

CARING FOR YOUR NEWBORN

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INTRODUCTION

This NEWBORN BOOK has been written to provide you with information and suggestions regarding how to keep your new baby healthy, happy and safe with a strong emphasis on giving a healthy start to your newborn. This information is intended to compliment and not be a substitute for the advice of your pediatrician. We have followed the guidelines of the American Academy of Pediatrics, which is dedicated to the health, safety and well being of infants, children, adolescents and your adults.

For easier writing, we will assume that the baby is a boy. Thus, we will not have to say “he or she” each time.

We hope this booklet will become an invaluable resource and reference guide for parents in raising their kids. We believe that we are here to help you in raising your baby, and we know that parenting can be more fun and more effective if you are an informed and prepared parent.

FIRST WEEKS AT HOME WITH A NEWBORN

The ARRIVAL OF A BABY is tremendously exciting—whether it is your first born or the addition of a little brother or sister to the family. It can also be pretty baffling if this is your first or you have not been around newborn babies for a long time. For most mothers, the first few weeks at home with a new baby are often the hardest in their lives.

You will probably feel overworked, even overwhelmed. Inadequate sleep may leave you fatigued. Caring for a baby can be a lonely and stressful responsibility. The first weeks of a baby's life requires major adjustments by the parents, who are often exhausted and overwhelmed by caring for their new baby.

No one should feel they are expected to care for a young baby alone. Everyone needs extra help during the first few weeks alone with a new baby. Ideally, you were able to make arrangements for help before your baby was born. The best person to help is usually your mother or mother-in-law (if you get along with her). Clarify that your role is looking after your baby. Your helpers role is to shop, cook, houseclean, and wash clothes and dishes.

First Time Parents

No event in an adult's life equals both the joy and the terror of becoming a parent for the first time, especially during the first few days. Soothing a cranky, fussy, crying baby often seems like an impossible task to new parents. Nothing prepares you for the reality of caring for a helpless infant. It takes time to get to know your baby. You'll have good days and not-so-good days; be prepared for both. Don't strive for perfection. Also, please realize, that every baby is different.

The Father's Role

The age of noninvolvement of the father is over. Not only does the mother need the father to help her with household chores, but the baby also needs to develop a close relationship with the father. Today's father helps with feeding, changing diapers, bathing, putting to bed, reading stories, disciplining, helping with homework, playing games and calling the physician when the baby is sick. At a minimum, a father should hold and comfort his baby at least once a day.

Preventing Fatigue and Exhaustion

The initial excitement and elation about the new baby can carry parents through this adjustment period and help them cope with their lack of sleep and the constant attention to the baby's needs. Most parents will have to use trial and error to discover the behaviors that comfort their baby. Early bonding consists of close physical and emotional attachment. Cuddling, kissing, and holding are important in bonding as is eye contact during feeding periods.

Most parents are more relaxed and confident when they are more knowledgeable about what to expect of babies and help cope with problems and situations that are new. Good parenting is a challenging job and having a child is the greatest gift in life that one could have. Your responsibility as a parent is to have a safe and healthy newborn. During the process of raising your baby, remember the C's—calmness, confidence and competence. Your calmness, confidence and competence in caring for your baby will help them enjoy a more healthy, happy and safe childhood. By the end of the first month, in spite of their new responsibilities and periods of increased stress, parents typically have gained enough self-assurance to be able to enjoy their baby. Intermittent periods of anxiety, depression, and feelings of inadequacy are normal.

It will help if each parent spends time alone away from the baby, and if the parents spend time together as well as with relatives and friends. It is also important that other children in the family have some alone time with their parents for activities they enjoy. Parents can encourage responsible siblings to participate in the care of the baby to alleviate the feeling of being left out.

FEEDING AND NUTRITION

All babies, whether breast-fed or formula fed, will generally need feeding every 2 to 3 hours, will sleep, have frequent wet diapers and gain 5 to 7 ounces each week. Give your baby as much milk (breast milk or formula) as he wants and feed him when he is hungry. Most babies DO NOT need extra water.

Your main assignments during the early months of life are loving and feeding your baby. All babies lose a few ounces during the first few days after birth. However, they should never lose more than 7-10% of birth weight.

Most bottle-fed babies are back to birth weight by 7-10 days of age, and breast-fed babies by 10-14 days of age. Then infants gain approximately an ounce per day (5-7 ounces a week) during the early months. If milk is provided liberally, the normal newborn's hunger drive ensures appropriate weight gain.

As a new parent, your challenges are high. You want to provide the best nutrition for your baby. According to recent guidelines from the American Academy of Pediatrics, breast-feeding EXCLUSIVELY is the most natural and beneficial way to feed your baby for the first 6 months of life. We recommend breast-feeding for as long as possible, preferably during the entire first year of life, or as long as both mom and baby desire to do so.

Advantages to breast-feeding include:

1. It allows the physical and emotional bonding between you and your child.
2. It provides your baby with a balanced diet and helps your baby fight off certain infections.
3. It is least likely to cause allergies and is easily digested by your baby.
4. Breast-feeding is protective against respiratory and ear infections, as well as gastrointestinal and urinary tract infections because the mother makes antibodies to "what is going around" and the antibodies are in every drop of milk.

A breast-feeding mother often wonders if her baby is getting enough calories, since she can't see how many ounces the baby takes. Your baby is doing fine if he demands to nurse every 1½ to 2½ hours, appears satisfied after feedings, takes both breasts at each nursing, wets 6 or more diapers each day, and passes 3 or more soft stools per day. If the baby is only having 1 or 2 stools per day, this may mean your baby is not getting enough milk. There is no routine schedule as to when an infant should be nursed.

The first hour of life is the ideal time to begin breast-feeding, taking advantage of that natural quiet alert stage babies have when they are first born. Breast milk is all your baby needs in the first few days of life and helps the baby pass the first meconium (tarry black) stools. Breast milk does not begin flowing right after birth, however, initially your infant will receive colostrum. This is a thick yellowish fluid that contains protein and antibodies to protect your baby from infection. The "milk" usually comes in by the end of the second or third day.

Breast-feeding babies eat an average of 8 to 12 times each day. The feeds may be bunched together—some only an hour or so apart with longer stretches of 3 to 4 hours in between bunches of feeds. They should be fed when they show "feeding cues" which are lip smacking, mouthing blanket or fingers, hand to mouth, or sucking motions, even if they are not fully awake. Crying is a late sign of hunger. By the time a baby cries, he is over-hungry and may have a difficult time latching on and feeding well.

The BREAST-FEEDING record for baby's first week will be very helpful for you to monitor your breast feeding in the first few weeks. When nursing, you should be relaxed and unhurried. The most important factor in breast-feeding is your peace of mind. Make sure you receive the nutrition and sleep you need while supplying breast milk to the baby. Please see Dr. Gail to get information and support to prevent sore nipples, breast infections, and improper latching-on.

Feeding formula to your baby is another alternative if you are unable to nurse. We recommend Similac with iron in the nursery and to continue for the first year of life, since it contains supplements with vitamins and iron. You may see advertising on TV, or receive coupons in the mail for formula other than what we recommend. We urge you to discard them and maintain your baby on the formula we recommend in the nursery.

