Date:_____

Weight:_____

Height:_____

Head Circumference: _____

Newborn Weight Check

Congratulations on your new bundle of joy! This is the time of getting adjusted to your newborn baby. There will be changes in the next few weeks that you will get adjusted to, such as learning your new baby's personality, his or hers different cries, even learning how to get rest while you can. We are very excited to be there with you and your baby every step of the way.

Feedings

Breastfeeding exclusively for about the first 6 months of life provides ideal nutrition and supports the best possible growth and development. For mothers who have difficulties with breastfeeding or who choose not to breast feed, iron-fortified infant formula is the recommended substitute for breast milk for feeding the full-term infant during the first year of life. When first starting to breast feed after birth your milk will be colostrum which is the first stage of milk development. This early milk helps your baby's immune system and stimulates increase milk production. You will notice your milk fully come in between 2 and 4 days after delivery. You may notice your breast feel full and warm. You may even notice milk leaking from your breast. Babies will lose weight after birth. It is normal for them to lose 7-10% of weight, but by day 3 to 4 you will notice your baby increase in feedings and should begin to gain weight. They normally get back to their birth weight by time they are 2 weeks of age. Mixing formula: if you get powdered formula, mix 2 ounces of boiled water while it's still very hot with 1 scoop of formula; then cool the formula to a safe feeding temperature. You use concentrated liquid formula; always mix 1 can of formula with 1 can of boiled water. Keep the mixture in the refrigerator. Do NOT use the microwave to warm up formula. It can heat it unevenly and may cause burns to the baby. If you wish to warm up a bottle, a hot water bath is recommended. Newborns will typically take ½ to 1 oz. per feeding in the first day or 2, and then gradually increase to 1 to 1 ½ oz. by day 2 to 4. It is important for you to always hold your baby close when feeding, in a semi-upright position, so that you are able to sense behavioral cues of hunger, being full, comfort and distress. Do ***NOT*** prop the bottle in her mouth when feeding. Propping increases the risk of choking, ear infections and develop early tooth decay. These are standard guidelines; however your baby may need to be on a different feeding plan such as supplementing after breast feeding. Talk to your doctor about any concerns you may have about feedings and weight gain.

Development

Your baby will have periods of wakefulness for feeding but will be sleeping most of the day. The baby will make brief eye contact with an adult while being held, and will cry when hungry or has discomfort. Your baby will also be able to lift their head briefly when on their back and turn it to the side. Your baby's arms and legs should all have equal body movements.

Newborns: Normal Appearance

Even after your child's healthcare provider assures you that your baby is normal, you may find that he or she looks a bit odd. Your baby does not have the perfect body you have seen in baby books. Be patient. Most newborns have some peculiar characteristics. Fortunately they are temporary. Your baby will begin to look normal by 1 to 2 weeks of age. This discussion of these newborn characteristics is arranged by parts of the body. A few minor congenital defects that are harmless but permanent are also included. Call your healthcare provider if you have questions about your baby's appearance that this list does not address.

HEAD

1. Molding: Molding refers to the long, narrow, cone-shaped head that results from passage through a tight birth canal. This compression of the head can temporarily hide the fontanel. The head returns to a normal shape in a few days.
2. Caput: This refers to swelling on top of the head or throughout the scalp due to fluid squeezed into the scalp during the birth process. Caput is present at birth and clears in a few days.
3. Cephalohematoma: This is a collection of blood on the outer surface of the skull. It is due to friction between the infant's skull and the mother's pelvic bones during the birth process. The lump is usually confined to one side of the head. It first appears on the second day of life and may grow larger for up to 5 days. It doesn't resolve completely until the baby is 2 or 3 months of age.
4. Anterior fontanel: The "soft spot" is found in the top front part of the skull. It is diamond-shaped and covered by a thick fibrous layer. Touching this area is quite safe. The purpose of the soft spot is to allow rapid growth of the brain. The spot will normally pulsate with each beat of the heart. It normally closes with bone when the baby is between 12 and 18 months of age.

