

# Baby Basics

Birth To A Few Weeks of Age

By Joe Desiato MD



**Community Pediatrics of Andover**

**Joseph Desiato MD**

**349 N. Main St.**

**Andover, Ma 01810**

**978-475-0300**

The following information regards what to expect and how to care for a baby just after birth and in the first few weeks of life. This is written for new parents or parents that would like a refresher in care of their newborn baby. All this information and much more is on our website at [www.CommunityPediatricsofAndover.com](http://www.CommunityPediatricsofAndover.com)

## Breast Feeding

If you are even thinking about breastfeeding, please consider trying. Most women are very successful.

Breastfeeding has advantages for the baby, the mother and the family. In, the first year of life, breast milk is especially helpful in growth of the baby's brain and allows breastfed babies a higher IQ and better vision than babies fed formula. The baby receives easy to digest milk that is rich in needed fats. The breast milk's mineral content including iron, calcium and zinc are easily absorbed. Babies are not allergic to breast milk protein. Babies sometimes can be allergic to the protein in cow's milk and soy formulas. Breast milk also has antibodies and other bioactive elements that help protect babies from colds and diarrhea illnesses. It is also easier to digest, so babies have less spitting up.

Mothers lose weight faster and easier when breastfeeding despite eating more calories. There is evidence Mothers may have less ovarian, and uterine cancer. Mothers may have less breast cancer as a result of breastfeeding. Breastfeeding helps mothers and babies to bond easier and is usually very pleasurable for both.

Families save money to the tune of \$600-\$2000 for the first year in formula costs.

If a family chooses to breastfeed, we all need to do all we can for support. In the hospital, this starts with attempting to breastfeed in the delivery room. Parents should keep the baby in the room with mother as much as possible and limit the time family and friends spend visiting. This is so that parents won't miss clues that the baby may need to feed like puckering lips, sucking, or stirring in the crib. If in doubt, a good rule of thumb is to allow baby to latch on and attempt to feed. Also, it is important to **avoid** using a pacifier and limit supplementing with a bottle if baby is doing well. Both bottle-feeding and using a pacifier can sometimes confuse a breastfeeding baby which can inhibit the baby's ability to breastfeed successfully (see Breastfeeding Q&A on the website). Occasionally, for medical reasons in the first few days in the hospital, the baby will need to be supplemented with formula.

If this is needed, I recommend cup feeding that a nurse will perform after one breastfeed first or a finger feeder/SNS feeder that the Lactation Specialist can provide.

## Bottle Feeding

Are you a terrible family/mother if you don't breast-feed?

NO! NO! NO!!!

Many women just don't feel comfortable, can not for medical reasons or occasionally are just not successful. If your decision is to bottle feed, this is very reasonable. You and your baby will do well.

Formulas come in three basic types. Those are based on their protein type. They are cow's milk, soy and protein hydrolysis. Cow's milk formula is the one that is used first and includes Similac, Enfamil and Carnation Good Start. These formulas' proteins are the most like breast milk proteins. Soy formula is used when there is an intolerance or "allergy" to the cow's milk usually manifesting as the infant being very gassy with crying constantly and sometimes there is blood in the stool. Soy formulas include Prosobee and Isomil. Protein

hydrolysis formulas are used when there is either an intolerance to milk or soy formula. Examples of these include Alimentum, Nutramigen, and Progestimil. For the most part, cow's milk formula is interchangeable with other cow's milk formula and soy formula is interchangeable with other soy formula despite what the formula companies claim. For example, some formulas have added fat content that the formula companies say are the ingredient in breast milk that makes the vision and IQ greater. These formulas cost more and the claims have not been verified.

Formulas come in 3 different types of preparation. They are "ready to feed", concentrate and powder. The only difference is in the work in preparing and price. With "ready to feed", just open the can and pour. The other two require mixing with water. Use water that is boiled for 5 minutes and let cooled or spring water. Serve formula at room temperature to skin temperature. If served too cold, one can drop the baby's temperature. If served too hot, the formula can cause burns. The "ready to feed" is the most expensive.

