

NEWBORN PACKET

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What Babies Do To Worry Their Parents

Physical Characteristics

The following is a list of the temporary newborn physical characteristics that as a new parent you may be concerned about. Most of these characteristics will be gone by the time your child is 1-2 weeks old. A few minor congenital defects that are harmless but permanent are also included in the list.

- **Molding:** The long narrow cone-shaped head that results from the passage through the birth canal.
- **Caput:** The swelling on top of the head caused by fluid squeezed into the scalp during the birth process.
- **Cephalohematoma:** A collection of blood on the outside of the skull caused by the friction between the baby's skull and mom's pelvic bone during the birth process. It appears on day 2 of life and can get bigger for up to 5 days. It will completely resolve by the time your baby is 3 months old.
- **Anterior Fontanel:** The "soft spot" on the top front part of the skull. It allows for the rapid growth of the brain and closes by age 12-18 months.
- **Swollen eyelids:** Puffiness and redness caused by pressure during the birth process. This will typically resolve in 3 days.
- **Subconjunctival Hemorrhage:** A flame-shaped hemorrhage on the white of the eye. It is caused by birth trauma and it is harmless. The blood is reabsorbed in 2-3 weeks.
- **Iris Color:** Color is usually uncertain until your baby reaches 6 months of age.
- **Blocked tear duct:** This causes your baby's eye to be continuously water. The channel that normally carries tears from the eye to the nose is blocked. 90% of blocked tear ducts open by the time the child is 12 months old. Call the office if a heavy yellow/greenish discharge begins.
- **Folded over Ears:** This will resolve once the cartilage in the baby's ear hardens in a few weeks.
- **Flattened Nose:** It is caused by the birth process. The flattened nose will look normal again in about 1 week.
- **Sucking Callus:** Occurs in the center of the upper lip from constant friction at this point during bottle or breast feeding. It disappears when your child begins to drink from a cup.
- **Tongue-Tie:** A short tight band that connects the tongue to the floor of the mouth. It stretches with time, movement and growth. Occasionally it may need to be surgically corrected.
- **Epithelial Pearls:** Little cysts or shallow white ulcers can occur along the gum line or on the hard palate. They are caused by blockage of normal mucus glands. This disappears after 1-2 months.
- **Teeth:** Presence of a tooth at birth is rare. The tooth is removed if it does not have a root structure (extra tooth). A normal tooth is only removed if it becomes loose or causes sores on the tongue.
- **Breast Engorgement:** Can occur in both male and female babies and is caused by exposure to mom's hormones. Usually lasts at least 4 weeks and can last even longer in breast-fed babies.
- **Female Genitals:** (The following characteristics are due to exposure to mom's hormones) **Swollen Labia:** Can be quite swollen. Typically resolves in 2-4 weeks
Hymenal Tags: Can be swollen and have smooth ½ inch projections of pink tissue. Usually shrinks over 2-4 weeks
Vaginal discharge: A clear or white discharge can flow from the vagina during the latter part of the first week of life. Sometimes it can be pink or blood tinged. It should only last 2-3 days
- **Male Genitals:** **Hydrocele:** The newborn scrotum can be filled with clear fluid. It is caused by the fluid being squeezed into the scrotum during the birth process. It may take 6-12 months to clear completely. If the swelling frequently changes size you should call the office and make an appointment
Undescended Testicle: A testicle that is not in the scrotum. Usually descends into the normal position during the next few months. If it is not descended by 1 year, than child may need surgery
Tight Foreskin: Most uncircumcised boys have a tight foreskin that doesn't allow you to see the head of the penis. The foreskin should not be retracted.

Erections: occur commonly in boys at any age. They are usually triggered by a full bladder. Erections demonstrate that nerves to penis are normal.