EYES

1. Swollen eyelids: The eyes may be puffy because of pressure on the face during delivery. They may also be puffy and reddened if silver nitrate eye drops are used. This irritation should clear in 3 days.
2. Subconjunctival hemorrhage: A flame-shaped hemorrhage on the white of the eye (sclera) is not uncommon. It's harmless and due to birth trauma. The blood is reabsorbed in 2 to 3 weeks.
3. Iris color: The iris is usually blue, green, gray, or brown, or variations of these colors. The permanent color of the iris is often uncertain until your baby reaches 6 months of age. White babies are usually born with blue-gray eyes. Black babies are usually born with brown-gray eyes. Children who will have dark irises often change eye color by 2 months of age; children who will have light-colored irises usually change by 5 or 6 months of age.
4. Tear duct, blocked: If your baby's eye is continuously watery, he or she may have a blocked tear duct. This means that the channel that normally carries tears from the eye to the nose is blocked. It is a common condition, and more than 90% of blocked tear ducts open up by the time the child is 12 months old.

EARS

1. Folded over the ears of newborns are commonly soft and floppy. Sometimes one of the edges is folded over. The outer ear will assume normal shape as the cartilage hardens over the first few weeks.
2. Earpits: About 1% of normal children have a small pit or dimple in front of the outer ear. This minor congenital defect is not important unless it becomes infected.

NOSE, FLATTENED

The nose can become misshapen during the birth process. It may be flattened or pushed to one side. It will look normal by 1 week of age.

MOUTH

1. Sucking callus (or blister): A sucking callus occurs in the center of the upper lip from constant friction at this point during bottle- or breast-feeding. It will disappear when your child begins cup feedings. A sucking callus on the thumb or wrist may also develop.
2. Tongue-tie: The normal tongue in newborns has a short tight band that connects it to the floor of the mouth. This band normally stretches with time, movement, and growth.
3. Epithelial pearls: Little white-colored cysts can occur along the gum line or on the hard palate. These are a result of blockage of normal mucous glands. They disappear after 1 to 2 months.
4. Teeth: The presence of a tooth at birth is rare. Approximately 10% are extra teeth without a root structure. The other 90% are prematurely erupted normal teeth. The distinction can be made with an X-ray. The extra teeth should be removed, usually by a dentist. The normal teeth need to be removed only if they become loose (with a danger of choking) or if they cause sores on your baby's tongue.

BREAST ENGORGEMENT

Swollen breasts are present during the first week of life in many female and male babies. They are caused by the passage of female hormones across the mother's placenta. Sometimes the breast will leak a few drops of milk, and this is normal. Breasts are generally swollen for 2 to 4 weeks, but they may stay swollen longer in breast-fed and female babies. One breast may lose its swelling before the other one by a month or more. Never squeeze the breast because this can cause infection. Be sure to call your healthcare provider if a swollen breast develops any redness, streaking, or tenderness.

GENITALS, GIRLS

1. Swollen labia: The labia minora can be quite swollen in newborn girls because of the passage of female hormones. The swelling will resolve in 2 to 4 weeks.
2. Hymenal tags: The hymen can also be swollen due to maternal estrogen and have smooth 1/2-inch projections of pink tissue. These normal tags occur in 10% of newborn girls and slowly shrink over 2 to 4 weeks.
3. Vaginal discharge: As the maternal hormones decline in the baby's blood, a clear or white discharge can flow from the vagina during the latter part of the first week of life. Occasionally the discharge will become pink or blood-tinged (false menstruation). This normal discharge should not last more than 2 to 3 days

GENITALS, BOYS

1. Hydrocele: The newborn scrotum can be filled with clear fluid. The fluid is squeezed into the scrotum during the birth process. This painless collection of clear fluid is called a "hydrocele." It is common in newborn males. A hydrocele may take 6 to 12 months to clear completely. It is harmless but can be rechecked during regular visits. If the swelling frequently changes size, a hernia may also be present and you should call your healthcare provider during office hours for an appointment.

2. Undescended testicle: The testicle is not in the scrotum in about 4% of full-term newborn boys. Many of these testicles gradually descend into the normal position during the following months. In 1-year-old boys only 0.7% of all testicles are undescended; these need to be brought down surgically.
3. Tight foreskin: Most uncircumcised infant boys have a tight foreskin that doesn't allow you to see the head of the penis. This is normal and the foreskin should not be retracted.
4. Erections: Erections occur commonly in a newborn boy, as they do at all ages. They are usually triggered by a full bladder. Erections demonstrate that the nerves to the penis are normal.

