he will have a completely circumcised penis immediately after the procedure. Care involves protecting the tender skin with Vaseline or Vaseline gauze with each diaper change for the next couple of days. Call us if he develops any swelling or increasing redness or cloudy, foul-smelling discharge.

## CARING FOR THE UNCIRCUMCISED MALE

Caring for your son who is not circumcised is as simple as washing the penis with soap and water at bath time. Do not attempt to retract the foreskin to clean underneath as this is not possible in babies, and trying to do so will be painful to the baby.



## DIAPERS

- Newborns have variable patterns of stooling. Some may stool six to eight times a day, or more, while others may only have one dirty diaper every 5 to 7 days. Constipation in babies is not defined by frequency. A baby is constipated if he or she is passing hard balls of stool. Babies almost always grunt and groan with bowel movements—this does not mean that they are constipated.
- Call us if your baby has not stooled for 5 days and seems uncomfortable or if he or she is passing hard balls of stool or is vomiting.
- Newborns should stool at least once within the first 24 to 48 hours after birth. We will follow this with you. Most have more than one.
- Your baby should have six to eight wet diapers each day. If you are breast-feeding, your baby will only have two to three wet diapers in the first few days and then increase to four to five as your milk begins to come in, then to six to eight wet diapers after 4 to 5 days.



## VITAMINS

- The American Academy of Pediatrics now recommends vitamin D supplements for all breast-fed infants. This is to prevent rickets, which can damage bones.
- There are many products available, but D-Vi-Sol and Tri-Vi-Sol (a multivitamin) are two of the easiest to find. No matter which product you use, make sure the daily dose is 400 IU.

## SAFETY

- Do not place your baby on his or her tummy to sleep.



- NEVER, EVER shake your infant—this can cause brain damage or death.
- Check your hot water heater temperature. It should be less than 120 degrees Fahrenheit in homes with children. Always test the bath temperature before placing the baby in the water.
- Babies should always travel in an appropriate infant car seat. They should face the rear of the car until they are 2 years old, or until they reach the maximum height and weight for their seat. The safest place for a baby is in the middle of the back seat.



- Do not place infants in the front passenger seat of any car with an air bag.
- Crib slats should be no more than 2 3/8 inches apart.
- Never leave your baby unattended on a bed, changing table or couch. If you must step out of the room, take the baby with you, or move him or her to the floor.
- Never put your baby to bed with a bottle.
- Do not use baby powder. Inhaled powder can pose a health hazard.
- Do not attach pacifiers around your baby's neck.
- Do not hold your baby while drinking hot liquid.
- Do not leave your baby in unattended and/or unventilated automobiles.

## FEVER/ILLNESS



Any fever higher than 100.4 degrees Fahrenheit taken rectally is considered an emergency in a baby younger than 8 weeks old. Call us immediately.

Rectal temperatures are really the only reliable way to determine if your baby has a fever.

### To take a rectal temperature

1. Rub the bulb end in Vaseline.
2. Insert the thermometer  $\frac{1}{2}$  inch into the anus.
3. Hold the thermometer with your hand cupped under his or her bottom. It should read within 30 seconds to 1 minute.

Babies breathe very irregularly. They may pant for 30 seconds and then pause for 15 to 20 seconds. This is normal. You should be concerned if your baby has sustained rapid breathing or if your baby pauses his or her breathing for more than 20 seconds or if your baby turns blue around the lips and tongue.

## NEWBORN APPEARANCE

### Head

- Newborns often have molded or lopsided heads after passing through the birth canal. This will go away within a week or so.
- Babies often have two soft spots—one on the front side of the head and one on the back of the head. The one on the back of the head should close by 2 months, and the one in the front closes between 9 and 18 months.

## Ears

- Babies can hear and respond to soft voices and singing and even startle at loud noises. Your baby will quickly recognize your voice.
- A family history of childhood deafness in anyone in your family may be an indication to check your baby's hearing. Let us know of any such family history.
- Your baby's hearing will be checked prior to discharge from the hospital.

## Mouth

Babies will often have one or two small white dots on the roof of their mouths at birth. These are called Epstein's Pearls and do not cause any problems. If you notice white patches on the inside of the baby's cheeks or the inner lips, your baby may have thrush. This is a yeast infection that is treatable with a prescription medicine. Let us know if you have any concerns.

## Breasts

Babies often have small, hard knots under one or both breasts. This may occur in boys and girls and may occasionally leak milk. This is due to mom's hormones that are passed to the baby at birth and with nursing. This will go away.



## Genitalia

See circumcision notes above.

Female babies may have a whitish or even bloody discharge. This is also due to mom's hormones and will resolve within a few weeks.

## Skin

- Babies have been bathed in fluid for 9 months and as a result will peel in the first weeks after birth. This is normal.
- Babies can develop a red bumpy rash over their bodies in the first few days which is normal, and no treatment is necessary. They may also develop acne in the first few weeks which will resolve on its own with normal cleansing. Babies often get blue hands and feet (and even legs) at times when they are cold. This is okay and will not persist. You should be concerned only if his or her lips, tongue or face is blue.

## CHECKUP SCHEDULE

We will remind you of each checkup needed, but the following gives you an idea of the times to expect to bring your child to the office for an appointment.

- 3-4 days
- 10-14 days
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 2 years
- 30 months
- Yearly from 3-18 years

For more information on the topics covered in this booklet and much more, visit [healthychildren.org](http://healthychildren.org)

## NOTES

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## **CAPITOL PEDIATRICS & ADOLESCENT CENTER**

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