- Tight hips: Upper legs should be able to be bent outward to 60 degrees. They should also be symmetric.
- Tibial Torsion: The lower legs curve in and the baby's legs looked bowed when standing. This is due to the crossed-leg posture your baby was confined to in the womb. These curves straighten out after your child has been walking for 6-12 months.
- Feet turned up, in or out: As long as your child's feet are flexible and can easily be moved to a normal position, they are normal.
- "Ingrown" toenails: Newborns have soft nails that easily bend and curve. They are not truly ingrown because they don't curve into the flesh.
- Scalp hair: Most hair at birth is dark. This hair is temporary and will begin to shed by 1 month of age. Permanent hair will appear by 6 months of age.
- Body Hair (Lanugo): This is the fine downy hair that can be present on back and shoulders. It is rubbed off with normal friction by 2-4 weeks of age.

Commons Skin Findings

Below you will find descriptions of common newborn rashes and other skin changes.

- Newborn Acne: Small red bumps that first appear at 3 to 4 weeks of age and lasts 4-6 months of age. They are caused by exposure to mom's hormones before birth. No treatment is necessary. Baby oils, ointments, and lotions can make it worse.
- Drooling Rash: Rash on the chin or cheeks that comes and goes. It is caused by contact with food and acid from spitting up. Wash your baby's face with water after he or she eats and/or spits up.
- Heat Rash: Usually appears on areas held against mom's skin during nursing. Change your baby's position more frequently. You may place a cool washcloth on the affected areas.
- Erythema Toxicum: Appears on day 2-3 of life. They are ½ to 1 inch red blotches with small white lump in center. They are numerous and reoccurring. They can be anywhere on the body. The cause is unknown, The rash itself is harmless and resolves by 2-4 weeks of age.
- Forceps or Birth Canal Trauma: Bruises or scrapes may be on the face from the pressure of forceps. Usually they are first noticed on day 1-2 and disappear in 1 to 2 weeks. Fat tissue damage can be anywhere on the head or face and will usually appear on day 5 to 10. This resolves in 3 to 4 weeks. It looks like a thickened lump of skin with an overlying scab. It is okay to apply an over-the-counter antibiotic ointment to any breaks in the skin 4 times per day until healed.
- Milia: Tiny white bumps that occur on the face of 40% of newborns. These bumps are blocked skin pores. They disappear by 1 to 2 months of age. Do not apply ointments or creams to the bumps
- Blisters or Pimples: Any bumps containing clear fluid or pimples on the scalp that appear during the first month of life should be examined. Call the office and make an appointment as soon as possible. These bumps could be herpes virus and treatment is needed quickly.
- Jaundice (yellowness): Occurs in some babies on the 2nd to 5th day of life. It may last 1 to 4 weeks. It is usually physiological (natural) and goes away on its own. Rarely, it causes a problem for the baby. Having one or more bowel movements a day, some indirect sunshine, and plenty of milk helps relieve the jaundice. If the jaundice worsens (when you see that the whites of the eyes are yellow or the yellowness has crept down from the face to the chest, arms and legs) give us a call.
- Umbilical cord: Dries and falls off in 1 to 2 weeks. You may keep it clean with Q-Tips dipped in alcohol around the base of the cord once or twice a day. Use the "cut away" newborn diapers or keep the diaper folded down below the cord to allow it to dry. It may ooze blood intermittently during the healing process. It may become foul smelling after one or two weeks if not cleaned appropriately.

Feeding, Stooling and Voiding

The following is a list of common concerns about baby's nutrition.

- Some mothers are afraid that their baby is not getting enough milk while on the breast. This happens especially in the first several days after birth. If your baby is feeding 8 to 12 times a day and having 4 to 5 wet diapers with two or more stools per day, is alert and bright eyed, then he or she is getting enough milk. It is important that the baby be positioned tummy to tummy toward mom and latched on correctly in order to breast feed effectively. For help call the office or Mother's Resource Center (559) 459-6288, Breastfeeding Center of Saint Agnes Medical Center (559) 450-5210 or the LaLeche League at (559) 265-3301. Avoid supplementing with formula from a bottle as much as possible. It can delay baby's progress in learning to nurse from the breast.

