



Chantilly Pediatrics

Infant, Child and Adolescents Medicine

24430 Stone Springs Blvd
Dulles VA 20166
(571) 599-2039

14133 Robert Paris Ct
Chantilly VA 20151
(571) 758-2330

<https://www.chantilypediatrics.com/>

BABY HANDLING BASICS

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|---|----|
| Introduction..... | 2 |
| Information to give to the hospital at time of Birth: | 2 |
| Information to get prior to leaving the hospital: | 2 |
| Getting Help after Birth | 3 |
| Coming Home | 3 |
| Handling a Newborn..... | 3 |
| Nursing | 4 |
| Formulas..... | 4 |
| Fluoride | 5 |
| Burping | 5 |
| Diapering Dos and Don'ts..... | 5 |
| Bathing Basics..... | 6 |
| When to start Rice Cereal..... | 8 |
| Belly Buttons | 8 |
| Jaundice..... | 8 |
| Boy Things | 9 |
| Girl Things..... | 9 |
| Bonding and Soothing Techniques | 9 |
| Sleeping Basics | 10 |
| Stools & Constipation | 11 |
| Newborn Physical Findings..... | 12 |

Introduction

Congratulations on the birth of your child! You've survived 9 months of pregnancy. You've made it through the excitement of labor and delivery, and now you're ready to head through the hospital doors and begin your life at home with your baby. But as those doors close behind you, you frantically realize you have no idea what you're doing!

This small booklet will help you in those first few weeks where you are getting used to having a new person around the house. In it, I outline the common routines babies should follow, common problems that occur and what to do about them, and what to do when your baby gets sick. I recommend that you read this book before you deliver or while you are still in the hospital to gain some knowledge of what to expect over the next few weeks. If you have any questions regarding the information in this book, I encourage you to ask me before you leave for home.

Information to give to the hospital at time of Birth:

1. *Inform the check-in desk that your pediatrician from Chantilly Pediatrics will come for In-Hospital Checkup and they need to inform us after delivery.*
2. *Inform the delivery nurse that you will be using your own pediatrician from Chantilly Pediatrics for In-Hospital Checkup*

Information to get prior to leaving the hospital:

1. *Birth weight:* _____
2. *Weight at discharge:* _____
3. *Apgar score:* _____
4. *Mom's blood type:* _____
5. *Baby's blood type:* _____
6. *COOMBS:* _____
7. *Bilirubin:* _____
8. *Hearing Test Result:* _____

Getting Help after Birth

You may want to recruit help from friends and family to get through this time, which can be very hectic and overwhelming. While in the hospital, use the expertise around you. Many hospitals have feeding specialists or lactation consultants who can help you get started nursing or bottle-feeding. In addition, nurses are a great resource to show you how to hold, burp, change, and care for your baby.

For in-home help, you might want to hire a baby nurse, or a responsible neighborhood teenager to help you for a short time after the birth. In addition, relatives and friends can be a great resource. They may be more than eager to help, and although you may disagree on certain things, don't dismiss their experience. But if you don't feel up to having guests or you have other concerns, don't feel guilty about placing restrictions on visitors.

Coming Home

Before you leave the hospital, it will be necessary for you to have a car seat. It should be placed in the back seat and the baby should be facing towards the back of the car. Once you get home, it may take some time for your baby to settle down. Try to limit the amount of time the visitors spend handling the baby, particularly those who kiss the baby, because you don't know who is developing a cold or some other infectious disease.

Handling a Newborn

If you haven't spent a lot of time around newborns, their fragility may be intimidating. Here are a few basics to remember:

- **Be careful to support your baby's head and neck.** Cradle the head when carrying your baby and support the head when carrying him or her upright or when you lay him or her down.
- **Be careful not to shake your newborn, whether in play or in frustration.** Shaking that is vigorous can cause bleeding in the brain and even death. If you need to wake your infant, don't shake him or her - instead, tickle his or her feet or blow gently on his or her cheek.

- **Remember that your newborn is not ready for rough play** such as being jiggled on the knee or thrown in the air.

Nursing

Hiccups, sneezing and startling are normal in the newborn infant and are caused by their immature nervous system. Although breast feeding hasn't changed over the ages, not all mothers nor infants hit it off immediately. Only a small amount of colostrum is produced in the first two to three days. It is nature's wonderful design that the infant is not born hungry and that his or her appetite also develops in approximately three to four days. It is common for babies to be very sleepy in those first days and to approach eating with varying interest. I recommend that you breast feed your baby until age one.