	<b>Breast Feeding</b>	<b>Bottle Feeding</b>
<b>Feeding Frequency</b>	8-12 times/day in the 1 <sup>st</sup> 6 weeks then decreases	6-8 times/ day in the 1 <sup>st</sup> 6 weeks then decreases
<b>Stools</b>	Usually 0-1 on day 1, 1-2 on day 2, then up to 10-12 stools/day by day 5, but decreases in frequency after 1 month	Usually 0-1 on day 1, 1-2 on day 2 then can be 3-4 /day to one stool every 5-7 days
<b>Urine</b>	At least 1 wet diaper/day of life (Ex. 1 on day 1, 2 on day 2 etc) up to at least 6/day by day 6 and beyond	Same

\*The first stools look like black tar (meconium) and gradually transition to green then yellow/brown over the next couple days, then breastfed stools look and have the consistency of a yellow milk shake with seeds. Formula fed stools are firmer but still soft and are any color from green to brown to yellow.

\*Baby's urine can initially look dark yellow and there can be red tinge in the urine. But, by the end of the 3<sup>rd</sup> day as they drink more, the urine becomes more dilute, lighter in color and without red tinge. *If the baby is not doing the above please speak with your pediatrician.*

## **Circumcision**

Families often wrestle with the question whether to circumcise their baby. The non-medical reasons usually include the desire to look like the father and religious reasons.

In 2012, the Academy of Pediatrics came out with a statement that the medical benefits of circumcision outweighed the risks.

### **The medical reasons to circumcise include the following...**

- There is a 10-fold increase in urinary tract infections in uncircumcised boys less than 1 year than in circumcised boys. However, uncircumcised boys only have a risk of about 1%.
- There is a very slight increase in penile cancer in uncircumcised adults males.
- Uncircumcised males have a high risk of acquiring many sexually transmitted diseases during sex.
- Very rarely, uncircumcised boys get infections in the tip of the penis/foreskin that necessitates circumcision later on.

### **The typical medical risks include the following...**

- Bleeding which is usually easily controlled
- Infection which is very rare
- Pain which is easily controlled with the below
- Scarring or accidental tissue damage that is very, very rare

The circumcision is done with anesthetic. This may include Sucrose solution given by mouth or a topical anesthetic cream or an injected anesthetic into the foreskin. Please ask your physician, what he or she uses to provide pain control.

The procedure itself is very simple, but the after care by nurses and parents is very important and is very easy. Vaseline or a topical antibiotic like Bacitracin needs to be applied for about a week to the penile tip. Initially, this is so that the circumcised penis won't stick to the diaper. Then, this helps provide a barrier to stool and urine while the circumcision is still healing.

For an uncircumcised infant, no extra care is needed, but usually by 4 years of age the foreskin will retract by itself and the areas can be cleaned with normal bathing.

### **In The Delivery Room**

Births are classified as vaginal, C-section and high risk. High-risk delivery includes babies that are born premature or are very stressed. Babies that are very stressed during labor include baby that stools in the fluid that surrounds them. The stooling cause the amniotic fluid to be green instead of clear fluid when mother's membrane rupture(the water breaks). This can cause a small increase in respiratory issues after the baby is delivered. Also, babies are stressed if their heart rate is depressed consistently or abnormally during labor. High-risk deliveries also includes mother with significant medical issue during delivery for example mother's with very low blood pressure. The first time C-sections and high-risk deliveries are usually attended by a neonatologist, (a physician who specializes in babies less than 30 days of age), or a pediatrician. They are there to help the baby, if the baby is in distress. In these deliveries, a baby is a little more likely to need extra care than in a Term normal vaginal delivery. Babies that are sick, 35 weeks premature or less, or have

complications will be transfer to the Special Care Nursery. Here, they will be monitored and treated as needed. However, the large majority of these high risk and C-section deliveries result in normal deliveries without complications.

After birth, the baby will have his/her nose and mouth suctioned and skin dried. He/she be given an antibiotic eye medicine and a Vitamin K shot will be given in their leg to prevent infection and increase blood clotting respectively.

The large majority of babies may be held and/or breastfed in the delivery room by parents.

### **In the Nursery**

The baby may be taken from the delivery room back to the nursery. In the nursery, the baby's vital signs are taken. The baby will be put on a warming table and later bathed. In some hospitals, this is done in the room, if mother delivered vaginally and the baby is well.

