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Useful Equipment

1. Petroleum Jelly (unscented –Vaseline or any other brand)
2. Rectal thermometer
3. Infant acetaminophen (Tylenol) drops (do not use under 3months without consulting a doctor)
4. Saline nose drops
5. Cool mist humidifier (one that can be easily cleaned)
6. Desitin
7. Bacitracin
8. Pedialyte or RiceLyte or similar oral rehydration solution
9. Children’s Benedryl (liquid)

Safety Issues for the Neonate

1. Smoke Detector (test monthly, change batteries twice a year)
2. Reduce hot water heater temperature to between 120 and 130 degrees F
3. Limit infant walker use (never if there are stairs close by)
4. Remove hand guns from home
5. Sleep position: Sleep face UP or on side
6. Car seat:

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Your New Bundle of Joy

Welcome to our Office

Congratulations on the arrival of your new baby. If this is your first, you are perhaps a little apprehensive at this point, but whether or not you have cared for a newborn infant before, remember that your most valuable asset is you own common sense. Our job is to provide advice and reassurance and, in the face of often differing opinions from friends and family, to help you with decisions regarding the care of your baby.

Throughout your years as parents, remember that children of all ages have their won individual personalities and behavior patterns. Babies enter this world with their own unique temperament, and it is impractical to compare the reactions of your baby with those of other infants. Since the guidelines in this booklet are very general, it is important that hey be adapted to your baby and your family. As questions arise, please know that members of our office look forward to discussing them with you.

The Doctors will be able to admit patients to St. Agnes Hospital, St. Joseph Hospital, GBMC and Franklin Square Hospital. If your infant is born at any of these hospitals your obstetrician or the Nursing staff on Labor and Delivery will notify us, and we will provide pediatric care during the hospital stay. The morning following delivery, the doctor examines each infant and visits the mother/father to answer questions and provide routine newborn counseling. Should there be any reason to see the baby sooner or to discuss him/her during the day or night, we will be in promptly. Additionally, should you have any significant concerns not answered by hospital personnel, please call the office.

******* Please call your Insurance carrier or Human Resources and add your Baby on to the Policy as soon as possible. You will need to bring documentation of the change with you to the office.**

This will prevent you from being charged at the 2 week visit.*****

Baby's Skin Care

General Appearance

The appearance of babies varies quite a bit. At birth s/he may be dusky, pink, bright red; the extremities may look blue; s/he may be quiet or loud, calm or moving in all directions. The head may appear misshapen with bruises, scratches, or areas of swellings associated with the birthing process. S/he may be bald or have a full head of hair. The skin will likely be covered with a whitish coating called vernix. Beneath the vernix, there may be more or less hair than you expected, and silky smooth or possibly dry, cracked or peeling skin. Variations in skin pigmentation may be subtle or pronounced. The umbilical cord will have a clamp on it. In the first few hours of life, the remaining cord may be painted with a purple dye to prevent infection and aid in drying. Baby girls will often have some swelling of the genitalia and a white/pink discharge that will decrease in the first few days. Baby boys may have a collection of fluid around one of the testicles, known as a hydrocele, that will be absorbed within a few months after birth. Both boys and girls may have firm breast tissue associated with maternal hormones. All of these as well as many other findings are normal.

Skin Care

Enthusiasm for bathing varies among babies. Fortunately, they do very little to get dirty, and the reason for bathing is a social event (playtime) more than one of hygiene. It is helpful to have the water lukewarm, towel, clean diaper, and clothes prepared before bringing the baby to the bath. A towel in the water under the baby prevents slipping. A small washcloth can be used to clean the face and creases in the neck, under the arms, behind the ears and in the genital area.

Soap and water is probably not the best way to bathe an infant. Soaps do not effectively remove the resident bacteria and they do remove the lipid barrier that protects the skin. Once weakened, the protective skin barrier is more susceptible to flaking, cracking, and dermatitis. If soap is necessary because your baby is especially dirty, then a mild, unscented product (Baby soap of any brand) should be applied at the end of the bath and rinsed promptly. Additionally, powders, baby oil and lotions are not recommended for the baby's young skin. If a lubricant is desired Olive oil (yes the one you cook with) is adequate.

To help prevent diaper rash Petroleum Jelly applied to diaper area with each diaper change is advisable.