A baby will grow and develop faster during the first year than any other time in his life. The healthy growth and development of your infant depends on the proper nutrition he gets. It is important to remember that cow's milk is not appropriate for a baby during the first year, because it has more protein and sodium than the baby needs and lacks iron, copper and Vitamin C.

Tips for bottle feeding:

- Position: While feeding your baby, always cradle your baby so he is semi-upright and hold the baby's head, back and bottom with your free arm and hand.
- Mixing Formula: Never give your baby hot or boiling liquids. Always boil and cool the water before mixing the formula.
- Warming: Always run hot water over the bottle so the formula gets to room temperature before feeding. DO NOT heat the bottle in the microwave.
- Choose the right bottle with proper nipple when shopping for formula. The nipple holes should be the right size to help the baby suck easily.

Microwaving your baby's bottle is not recommended, for three reasons:

- The formula is heated in a non-uniform way, which increases the potential for a hot-spot burn of your baby's mouth.
- Microwave heating can narrow the nipple opening.
- Glass bottles may explode after microwave warming.

During the first 4 months of life, most babies get total nutrition mainly from breast milk or formula feeding. According to the America Academy of Pediatrics recent guidelines, solid food should not be added to the baby's diet until between 4 to 6 months of age. By then the digestive tract has matured enough to handle new food. Also, the baby can hold his head and neck well and can be offered solid food with a spoon in a sitting position, and baby's tongue and swallowing muscles are better developed. In general, parents are in more of a hurry to start feeding solids than are their doctors. Adding cereal will not help your baby sleep through the night any better or sooner.

Vitamins

If breast-fed, all infants should be started on TRI VISOL or Vi-Daylin ADC vitamin by dropper. This is because breast milk may contain inadequate Vitamin D. Fluoride will be started when the baby is 6 months old. Supplements may be mixed with a little milk or juice (after 4 months) or it may be dropped into a baby's mouth, preferably during feeding.

COMMON FEEDING PROBLEMS

1. Hiccups - These are simply the result of an immature GI system and usually resolve with burping or time. Some babies may hiccup shortly after a feeding, and it rarely lasts more than 15 to 30 minutes. Hiccups are not dangerous to babies.

Hiccups are caused by a full stomach pushing up on—and irritating—the diaphragm. When the diaphragm is irritated, it goes into evenly-timed quick contractions for several minutes, each contraction causing an involuntary little gasp--a hiccup. Hiccuping is a good sign; it is the sign of a well-fed baby.

2. Burping - Babies always swallow air when sucking. It is possible that some of the swallowed air goes on through into the intestines and causes a “gas” pain. Such babies tend to pass a good deal of “gas” (really air) by rectum. Extra burping helps relieve these babies, and may be necessary for some time after feeding.

Some babies may need to be burped after feeding 1 or 2 ounces, or after about 5 minutes of feeding, and again after the feeding is completed. There are several techniques to help your baby to burp; this will need to be trial and error. Not all babies will burp well, and if they don't, try again a little while later; and if still not, and the baby is not uncomfortable, don't worry.

3. Spitting up - This is the immediate, easy return of a small amount of food after a feeding. It occurs as a result of the stomach being full, as well as the valve at the top of the stomach failing to close (GE reflux). Spitting up should not be confused with explosive vomiting.

Many babies spit up more than once after each feeding. Spitting up (GE reflux) decreases as the infant gets older, the stomach becomes larger and, the valve between the esophagus and stomach becomes stronger (usually by 9 months of age).

While a baby's spitting up can be a real nuisance to parents, please realize that if your baby is growing, healthy, and happy, then you can know he'll probably grow out of the spit-ups in a few months. Here are tips to help:

- Feed your baby slightly smaller amounts.
- Wait at least 2 hours between feedings.
- Burp your baby several times during feeding.
- After meals, try to hold your baby in an upright position for 15 to 30 minutes.
- Avoid anything that puts pressure on your baby's belly.
- Usually changing formula has little effect on this problem.

Warning signs, call your pediatrician if:

- Your baby vomits or spits up after every feeding.
- There is blood in the spit up or the spit up is dark yellow or green.
- You frequently find spit up material beside your baby after sleeping.
- Your baby is not gaining weight, or appears dehydrated (see dehydration).

4. Formula intolerance - Even though formula is a good alternative, some babies may not be able to tolerate their formula. If your baby has lots of gas, spitting up, loose stools, always seems to be hungry but yet not satisfied after eating; sleeping poorly and always seems to be irritable and fretful, there may be a formula intolerance.

Not all babies can tolerate cow-milk derived formula, some may even have trouble with soy formula. Occasionally more elemental or pre-digested formula like Alimentum, Nutramigen or Neocate may be helpful.

Please don't try these formulas without consulting with us first. We may need to try a formula for a few weeks before switching to a new one. Unfortunately, some babies may need several changes until the right formula is found.

5. Gas - Lots of babies cry, but if yours cries very hard after eating, and pulls up his legs, the problem may be gas. If you are nursing, you may want to experiment with cutting out such "gassy" foods as cabbage, onions, beans, bran, broccoli, cauliflower, and brussel sprouts—and ease up on the caffeine. If you are bottle-feeding, make sure the nipple is not too big (your baby will eat too fast) or too small (your baby will gulp air). You may need to burp your baby more often, or try Mylicon drops.

IS THIS NORMAL?

The things newborns do in the first few weeks home may surprise or worry you, if you don't know these things are normal, and just things babies do. All babies will sneeze, yawn, belch, pass gas, cry, cough and have hiccups. They may also occasionally look cross-eyed.

Funny Breathing—A sleeping newborn can breath in all sorts of strange ways, first inhaling and exhaling slowly and quietly, then start panting very quickly. These episodes of periodic breathing are generally short-lived and soon the baby will revert to normal breathing. They may also take pauses of up to 15 seconds after panting. If your baby is breathing faster than normal, pauses longer than 15 seconds, or has a blue color, **NOTIFY YOUR DOCTOR**.

Funny Sounds—Lots of babies produce grunts, moans, sighs, hiccups, squeals, and more, than just crying noises.

Funny Faces—One of the gifts your sleeping newborn can do it so change facial expressions. He may purse his lips, knit his brow, wrinkle his nose, open and shut his eyes, grimace, smile, and more – all in a span of about 10 seconds. He will soon outgrow it.

Startle Reflexes—Your baby is sleeping peacefully when he suddenly startles, his arms flying straight up in the air then coming down slowly again. It's just a startle reflex (due to immature nervous system) and will go away by 2 or 3 months of age.

The Eyes Have It—Your baby's eyes may seem to do funny things for a while, such as seem cross-eyed or water constantly. The first condition is most likely due to a lack of muscle control as your baby learns to focus and usually will go away by 4 months of age. The second is likely due to a blocked tear duct, and may recur often in the first year. Usually massaging the tear duct, or using antibiotic occasionally, is all that is needed and will clear up on its own over time. Your baby's eye color will not change after 6 months of age. Occasionally, some babies may have bleeding into the whites of the eyes (subconjunctival hemorrhage), as a result of the birth process, and will resolve slowly.

