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### **NEWBORN VISIT**

Thank you for entrusting the care of your newborn infant to us. We hope that the following information will be helpful to you.

### **INFANT FEEDING**

Feeding time should be a quiet relaxing experience for both parent and infant. Usually, infants will be fed on demand every 2-5 hours. Feeding should not take longer than 30 minutes. Water is not necessary. It is not necessary to awaken an infant at night for feeding unless instructed to do so by your physician. Do not expect your infant to sleep through the night at this age. Many infants spit up after feedings. Burp your infant during and after feedings. Call the office if the spitting becomes persistent or forceful.

### **BREAST FEEDING**

Breast feeding is the "natural" method of infant feeding. Most women who desire to breast feed can successfully nurse regardless of breast or nipple size or shape. A strong commitment to nurse is the most important factor in achieving a successful nursing experience. A mother's milk supply is regulated by the infant's demand; the more an infant sucks, the more milk the mother produces. During the first few days after birth, the infant does not suck well; consequently, the infant will initially lose weight. When the mother's milk comes in, usually on the third or fourth day, the infant will nurse vigorously and the lost weight will be rapidly regained. Start each nursing on the breast on which the infant finished the previous nursing. Always empty at least one breast at each feeding. Nursing frequency will be approximately every 2-5 hours.

Care of the breast is important. A good nursing brassiere is recommended. Before nursing, the nipples may be cleansed with clear water. After nursing, the nipples should be allowed to dry thoroughly. Excessive or too frequent nursing can lead to sore or cracked nipples. Nursing should be used for feeding, not for pacification. Lanolin may be helpful for soothing sore nipples. Red-tinged breast milk is due to maternal bleeding into the milk ducts, will not harm the infant and does not require that nursing be stopped.

Breast milk can be expressed from the breast by hand or by a manual or electric pump. It should be collected in clean plastic containers and immediately refrigerated for use within 24-48 hours or frozen for use within nine months.

Good maternal nutrition is essential since a nursing mother will be providing her infant with 400-600 calories and approximately one quart of fluid per day. A nursing mother need not drink milk if adequate calcium intake is available from other sources. Most nursing mothers do not have to restrict their diets. Some foods you eat may upset your infant and you will learn through experience which foods to avoid. The upset, if it occurs, is 4-6 hours after eating the offending food. Continue your prenatal vitamins while nursing. Almost all drugs and medications (including nicotine from cigarette smoking) are excreted in breast milk; for this reason nursing mothers should take as few medications as possible. If your nursing experience is not going well, please call the office.

### **FORMULA FEEDING**

Commercially available iron fortified cow's milk formulas, provide adequate nutrition for those infants who are formula fed. Evaporated milk formulas are not recommended. Soybean formulas, such as Prosobee and Isomil, are recommended for those infants intolerant to cow's milk formulas. Formula can be purchased in powder, concentrated liquid or ready to feed form. Cost and convenience are the two factors for consideration. All formulas must be prepared according to the instructions on the container. In general, infants will consume 2-4 ounces every 2-5 hours. It is rarely necessary to give more than 32 ounces of formula in a 24 hour period. Overfeeding may lead to excessive weight gain, vomiting or fussiness. You should never prop the bottle, leave your infant unattended during a feeding or put your infant to bed with a bottle. Burp well after each feeding. We recommend sterilizing bottles and nipples for the first few weeks; this can be done in a dishwasher.

### **STOOLS**

Stool consistency and frequency vary widely from infant to infant and in the same infant from time to time. Breast fed infant's stools are loose, frequent (as many as 10-15 per day) and vary in color from yellow to green to brown. As the infant becomes older, stool frequency may decrease to as few as one per week. Formula fed infant's stools are formed and less frequent. Constipation is defined as hard stools and does not occur in breast fed infants. Many infants strain, grunt, cry and get red in the face before or during a bowel movement or during or after feeding; this is normal as long as the stools are not hard.

### **UMBILICAL CORD**

The umbilical cord usually falls off sometime during the first 2 weeks. Prior to this time the infant should be given sponge rather than tub baths to avoid soaking the cord. Do not cover the navel. Roll the top of the diaper down below the cord and keep the undershirt rolled up above the cord leaving the navel completely open to the air. Small amounts of bloody or pussy drainage from the navel are normal. Please call the office if large amounts of drainage or significant redness around the navel occurs or if the cord has not fallen off by 4 weeks of age. Tub bathing may begin once the navel has stopped draining.

### **CRYING**

All infants cry; it is their most effective means of communication. Infants may cry as much as 2-5 hours per day. Although crying is distressful to parents, it is not harmful to infants; however, there is no need to let your infant "cry it out". Feed your infant if it is feeding time. Most infants can be comforted by picking them up and holding them. Some infants overstimulate themselves with their own movements and cry less when swaddled. Gentle rocking or swaying is often more effective than bouncing.

### **SKIN CARE**

Since infants have little opportunity to get dirty, bathing more frequently than every other day is usually not necessary. Any mild non-deodorant soap may be used. Tub baths should not be given until the umbilical cord falls off and the navel has stopped draining. Never leave your infant unattended in the tub. Dry skin is common, is usually self-limited and may be treated with moisturizing lotion. Cradle cap, which causes scaling and the formation of greasy plaques on the scalp, may be treated by applying baby oil and rinsing with soap and water. Baby powders are not recommended. Talcum powder should not be used because of the danger of causing pneumonia if it is inhaled. Finger and toe nails should be trimmed carefully to avoid cutting the skin. Red pimply rashes, especially on the face and neck, are very common, are usually self-limited and require no treatment.

Diaper rash refers to any rash in the diaper area and is most commonly caused by excessive moisture resulting in skin irritation which can then become secondarily infected. The most critical factor in treating diaper rash is keeping the skin dry. Change your infant frequently. Keep the diaper area open to the air as much as possible. Cleanse the skin with water and dry well. Apply a protective coating such as Vaseline or Aquaphor. If the rash persists in spite of these measures, call the office for further advice.

### **CARE OF THE GENITALIA**

If your infant has been circumcised, apply Vaseline to the penis at each diaper change and gently pull back the foreskin to keep it from sticking to the tip of the penis. If your infant is uncircumcised, gently pull back the foreskin as far as it comfortably goes for cleaning. Vaseline may be applied if desired. Do not forcefully retract the foreskin and always push it back over the tip of the penis after cleaning. Female infants may normally have a mucous or blood tinged vaginal discharge for the first month. Gently clean the area with warm water at each diaper change, making sure to clean carefully between the folds of skin.

### **SLEEP POSITION**

The American Academy of Pediatrics recommends that infants be placed on their backs when sleeping. We support that position. It is also recommended the infant sleep in the parents room close to the parents bed surface designed for infants such as a crib or bassinet at least for the first 6 months of life.

### **JAUNDICE**

Jaundice is yellow color of the skin and whites of the eyes. Slight jaundice is normal, but significant jaundice can be dangerous. If your infant becomes more yellow after leaving our office, please call the office.

### **FEVER**

A rectal temperature greater than 100.4 degrees is considered to be a fever. Any fever in an infant less than three months of age should be reported to the office. Axillary temperatures are safer to take than rectal temperatures and are accurate if left in the armpit for at least 5 minutes. Either an oral or rectal thermometer may be used.

### **NEXT OFFICE VISIT**

At one month of age, sooner if requested by you or your physician. Notify your insurance company that your infant has been born.