

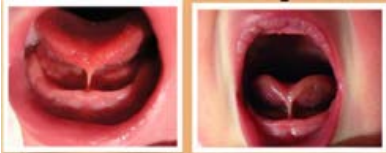


Normal Infant Feeding

Tongue Ties cont.

Type	Exam	Image	Mgmt
Type 2: Moderate	Tie is proximal to 50% of length of tongue		Consider lactation consult
Type 3: Severe	Tie is distal to 50% of length of tongue May create a hump or cupping		Frenulectomy if interfering with feeding
Type 4: Complete	Tie extends to tip of tongue		Likely frenulectomy

Anticipatory Guidance/Discharge Teaching

Feeding	Feed on demand , only breastmilk or formula, 8-12x in 24h - "8 or more in 24." Wake up baby after 3-4 h to feed.
Normal Voiding/Stooling	Should have as many wet diapers as is days of life , up to 6-8 after 1 week of life. Should have at least 2-3 stools/day .
Cord Care	Keep cord clean (sponge bath) , dry , and uncovered by diaper . Will fall off on its own about 10 days.
Circumcision Care	Leave dressing on for 24h. Use petroleum jelly (a ping-pong ball- sized dollup) on penis with every diaper change. Written for tylenol x 2 doses in hospital but most babies do not need it and do fine with being skin to skin for comfort.
Safe Sleep	Baby should sleep on back in own crib with tight fitted sheet. NO loose blankets, stuffed animals, positioning aids. No propping on side. Swaddling is good. Tuck swaddle blanket under baby, or use velcro swaddler.
Tummy Time	Give baby time on tummy. As newborn, can lie on parents chest. Person holding baby should put baby down if feeling sleep. Don't sleep with baby.
Illness	<ul style="list-style-type: none"> Visitors should wash hands before handling baby. Avoid crowds, passing baby among visitors, and people with colds, especially for first few months. Tell older sibs to touch baby's feet, not hands and face (newborns can't yet put their feet in mouths). Infant fever (taken rectally) is > 100.4: Seek medical attention if baby seems "off:" eating less than usual, making fewer wet diapers, is fussy or lethargic.