

# ***NEWBORN CARE***



## ***MODESTO PEDIATRICS***

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## **INTRODUCTION**

The pediatricians and staff of Modesto Pediatrics would like to congratulate you on the birth of your baby. You have just received the greatest gift life has to offer and we feel honored that you have chosen us to care for your most precious possession. This manual was created by the pediatricians at Modesto Pediatrics in an effort to answer the most common pediatrics questions asked by parents. Our goal at Modesto Pediatrics is to help you as parents raise healthy, happy and emotionally secure infants, toddlers and adolescents.

## **GENERAL INFORMATION**

Taking your new baby home is always exciting but it can also be intimidating, especially for first time parents. You undoubtedly will have many questions and Modesto Pediatrics will do our very best to help you in whatever way we can. On your day of discharge the hospital nursing staff will provide you with basic instructions. It will be helpful to you if you arrange for transportation, comfortable clothing (for you and your baby), and a car seat before discharge.

We recommend that you make an appointment for your baby to follow up at Modesto Pediatrics within 48-72 hours of discharge. If you have any questions prior to your first appointment you can always call our clinic for advice or check our web site.

Sometimes new parents are unsure of themselves, but as long as your baby is loved, fed, changed and comfortable, you are off to a good start. You always need to remember that your baby is an individual from the day he/she is born. Listen to the advice of well-meaning family and friends but remember your pediatrician is only a phone call away.

Because your baby has not had time to build up resistance to infection, try to limit visitors during the first few weeks at home. Discourage ill friends and family members from handling the baby. Toddlers and children with colds and fever spread infection easily. Encourage those who handle the baby to wash their hands first and place a clean cloth on their shoulder. Try not to kiss the baby on the lips or hands. Remember babies put their hands in their mouth.

## **DRESSING YOUR BABY**

Try to keep your newborn from extremes of temperature. Dress your newborn according to the temperature. When it's warm, the infant does not require any more clothing than an adult. When it's cold, dress your baby in one more layer than you would wear. Remember a newborn will not shiver when they are cold because they have what is know as brown fat. Newborns can lose a lot of heat from their head, so a cap the first few weeks of life may be a good idea, especially during the cooler months.

## **BATHING**

You may want to have a fairly regular time for bathing your newborn. A newborn does not necessarily need to be bathed everyday, but their hands, feet, face and diaper area should be cleaned daily.

A newborn needs to be “sponge bathed” until their navel falls off and is healed. Sponge bathing will allow you to adequately cleanse your infant while keeping the umbilical cord dry and clean. If your newborn has been circumcised, you will need to wait a few days after circumcision before placing an infant in a tub of water. Always remember to check the temperature of tub water with your elbow prior to placing the baby in the tub. The room should be warm and draft free.

Choose a mild soap to wash your infant’s body. Be sure to wash in the skin folds. Rinse well and pat dry. Newborns do not need to be scrubbed. Wash your baby’s head with a mild shampoo. Work from front to back, keeping suds out of the baby’s

eyes. You may use a soft brush while shampooing to stimulate the scalp and help keep cradle cap from forming. A mild perfume free lotion can be applied to dry skin areas. Avoid powders because they can be inhaled causing lung problems.

## **FEEDING**

Breast-feeding offers the most complete nutrition for your newborn. For breast-feeding mothers, offer your baby the breast for 10-20 minutes on each side every 2-3 hours. The majority of the milk let down is during the first 5-7 minutes of active breast-feeding, so if your newborn is sucking well for 10-20 minutes, they will be getting enough. After your baby’s first doctor visit your pediatrician will instruct you further on the duration and frequency of breast feeding.

Breast discomfort can be expected during the first week of breast-feeding. If breast discomfort persists longer than this, it may be due to improper positioning of the baby’s mouth on your nipple. Should you find that you are having breast-feeding difficulties after arriving home, please call your pediatrician or the lactation consultants at the hospital where your baby was born. The lactation consultants are always willing to help and are a great resource. If your breast is unusually tender or red contact your OB-GYN immediately. This may be a sign of a breast infection.

There are many formulas on the market. Similac, Enfamil and Carnation are best-known brands. If you are using an off-brand formula just check the label to compare ingredients. A formula fed newborn will feed 2-4 ounces every 2-3 hours. After your baby’s first doctor visit your pediatrician will discuss feedings with you in detail.

Feeding times are often an anxious time for parents the more relaxed you are, the better your newborn will feed. Always contact your pediatrician if you have any breast-feeding or formula feeding questions.

