



## **New Parent Survival Guide**

### **HopeHealth Pediatrics Manning**

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Florence, SC 29506  
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Baby's Name

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Date of Birth

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Birth Weight (lbs & oz, grams)

\_\_\_\_\_pounds \_\_\_\_\_ounces

\_\_\_\_\_grams

Birth Length

\_\_\_\_\_centimeters \_\_\_\_\_inches

Birth Head Circumference

\_\_\_\_\_centimeters \_\_\_\_\_inches

*When I approach a child, he inspires me in two sentiments;  
tenderness for what he is, and respect for what he may become.*

– Louis Pasteur

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# **Congratulations on the birth of your new baby!**

You are about to begin the greatest and most rewarding experience in your life: raising a child. Our goal as pediatricians is to help you along the way with your child's physical, mental, and social growth.

We will follow the American Academy of Pediatrics' guidelines to meet the needs of your child through all stages of development.

Whether this is your first child or fifth, all babies are different, so flexibility is important in adapting to your newborn's needs. You may become overwhelmed by all of the advice that is offered by family and friends. You will learn to trust your instincts to know what is best for your child.

We are always available if you have questions or concerns.

## **Hospital Follow-Ups**

We like to evaluate your baby two to three days after leaving the hospital. Following hospital discharge, feeding and sleeping patterns begin to develop. Weight loss and jaundice may occur. Your baby's appointment allows us to make sure that your baby is doing well and allows time for us to address your questions and concerns. Regularly scheduled appointments, or well child checkups occur every few months in the first years to evaluate growth and development, to provide immunizations, and to address concerns about your child. Our goal is to help you in this challenging responsibility.

## **Well Baby/Child/Adolescent Check-ups**

There is a recommended schedule for "well child" visits, to which you should bring your baby. During these visits, growth, development, appropriate care, and health screening will be reviewed. Our practice believes strongly in the safety and effectiveness of immunizations to prevent serious illness. Immunizations according to the latest guidelines based on both scientific evidence and expert opinion will be administered during well child visits. These appointments are important as a preventive measure. Make sure to come prepared for your visit to ask any questions that you would like addressed.

# **Schedule of Visits, Immunizations and Labs**



# Newborn Care

## Normal Newborn Features

### **Angel kisses/Stork bites/Salmon patches**

Pink or red patches on your baby's forehead, eyelids, back of neck, or upper lip. These are extra blood vessels that will most likely fade within a few years, but may get darker before they fade. They may appear brighter when your baby cries or strains.

### **Red areas on the whites of the eyes**

Also known as conjunctival hemorrhages, these are blood vessels that have ruptured during delivery. These may change color, but will disappear with time.

### **Puffy eyes**

This is caused by pressure during birth. This will resolve in the first few days of life.

### **Swollen breasts**

This is caused by mother's hormones and may even produce small amounts of fluid. They will decrease gradually. Do not express or squeeze the area.

### **Swollen vulva (female genitals)**

This is caused by mother's hormones and usually resolves in 2-4 weeks. Girls may also excrete few drops of clear/white discharge or blood from their vagina. This is caused by mother's hormones. Wipe the area from front to back.

### **Erections of the penis**

This is usually triggered by a full bladder. It means that nerves to the penis are normal.

### **Mottling of exposed skin**

This is normally due to poor circulation and temperature control. It



happens during changes of temperature from warm to cold.

### **Newborn rash**

Also called erythema toxicum, this rash may come and go beginning at two to three days of life. It typically looks like tiny hives with a small, whitehead in the center.

### **Neonatal acne**

This usually begins at three to four weeks of life and may last up to six months. It is mainly due to mother's hormones. No treatment is necessary and they should not be squeezed.

### **Milia**

These are tiny white to yellow bumps on the face, often the nose and cheeks. They generally resolve in months to years. Do not express.

### **Blue-gray spots**

Some people call these "Mongolian spots", but they are seen most commonly in all patients with darker pigmented skin (African-Americans, American Indians, Hispanics, and Asians). They are blue-gray, flat birthmarks commonly found on the lower back and buttocks, but can be seen anywhere. Pediatricians often document their location, as they may be confused as bruises.

### **Soft spots**

These are found on the top of your baby's head. The larger is in the front and the smaller is in the back. They allow for rapid growth of the brain. You may notice them pulsating with each beat of the heart. The soft spot in the front typically closes between 12 and 18 months. The soft spot in the back typically closes within the first 6 months of life.

## **Normal Newborn Behaviors**

Hiccups, sneezes, coughs, burps, yawns, and passing of gas are all normal newborn behaviors.