Sleeping Position/General Safety/ Going out

Sleeping Position / SIDS

Sudden infant death syndrome (SIDS) is the sudden, unexpected, unexplained death of a baby during sleep. Infants between 1 and 5 months are at highest risk. SIDS is the second leading cause of death among infants less than one year old. Research has shown that the number of SIDS deaths can be reduced dramatically if babies are put to sleep on their backs or sides, rather than on their stomachs.

To further reduce the risk of SIDS, DO NOT:

1. Allow smoking inside your house or around your baby,
2. Overheat or over bundle your baby,
3. Put your baby to sleep on a sheepskin, waterbed, or natural fiber mattress,
4. Put stuffed animals, thick blankets or pillows in the crib.

General Safety Precautions

1. Always assume that your baby can roll over and/propel himself/herself off of a counter, bed or couch.
2. Use only cribs, car seats, strollers, etc. that meet approved safety requirements.
3. Avoid walkers (especially when there is access to stairs)
4. Use only approved pacifier clips to secure a pacifier to your baby's clothing. Avoid chains, strings or necklaces around your baby's neck that could result in injury or strangulation.
5. Maintain smoke detectors and fire extinguishers in working condition.
6. Set the water heater to 120 degrees; always test bath water.
7. If heating formula/bottled breast milk, shake gently and test temperature before using. Do not heat in microwave (bottle may explode, and formula can develop hot spots and scald a baby's mouth).
8. Remain with your baby, toddler, or young child when s/he is in contact with a pet.

Dressing and Going out

1. Your own response to the outdoor temperature is your best guide to clothing your baby. A good rule of thumb for dressing baby is the number of layers you are wearing plus one additional light layer.
2. Avoid direct sunlight in hot weather – use umbrellas/shades/cool long sleeves and pants. (No sun block creams or lotions until 6 months old)
3. Getting out with a baby for a walk or a ride in the car is good for every one.
4. Visiting with friends and relatives is important after the arrival of a baby. Remember however that it is best to avoid close contact with anyone who has a contagious illness; including cough, runny nose, diarrhea or vomiting. Additionally, encourage good hand-washing for anyone who will be holding your baby. A clean receiving blanket is a good barrier for between your young and visitors outdoor clothing when they are holding the baby.

Colic and Spitting

Colic

Colic is a term used to describe a pattern of fussiness/crying in certain babies. By definition “colic” is unexplained crying in an otherwise healthy infant lasting at least 3 hours/day and occurring more than 3 days a week. Colic is rarely a problem before a few weeks of age and, fortunately, rarely lasts beyond 3 months of age. Several strategies to limit crying include:

- Do not worry about spoiling your baby; s/he is dependent on you for almost everything – be available.
- Hold your baby frequently (a Snuggli or sling often helps) and for at least 3 hours (not including feeding, bathing and diapering) each day when s/he is not fussy.
- Respond quickly to your baby’s cry.
- Help your baby learn how to sooth himself/herself
- Develop a routing to soothe your crying nay’ suggestions include:
 - Hold/rock/cuddle
 - Change diaper
 - Offer food if fed more than 2 hours earlier
 - Burp
 - Offer a pacifier or a clean finger for sucking
 - Check for a hair wrapped around a finger/toe/penis, an eyelash in baby’s eye, clothes that are too tight, or an open diaper pin
 - Offer visual or auditory stimulation (e.g. singing) that is likely to soother or distract.

As new parents, two important strategies to remember are, one, get rest when ever possible, as being tired only serves to heighten the anxiety created by a crying baby, and second, never turn down help from friends and family. Call your spouse, a friend, our relative and ask for support; they will help ease the work associated with a new baby and allow you to better enjoy the excitement of a very busy time in your life. When friends or family ask how they can help, invite them to bring you dinner!!

Spitting/Vomiting

Many infants spit up a little mild from time to time and some normal, healthy infants spit up after every feeding. This spitting can be related to overeating and / or frequent normal opening and closing of the muscle between the esophagus and stomach. By nine months of age the vast majority of normal “spittiness” has resolved. Patients, bibs and laundry detergent are key. However, if your baby spits up large amounts on a regular basis or has forceful vomiting that shoots out across the room, you should call the officer for your baby to be seen. Additionally, green or dark yellow vomit can be a medical emergency in infants and we want you to call without hesitation if your baby’s vomit is dark yellow or green.