Hospitals have nurse lactationists on the floor so feel free to utilize them before you get discharged. We will continue to offer the breast feeding mother encouragement, support and expert advice by telephone or in the office.

Formulas

All the major brand formulas are equally nourishing and healthy for the average baby. Soy formulas are occasionally used for indigestion. Powdered formulas are the least expensive. There is no need to boil the water if it comes from a reliable source. Most hospitals periodically rotate the various formulas. I have no favorites. You may change brands at your convenience. Make sure though that the formula you buy is **WITH IRON**. Low iron formulas will make your baby anemic and will not help his or her constipation. They really should be taken off the market. DHA and ARA are amino acids that are normally found in breast milk. They help with vision and brain development. I do recommend formulas that contain them. Please keep your child on formula until age one. Then you can switch to regular whole milk.

How often should I feed my baby?

All babies are different, but there are some general rules. Most breast fed babies feed every 2-3 hours, and spend 10-20 minutes on each breast. Formula fed babies usually feed every 3 to 4 hours and take 1.5 to 3 oz at each feeding.

Fluoride

Fluoride helps prevent cavities. Families who have well water or who do not have fluoride in their water supply. At six months of age, babies need to be placed on prescription fluoride supplements. The alternative is to buy baby fluoride water containers.

Burping

The amount your baby burps correlates with how much air he or she swallows during feeding. If a baby has a good seal on the breast or there is no air in the bottle, there will be no burping. Let your baby feed until the tongue pushes the nipple out and the baby pulls away. Then burp your baby briefly and continue feeding.

Diapering Dos and Don'ts

Before diapering a baby, make sure you have all supplies within reach so you won't have to leave your baby unattended on the changing table. You'll need:

- a clean diaper
- diaper ointment if the baby has a rash
- a container of warm water
- cotton balls
- clean washcloth or diaper wipes

After each bowel movement, or if your baby's diaper is wet, lay your baby on his or her back and remove the dirty diaper. Use the water, cotton balls, and washcloth or the wipes to gently wipe your baby's genital area clean. When removing a boy's diaper, do so carefully because exposure to the air may make him urinate. When wiping a girl, wipe her bottom from front to back to avoid a urinary tract infection. If your baby has a rash, apply ointment. Always remember to wash your hands thoroughly after changing a diaper.

Diaper rash is a common concern. Typically the rash is red and bumpy and will go away with a warm bath, some diaper cream, and a little time out of the diaper. Most of the time rashes occur because the baby's skin is sensitive and becomes irritated by the wet diaper. If your baby has had juice, their poop can become acidic and give them a rash. To prevent or heal diaper rash, try these tips:

- Change your baby's diaper frequently, especially soon after bowel movements.
- After cleaning the area with mild soap and water or a wipe, apply a diaper rash or "barrier" cream. Creams with zinc oxide such as Desitin or Balmex are preferable because they form a barrier against moisture.
- Let the baby go undiapered for part of the day. This gives their skin a chance to "air-out".

If the diaper rash continues for more than 3 days, please call me - it may be caused by a fungal infection that requires a prescription.

Bathing Basics

You should give your baby a sponge bath until:

- the umbilical cord falls off (1-3 weeks)
- the circumcision heals (1-2 weeks)

A bath two or three times a week in the first year is sufficient. More frequent bathing may be drying to the skin.

You'll need the following items before you give your baby a bath:

- a soft, clean washcloth
- mild, unscented baby soap and shampoo
- a soft brush to stimulate the baby's scalp
- towels or blankets
- an infant tub filled with warm - not hot! - water (to test the water temperature, feel the water with your elbow or wrist). An infant tub is a plastic tub that can fit in the

bathtub and is better fitted for the infant and makes bath time easier to manage

- a clean diaper
- clean clothes

For a sponge bath, pick a warm room and a flat surface, such as a changing table, floor, or counter. Undress your baby down to his or her shirt and diaper. Wipe your infant's eyes with a washcloth dampened with water only, starting with one eye and wiping from the inner corner to the outer corner. Use a clean corner of the washcloth to wash the other eye. Clean your baby's nose and ears with the washcloth. Then wet the cloth again, and using soap, wash his or her face gently and pat it dry. Next, using baby shampoo, create a lather and gently wash your baby's head and rinse. Pay special attention to creases under the arms, behind the ears, around the neck, and the genital area. Once you have washed those areas, make sure they are dry and diaper and dress your baby.

When your baby is ready for tub baths, the first baths should be gentle and brief. If he or she becomes upset, go back to sponge baths for a week, then try the bath again.