### **Trembling**

When babies cry or are being undressed, they will often experience trembling in the chin, lower lip, arm and or legs. Parents sometimes worry that the infant is having a convulsion or seizure. Convulsions are rare and the infant will demonstrate these behaviors: jerking movements, blinking eyes, rhythmic sucking, and not crying. If your baby is trembling and not crying, providing something to suck on will help. If the trembling does not stop, call the office or the on-call doctor.

### **Irregular breathing**

This is not a cause for alarm as long as your baby is content, is breathing less than 60 breaths per minute, pauses between breaths last less than 10 seconds, and the baby is not turning blue.

### **Crying**

Crying is your baby's way of communicating. All young babies have episodes of unexplained crying that has nothing to do with hunger, sickness, or pain. With time, you will become better at telling the difference. You cannot spoil a newborn by holding them. At this age, they are unable to sooth themselves. If you think your child is crying because he is sick or in pain or if you need additional help with the crying, please call our office.

## Feeding

Babies should NOT get any food except breast milk or formula until they are at least four to six months old. Your pediatrician will help decide when your infant is ready for other foods. Your baby does not need any extra water to stay hydrated, even in the summer. Your child receives more than enough water from the breast milk or formula feedings.

## Breastfeeding

Breast milk provides the ideal nutrition for your baby. In the hospital, you will receive instructions and help on how to initiate breastfeeding, such as proper techniques for latching on and positioning.

The first breastfeeding should be done within one hour of birth. Your milk supply will not be established until your baby is three days old, and may take up to a few weeks to become completely established. You should aim to nurse at least 10-20 minutes from EACH breast every two to three hours during the first couple of weeks until the milk supply is well established. During the next feeding, offer the last used breast first. During the first few weeks of life, avoid using bottles or pacifiers, as this may cause nipple confusion, making breastfeeding more difficult.

***Signs that your child is hungry:*** rooting (moving head toward stroking of cheek or mouth), smacking lips, sucking motion, bringing hands to mouth, opening mouth. Crying is a LATE sign of hunger.

***Signs that your child is satisfied after feeding:*** relaxed body, leg extension, content state, and sleeping.

Once your milk supply is established, you should aim for eight to 12 feedings every 24 hours, offered on demand. Allow your infant to nurse as long as your infant is interested, allowing them to empty the breast when the milk is completely in. The average feeding session

will last about 30 minutes or more. Make sure to feed both sides and for the next feed, reverse the order, offering the last used breast first. There may be some initial latch discomfort, but there should not be continuous pain.

The American Academy of Pediatrics recommends exclusive breastfeeding for six months (no other foods) followed by continued breastfeeding as complimentary foods are introduced with continuation of breastfeeding for one year or longer as mutually desired by mother and infant. Exclusively breastfed infants should be given a Vitamin D supplement. Your pediatrician will be prescribing this supplement at the first visit.

We are here to support you through this process. If you have any questions or are having trouble with your breastfeeding, please contact our office or the doctor on-call. The U.S. Department of Health and Human Services Office on Women's Health "An Easy Guide to Breastfeeding" is an excellent guide for breastfeeding mothers. Additional information can be obtained at La Leche League breastfeeding support: ([www.lalecheleague.org](http://www.lalecheleague.org)) or 1-800-525-3243.

## **Formula Feeding**

Formula fed infants should receive two to three ounces of formula with iron every three to four hours. If you have city water, wash the bottles in hot water and dishwashing detergent or put them in the dishwasher. If you have well water, boil the bottles and nipples for the first month.

Formulas are available in concentrate, ready-to-feed and powdered forms. If you use a formula that is concentrated or powdered, be sure to read and follow the preparation instructions carefully. If you have any questions, contact our office. You may use city tap water or baby water available over the counter. If your water does not contain fluoride, your baby should be given supplements at 6 months of life. If

well water is being used, it should be boiled 10 minutes before mixing with formula. Never use a microwave to heat a bottle. Microwaves do not heat liquids evenly and these dangerous hot spots can burn your child. Always test to make sure formula is at feeding temperature and not too hot.

NEVER prop a bottle and leave your baby to feed alone. Burp your baby halfway through a feeding and again after the feeding. Many babies spit up after feeding, usually a mouth full. This is normal. If in doubt, contact your pediatrician.

## **Jaundice**

This is the yellow color seen in the skin of many newborns caused by an excessive amount of bilirubin in the baby's blood. It most frequently occurs in the first week of life, and peaks at day three or four of life. In most infants, jaundice is harmless, but in unusual situations the bilirubin level can get so high that it causes damage to the brain. This is why newborns should be checked carefully for jaundice and treated if necessary. Jaundice is treated with special blue lights, called phototherapy. Please call your baby's doctor if your baby becomes more yellow after discharge from the hospital.