There are a few other common conditions that may occur when you get home with your baby. Swollen breasts may occur in both boys or girls, as a result of maternal hormones, and resolves in 8 to 12 weeks. Some female babies may have a vaginal discharge, and occasionally a bloody discharge for a few days, due to the withdrawal of maternal hormones. Some babies may have bruising or swelling of the scalp, called cephalhematoma, as a result of the birth process, especially if forceps or a vacuum extractor are used to help the delivery. These usually may get larger in size, before they go away slowly by 3 or 4 months.

The skin may develop a yellow-color, called jaundice, and you may also see this discoloration in the eyes and palate. Some babies are jaundiced in the nursery, some not until after they get home. Jaundice usually peaks by day 3 through 5, and starts to go away and is gone by a week. Occasionally, some breast-fed babies may persist for several weeks. About half of all babies may develop noticeable jaundice, the other half do not. The yellow color is caused by the chemical, bilirubin, a breakdown product of hemoglobin, the oxygen-carrying component of red blood cells.

Babies' livers take a few days after birth to "get up to speed," to handle the task of excreting bilirubin from the body. Breast-fed babies are slightly more likely to get jaundice, and the jaundice may last longer. If your baby appears to develop jaundice, please call the office to get a bilirubin test or for us to

see the baby. If the bilirubin level gets too high, we may order “phototherapy” or bili-lights. An additional reason for a “weight check” visit a couple of days after discharge is to see if the baby is becoming jaundiced.

Sneezing - Babies frequently sneeze, not because they are catching a cold, but it is the best way for them to clear mucus from their small noses. Think of it as babies sneeze instead of blowing their noses. They sneeze often because they have small noses and are frequently congested for the first several months of life. When newborn babies’ noses get stuffy, they can’t breathe right, get upset and cry—or they simply sneeze to clear their noses.

CARE OF SKIN, NAVEL & CIRCUMCISION

A sponge-bath using lukewarm plain water with a mild soap (Baby Magic) is advisable until the umbilical cord falls off (wait another 4 days after separation). While bathing the baby, you may want the room temperature at 70-72 degrees and the water warm—NOT TOO HOT. Include the baby's face, but not the eyes in the soaping process. The baby's scalp does not normally need to be cleaned more than twice a week.

Parents are advised to be judicious in their use of skin care products in young babies. Powders and lotion are unnecessary. If commercial baby wipes used for diaper change cause irritation, use plain water to clean your baby.

After the cord has come off and the circumcision site of a boy has healed, the baby can have a real bath. After the baby's bath, pat him thoroughly dry. NEVER leave a baby of any age alone in the tub, not even for an instant.

Some babies may have dry or peeling skin when they first come home from the nursery. Keri lotion is often helpful. Some babies may develop newborn acne in the first few weeks due to mother's hormones. This lasts only a few weeks and requires no treatment. Red patches (stork bites) may occur on the eyelids, forehead, nape of the neck at birth or in the first few weeks after birth. These are not dangerous and usually will fade by 2 years of age. Cradle cap is a scaly, crusty scalp that occurs often in babies. Dandruff shampoo can help cradle cap, or you can try brushing mineral oil into the hair or skin with a soft brush and then shampoo the scalp.

Nail Care

Baby's fingernails grow very quickly and may need to be trimmed 2-3 times per week. A baby can often scratch his face, scalp and occasionally his eyes, if the nails are not trimmed. A file may help dull the sharp nails of infants.

Care of the Navel

The umbilical cord usually drops off in 7 days to 1 month after birth. Clean around the base of the cord with alcohol on a Q-tip 3-4 times a day until the cord falls off. The cord needs to be kept dry and sponge-baths are recommended.

There may be some bleeding from the cord area if irritated by the diapers. This is not usually a serious problem. Notify your doctor if a moist cord is accompanied by a foul odor. Occasionally, after the cord drops off, there may be a persistent drainage, which may mean that a tiny bit of the cord tissue remains (umbilical granuloma). Usually, this will be cauterized with silver nitrate applications.

Care of the Circumcision

If we do your child's circumcision, we use a Plastibell. You can clean the penile area with soap and water after a bowel movement in the diaper. The Plastibell will separate and then fall off in 5 to 8 days after it is performed. Call if there is any drainage, excessive redness or just doesn't look right.

Occasionally, the OB doctor may do your child's circumcision by a different method. They may recommend to keep the penis clean, dry, and use Vaseline for the first week.

If you decide not to circumcise your son, just keep the area clean. Nothing more needs to be done at this age. Do not retract the foreskin.

NURSERY TEMPERATURE AND SAFETY

The nursery temperature can be kept at 67-68° during the day, and 62-65° at night. Keep the room temperature comfortable and be sure your baby doesn't get too warm while sleeping. Keeping the temperature above 70° will dry the baby's skin and also may dry out the baby's nose. Drafts should be avoided in the room.

Be sure that your baby's crib is safe. The slats should be no more than 2 3/8 inches apart; the mattress should be firm and fit snugly into the crib. Keep the side of the crib raised. The mattress should be enclosed with a plastic mattress cover. Most importantly, pillows should never be used. Do not use soft bedding (blanket, comforters, quilts, pillows), soft toys, or toys with loops or string cords. Remove plastic bags or materials from around the crib.

Install smoke alarm and carbon monoxide detectors if not already in place and make sure they work properly. Test them monthly. Remove dangling telephone, electrical, blind, or drapery cords near your baby's crib or changing areas.

VISITORS AND GOING OUTDOORS

Only close friends and relatives should visit you during your first two months at home. They should not visit if they are sick. Friends without children may not understand your needs. During visits, the visitor should pay special attention to older siblings.

Our basic rule is that only the newborn's parents, siblings and grandparents may hold or feed the baby. They should always wash their hands first. For everyone else, the rule is **LOOK FROM AFAR AND DO NOT TOUCH!**

You can take your baby outdoors at any age. Crowds should probably be avoided during your baby's first two months of life. Also, during your baby's first year of life try to avoid close contact with people who have infectious illnesses. If the weather is nice, it is fine for you and the baby to go out; just keep people away. It is not the outdoors that will get the baby sick, it is the other people.

In the first three months of life, it is important to try to keep infants free of infections. Our advice is to keep newborns and babies in the first 12 weeks of life away from "crowds" or any situations where they are likely to encounter people who are ill. Keep them away not only from individuals who are obviously coughing, sneezing or sick, but also any large groups of people where there is likely to be infections, especially in the winter.

CLOTHING THE BABY

Do NOT overdress your baby since this causes skin irritation and heat rashes (prickly heat). A T-shirt and diaper during the summer and jumper in the winter are suggested while the baby is in the bassinet or crib. Children's nightclothes should be made of 100% polyester since it is flame-resistant. Cotton sleepwear is highly flammable and ignites easily and should be avoided.

Launder the baby's clothes separately from the rest of the family members. Use DREFT or IVORY SNOW to wash your baby's clothes, and put on a double rinse cycle to get all the soap out. Do not use fabric softeners (Downey or Bounce) because some babies have sensitive skin.

Dress the baby with as many layers of clothing as an adult would wear for the outdoor temperature. A common mistake is over-dressing a baby in summer. In winter, a baby needs a hat outdoors because he often doesn't have much hair to protect against heat loss. Please remember, cold air or winds do not cause ear infections or pneumonia.