Once you've undressed your baby for the tub bath, place him or her in the water immediately so he or she doesn't become chilled. Use one of your hands to support the head and the other hand to guide him or her in, feet first. Talk gently to the baby and slowly lower the rest of his or her body until he or she is in the tub. Use a washcloth to wash his or her face and hair. Gently massage your baby's scalp with the pads of your fingers or a soft baby hairbrush, including the area over the fontanelles (soft spots) on the top of the head. When you rinse the soap or shampoo from your baby's head, cup your hand across the forehead so the suds run toward the sides and soap doesn't get into his or her eyes. After the bath, wrap your baby in a towel immediately, making sure to cover his or her head. Baby towels with hoods are great for keeping a freshly washed baby warm.

While bathing your infant, **never** leave the baby alone. If you need to leave the bathroom, wrap the baby in a towel and take him or her with you.

When to start Rice Cereal

I recommend that you start solids at 4-6 months of age. The reason is that some infants cannot digest starches until 4 months. Also, babies lack the coordination of the lips/mouth that is required to handle solids.

Belly Buttons

A dark blue purple dye is applied to the baby's cord at birth to prevent infection. The usual time it takes for the cord to fall off is 10-21 days. A small amount of old dark blood may show on the diaper as the cord edges separate from the skin. When you go home, apply alcohol to the base of the cord several times a day until it is off and for 2-3 days after. Wipe gently but firmly. Don't just dab at it. If bleeding or oozing of any sort develops after the cord falls off, please let me know. It might need some touching up. Use sponge baths until the cord falls off.

Jaundice

Jaundice in the newborn is a common problem. Sometimes it results from blood type incompatibility between the baby and the mom. Much more often the normal baby's liver needs time to start getting rid of excess pigment in the blood. Good milk intake (formula or breast milk), frequent stools and direct sunlight on the baby's skin are very helpful in reducing the jaundice. If you think your baby's jaundice is getting worse since you left the hospital, please call. The need for more aggressive treatment depends on the cause and the amount of pigment measured by the lab. When necessary, the baby's skin is exposed to blue lights which helps rid the body of the yellow pigment.

Boy Things

Immediately after circumcision, the tip of the penis is usually covered with gauze coated with petroleum jelly to keep the wound from sticking to the diaper. The bandage should be removed the next day by the nurse or by the parents. Soak a stuck bandage with water. Wash the area gently with soap and water whenever soiled. Apply Vaseline or A + D ointment directly onto penis until the redness and swelling subside. It typically takes 7 days for the circumcision to heal. If the redness or swelling increases or if pus-filled blisters form, infection may be present and you should call me immediately. If your son is not circumcised, do not attempt to retract the foreskin. It will happen by itself in a few years.

Girl Things

Newborn girls have a thick vaginal mucous discharge and often show vaginal bleeding when they are 3 to 5 days old. This is due to the withdrawal of maternal estrogen hormones. The labia are also enlarged due to the same hormonal stimulus. The appearance of the genitalia will change over the next few weeks. It is also not unusual to see breast tissue during the first few months of life.

Bonding and Soothing Techniques

Bonding with your baby is probably one of the most pleasurable aspects of infant care. For infants, the attachment contributes to their emotional growth, which also impacts their development in other areas like physical growth. Another way to think of bonding is "falling in love" with your baby. Children who don't have a parent or adult in their life that unconditionally love them will potentially have greater problems as they mature.

Begin bonding by cradling your baby in your lap and gently stroking him or her in different patterns. If you and your partner both hold and touch your infant frequently, he or she will soon come to know the difference between your touches. Each of you should also take the opportunity to be "skin-to-skin" with your newborn, holding him or her against your own skin when feeding or cradling.

Babies usually love vocal sounds, such as talking, babbling, singing, and cooing. Your baby will probably also love listening to music. Try a variety of types to find your baby's preference. Baby rattles and musical mobiles are other good ways to stimulate your infant's hearing. If your baby is being fussy, try singing, reciting poetry and nursery rhymes, or reading to him or her as you sway or rock gently in a chair.

Some babies may be unusually sensitive to touch, light, or sound. Such babies may startle and cry easily, sleep less than you might expect, or turn their faces away when you speak or sing to them. Keep noise and light levels moderate.

Swaddling is another soothing technique first-time parents should learn. Swaddling keeps your baby's arms close to his or her body and his or her legs securely bound. Not only does this keep your baby warm, but the surrounding pressure seems to give most newborns a sense of security and comfort. Here's how to swaddle a baby:

- Spread out the receiving blanket, with one corner folded over slightly.
- Lay the baby face up on the blanket with his or her head at the folded corner.
- Wrap the left corner over his or her body and tuck it beneath him or her.
- Bring the bottom corner up over his or her feet.
- Wrap the right corner around him or her, leaving only the neck and head exposed.