## **Stooling (Bowel movement/pooping)**

Meconium is a baby's first stool that is black and tar-like. It will change to transitional stool, which is typically green, to finally a yellow, "seedy" consistency. Breast-fed babies stool about eight to 12 times per day; bottle-fed babies stool four to eight times per day. This varies quite a bit between babies. It is completely normal for your child to go more than one day without stooling. Hard or formed stool may be a sign of constipation.

## **Urination**

Your baby should urinate six to eight times per day once breastfeeding is well-established, or sooner if formula-feeding. If your baby stops urinating (fewer than three wet diapers in 24 hours), call our office. For a breastfeeding baby: one void in the first 24 hours is normal; then two voids in the next 24 hours; three voids on the third day; four voids on the fourth day, etc. until your baby is voiding six to eight times per day.

## **Sleeping**

Infants are not expected to sleep through the night until after four months of age (Sleeping through the night means six hours of uninterrupted sleep). If your baby is happy and thriving, sleep needs are likely being met. To reduce the risk of Sudden Infant Death Syndrome (SIDS), infants should sleep on their backs in an infant crib with a firm mattress. The American Academy of Pediatrics and our practice strongly recommend you follow this important guideline. Keep your baby's crib free from stuffed animals, pillows, bumpers and extra fluffy blankets.

Mothers need to sleep. Babies can sense insecurity and fatigue in their caretakers. Breastfeeding uses a lot of energy for production and feeding. Make appropriate arrangements with a family or qualified babysitter to care for your newborn as you get some needed rest.

## **Smoking**

Do not allow people to smoke around your baby, especially in your home. Second-hand smoke increases the risk of infections (including ear infections), increases the risk of SIDS, and increases the risk of developing asthma. Babies are at a higher risk of developing early heart disease if they are exposed to cigarette smoke in early childhood.

## **Cord Care**

Do not try to pull the cord off or put anything (such as a coin or

tape) over the cord; these interventions will not influence the later shape of the cord and could do harm. Do not submerge your baby in water until the cord stump has fallen off and the umbilical area looks like your own; this usually occurs within seven to 14 days. If the base of the stump becomes red or swollen, it may be infected, so please call our office or the on-call doctor. Until the cord falls off, please keep the area dry and fold the diaper under the stump. To keep the cord dry, sponge-bathe your baby instead of using the bath tub. There may be a small amount of blood when the stump falls off, and the base may be slightly moist. If you have persistent bleeding, call our office.

## **Circumcision**

If your baby is circumcised, change the cover over your baby's penis every time he urinates. Use Vaseline on the penis until the pediatrician tells you to stop. If there is pus or bleeding from the circumcision site, call our office.

## **Foreskin Care**

The foreskin does not fully retract for several years and should not be forced. Gently wash the foreskin when washing the genital area while bathing. Later, when the foreskin is fully retractable, boys should be taught to wash underneath the foreskin every time they take a bath.

## **Bathing**

Sponge-bathe your newborn every couple days with warm water until the umbilical stump falls off. Once the cord falls off, using your tub or infant bather, wash your baby, beginning at the head and working your way to the toes. A soft washcloth and mild baby soap may be used. Soap is often unnecessary and can even cause common newborn rashes. Many newborns have dry skin for the first two weeks of life. This is a normal process and most babies will achieve beautifully smooth skin with two weeks without the aid of lotions or creams. If lotions or creams are used, try to avoid those that contain perfumes, as these can cause rashes in many newborns.

## **Nails**

Fingernails and toenails may be safely filed using an emery board as needed. An alternative is to use an infant nail clipper to trim the fingernails and toenails squarely across the tip. If your baby scratches her face, newborn mittens or socks placed over the hands can help. Some infant clothing is tailored to have hand coverings to try to avoid the scratching. Hands should be free for feeding.

## **Clothing**

A newborn should wear only one layer more than what an adult needs to wear for outdoor and indoor temperature to feel comfortable. This layer should be season appropriate. Babies need a hat to protect against heat loss, since most body heat is lost from the head. Make sure to wash all new clothes before your baby wears them. We recommend using a mild detergent such as Dreft, Ivory Snow, or some other hypo-allergenic, perfume-free detergent. Avoid the use of dryer sheets, as they typically contain perfumes and dyes that irritate newborn skin.

## **Sunscreen**

Babies under six months of age should be kept out of direct sunlight. Dress babies in lightweight clothing that covers the arms and legs, and use wide-brimmed hats. For children over six months, choose a sunscreen that is made for children, preferably waterproof. Before covering your child, test the sunscreen on your child's back for an allergic reaction. Apply carefully around the eyes, avoiding the eyelids. If a rash develops, talk with your pediatrician. Sunglasses with UV protection are also a good idea for protecting your child's eyes. If your child gets a sunburn that results in blistering, pain, or fever, contact your pediatrician.