Bundling babies in heavy clothing or extra blankets can make them too warm. Overheating is not only uncomfortable, it is also dangerous. Heavy, bulky blankets can eventually cover the face of a small infant and lead to suffocation. Also, overheating is considered a risk factor for SIDS.

Babies do best on winter nights in a comfortable room temperatures wearing a warm one-piece sleeper worn over a diaper and undershirt or "onesy". If a blanket is used at all, it should be a non-bulky one and never a bulky quilted comforter.

The skin of babies is more sensitive to the sun than the skin of older children. When outdoors, keep sun exposure to small amounts (10 to 15 minutes at a time). Protect your baby's skin from sunburn with longer clothing and a hat or bonnet.

By protecting your baby from the sun at an early age, you can help reduce the harmful effects of the sun on your baby's skin and help prevent skin cancer decades later. Minimize sun exposure and apply sunscreen to children 6 months and older. Keep children younger than 6 months old out of direct sunlight. However, if adequate clothing and shade are not available, sunscreens may be appropriate for use on infants younger than 6 months, according to the new AAP policy published August 1999.

Note: Keep infants under 6 months out of direct sunlight, and be sure their heads are covered whenever in the sun—especially at mid-day. Apply a sunscreen even when your baby is underneath a beach umbrella; be extra careful because the sun's rays can reflect off the sand. This is true even on cloudy or overcast days, since 80% of the sun's ray can penetrate light clouds, mist and fog.

SLEEPY TIME ADVICE FOR PARENTS

Put your baby to sleep on his back; advise your relatives and child care providers to do the same. For healthy babies, back sleeping is preferred and reduces the risk of sudden infant death syndrome (SIDS). This is the sleep position recommended by the American Academy of Pediatrics for healthy babies.

Never put your baby to bed with a bottle. This can lead to ear infections, choking, and tooth decay later on. Do not prop the bottle in his mouth.

A normal newborn will sleep about 16-20 hours a day. When you consider that your newborn baby is waking up every 2 to 3 hours to feed for 20 minutes or so, he will keep busy just eating and sleeping! Sleep is one of a baby's basic needs for growth of his body and his brain.

Most babies will wake up several times at night to feed in the beginning and will sleep longer as they get older. Some babies may have their day's and night's schedule reversed for a while. Most formula-fed babies will sleep through the night by 6-8 weeks, while breast-fed babies will sleep through the night by 8-12 weeks of age.

Try putting your baby to bed when he is drowsy but slightly awake so they know they are going to bed. Make sure the baby is properly burped and the diaper is not soiled. Relax and try to get some sleep yourself while your baby is resting.

The way to avoid sleep deprivation in yourself is to know the total amount of sleep you need per day and to get that sleep in bits and pieces. Go to bed earlier. When your baby naps, you must also nap. If you don't take care of yourself, you won't be able to take care of your baby.

DEALING WITH CRYING

The baby's first cry after birth is a wonderful sound. Crying is necessary to help expand the baby's lungs, and it may take several weeks for them to become fully expanded. Later, the sound of crying does not sound so pleasing, especially when excessive or for no apparent reason. Babies vary a great deal in the amount of crying they do. Up to 2 hours of crying per day can be normal for most newborns.

Crying babies need to be held. They need someone with a soothing voice and a soothing touch. You can't spoil your baby during the early months of life. Overly sensitive babies may need an even gentler touch. Comforting and attention are important factors in reinforcing bonds between baby and parent.

Most frequently, the baby cries when hungry or needs to be changed. Sometimes, a baby may cry if overly warm or too cold. Sometimes, nothing wrong can be found. It seems as if baby just wants to cry. All babies cry due to the fact that this is the only way of communicating with parents. A healthy infant may fuss or cry to let you know it's time for a feeding, a diaper change, or a hug.

Colic

However, some babies cry more than others due to a condition called infant colic. Your baby would be considered colicky if he cries for more than 3 hours a day, three or more days a week, and then, gets better by three months of age.

Colic is a frightening situation but is probably a harmless condition. Colic is most common around 2-6 weeks of age and usually lasts a few weeks or less. But those few weeks can be very difficult for the parents, especially first-time parents, who feel helpless when the baby cries.

Knowing more about colic may help you weather this stage in your baby's first year. If your child is gaining weight on schedule, yet exhibiting repeated, persistent crying, it's probably colic. However, it is important that you consult with your pediatrician to rule out other causes for your infant's distress.

How to Calm and Soothe Your Baby

- Since hunger is the most common cause of crying, offer your baby a bottle or breast milk; but don't overfeed your baby.
 - If the baby is not hungry, offer a teething ring or pacifier to satisfy a baby just looking for attention or wanting to suck.
 - If you are breast-feeding, watch your diet since certain foods such as broccoli, chocolate, beans and spicy foods might cause gas in your baby.
 - Change diapers frequently, and if your baby has a diaper rash, apply a soothing cream and let air dry.
 - Hold your baby close to your heart and rock together on a rocking chair; soft soothing music may be relaxing for both of you.
 - To relieve gas pain, hold your baby over your shoulder and pat gently. Some babies may get relief from Mylicon drops.
 - Try a warm bath to soothe your baby.
 - Many cranky babies are soothed by the sound of a hairdryer, vacuum cleaner, washing machine; and a ride in the car may have a calming effect on babies.
- Since tension may be a factor, remove stress whenever possible. Being over-tired is one source of stress for babies.

- Your baby isn't trying to frustrate you; he merely doesn't know how to comfort himself yet. Babies aren't born with the knowledge of how to fall asleep, when to sleep, or how to comfort themselves. Colicky babies are invariably not getting enough sleep.
- Put your baby in the crib since some babies need to be left alone in a quiet room when overstimulated.
- DO NOT feel guilty since there is nothing much you can do and remember this stage will pass shortly.
- Go for a short walk outside since fresh air is always good for everybody.
- You may be so stressed yourself, struggling with a colicky baby, that you are expressing anger and frustration toward your child. Figure out a way to keep your child in a safe place while you take a breather. Find ways to divert or expend your nervous energy.
- Take care of yourself so you can get through these weeks with a colicky baby. Find friends or relatives to take a turn with your baby so you can get out of the house now and then for some time to yourself. Do not feel bad when you just need to get away for a short time. You will feel a lot better afterwards.
- **NEVER, NEVER SHAKE YOUR BABY.** Be aware of the damage shaking can cause to a baby's brain.

SAFETY PRECAUTION TIPS

Childproofing your home is an important part of your job as a parent—it could save your child from serious injury or even death. We all want to keep our kids safe and know basic rules of injury prevention, such as using an infant safety seat in the car, never leave your baby alone with young children or with pets, and take precautions so the baby can't slip between a mattress and the side of the crib.

Keep an eye out for places your child could get an electric shock, get his fingers or head stuck, reach sharp or dangerous objects, get burned or scalded, reach toxic chemicals or toxic plants, trip over heavy objects, to name a few. Above all else, remember that even when your house seems completely childproof, there is no substitute for close and constant adult supervision. But besides covering electrical outlets, putting safety gates on stairs, locking cabinets, and covering heaters, there are a few lesser-known safety issues you may not be aware of.