Sleeping Basics

As a new parent, you may be surprised to learn that your newborn, who seems to need you every minute of the day, actually sleeps about 16 hours or more! Usually a newborn will sleep for periods of 3 to 4 hours. Don't expect your newborn to sleep through the night - because your baby's digestive system is so small, he or she needs nourishment every few hours and should be awakened if he or she hasn't been fed for 5 hours.

When can you expect your baby to sleep through the night? About 90% of babies sleep through the night (between 6 and 8 hours) at 3 months of age, but if your infant doesn't, it's not a cause for worry. Like adults, babies must develop their own sleep patterns and cycles, so don't despair if he or she hasn't slept through the night at 3 months.

It's important to place your infant on his or her back to sleep to reduce the risk of sudden infant death syndrome (SIDS). In addition, you should remove all fluffy bedding, quilts, stuffed animals, and pillows from the crib to ensure that your baby doesn't get tangled in them. You should also be sure to alternate the position of your baby's head from night to night (first right, then left, and so on) so that he or she doesn't develop a flat spot on one side of his or her head.

Stools & Constipation

Bowel movements vary a great deal both from infant to infant and in the beginning from one day to the next. First comes meconium, a dark brown/black sticky material. This is followed by a transitional stool and finally the real milk stool. The number of stools also varies. Among breast fed infants the numbers may be as many as 12 per day at a week of age. Some perfectly normal babies surprisingly have only one or two. The same pattern occurs with most formula fed babies but the numbers are smaller. The milk stools of the breast fed baby most often resemble bird seed in a puddle and are accompanied by much noise. The formula stools vary from toothpaste to mustardlike consistency. Stools every 2-3 days could be considered normal. They should be a soft consistency and passed after brief straining and without evidence of real pain.

However, if the stool in his/her diaper is small and pebble-like he/she may have constipation. Constipation has nothing to do with the frequency of the stools. Do not give your baby any enemas or laxatives until you consult with me.

Newborn Physical Findings

Scalp: Most babies have white, dandruff-like flakes on their scalps. The flakes are normal, and are due to old skin being shed and not to a scalp condition. Just wash the scalp gently but do not apply any lotions or creams. Cradle cap is a condition where the baby develops thick scales on the scalp. Please let me know if this happens.

Fontanelle: The soft spot on your baby's head is called the fontanel. This is the space in the skull bones that allows for growth. Even though it feels soft, there is a thick layer of protection between the skin and the brain and so it is difficult to damage. Do not be worried about touching it. Sometimes, you may see it pulsating – this is normal.

Eyes: Most babies look cross-eyed because their noses are so flat. By 6 months, they usually correct themselves. Sometimes the baby may have a greenish discharge in both eyes. Although this can be caused by infection, a very common cause is a blocked tear duct. The ducts usually grow bigger as your baby grows older, and therefore they grow out of this problem. If your baby seems to have this problem, mention it to me.

Baby acne: Looks like regular adult acne, and is seen mainly on the face. It usually goes away after 8 weeks and does not leave scars. DO not wash it with acne soaps as this will make it worse.

Bruises on the back: Some babies, particularly those with darker skin, are born with blue/black patches on their backs or in other areas of their bodies. There is nothing to worry about. These patches are called “Mongolian spots”.

Legs: Most newborns have crooked legs and feet. They have just gotten unfolded from some mighty awkward positions. Most of the crooked feet/legs seen at birth will resolve with time and the opportunity to stretch and move. It is quite remarkable how much apparent “deformity” will spontaneously correct with time.

Teeth: Babies very rarely have teeth at birth and when they do it is always one or two of the lower front incisors. Many babies have shiny white pearl like objects on the gums or in the roof of the mouth which are not related to teeth. These will soon vanish. Real teething has nothing to do with the onset of drooling or thumb sucking. They just happen close together.

Chantilly Pediatrics Routine Well Child Exam Schedule: (for the first year)

| Age | Age | Where? | By Who? |
|------------|------------|---------------|---------------------|
| Day 1 | Day 2 | At Hospital | By our Pediatrician |
| 2 - 3 Days | 2 Weeks | At Our Office | By our Pediatrician |
| 4 Weeks | 2 Months | At Our Office | By our Pediatrician |
| 3 Months | 4 Months | At Our Office | By our Pediatrician |
| 5 Months | 6 Months | At Our Office | By our Pediatrician |
| 9 Months | 12 Months | At Our Office | By our Pediatrician |