- Some babies feed only five minutes and then fall asleep. It is important that the baby nurses actively at the breast (listen for the baby's swallowing). To keep the baby awake, rub the head, tickle the feet, burp frequently, or even undress the baby. Don't let your baby go longer than four hours without feeding, even if it means awakening him/her. It's also okay if baby wishes to feed as often as every 1-2 hours.

- Most babies do some spitting up. The baby is probably keeping down most of the milk, but to reduce spitting up, you may do the following: burp more often during the feeding, give more frequent feedings (but make them a little smaller), hold the baby upright for 20-30 minutes after a feeding, or perhaps change the formula type (if bottle feed). Call us or see us if the baby is vomiting too much, or has projectile vomiting (shooting it out 2-3 feet) and not gaining weight.

- Your baby will go through growth spurts at 2 to 3 weeks, 6 weeks and 6 months and may have a sudden increase in feeding demand. Allow her to nurse on demand and avoid supplementing with formula if at all possible.

- From day one, hiccups occur often, usually with each feeding. They are normal. Don't try to stop them.

- By day 2 to 4 the baby may only have 2 to 3 wet diapers a day. This will increase as the breast milk increases in quantity. Baby should have 6 wet diapers by day 6. Remember, disposable diapers have greater absorbency and you may not be able to tell if wet or not; test the weight or feel the diaper. Try pouring 2-3 tablespoons of water into a fresh diaper to educate yourself how heavy it feels.

- Frequent loose stools are normal for babies. The breast-fed baby will have yellow, seedy, runny stools after each feeding. Bottle fed babies will have two or more loose-to-soft yellow stools a day. The stools will be black on the first day of life, then turn green for a couple of days, and finally, yellow. As a baby gets older, he/she may even have only one stool every 1 to 5 days, Even one week is normal for breast-fed babies! If eating and feeling well, this is okay.

- Constipation can occur later. This is more common in formula fed babies. This means hard (sometimes "pebbly") stools, which are difficult to pass. After two weeks of age, one ounce of diluted prune juice can be given once or twice a day. You may occasionally use a pediatric glycerin suppository. Some babies may have a large soft stool with a lot of crying and straining. Try the above measure and see if it helps.

- A pink or orange spot on the diaper comes from normal urine crystals.

- All babies get diaper rash. It comes from the stool and urine irritating their skin. Occasionally, a yeast infection may be the cause of a fiery red diaper rash with raised lesions or little bumps. Most diaper rashes can be treated by cleansing the skin with water, avoiding diaper wipes, and applying a layer of Desitin, A&D Ointment, Balmex, Triple paste, or Vaseline to protect the skin from the next soiling or voiding. A yeast infection can be treated with an over-the-counter anti-fungal cream such as Lotrimin or Miconazole. If the baby has white patches in the mouth along with the diaper rash, a prescription oral medication will be needed.

Why does my infant cry?

Here are a few of the common cause of newborn crying.

- Loud noises which trigger the startle reflex and crying
- Baby may be hungry
- Wet or soiled diaper that needs changing
- Awake and no one to socialize with, your baby likes to be held and talked to often
- Too cold or too warm
- Stuffy or congested nose, making it hard to breathe
- Pain from gas, cramps, tape on skin or burning diaper rash

Gas, soiled diaper, hot, cold, too quiet, too much noise, stomach cramps or can't pass BM. Some babies are simply not getting enough "socialization". Hold her, sing or talk to her. Babies cannot be "spoiled". There is no such thing. However, some need "neurological discharge" time, which means they've had input all day long: being held, cuddled, and stimulated a lot. Now they need a bit of time to cry and unload. It's okay. Let your baby have a good cry. Most babies go through this. Let us see your baby if the crying is unusual or too much.

Solutions to Crying

The following are common solutions to your newborn's crying. If nothing works or you feel overwhelmed do not hesitate to call us.