Here are a few safety guidelines:

- Choking and suffocation can occur at any age; however, it is more common in babies due to their small air passages and their tendency to put everything in their mouth.
- Keep coins, small parts of toys, foods such as hard candy, nuts or popcorn, carrots; plastic bags and pieces of broken balloons out of reach and don't put strings around a baby's neck.
- Burns can be prevented by turning the hot water heater thermostat lower than 120°F. Test the water temperature with your wrist to make sure it is not too hot before bathing your child. Burns can be caused by too hot tap water, hot liquids and food, cigarettes and house fires. Install smoke and carbon monoxide detectors and have fire extinguishers in appropriate places in your house. Do not drink hot liquids or smoke while holding your baby.
- Falls can be prevented by not leaving your baby on high places such as changing tables, beds, sofas, or chairs. Always keep one hand on your child. Do not put your baby in an infant walker at any age. Tell family members not to give you one as a gift.
- Drowning precautions include never leaving your baby unattended while in the bathtub, near a bucket, or swimming pool even for a second. In fact, toddlers have drowned in as little as 2 inches of water.
- Check your home for lead poisoning hazards (e.g. chipped lead paint, lead dust, lead water pipes and poorly glazed pottery).
- Keep all poisonous substances, medicines, cleaning agents, health and beauty aids, paints and paint solvents locked in a safe place out of your baby's sight and reach. Use safety locks on cabinets.
- Keep a list of emergency phone numbers such as police, fire department, ambulance, poison control, your pediatrician, and local hospitals near your phone.
- Car seats - use a rear-facing infant seat and fasten it securely in the back seat of the car each time. Never place your baby's safety seat in the front seat of a vehicle with a passenger air bag. The back is the safest place for children of any age to ride.

SECOND HAND SMOKE

Second hand smoke is a mixture of the smoke exhaled by smokers and the smoke that comes from the burning end of a cigarette, cigar or pipe. Research has shown that breathing someone else's smoke is very dangerous, especially for children. The American Academy of Pediatrics has found that almost 4000 chemicals are in the smoke that children and infants breathe in, whenever, someone smokes around them.

Children who inhale second-hand smoke are at risk, for many serious health problems including URI's, ear infections, asthma, wheezing and the chronic coughing, as well as causing problems for children later in life, including lung cancer. Smoke can irritate your baby's eyes, nose, throat and lungs. Passive smoking can lead to a build up of fluid in the middle ear, and may cause more frequent ear infections.

Therefore, if you smoke—QUIT. If you must smoke, do not do it in your home. It is important not to allow anyone else to smoke in your home. Do not take your baby to any facility, relative's or baby-sitter's house, where he will be exposed to smoking. The best way to protect your infant is to quit smoking now, and keep your baby smoke-free, which includes your car as well. Keep your baby's environment free of smoke, by keeping your home and car non-smoking zones.

Even smoking in a separate room can cause enough exposure to your baby to lead to breathing problems. Smoke that is on clothing can be enough to worsen a baby's asthma and make your child sensitive to smoke. Smoking in the home also increases the risk of accidental fire (please make sure you have smoke detectors in your house).

Call your pediatrician immediately if:

Your baby eats cigarettes or cigarette butts.

Your baby starts wheezing or has breathing difficulty after exposure to smoke.

Your baby gets a burn when grabbing a lit cigarette.

PETS

A word about pets and your baby. A pet is already an established member of the family prior to the arrival of a newborn and can get jealous if too much attention is paid to an infant. Even animals who have been with families for a long time can act out unexpectedly.

A seemingly trustworthy pet can bite or scratch a child. Never leave children alone with pets. Children can inadvertently irritate pets, provoking them to attack. Teach children never to touch a pet while it's eating, and to read an animal's warning signs of annoyance (growling, walking away, etc.)

The American Academy of Pediatrics offers the following advice to pet owners:

- Let your pet and your baby become acquainted slowly.
- Since animals have a keen sense of smell, let your pet sniff your baby's blanket or clothes before you bring baby home.
- Give your pet plenty of attention; also continue to follow your regular play and exercise routine with your pet.
- Never leave a baby alone with an animal—stay no more than an arms length away.

There are many disadvantages of owning a pet, particularly with babies and young children. There are some diseases which a young child can get from pets. The most common one is ringworm from puppies or kittens. Perhaps, the greatest argument against having a dog or cat is the question of allergy in the child. We recommend to keep the door to your baby's room closed, so the dog or cat can't go in, and leave behind animal dander and hair (which may be allergic to some babies).

SIDS (SUDDEN INFANT DEATH SYNDROME)

This section is not to unduly frighten you. Rather, it is to make you aware of a condition for which you may be able to take measures to lower the risk of your child dying from SIDS.

Sudden Infant Death Syndrome (SIDS) occurs without warning and affects only 1.2 per 1,000 infants annually. SIDS is a rare event, and the cause, at this time, is not known. Two to three months of age seems to be the most vulnerable age and SIDS is rarely seen in infants over six months of age.

What can you do to help lower the risk?

- First, put your infant to sleep on his back. Babies who sleep on their stomachs are more likely to die of SIDS than those babies who sleep on their backs.
- Second, don't smoke and don't be around smoke. It is known that infants born of mothers who smoked and/or have a narcotic addiction have a higher risk of SIDS. Exposure to secondhand smoke in the household doubles the risk of SIDS.
- Third, watch your baby's color. Infants can have periods of absent breathing for up to 15 seconds, which is normal. However, they should not turn blue during this period.
- Fourth, make sure your baby sleeps on a firm mattress. Avoid using fluffy blankets or coverings and pillows, sheepskins, blankets or comforters under the baby.
- Fifth, babies should be warm but not too warm. Avoid having your baby overheated while sleeping.
- Sixth, some evidence suggests that breast-feeding might reduce the risk of SIDS. Breast milk, among many other benefits, can provide protection from harmful infections that possibly increase the risk of SIDS.
- And finally, make sure your baby has regular well-baby check-ups and routine immunizations. If you have any questions or concerns, or are unsure whether your baby's symptoms are worrisome, please call your pediatrician.

GUIDELINES FOR ILLNESS

Since small problems to parents can indicate big problems for newborns, don't hesitate to call your baby's doctor if you have any concerns during the first month or two. Sometimes, though rarely, a baby may have a life-threatening illness like meningitis or sepsis.

It is important that parents know to seek medical help RIGHT AWAY if your baby does not "look right" or is acting sick, has a fever, refuses to feed, vomits excessively, sleeps too much (excessive drowsiness), has floppiness or the jitters, or is irritable.

WHEN TO CALL YOUR DOCTOR, RIGHT AWAY

- Your infant is less than 6 months of age with a temperature of greater than 100.4°F.
- Your baby is older than 6 months and has a temperature of greater than 102.5°F.
- Your baby is listless or unresponsive.
- Your baby is having difficulty breathing or swallowing.
- Your baby is having difficulty breathing to the extent that his skin seems to be sucked in between the ribs or the throat.
- Your baby is breathing faster than normal (usually 20 times a minute is normal).
- Your baby refuses to drink or feed.
- Your baby has any signs of dehydration, such as no tears while crying, dry lips and mouth, fewer wet diapers (usually 6 or more a day is normal), or sunken eyes or sunken soft spot, irritability or less energy.
- Your baby's skin appears blue around the nose or mouth, or appears mottled.
- Your baby is very fussy or sleepy and hard to wake up.
- Your baby is not able to keep fluids down.
- Your baby has a red or purple rash that does not turn pale (blanch) briefly after pressing on it.
- Your baby seems to have a stiff neck, or the fontanelle (soft spot) is bulging.
- Your baby is crying inconsolably.
- You have any questions or concerns, or you have any doubts about the severity of your baby's symptoms.