BONES AND JOINTS

1. Tight hips: Your child's healthcare provider will test how far your child's legs can be spread apart to be certain the hips are not too tight. Upper legs bent outward until they are horizontal is called "90 degrees of spread." (Less than 50% of normal newborn hips permit this much spreading.) As long as the upper legs can be bent outward to 60 degrees and are the same on each side, they are fine. The most common cause of a tight hip is a dislocation.
2. Tibial torsion: The lower legs (tibia) normally curve in because of the cross-legged posture your baby was confined to while in the womb. If you stand your baby up, you will also notice that the legs are bowed. Both of these curves are normal and will straighten out after your child has been walking for 6 to 12 months.
3. Feet turned up, in, or out: Feet may be turned in any direction inside the cramped quarters of the womb. As long as your child's feet are flexible and can be easily moved to a normal position, they are normal. The direction of the feet will become more normal between 6 and 12 months of age.
4. Long second toe: The second toe is longer than the great toe as a result of heredity in some ethnic groups that originated along the Mediterranean, especially Egyptians.
5. "Ingrown" toenails: Many newborns have soft nails that easily bend and curve. However, they are not truly ingrown because they don't curve into the flesh.

HAIR

1. Scalp hair: Most hair at birth is dark. This hair is temporary and begins to shed by 1 month of age. Some babies lose it gradually while the permanent hair is coming in; others lose it rapidly and temporarily become bald. The permanent hair will appear by 6 months. It may be an entirely different color from the newborn hair.
2. Body hair (lanugo): Lanugo is the fine downy hair that is sometimes present on the back and shoulders. It is more common in premature infants. It is rubbed off with normal friction by 2 to 4 weeks of age.

Newborn Skin Care

Bathing

You may bathe your baby daily, but for the first few months, 2 or 3 times a week is often enough for a full body surface bath. Clean your baby's face and hands with warm water whenever they become dirty throughout the day. Keep the bath water level below the naval or give sponge baths until a few days after the navel cord has fallen off. Submerging the cord could cause infection or interfere with its drying out and falling off. Getting the cord a little wet doesn't matter. Use tap water without any soap or with nondrying baby soap. Don't forget to wash the face and neck; otherwise, dribbled milk and food can build up and cause an irritated rash. Also rinse off the eyelids with water. Don’t forget to wash the genital area. However, when you wash the inside of the female genital area (the vulva), never use soap. Rinse the area

with plain water and wipe from front to back to prevent irritation. This practice and the avoidance of any bubble baths before puberty may prevent many urinary tract infections and vaginal irritations. At the end of the bath, rinse your baby well; soap residue can be irritating.

Changing Diapers

After you remove a wet diaper, just rinse your baby's bottom off with a wet washcloth or diaper wipe. After soiled diapers, rinse the bottom under running warm water or in a basin of warm water. You can't clean stools off the skin with diaper wipes alone. Millions of bacteria will remain and cause diaper rashes. After you clean the rear, cleanse the genital area by wiping front to back with a wet cloth. In boys, stool can hide under the scrotum, so rinse carefully there. If you have a girl, carefully clean the creases of the vaginal lips (labia).

Shampoo

Wash your baby's hair once or twice a week with a special tear-free baby shampoo that doesn't sting the eyes. Don't be concerned about hurting the anterior fontanelle (soft spot on the head). It is well protected.

Baby Acne

Baby acne often develops within two to four weeks after birth. It may look worse when a baby is fussing or crying. Symptoms include small red bumps or pustules on a baby's cheeks, nose, and forehead. Baby acne usually goes away on its own. If it lasts several months, a doctor may recommend a medicated cream or check for elevated hormone levels.

Lotions, Ointments, and Powder

Newborn skin normally does not require any ointments or creams. Especially avoid putting any oil, ointment, or greasy substance on your baby's skin because this will almost always block the small sweat glands and lead to pimples or a heat rash. If the skin starts to become dry and cracked, use a baby lotion, hand lotion, or moisturizing cream twice a day. Apply it within 3 minutes after a bath to trap moisture in the skin. Cornstarch powder can be helpful for preventing rashes in areas of friction. Avoid talcum powder because it can cause a serious chemical pneumonia if inhaled into the lungs.

Umbilical Cord

Try to keep the cord dry. Put rubbing alcohol on the base of the cord (where it attaches to the skin) twice a day (including after the bath) until 1 week after it falls off. Although using alcohol can delay the separation of the cord by 1 or 2 days, it does prevent cord infections, and that's what is most important. Air exposure helps the cord stay dry and eventually fall off, so keep diapers folded down below the cord area. If you are using disposable diapers, you can cut a wedge out of the diaper with a scissors so the cord is not covered.