- Take care of the above problems.
- Reduce household noise if the baby startles easily or has a difficult temperament.
- Purchase a cotton "sling" or infant carrier to hold and support baby close to you.
- Sing or talk softly, play soft gentle music, use a ticking clock in the crib, or rock the baby.
- Massage the legs and body gently.
- Heating pad or warm bottle to warm sheets in crib – do NOT place heat directly onto the baby's body.
- Burp frequently. Baby may have too much gas. If bottle-fed, check hole in the nipple. It may be too big causing baby to drink too fast and gulp too much air with the formula.
- Did baby fall? Did brother or sister pinch or hit baby? Check for injuries.
- Sometimes lots of holding, walking or a drive in the car is the only thing that will calm your baby. If your baby responds to this, do it. If you're too tired, ask your spouse, adult family member or trusted friends to take over.

- Avoid frequent changing of formulas, your infant is trying to develop good bacteria in the intestine.

Frequent changes can prolong this process and cause an upset stomach

- An active baby who feeds eagerly, has no fever, and is alert when awake, is almost always a WELL baby, you probably don't need to call the doctor.
- You have fed, changed, bathed, soothed the baby and now you are tense. The baby is still crying. She is tired. Rocking may perhaps only continue the stimulation. So, lay the baby down in the crib and let her unload with a good cry. In 15 to 20 minutes, the crying may perhaps melt into sleep. We call this "neurological discharge" time. Read about it in *Touchpoints* by T. Berry Brazelton, MD.
- If nothing is working, call and make an appointment to visit us in the office.

Miscellaneous Concerns

Below are a number of items that commonly concern our new parents

- Babies may be sleepy the first few days of life and may be difficult to awaken for feedings. For the first week, awaken the baby to feed if four hours have passed. Some babies sleep during the day, but are awake at night. That's okay. Try waking him/her up every 2 to 3 hours during the day to feed.
- The "startle" reflex is normal. The baby will shoot out its hands and arms in response to a noise or sudden touch. The chin quivers and the fingers tremble momentarily. Swaddling the baby makes him/her feel more secure.
- All babies sneeze occasionally. They may also sound stuffy during the first few weeks. It doesn't mean they have a cold (in the first week of life.)
- Funny noises squeaks and grunts can be heard from a normal baby. They also breathe irregularly. They can pause in their breathing up to 5 to 10 seconds occasionally. You can be assured that the baby is fine if their color remains normal and pink.
- All babies cry! And babies cry more at six weeks old than at birth. All babies have different temperaments. Some cry readily and some are very calm. Some babies are "easy", but some take a lot of time to calm down once the crying has begun. Read Dr. T Berry Brazelton's book, *Infants and Mothers*, for a nice description of temperaments in babies. Calming the unpredictable, demanding "difficult" baby can be stressful,

time consuming and extremely challenging for a new parent. Dr. Brazelton's book, *Touchpoints*, discusses crying and development stages in greater detail.

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- Guest and visitors are appropriate if they help you, but inappropriate if they are distracting you and taking up your time when you need to be resting and breast-feeding your infant. Let your visitors know what you need from them, and they will usually be willing and glad to help. Let others do the cooking, cleaning and laundry. At least for the first week, discourage a lot of visitors. Mom needs her rest and plenty of time to get acquainted with her baby and to learn how to breastfeed.

- Babies are each different! Enjoy getting to know your newborn.

When can I take my baby out?

It's California! Do it! If the weather is fine, especially in the afternoon. Just dress baby appropriately. There is nothing wrong with the outside air, except on high pollution days. If the temperature is comfortable for you, it is okay for your baby, indoors and out. Avoid crowds of people, and ask that people not touch your baby the first month (you don't know what they have had their hands on). Explain that your Pediatrician ordered it. Then they won't be insulted, but use your best judgement.

*****When to call or see the Doctor*****

(559) 324-6202 or (559) 324-6203

- Temperature over 100-101,degrees, especially if baby is acting ill or feeding poorly
- Excessive vomiting or diarrhea
- Relentless crying in baby who feeds poorly or is not very active
- Labored breathing
- Progressive coughing
- Turning blue
- Sores in the mouth
- Lethargy
- Poor feeding
- Jaundice (yellowness) of the eyes, or yellow skin progressing from the face to the chest