No matter how careful parents are, their babies and toddlers still get sniffles, gas, and others ills. Though we cannot write about every illness babies can have, we have pulled together the facts on some common baby/toddler health concerns, plus advice on when to call the doctor.

A few of the common illnesses during infancy include:

- Upper respiratory infections (URIs), colds, ear infections and sinusitis.
- Lower respiratory tract infections including bronchiolitis, pneumonia and wheezing.
- Rashes such as diaper rash, allergic rashes, eczema, contact dermatitis, cradle cap or seborrheic dermatitis.
- Vomiting, diarrhea and abdominal pain.
- Fever and/or dehydration.

We will discuss a few of the more common mild illnesses babies may pick up in the first few months. Most of these are mild problems and can probably wait until the office is open to discuss the problems with the nurse or the doctor. They can help you decide if what you are doing is okay, or if the baby needs to be seen.

ACTING SICK

How your baby or child is acting is more important than how high the fever is running. Keep in mind that some babies and toddlers can be seriously ill without any fever.

A baby is probably not seriously ill if:

- A baby will coo, make eye contact, smile or reach for an object.
- A toddler will pay attention to activities, smile, walk around to get things.

A baby or toddler acts seriously ill if despite reducing the fever:

- A baby is not making eye contact, refuses to feed, cries or cannot be comforted.
- A toddler refuses to play, cries inconsolably, moans, appears very weak, turns away and stares repeatedly or is very hard to awaken if sleeping.

Remember, sick children tend to sleep more, but if he keeps dropping off to sleep without periods of activity and is difficult to arouse, **CONTACT YOUR DOCTOR.**

COMMON COLD OR UPPER RESPIRATORY INFECTIONS (URI)

The common cold (URI) is a respiratory illness that is caused by one of 120 different viruses, and antibiotics do not cure viruses. Your baby or toddler will get a number of colds (6-10 a year is typical) and may be more if your baby is in a daycare setting.

There is no medicine to cure a cold, but there are ways to make your baby feel better. A cold will usually last for 7 to 10 days in a baby. The nasal discharge may be clear, white (cloudy), yellow or green; the color does not necessarily mean a bacterial infection or require antibiotics.

- Some babies sound stuffy on and off, but there is no nasal discharge; they may be mouth breathing and not feeding well, especially under 4 months of age.
- Often there may be a fever that lasts for 3 or 4 days; a cough can sometimes last up to 2 weeks.

HOME TREATMENT

- If a baby's nose is stuffy with mucus, gently clean his nose with a bulb syringe. Use saline drops (Ocean or nasal drops) to thin mucus especially before feeding or sleeping.
- A cool mist humidifier may add extra moisture to the room, but needs to be placed about a foot away from the baby's head.
- Try to offer at least 2 ounces of fluid (formula, breast-milk or Pedialyte) more often to keep the baby from getting dehydrated. Solid foods in older infants are not as important.
- You may use Acetaminophen, if your baby is over 3 months of age, to relieve your baby's pain, discomfort or to reduce the fever.
- OTC medications may or may not be helpful. They do not shorten the course of the cold and they don't prevent ear infections. In infants under 6 months, they may cause the child to be jittery (hyper) or sleepy.

WHEN TO SEE THE DOCTOR IF:

- Nasal discharge is more than 10 days, especially if the child appears to be getting worse.
- Having difficulty breathing and does not improve with suctioning of the nose.
- Fever more than 3 days, if the child is otherwise acting well.
- The child develops an earache, eye discharge, the nose is getting scabbed or crusted.
- Having difficulty eating because of stuffiness in infants under 4 months or appear to be becoming dehydrated.
- The cough becomes croupy, a deep cough occurs, fast and noisy breathing occurs, or a sudden worsening of your baby's cold symptoms or wheezing is noted or breathing faster than normal and shortness of breath.

Good hand washing is especially important to help prevent the cold to be spread to other family members.

CONSTIPATION

Parents of infants often worry about the consistency and the frequency of their baby's bowel movements. Constipation is the condition of having difficult or absent bowel movements caused by hardened, dry stools. Your baby may find it difficult or uncomfortable to pass hard stools that are associated with infrequent bowel movements.

Don't confuse constipation with the normal variability in infant stooling habits. However, straining and grunting (without hard stool) can be normal in infants, as the baby is learning to coordinate abdominal muscles and the anal sphincter.

Breast-fed babies rarely get constipated early on, but may develop an infrequent stool pattern after 2 or 3 months of age. These older breast-fed babies may have 1 stool every 4 or 5 days, but they are soft, mushy and the babies are not uncomfortable. For some, weaning from the breast, adding cereal to the diet, or advancing the diet to more complex foods may result in a reduced stool frequency.

Once newborns who are a few days old are feeding well, they should have 3 or more stools per day. If not, this may be a sign of not getting enough milk. Also, some medications (codeine) may be constipating.

Occasionally, passing hard stools may cause anal fissures (small tears in the skin), leading to small streaks of bright red blood on the stools.

HOME TREATMENT

- It is particularly important that constipated infants get enough liquids daily. Babies under 6 months of age should have breast milk, or full-strength formula.
- If more fluids are not effective, Karo syrup may be added to the diet. Add 1 tsp of Karo to 4 oz of water, and give 1-2 ounces 2 or 3 times a day.
- In babies under 3 or 4 months, a rectal thermometer may sometimes stimulate them to have a bowel movement. Prune juice, diluted 1:1 with water, may also be helpful in babies over a month or two. For older babies on solids, try using prunes, apricots, pears, plums and decrease rice cereal, bananas and applesauce.
- We may sometimes use a natural laxative, like Maltsupex, a Glycerin infant suppository, or a prescription for Miralax. Please call the office for directions on their usage.

Warning signs—call your pediatrician for advice if:

- Your baby has red, jelly-like stools.
- Your baby has black, tarry stools.
- Your baby is vomiting.
- Your baby has predominantly right-sided abdominal pain, that may come and go, for more than 2 hours.
- Your child has a fever or is acting sick.
- Call during office hours, if you need directions in treatment because what you are doing is not working. Occasionally, a change of formula may be helpful, but call the office before making a change.

DEHYDRATION

The key to treating vomiting and diarrhea at home is to avoid dehydration. Infants don't have a big reserve of fluids in their bodies, and a bout of fever, diarrhea, or vomiting, or any combination of these, can quickly result in an infant losing too much body fluid.

Signs of MILD DEHYDRATION include dry lips with a moist mouth inside; fussy behavior but able to interact, babble, talk or play intermittently. There is less urine and may not urinate as often (6 wet diapers per day is normal).