Sometimes babies will have blood drawn in the nursery. The most common reasons are to look for infection and to check for low blood sugars. Blood will also be drawn after 24 hours of age or just before discharge. This set of blood work is for the State Newborn Screen which checks diseases like hypothyroidism, PKU and Cystic Fibrosis. Babies will also be screened for jaundice (yellow color to skin).

Babies will have a hearing test prior to discharge.

You will also be asked if you want the baby to get the first of 3 immunizations to prevent Hepatitis B. This shot has very minimal side effects and should be given. If you have any reservations about giving it, please discuss this with your baby's physician.

### **Going Home**

With a normal vaginal delivery, a mother and baby are discharged about 2 days later and C-sections are discharged after about 3-4 days.

#### **Having the following non-medical supplies are important including...**

- Infant car seat that is placed in the backseat of the car properly
- Clothing including a one piece T-shirts that snaps under the buttocks, infant sleepers and infant sleep sack
- Diapers and wipes
- A bassinet and baby bathtub

#### **Also having the following medical supplies can be helpful...**

- Diaper cream with Zinc Oxide (ex Balmex or Destin)
- A thermometer that can take rectal temperatures
- A cool mist vaporizer
- A nasal aspirator (usually supplied by hospital at discharge)
- Normal saline nose drops

### Discharge Instructions

1. Feeding instructions (as already noted)
2. If the baby has been awake for 2 hours or more and the baby has eaten and been changed, put the baby down to sleep in the crib or bassinet. This will help the baby get to sleep on his/her own. This will prevent the baby from getting over tired. The baby may fuss/cry a little and this is OK. If the baby is still fussing or crying after 15 minutes try to feed the baby again
3. **Always places the baby on his/her back to go to sleep.** The Academy of Pediatrics recommends *nothing in the crib or bassinet other than the baby*. The baby may not sleep with the parent(s) nor in their bed. This is an unsafe sleeping situation. Following these guidelines are the best way to prevent Sudden Infant Death Syndrome.
4. The baby can be kept warm but not too warm by dressing he or she in a one piece T-shirts that snaps under the buttocks +/- an infant sleeper +/- infant sleep sack. The general rule of thumb is to dress the baby in one layer of clothing more than the adult that is in the house. Room temperature can be anywhere from 67-75 degrees pending parent's comfort.
5. If the umbilical cord is dry do nothing. If the base is wet and gooey, use Alcohol wipes around the cord 4-5 times per day with diaper changes until the cord falls off and or dries up. Usually, the cord will fall off in 1-3 weeks.
6. Families can certainly take the baby for walks (if the temperature is warm enough) and to grandmother, relatives and friends. However in the first 4 months, please DO NOT take your baby to big enclosed places where people might be sick (supermarkets, department stores or malls). If babies get a fever (*see below*) in the first 4 months, please call your physician immediately.
7. If a baby feels warm, please take his/her temperature rectally. For medical purposes, a fever is anything **greater than or equal 100.5 rectally**. Rectal temperatures are the most accurate and should be what is taken at home during the first 4-6 months. I prefer to do this with a glass thermometer or digit thermometer. Put Vaseline on the tip of the thermometer and insert about 1 inch into the rectum. If using a glass thermometer leave

it in for 3 minutes. If using a digital thermometer leave it in the rectum until it's signals that the temperature is complete. If the temperature is 100.5 degrees or higher call your pediatrician right away. It is not the fever that is the issue but what is causing the fever that is the issue. The cause is usually a benign virus. But in babies less than 4 months, this can represent the start of a more serious issue and you need to consult a physician. For fever 4 month or over and you are my patient, see my Acute Illness Book on the website

[www.Communitypediatricsofandover.com](http://www.Communitypediatricsofandover.com)

8. Sneezing, hiccups and stuffy nose sounds (w/o cough and eating fine) are normal. They require no treatment.
9. Babies should be seen within a few days of going home by your pediatrician. The assessment will include a weight and a discussion of feeding, stooling and urinating. Also, parent concerns or infant problems since leaving the hospital should be discussed. A physical will be done including evaluating for jaundice (yellow skin). This assessment provides parents reassurance if the baby is doing well and guidance if problems or issues arise.
10. If you have a question before your appointment, please call your pediatrician.