Fingernails and Toenails

Cut the toenails straight across to prevent ingrown toenails. Trim the nails once a week after a bath, when the nails are softened by the bath. Use baby clippers or nail filer. This job usually takes two people unless you do it while your child is asleep.

Circumcision Care

What is a circumcision?

A circumcision is the removal of the normal male foreskin. The incision is red and tender at first. The tenderness should be minimal by the third day. The scab at the incision line comes off in 7 to 10 days. If a Plastibell ring was used, it should fall off by 14 days (10 days on the average). While it cannot fall off too early, don't pull it off because you could cause bleeding. Any cuts, scrapes, or scabs on the head of the penis may normally heal with yellowish-colored skin if your baby has been jaundiced. This bilirubin in healing tissue is commonly mistaken for an infection or pus.

How can I take care of my child?

- Plastibell ring type gently cleanses the area with water 2 times a day or whenever it becomes soiled with stool. Soap is usually unnecessary. A small amount of petroleum jelly should be applied to the incision line once a day to keep it soft during healing. If the incision seems to be causing any pain, also cover it with an ointment.
- Incision type (no plastic ring is present) Remove the dressing (which is usually gauze with petroleum jelly) with warm compresses 24 hours after the circumcision was done. Often the gauze has already fallen off on its own. Then care for the area as described for the Plastibell.

When should I call my child's healthcare provider?

Call IMMEDIATELY if your child has been circumcised recently and:

- The urine comes out in dribbles.
- The head of the penis turns blue or black.
- The incision line bleeds more than a few drops.
- The circumcision looks infected.
- Your baby develops a fever.
- Your baby is acting sick.

Call during office hours if:

- The circumcision looks abnormal to you.
- The Plastibell ring does not fall off within 14 days. (Note: It can't fall off too early.)
- The Plastibell ring starts moving in the wrong direction.
- You have other concerns or questions.

Newborn: Help Siblings Adjust

You can begin helping your other children cope with a new baby in the home as soon as you find out you are pregnant. Expect that they may have mixed feelings about a new baby and may be scared about what their new role in the home may be. Here are some things you can do the help your older child before the new baby is born.

- Read some books with your child about siblings and babies. Use this as a chance to talk about how they feel about the baby. Let them tell you about their feelings. Listen without telling them they are wrong or getting angry at them.
- Talk about all the benefits of being a big brother or sister.
- Let your older child help decorate the nursery, chose some of the items the baby needs, or help chose the baby's name. Let them pick out a special gift for the baby from big brother or big sister. Let them practice holding and taking care of a doll.
- Make major changes (such as moving your older child from a crib to a big bed or toilet training) well in advance.
- Remind them they will be as loved then as they are now and that there is enough love to go around.
- Tell the older children stories about when they were born and how excited everyone was. Show them their baby pictures and videos.
- Be realistic about how things may change. They will now have to share mommy and daddy with another person.
- Tell them that you will be away for a couple days when the baby is born. Tell them who they will be staying with and what they can expect.

Right after a new baby is born (either at the hospital or during the first couple days at home) preschoolers may be a little less "chummy" with mom than usual. Don't take this as rejection but as a sign that the child wants to be reminded that his special place has not been filled by the new baby. Here are some things you can do the help your older child during this time:

- Give your child some small gifts to open. Having a gift from the new baby can be a special touch.
- Have the caregiver or Dad do some special activities with your child while you are at the hospital. A trip to the zoo or the park or seeing a movie can make your child feel extra special.
- Give your child a name tag that identifies him as an older sibling such as "I'm Jacob, Emily's Big Brother." This helps the child feel important and identifies him for the nurses.
- Give your child his or her very own snapshot of the new baby as soon as possible, so he or she can show the picture to friends.
- Remind your older child that you still love them as much as ever. This is something you will need to tell them often, especially in the beginning when you are having to give so much attention to the new baby.
- Take a picture of the older child holding the baby and make sure it is put in a prominent place.
- Tape a photo of your older child (or a picture drawn by the child) to the baby's crib in the nursery. This makes the child feel important and helps him identify "his" or "her" baby through the nursery window at the hospital.
- After the first few days, try to spend some one-on-one time to let your older child know that he still has a special place.
- Don't expect your child to be grown up now that there is a new baby. He may be the big brother, but he's still not yet big. Don't push him to act older than he is just because there's a new baby in the house. He may act more like a baby himself. It will pass as your child starts to feel safe and comfortable in his new role.
- Let older brothers or sisters help if they want to. They can help with chores such as folding baby blankets or helping you feed or diaper the baby. Helping out can make them feel important in their new role. However, don't force the older child to help if they don't want to.
- Gently remind people who come to visit that there are other children in the house besides the baby. Encourage them to give the older children some special attention too.
- Be sure that older children have some special things and places that they don't have to share with the new baby.