These babies who are mildly dehydrated need to be watched closely, fluids need to be given in small amounts and more often, and tend to do well.

Signs of SEVERE DEHYDRATION include dry tongue and mouth, cracked and parched lips, saliva is sticky or tacky; absent or decreased tears with crying and eyes sunken; may be listless (very weak with no energy) or irritable; mottled skin; marked decrease in urination, usually no urination for more than 8 to 10 hours. Babies may have a sunken soft spot, cry weakly and nurse or suck on a bottle weakly or refuse to drink. If any of these symptoms are occurring, **notify your doctor immediately.**

DIARRHEA

Diarrhea is a sudden increase in the frequency and looseness of the stools. Frequent, watery bowel movements are hard to overlook. Diarrhea may be a sign of a viral or bacterial infection, or simply a change in diet, or related to the use of antibiotics.

- The frequency and consistency of stools in children varies with age. A baby or child with 2 or 3 watery stools who is happy and drinking well is not a concern.
- Breast-fed babies have watery stools with some mustard consistency curd-like material on top and also may pass some intermittent green stools. Some may have 8-12 stools per day (after each feeding) which is normal. However, if the baby is fussy and having persistent green and more watery stools than normal, this may be diarrhea.
- Most diarrhea is caused by a virus (Rotavirus), usually lasting 5 to 7 days or sometimes longer. At times, there can be fluctuation between diarrhea and almost normal stools for a few days.
- We may need a stool culture or stool for ova and parasites, if the diarrhea lasts more than a week, or if there is blood or mucus in stools.
- The main concern with diarrhea is the baby or toddler may become dehydrated or act sick, or be contagious to others (daycare).
- Babies are contagious with diarrhea by viruses for a day or two before the onset of diarrhea and as long as they have diarrhea. Good hand washing is critical to reduce passing it to others.
- Severity of diarrhea varies with the age group. A younger infant will take less diarrhea to get dehydrated. Please keep in mind that other fluid losses like vomiting or a fever increase the risk of dehydration. The following guidelines may be helpful to describe the severity of diarrhea:

MILD is present if the baby or toddler is having 3 or 4 stools in 24 hours that are not particularly large in volume.

MODERATE is present if the baby or toddler is having 5 to 7 stools in 24 hours that are of medium volume (barely leaking out of the diaper).

SEVERE is present if the baby or toddler is having more stools of large volume that are running down the legs and require a total clothing change.

If a baby is having 3 to 4 very large stools, this is probably more moderate diarrhea and so the volume of each stool is important.

HOME TREATMENT

- When diarrhea and vomiting occur together, the treatment of vomiting takes priority. A baby with both, may become dehydrated more quickly.
- Most infants being breast-fed, may continue to nurse if MILD diarrhea, just more frequently. If more MODERATE diarrhea, then offer extra Pedialyte in between nursing. If SEVERE diarrhea, stop nursing and use Pedialyte for 24 hours; always call the OFFICE for further instructions.
- Most infants being bottle-fed should use a Soy-formula diluted 1:1 with Pedialyte for a few feedings and gradually increase to full-strength over 2-3 days. If MODERATE diarrhea, use Pedialyte for 2-3 feedings, then go to ½ strength Soy-formula. If more SEVERE diarrhea, use Pedialyte alone for 24 hours, then to go to ½ strength Isomil DF (a special diarrhea formula) and gradually increase to full strength over the next 2 or 3 days. Do not use Pedialyte alone for more than 24 hours without discussing with our office. **Do NOT give water alone** for rehydration, because it lacks the salt and sugar that the baby needs.
- For infants on solid foods, such as bananas, rice, applesauce and toast or crackers (the BRAT diet) is helpful after 12 to 24 hours of liquids being tolerated. Most are not very hungry for solids, and if they are drinking well and staying well-hydrated, don't be concerned for a few days.

- For children over 1 year, use Pedialyte or Gatorade. Usually, we will try 6-8 ounces each per day of clear fluids like weak tea, flat soda, jello-water and juices. Avoid all dairy products when having diarrhea, and some solids may be offered.
- Due to the stools being very acidic, diaper rash is common. It is best treated by ointments like Balmex , A&D, Desitin or just petroleum jelly (Vaseline).
- It is very important that your baby get enough fluids during a bout of diarrhea. If your baby has a MILD illness and is not taking in as much by mouth, try increasing intake by offering small amounts more often.
- Never give your baby any anti-diarrhea medication.

DIAPER RASH

Sensitive skin is common in newborns, and so is diaper rash. Almost every child will get a diaper rash sometime in their life no matter how clean we try to keep them. Diaper rash may occur with cloth or disposable diapers.

An irritant diaper rash is typically caused by moisture, and skin irritation from bacteria in the stool or chemical in the urine. This appears like a burn more predominantly on the buttocks and upper thighs as a red, raw rash with peeling skin at the edges of the rash.

Yeast (candidal or monilial) diaper rashes are also common and will often not respond to OTC medicines. This rash usually extends into the skin folds and consists of a red area with red dots just outside the main border of the rash called “satellite lesions”. Yeast infections usually occur more towards the front of the genitals—on the labia in girls and on the testes and groin area of boys and can spread down the thighs. Yeast loves moist areas such as the diaper area.

Diaper rash may make your baby quite irritable when you change the diaper or wipe the bottom.

HOME TREATMENT

- Air is the best thing for a diaper rash. Expose your baby’s bottom to the air as much as possible, and make sure the bottom is completely dry before closing a new diaper. Carefully use a blow dryer on a low setting to help dry the area. Fasten the diaper loosely so air can get in between the legs and skin folds.
- Change the diaper more frequently to keep the area more clean and dry; at least once or twice a night when your baby has a diaper rash.
- In your frequent cleansing of the diaper area, use water and a soft cloth, and avoid soap, which can be an extra irritant, and chemical diaper wipes, which might sting.
- Try applying an ointment such as Balmex, Desitin, A&D ointment or plain zinc oxide to your baby’s skin after bathing or cleaning. Avoid air tight plastic pants or putting the diaper on too tightly (“airtight”).
- If your baby has a yeast diaper rash, you will need an antifungal cream to cure it. We usually will try OTC Lotrimin cream 3 or 4 times a day.
- If your baby is real fussy, in discomfort or in pain, acetaminophen may be helpful

Call during office hours if:

- Large blisters start to develop, with sores or crusting.
- Rash is worsening despite home treatment after 3 days.

FEVER

Though a fever is a natural response to an infection, your baby's raised body temperature always merits careful attention. Taking regular and accurate temperature readings is the first step in taking care of a feverish baby.

Touching your baby's skin or forehead may not tell you whether he has a fever, because the skin can be cool to the touch even if the inside of his body is warm. Taking your baby's temperature with a rectal thermometer is the best way to determine if he has a fever. Ear thermometers may be inaccurate in babies less than 6 months of age.

Repeat the temperature in 1 hour if between 100°F and 100.5°F.

- Baby may be over-bundled, especially common in babies under 3 months; unwrap and repeat temperature in 1 hour.
- Baby is not acting seriously ill.
- Baby is taking oral fluids well.
- Baby may have received immunization in last 24 hours.