## **UMBILICAL CORD CARE**

Keep the cord clean and dry. Use an alcohol wipe or swab to clean around the cord base (umbilical stump) twice a day. Do not be afraid to touch the umbilical stump and clean around the base. The dead stump has no feeling. The umbilical stump will usually fall off within 2-14 days. After the umbilical stump falls off, you may notice a little bloody or yellow-green oozy discharge for a few days. Clean this daily with alcohol as well. Watch for signs of infection such as spreading redness, foul odor, pus, or tenderness to touch. If any of these occur, please contact your pediatrician immediately.

## **URINE OUTPUT**

Newborns will have 6-10 wet diapers a day. This indicates that your baby is feeding well and getting enough breast milk or formula. The infant's urine is usually clear to yellow in color. On occasion a powdery brick colored residue will appear in the diaper. The brick colored residue are uric acid crystals. Increasing the amount of breast milk or formula will help this to go away.

## **STOOLING PATTERNS**

Each newborn has their own stooling pattern that will change over time. Breast-fed babies often stool with each feeding. On occasion if the breast milk is absorbed well they may have one large soft stool every few days. Formula fed babies will stool less frequently, anywhere from 1-5 times a day. They may also pass a soft large stool every few days. The color of the newborn's bowel movements may be yellow, green or brown and may vary over time.

## **NORMAL NEWBORN BEHAVIOR**

The newborn may display behaviors that concern parents but are not signs of illness. Most of the following are normal newborn behaviors that will disappear in a few months. Some of the behaviors are actually harmless reflexes due to an immature nervous system and will disappear in 2-3 months.

- chin trembling
- lower lip quivering
- making noise while asleep
- spitting
- belching
- startle reflex (brief stiffening of the body after a noise or movement)
- straining with bowel movements
- irregular breathing while resting comfortably with normal skin tone and alertness
- yawning
- jitteriness of an arm or leg while alert and otherwise behaving normally

All babies sneeze, cough, yawn, burp, hiccup, pass gas, strain with bowel movements, cry and have times of fussiness. Sneezing is the only way babies can clear secretions from their noses. Babies may cough a few times a day in order to clear airway secretions. Hiccups are normal little muscle spasms of the diaphragm. All babies pass varying amounts of gas. Straining with bowel movement is common in a newborn and is usually nothing to worry about as long as the stool is soft. All babies will cry and have times of fussiness, some more than others. Times of crying and fussiness are often a babies way of saying, "I'm wet, cold, hot, hungry, or just need to be held". You will gradually learn to know the many moods and behaviors of your baby.

## **NEWBORN PHYSICAL CHARACTERISTICS**

Parents are often concerned that their baby looks a little "funny" immediately after birth. The combination of uterine contractions and passage through the birth canal often causes the newborn's face and extremities to look swollen and distorted. Most of these characteristics are temporary and will resolve by 1-2 weeks of age. The following characteristics are commonly seen:

**Head:** Passage through the birth canal coupled with uterine contractions can result in narrowing and elongation of the head. This is what is commonly known as molding. Molding can also be associated with over-riding sutures and narrowing of the anterior fontanel. The newborn's head will return to a normal shape within a week.

Caput refers to edema of the scalp. This can be localized or diffuse. Caput is present at birth and resolves within a few days of birth.

Trauma from passage through the birth canal can result in blood collecting between the newborn's skull and scalp. This usually results in a mass being confined to one side of the infant's head. The cephalohematoma may not be present at birth and may expand in size during the first 5 days of life. It may not resolve before the 2nd to 3rd months of life and may result in a calcified lump that is present indefinitely. A large cephalohematoma may contribute to jaundice during the first few weeks of life. Your doctor will monitor this if it should occur.

The "soft spots" present on the top and back on the newborn's skull are referred to as fontanels. They will vary in size from infant to infant. The fontanels allow the skull to expand over the first year of life as the brain grows. They will usually close by 12-15 months of age.

**Nose:** The nose of a newborn may look misshapen at birth. It may be flattened or shifted to one side. The misshapen appearance is temporary and usually resolves the first week of life.

**Ears:** newborn's ear cartilage is soft and can often be floppy. Positioning against the wall of the womb can result in ear cartilage being folded upon itself. As the ear cartilage hardens over the first weeks of life it will usually assume a normal shape.

A small percentage of newborns will have pinpoint pits about the ear. These are considered minor birth defects. On rare occasion they may become infected but are usually of no consequence at all.

**Eyes:** It is not uncommon for a newborn's eyes to be swollen and edematous at birth. This swelling will usually resolve within the first few days of birth.

An arc shaped red hemorrhage may also be present on the whites of a newborn's eyes. These are ruptured surface blood vessels called subconjunctival hemorrhages and will resolve during the first month of life. They are caused by passage through the narrow birth canal.