## **Newborn Screening**

All newborn babies are required by law to be tested, or screened, for



certain inherited diseases. These diseases, if untreated, can severely interfere with a baby's development. This newborn screening is commonly called a PKU. A few drops of blood from a newborn's heel are taken after 24 hours of life. Depending on the results, some newborns will require further testing. Should this be the case, your pediatrician will notify you. Once the results are known, your pediatrician will discuss them with you.

## **Hearing Screening**

As part of your newborn's care at the hospital, a hearing screening is done. Should your newborn fail one ear or both, a follow-up appointment will be made to have it rechecked after discharge from the hospital. Should the newborn fail the hearing screen again, a referral for further auditory evaluation will be scheduled.

## **Car Seats**

Newborns need to be discharged with a car seat. It should be installed rear-facing in the middle of the back seat. In the most recent policy published in April 2011, the American Academy of Pediatrics advises parents to keep their toddlers in rear-facing car seats until age two, or until they reach the maximum height and weight for their seat. It also advises that most children will need to ride in a belt-positioning booster seat until they have reached four feet nine inches tall and are between eight and 12 years of age. Follow the law. Your child is your most precious responsibility and depends on you for protection.

## **Shaken Baby Syndrome**

Shaken baby syndrome is a form of abusive head trauma caused by violently shaking an infant by the shoulders, arms, or legs. Nearly all infants subjected to shaking will suffer serious health consequences and at least one of four infants will die. Inconsolable crying is the primary trigger for a caregiver shaking an infant. Picking up a baby and shaking, throwing, hitting, or hurting him/her is never an appropriate response. If you as a caregiver become frustrated or angry,

please seek help from other family members or contact our office. Never shake your baby.

## **Baby Blues and Postpartum Depression**

Most new mothers experience at least some symptoms of the baby blues, including moodiness, sadness, difficulty sleeping, irritability, appetite changes, and concentration problems. Symptoms of the baby blues typically show up within a few days of giving birth and last from several days to a couple of weeks. Aside from the support of your loved ones and plenty of rest, no treatment is necessary. Unlike the baby blues, postpartum depression is a more serious problem—one that you shouldn't ignore. The difference is that with postpartum depression, the symptoms are more severe (such as suicidal thoughts or an inability to care for your newborn) and longer lasting. Please discuss with your OB and pediatrician if you have any of the following symptoms:

- Lack of interest in your baby
- Negative feelings towards your baby
- Worrying about hurting your baby
- Lack of concern for yourself
- Loss of pleasure
- Lack of energy and motivation
- Feelings of worthlessness and guilt
- Changes in appetite or weight
- Sleeping more or less than usual
- Recurrent thoughts of death or suicide

## **The Sick Newborn**

We always appreciate your input when we are determining if your child is sick. Parents are excellent at noticing subtle changes in their

baby's behavior.

Examine your baby's body to see if there is an obvious source of pain or illness. Inspect the umbilical site. Look for any oozing of pus, foul odor, or redness. Look for any rashes. Make note of frequency or infrequency of urination. Observe the stool frequency, changes in color, consistency or presence of blood, mucous or changes in odor. Use a rectal thermometer to determine if your newborn has a fever. A rectal temperature equal to or greater than 100.4 degrees F, is a fever. Fever in newborns less than two months of age could indicate a serious bacterial infection and should be seen by a physician immediately.

Vomiting can be a symptom of illness, improper feeding technique, overfeeding, formula intolerance, or anatomical abnormalities. If your child has repeated vomiting, cries with knees pulled against body, cannot be soothed, has fever, bloody vomit, green vomit, refuses feedings, has decreased urine output or decreased activity, please call our office to speak with a nurse or to schedule a sick visit or call the on-call doctor if outside of business hours.

## **When to Call Your Doctor**

- Rectal temperature greater than 100.4 degrees F or less than 92.2 degrees F (Fever in children under two months of age may indicate a serious infection)
- Decreased urination (less than three wet diapers in 24 hours)
- Signs of illness such as cough, problems breathing, inconsolable crying, or decreased responsiveness
- Pus or bleeding from the circumcision site
- Red or swollen base of the umbilical cord
- Yellowing of the baby's skin or eyes

# **Community Resources**

## **Florence County**

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## **Clarendon County**

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# Recommended Reading

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# Emergency Numbers

## Emergency Number One

911

## Emergency Number Two

(843) 555-5555