Other Common Concerns

Eye Drainage

Tears are usually absorbed in the tear ducts, which drain from the inner part of the lower eyelid into the nose. If the tear duct is blocked (6-10% of newborns), tears well up in the eye and discharge may be present. Most blocked tear ducts open spontaneously by 6-8 months of age. Cleaning the discharge with a moist tissue or cotton ball and gentle massage of the tear duct (along the side of the bridge of the nose) may facilitate drainage.

Fever

If your baby feels warm, you can use a thermometer to record his/her temperature. Forehead strips are not accurate and we do not recommend using an ear thermometer in infants. Temperatures measured rectally are the most accurate in children under five. A clean blunt-tipped thermometer is safe. Lubricate the tip of the thermometer with petroleum jelly, position your baby belly-down on your lap, insert the tip into the rectum, hold the buttock cheeks together and allow 3-4 minutes for an accurate measurement. If your baby is less than three months of age and you measure a temperature above 100.4 rectally, it is recommended that you call the office or the on-call service after hours. No anti-fever medicine should be given to a baby less than 3 months of age until after you have spoken with a doctor.

Jaundice

During the first few days of life, some babies get a yellow color to their skin and the whites of their eyes that is referred to as "jaundice." Bilirubin, which is a breakdown product of blood cells causes this yellow tinge. Babies are at risk for jaundice because they have more red blood cells at birth than they need, they are sometimes bruised during birth, and sometimes baby and the mother's blood-type are in conflict causing the red blood cells to spill extra bilirubin. Since the young baby has a slower liver metabolism and is getting fewer calories, the bilirubin is getting broken down and excreted from the body more slowly. Hence there is a build up of yellow pigment in the skin. The best way to prevent jaundice is to feed your baby early and often. Other ways that babies get rid of bilirubin other than liver breakdown is by excreting bilirubin in stool as well as breakdown of bilirubin by sunlight.

If you think that your baby looks yellow in the eyes or the skin call the office. Although the majority of babies with jaundice will have no bad effects, we know that extremely high levels of bilirubin may affect hearing and possibly development so we will be careful to evaluate jaundice and follow any baby for whom the jaundice may pose a problem.

Skin Rashes

Most newborn rashes are normal events requiring no treatment. Erythema toxicum is a big name for a normal newborn rash. It is characterized by small, flat, red areas surrounding a tiny white/yellow central bump. There are no bad consequences and by two weeks, most lesions have disappeared. Milia are tiny white bumps at the surface of sweat glands (often most obvious over the nose). These disappear during the first few weeks/months. Mongolian spots are blue-gray areas of skin over the buttocks, lower back and extremities that are most often seen in dark-skinned children. The patches generally fade during the first few years of life. Neonatal acne may develop (and clear) over the face and upper trunk during the first three months of life. These are small superficial cysts with red skin that are thought to result from maternal infant hormones. Salmon patches (flat red "birthmarks" or "stork bites") occur in more than 30% of newborns, usually on the forehead, upper eyelids, or nape of neck. All generally fade with age.

Breastfeeding Guidelines - * All exclusively breast fed babies should start Vitamin D supplementation by 6 weeks of age.*****

To help you succeed with breast feeding, we offer the following guidelines, early office follow-up after hospital discharge – 24 to 48 hours after discharge.

We specialize in and welcome questions regarding breastfeeding.