**Mouth:** A callus called a sucking blister may develop on the upper lip of a newborn during the first few weeks of life. It is due to friction from sucking on a bottle or nipple. It is not painful to the baby and may be present for months.

Epithelial pearls are pinpoint white cysts may be present on the palate or gum line of the newborn. They are caused by plugged mucous glands and will resolve after a few months of life.

Most newborns are born without teeth. On occasion what is known as a natal tooth may be present. A natal tooth may be present with or without a root. If loose, the tooth will need to be removed by a pediatric dentist.

**Hair:** Newborns are born with varying amount of hair on their head. The majority of the time the hair is dark in color and may lighten as time goes on. Babies may lose some or all of their hair by one month of age. Permanent hair will begin to grow by 6 months of age.

Lanugo is a fine peach fuzz or downy hair which sometimes is present on the back and shoulders of a newborn. It is rubbed off with normal activities by 1-2 months of age. It is more commonly found in premature infants.

**Skin:** Erythema toxicum is a common rash to the newborn. It is characterized by red blotches with a central white bump resembling an insect bite. The rash will wander to different sites on the body excluding the palms and soles. It is a harmless rash which disappears by one month of age.

Milia are tiny white dots that may be present on the face of a newborn. They tend to be clustered about the nose and cheeks. Milia are caused by clogged skin pores. They will disappear by 2 months of age.

Mongolian spots are dark bluish-gray flat areas of skin pigmentation occurring over the back and buttocks of a newborn. They are present at birth and can often be mistaken for bruising. Sometimes they can be found on other parts of the body. They usually disappear without a trace by 2-3 years of age.

Stork bites are flat areas of pink pigmentation commonly occurring on the nasal bridge, eyelids and on the back of the neck of a newborn. The areas of pigmentation on the nose and eyelids will clear by 2 years of age. Twenty-five percent of the neck pigmentation will last into adult life.

## CIRCUMCISION

Circumcision is the removal of foreskin from a male infant. It is an elective procedure and no longer endorsed by the American Academy of Pediatrics. Modesto Pediatrics does offer circumcision to those parents wishing to have the procedure done. Since it is considered a cosmetic procedure your pediatrician will discuss the risks and benefits of the procedure with you at length. The pediatricians at Modesto Pediatrics use the Gomco method of circumcision.

After the circumcision your baby will have vaseline gauze around his penis. This is for protection and will help keep the penis clean. If the vaseline gauze has not fallen off within two days please soak it off gently. If it falls off before two days, don't worry about putting it back on. After the vaseline gauze is removed, clean the penis gently with a warm cloth as needed. Please avoid any vigorous rubbing. This will only cause discomfort and may result in bleeding.

After the circumcision your baby's penis may look swollen for up to a week. It may also have a green-yellow scab surrounding the head of the penis for up to 2 weeks. Please do not try to remove the scab and allow the penis to heal naturally. We advise that with each diaper change you apply neosporin to the head of the penis. This will help it from sticking to the diaper and aid in promoting healing.

If you should notice any of the following please seek medical attention for your baby immediately: spreading redness, progressive swelling, pus, increasing tenderness, discoloration of the head of the penis, bleeding, dribbling of urine or any other concerns.

### **COMMON NEWBORN CONDITIONS**

**Newborn congestion:** Newborns often sound congested while lying on their backs and after napping. This congestion is normal and should resolve after the baby is picked up. Some of this congestion may be relieved by dropping 2-3 drops of nasal saline into each nasal opening and suctioning with a bulb syringe. Newborns prefer to breathe through their nose, so it is important to keep their noses clear of secretions. Repeated or vigorous nasal suctioning can cause trauma to the newborn's nose and should be avoided.

**Neonatal acne:** Just before birth some of the mother's hormones (androgens) can be passed to the baby, resulting in what is commonly known as neonatal acne. The condition begins around 3-4 weeks of age and resolves by 6 months of age. It is a temporary condition and requires no treatment. Applying lotions, oils or topical steroids to the skin may make the condition worse.

**Tongue-tie:** All newborns have a band of tissue attaching the tongue to the floor of the mouth known as the lingual frenulum. On occasion the lingual frenulum can be tighter than normal resulting in a tongue-tied newborn. Usually this is of no significance, but on rare instance can interfere with feedings and require clipping.

**Breast engorgement:** It is quite common for male and female newborns to have breast swellings. This condition is due to the passage of the mother's hormones to the baby. It may last up to 6 months and on occasion longer in breast-fed or female infants. Refrain from touching the newborn's breasts as this may lead to infection. If you should notice any breast tenderness or redness call your pediatrician immediately. On rarely the swollen breasts may actually leak milk. This is known as witch's milk. This is a temporary condition and as before refrain from touching the breasts.