What is Jaundice in Neonates?

Jaundice in neonates refers to the yellow coloration of the skin and sclera (whites of the eye). Jaundice occurs when the level of bilirubin is increased in the blood (hyperbilirubinemia). Bilirubin is a yellow pigment produced in the body by the breakdown of red blood cells.

What are the Types of Neonatal Jaundice?

- There are two types of neonatal jaundice:
    - Indirect (unconjugated)
    - Direct (conjugated)

The cause of unconjugated hyperbilirubinemia depends upon its association with physiology, breastfeeding, or blood-group incompatibility.

    - Physiological jaundice: This is the most common and least problematic type of jaundice. A growing baby in the womb has extra red blood cells. Once the baby is born, extra blood cells are not needed. Jaundice occurs when these extra blood cells break down faster than the immature liver can process them. Physiological jaundice is not contagious. This form of jaundice occurs in more than half of newborns and disappears within a few weeks.
    - Breast Feeding Jaundice: Some mothers produce inhibitors of conjugation in their milk that can cause jaundice. It can be easily treated.
    - Blood Group Incompatibility (Rh or ABO Problems): This is a very serious type of jaundice and occurs when the baby and mother have different blood types. The mother produces antibodies that destroy the baby's red blood cells.

- Conjugated hyperbilirubinemia can be caused by problems with the baby's liver and bile ducts such as bile flow obstruction, biliary atresia, choledocal cysts, and liver cell injuries.

What are the Risk Factors for Neonatal Jaundice?

- The following factors can increase a baby's risk of developing neonatal jaundice:
    - A difference between maternal and neonatal blood types.
    - Bruising during delivery may cause red blood cell destruction and higher bilirubin levels.

What are the Signs and Symptoms?

- Any or all of the following signs and symptoms may appear:
    - The skin looks slightly yellow, beginning with the face, neck, and sclera. The yellowing may be more distinct if you press an area of skin with fingers. It is best to observe the child's skin in natural daylight.
    - Poor sucking or feeding
    - Dark urine
    - Pale stools

How is Jaundice in Neonates Diagnosed?

A newborn baby with jaundice is usually diagnosed by visual examination followed by laboratory investigations.

- **Bilirubin Test**:
    - Your baby's pediatrician may order a bilirubin test to measure the serum bilirubin level. A sample of blood is obtained from the baby's feet.

- The serum bilirubin level can also be measured by using a device called a transcutaneous bilirubin meter. This device reflects light on the baby's skin and absorption and reflection of the light beam measures the level of bilirubin in the blood.
- Other tests include blood typing, Coomb's test to detect antibodies, and enzyme testing (for deficiencies of glucose-6 phosphate dehydrogenase).

What are the Common Treatments?

Mild jaundice in the newborn disappears on its own without requiring any treatment. However, moderate, and severe jaundice require treatment that may take one of the following forms:

- **Phototherapy (Light Therapy):**
  - This therapy uses light waves (blue in color) which changes the shape and structure of bilirubin molecules in such a way that bilirubin is excreted in the urine.
- **Intravenous immunoglobulin (IVIG):**
  - IVIG therapy is used in neonatal jaundice arising from the blood group incompatibility. IVIG reduces the levels of antibodies and may decrease jaundice.
- **Exchange Blood Transfusion (EBT):**
  - EBT is done in severe jaundice. It involves repeated withdrawal of small amounts of blood and diluting of the bilirubin and maternal antibodies. The diluted blood is transferred back into the body.

Prevention:
All newborn babies may have some degree of jaundice which cannot be prevented. However, all pregnant women should be tested for blood type and unusual antibodies. Careful monitoring during the first five days of life can prevent complications.

Complications:
Kernictrus (bilirubin induced brain damage) is a rare but serious complication.

When Should I Call My Doctor?

- Call your doctor if your baby is not feeding well and has a rectal temperature of 100.4. Also call if your baby has any cold like symptoms such as runny nose, congestion and cough.

Reference: RelayHealth and Bright Futures 2017

Follow us on Facebook @ Healing Touch Pediatrics
And you can visit our website www.healingtouchpediatrics.com
For any questions or concerns please call our office at 817-417-9001.