HOME TREATMENT

1. Acetaminophen (Tylenol, Panadol, Tempra, etc) may be used to make an infant or toddler more comfortable, but it does not treat the underlying illness. Within 1 to 2 hours after given, the fever is usually down by 2 to 3°F, but the temperature does not always return to normal.
2. Keep your infant or toddler dressed lightly and loosely. Again, how sick your child is acting is more helpful than if the fever comes down or not. Dress with a minimum of clothes and use a light blanket if they are having chills. For infants or toddlers, just wearing a diaper and undershirt is usually just fine.

VOMITING

Vomiting is a sudden and uncomfortable return or bringing up contents through the mouth and sometimes the nose. While vomiting can be a frequent occurrence during your baby's early years, it should not be confused with spitting up, which is a normal small return of undigested food after initial feeding.

- Newborns vomiting in the first few days of life after each feeding that is forceful, bright yellow or green may have an obstruction and need immediate evaluation.
- Pyloric stenosis occurs in infants around 4 to 6 weeks of age and presents with projectile vomiting during or shortly after feeding.
- Intussusception occurs typically in the 2 month to 6 year age range, and presents with vomiting, diarrhea with a bloody stool that looks like "red currant jelly", intermittent abdominal pain, and a very sleepy, hard to arouse child sometimes.
- Vomiting most commonly is seen with viral infections like the flu, stomach viruses (usually with diarrhea, i.e. Rotavirus), and often with bacterial infections like strep throat, ear infections, pneumonia, urinary tract infections, and more rarely meningitis.

HOME TREATMENT

1. If you are breast-feeding, try to nurse in small amounts of time, like 3 to 4 minutes, and then gradually increase the time. If the baby still vomits, then offer Pedialyte instead for a few hours.
2. If the child is vomiting frequently, wait 1 to 2 hours after the last vomiting episode and then start clear fluids in small, frequent amounts (Pedialyte or Rice-Lyte). Start with 1 tsp to 1 tbsp every 15 to 20 minutes. Do not let the child take more initially even though they may feel thirsty. Too much fluids given too fast will often worsen the vomiting. The amounts may be increased gradually every hour, if the child is tolerating what is offered.
3. Do not give children under 2 years large amounts of water, and avoid any solid foods until the vomiting has stopped. If your baby is on solid food, you may begin the BRAT diet when the baby is keeping down breast milk or formula for a day. Do not worry if your child is not interested in solids for a few days as long as they are drinking and staying well hydrated.

CALL THE OFFICE IF:

1. Your baby has any signs of dehydration. This may occur more quickly when there is both vomiting and diarrhea.
2. There is blood, or dark yellow or green color to the vomit.
3. Your baby is running a high fever.
4. Your baby refuses to drink.
5. Your baby continues to vomit, even on clear liquids, or if there is forceful or projectile vomiting after every feeding.
6. Your baby is less than 6 months and vomiting for more than 12 hours.
7. Your baby is more than 6 months and vomiting for more than 24 hours.
8. Your baby has any abdominal distention or constant abdominal pain over 1 to 2 hours.

MEDICAL CHECK UPS

Initial 3-10 day check-up. Early discharge within 24 to 48 hours after birth from the newborn nursery has become common-place for healthy full-term babies. These newborns need to be re-checked several days after discharge to see how well they are feeding, urinating, producing stools, and breathing. They will also be checked for jaundice and overall health. HBV 1 will be given if not previously given in the nursery.

Check up at 1 month of age. This check is one of the most important medical visits for your baby during the first year of life. By 1 month of age, your baby will usually have developed symptoms of any physical condition that was not detectable during the hospital stay. Your child's physician will be able to judge how well your baby is growing from his height, weight, and head circumference. Most physicians welcome the opportunity to address your agenda, especially answering your questions or concerns.

Pediatricians routinely examine newborns and talk with parents regarding the health issues of your newborn. During the first 2 years of your baby's life, the AAP guidelines for frequent child check-ups and the current 2001 immunization schedule* include:

1 month	HBV-2
2 months	DTaP-1, IPV-1, HIB-1, Prevnar-1
4 months	DTaP-2, IPV-2, HIB-2, Prevnar-2
6 months	DTaP-3, HIB-3, Prevnar-3
9 months	HBV 3
1 year	Varicella
15 months	MMR-1, HIB-4
18 months	DTaP-4, IPV-3
2 years	Catch up, if any shots were missed before.

These routine medical check-ups are important for assessing the infant's proper growth and nutrition, answer your concerns, perform a physical exam to be sure your baby is growing healthy and strong, as well as ensuring proper immunizations. Try to develop a habit of jotting down questions about your child's health or behavior at home to discuss at these medical check-ups. If you have unanswered questions, be sure to ask!

If at all possible, both the mother and father should go to the these visits. Most physicians prefer to get to know both parents during a check-up rather than during the crisis of an acute illness.

Immunizations

Your infant will need many vaccines in the first year of life. As with all vaccines, your doctor should discuss possible side effects, what to do about them and when to call the office. Your doctor will make sure your child's immunizations are up to date. In the vast majority of children, the risks of vaccines are far out-weighted by the benefits. We do respect a choice not to vaccinate if you should make that decision. You will need to sign a REFUSAL OF RECOMMENDED VACCINES if you choose not to get an immunization.

* You may check our website at www.docsjust4kids.com to see the most current immunization schedules by the American Academy of Pediatrics as it changes and gets updated annually.

TELEPHONE CALLS

A baby's doctor expects to get more telephone calls from first-time parents regarding the care of the baby in the first month than at almost any other time, except when there is an illness. We're used to reassuring new parents who call up and ask "silly" questions.

New parents handling a baby for the first time need frequent advice. Sometimes all that is necessary is a reassuring word about a minor problem that seems major to parents. To call or not to call is the frequent dilemma of parents who do not want to bother the doctor unnecessarily.

It is best to call during the doctor's office hours, if you can, because it gives the doctor a chance to look over the baby's record and review their history. It is better to report a minor problem to the doctor, if feasible, before you get worried. It is discouraging to hear about a problem going on for 2 or more days (with ample time to call during office hours), when a parent gets worried in the middle of the night and calls then.

Used wisely, the telephone can be an invaluable tool in making your baby's care more effective. Today's telephone call has replaced yesterday's "house call". The telephone's proper role is to provide support for regular office check-ups. Also our website www.docsjust4kids.com can give you lots of resources for more information on a variety of baby topics.

BABY'S MEDICINE CABINET

You need to be prepared for every little discomfort or problem your baby may encounter in the first few months. Here are some of our suggestions for essentials you may want to keep available in your medicine cabinet. These will help if your baby has a fever, teething pain, a mild diaper rash and vomiting, to name a few. Buy these things early on, so you don't have to run out in the middle of the night when your baby develops a problem.

Baby teething gel

Diaper rash cream

Baby nail clippers and scissors

Keri lotion for dry skin

Petroleum jelly or Vaseline

Saline nose drops

Tylenol infant drops (do not buy Ibuprofen until your baby is over 6 months old)

Sunscreen (Water Babies, SPF 45)

Bulb suction syringe

Thermometer (rectal is better, as ear thermometer may be inaccurate in infants)

Pedialyte, electrolyte solution

Rubbing alcohol

Q-tips