**Erections:** All newborn male infants will have multiple erections a day. This is a normal occurrence and lets us know that the nerve connections to the penis are normal.

**Tight male foreskin:** A newborn males will be tightly stuck to the head of the penis. This is a normal condition. Do not forcibly try to pull the foreskin back over the head of the penis to clean it. This will only cause pain to the baby. With time, several years, the foreskin should retract easily. When the child has this condition, cleaning the outside of the foreskin will be all that is necessary to maintain good hygiene during the first few years of life.

**Ingrown toenails:** Parents are often concerned that their newborn's great toenails look ingrown. The nails are not truly ingrown because they do not curve into the flesh. The nails are soft and flexible and with time will grow out normally.

**Bowed legs:** The crossed leg positioning a baby takes in the womb will cause a bowing to the legs. This bowed appearance often is a cause for parental concern, but is only temporary and will usually resolves by 12 months of age.

**Physiologic jaundice:** Physiologic jaundice is a normal jaundice of the newborn. It is the result of a number of factors, the most prominent being immature liver enzymes during the first few weeks of life. It is manifest by a yellow coloration to the skin and eyes. Physiologic jaundice typically starts after 24-48 hours of age and lasts 1-2 weeks. In the premature newborn it may start sooner and last longer. Time coupled with a good intake of breast milk or formula and the passage of meconium will aid in the resolution of physiologic jaundice. In a well-hydrated newborn physiologic jaundice usually does not reach a level that is harmful. If your newborn should become jaundiced, please contact your pediatrician for instructions.

**Breast-milk jaundice:** As the name implies breast-milk jaundice occurs in breast-fed newborns. A yet unidentified enzyme in the mothers breast-milk is the suspected cause. It usually starts between 4-7 days of age and can last up to 10 weeks. Breast-milk jaundice usually does not reach dangerous levels. Even though breast-milk jaundice may last up to 10 weeks, contact your pediatrician if you notice jaundice in your newborn beyond 2 weeks of age.

**Thrush:** Thrush is common in newborns and is caused by yeast called *candida*. It can occur in breast and bottle-fed newborns. Thrush is characterized by white patches on the inside of the mouth and tongue. It will not rub off with gentle cleaning. If a white film is noted only on your newborn's tongue, it is most likely milk residue and not thrush. Thrush can cause oral discomfort, so if your newborn should have problems feeding contact your pediatrician. Your pediatrician will prescribe a medication called nystatin to clear the infection and give you further instructions.

**Lacrimal duct stenosis:** Near the end of the first month of life a newborn may develop a tearing eye/eyes sometimes accompanied by discharge without redness to the white area of the eye. This tearing can be caused by a blocked tear duct. The condition will resolve in 90% of infants by one year of age. If it persists your pediatrician will refer you to an ophthalmologist. If lacrimal duct stenosis should occur in your newborn, your pediatrician will instruct you on how to massage the tear duct in an effort to keep it open. Should any redness or swelling develop in the corner of the infant's eye, please contact your pediatrician immediately.

## **WARNING SIGNS**

Often parents have a hard time telling if their infant is sick and this can be associated with a great deal of anxiety. The following list of warning signs is meant to serve as a guide and cannot be substituted for an exam by a physician. Call your pediatrician immediately or take your newborn to the Emergency Room if any of the following should occur:

- Your newborn is sleepier than usual, irritable, hard to console, eating poorly, breathing more rapidly than usual, and not behaving in their usual manner.
- Your newborn has a rectal temperature of 100.3 degrees Fahrenheit or greater or has a temperature of less than 98 degrees Fahrenheit.
- Your newborn is having diarrhea or vomiting.
- Your newborn has red, black or white stool.
- Your newborn has jaundice which was improving and is now worsening.
- Your newborn has any signs of illness.

## **EQUIPMENT**

The following is a list of equipment that you may find useful to have on hand when you take home your baby and as they develop.

### **Essential equipment:**

- infant car seat
- crib or bassinet
- bathtub
- bottles and nipples (if formula fed)
- diapers
- pacifier (optional)
- nasal bulb suction
- thermometer
- humidifier
- diaper bag
- highchair
- food grinder
- bibs
- training cup
- safety gadgets (electric-outlet plugs, cabinet door safety locks, bathtub spout protectors, plastic furniture corner guards, etc.)

**Helpful equipment:**

- changing table
- automatic swing
- front pack or carrier
- stroller
- playpen
- gates

This manual was intended as a guide to help you with the commonly asked pediatric questions. If you have further questions or concerns about the health of your baby, please contact our office or visit our web site at [www.modestopediatrics.com](http://www.modestopediatrics.com).