- ❖ Good technique is necessary for successful breast feeding. For most mothers breast feeding is a skill that while natural must be learned. Remember, the nurses in the hospital and our office staff are available to help with this learning.
- ❖ Breast milk is produced based on “supply and demand.” Most breast fed infants do not need supplemental water or formula as this will interfere with the desire to suck and reduce the stimulation from sucking that is necessary for the production of milk. Babies are born with enough extra “water” to keep them safe until maternal milk is produced. Healthy babies can lose up to 10% of their birth weight and then slowly gain it back over a couple of weeks.
- ❖ The mother’s comfort is important for successful breast feeding. Avoid leaning into the baby. Position the baby on the pillow on your lap with his/her face and body facing your breast using either the football hold or the cradle position. Remember that you are in charge of his/her head. Use one hand to guide his/her mouth to the area of the nipple/areola. Use your other hand to lift/position the breast so that the areola and nipple are available to the baby to latch on. Avoid squeezing the breast if it flattens the nipple. Remember to bring the baby to the breast NOT vice versa.
- ❖ Latching on properly occurs when the baby has all or most of the areola (brown skin surrounding the nipple) in his/her mouth while sucking. The baby’s nose and chin touch the breast and there is no sustained pain. Although the skin may be sore, if the nipple hurts persistently while the baby sucks, s/he is not latched on properly. Gently release the nipple by putting your clean finger in the baby’s mouth and reposition the breast and the baby’s mouth. With appropriate latching on, a consistent pattern of suck, suck, suck, pause... swallow can be heard. Avoid jostling your baby during the periods of pause as this can interfere with the seal.
- ❖ With proper stimulation (sucking), milk production will be apparent 48 to 96 hours after delivery. It is the frequency (how often) of proper latching on and suckling and not the duration (how long) that stimulates the mother’s body to produce milk. The baby should be put to breast as soon after delivery as possible and allowed to suckle 5-10 minutes on each breast. The baby should be returned to the breast every 2-3 hours or 8-10 times per 24 hours (until the mother’s milk is in) and encouraged/allowed to suckle. It may be necessary to wake the baby. Helpful hints include unwrapping and swaddling blankets, changing a diaper, using a cool washcloth to wipe the face, etc. Should you have a Cesarean section or a complication that prevents you from nursing in the first day or two, be assured that your milk will still come in, perhaps a bit slower than with an uncomplicated delivery and we would encourage you not to change your mind about nursing your infant. The nurses at the hospital can help you with the necessary equipment and instruction to pump your breasts until you and your baby can get together for nursing.
- ❖ Breast engorgement (fullness, pressure, white fluid leaking), obvious swallowing followed by a content, sleepy baby, and yellow stools are signs of successful milk production and adequate milk intake. Once the milk is in and the baby has yellow stools, s/he does not need to be awakened every 2-3 hours. Most breast fed infants will gain between one half and one ounce per day once the milk is in.
- ❖ While breast feeding, the mother needs healthy fluids (orange juice with calcium, water, milk, etc.) to satisfy thirst, a slight increase in her protein food, a vitamin supplement (Pre natal vitamins are adequate), and 300-500 calories above her normal daily caloric intake.

- ❖ Breast milk alone is adequate for normal growth and development for the first 4-6 months of life. Expressing milk for a bottle feed should be delayed for about 4 weeks unless otherwise indicated. Immediate fluoride and vitamin supplement is generally not necessary and can be discussed with your doctor at the 2 month appointment.

- ❖ Expressed breast milk fed to the baby in a bottle/ by spoon is a convenient way for Mom to still offer the best nutrition to the baby but still have a little more flexibility with her availability. Pumping/expressing breast milk can be done with several different techniques. Expressing with your hand or with a pump. There are several different kinds of pumps the most affordable but time consuming are the hand held manual pumps. Local retail stores like Wal-Mart and Target have some electric pumps that are only slightly better. The quickest pumps are the professional grade pumps that are made to be portable they can range in price from just below \$100.00 to around \$300.00. I encourage any expectant Mom or new Mom to invest in one of the professional grade pumps if they plan on pumping/exclusively breast feeding for at least 6 months. I have a list of references for distributors of these types of pumps. It is a good idea to get family members/ friends to think about a good breast pump as a gift for you and the baby.

Useful Websites

Consumer Product Safety Commission : www.cpsc.gov - a good reference to look for items that have been recalled.

American Academy of Pediatrics: www.aap.org – a site useful to parents to stay up to date on pediatric issues.

Resources

Car Seat installation

- ❖ 1800 370 SEAT if you need a loaner car seat/ also a resource for proper installation of car seats.
- ❖ GBMC Parent Connection – provide car seat correct installation for a small fee.

Nursing Mother's Companion – by Huggins, Kathleen. Harvard, 1999

Caring for Your Baby and Young Child: Birth to Age Five – by Shelov, Stephen, M.D. (Ed.), American Academy of Pediatrics, Bantam, 1998.