



Instructions
For Newborn Care



ENJOYING YOUR BABY

Congratulations! You are now embarking on one of the most exciting times in your lives. We want your baby to bring you a lifetime of happiness, starting now. So enjoy him or her. Don't be afraid to hold your baby, cuddle your baby, or play with your baby. Remember that nervous parents may have nervous babies. Expect some crying and a few rough periods during the first few weeks of life. Most newborn babies have one restless period every 24 hours. This is usually during the late afternoon or early evening hours. Changing positions, changing the diaper, holding the baby for brief intervals, offering extra feedings, or white noise- all of these may help to ease the baby over this distressing, but not serious period.

No two babies are exactly alike. Therefore, baby books and printed instructions should be used as general guides only and not followed too closely. We can help you sort out the more important from the less important points in these manuals. Do not hesitate to ask questions during your well baby check-ups or to call the phone nurses for advice.

YOUR BABY'S NUTRITION

Do not feed rigidly by the clock. During daylight hours, however, aim toward a three-hour schedule. Do not let the baby sleep longer than three consecutive hours during the day. Once the baby has come into the office for their two week check up and is back to birth weight, you do not have to wake them up at night to feed. You can let them wake you. During one period of the day, usually in the late afternoon or early evening, some newborn babies like to eat at frequent intervals, even every hour or so. This behavior is not abnormal and often means that the baby will sleep longer intervals during the night.

Babies differ greatly in food requirements. Some require an ounce or two of milk at a feeding while others require more. The proper amount of breast milk or formula is that amount which satisfies your baby.

BREAST FEEDING

We will discuss breast feeding with you while you are in the hospital as well as at discharge and during your baby's check-ups in coming months. A few pointers might help you get started. Initially, in the hospital, we recommend putting your baby to each breast for no more than 15 minutes at a time. If the baby still needs to suck, a finger/thumb or pacifier may be offered. In this way, your breasts will not become too sore while they are adjusting to your baby. As your milk begins coming in over the next 48 to 72 hours, you may slowly increase the amount of time you breast feed. Hold the baby close and be sure he/she sucks on both the nipple and the areola (the dark area around the nipple) during feedings. Let the nursing staff help you with different techniques. Babies who are breast fed tend to eat more frequently than bottle fed babies. This is probably because of the ease with which breast milk is digested. Do not be surprised or concerned if your baby wishes to nurse every one to two hours during certain times of the day. This does not mean that you do not have enough milk for your baby. Try to avoid supplementing with formula frequently for at least the first two to four weeks, unless the baby is having trouble with weight gain and hydration. If you wish to supplement after that time, an occasional bottle of Similac or Enfamil formula should not cause a problem. Remember to drink plenty of fluids, as this will help ensure an adequate milk supply.

Remember to relax. It is clear that being very nervous about breast feeding can decrease your milk supply. Get plenty of rest during the day when your baby is resting. He/ she might awaken you two to three times per night to feed in the first three months.

FORMULA FEEDING

Formulas are similar to breast milk in nutritional and vitamin content. We will want you to begin with a formula such as Similac Advance or Enfamil Lipil.

Most formulas come in three varieties: Ready to feed, Concentrate and Powder. The ready to feed types of formula are pre-mixed in the can and do not require any mixing. Thus they are quite easy for you, but they tend to be more expensive than other types. The concentrate and powder forms must be mixed with water before being fed to the baby. It is very important to follow the directions on the can when doing this.

If you use well water to mix your formula, we recommend that you boil it for three minutes before mixing it with the concentrate or powder. It is fine to boil all the water you will need for the day at one time. City water from a clean faucet or bottled water is acceptable without boiling.

Continued

FORMULA FEEDING

We also recommend boiling nipples and bottles before use to decrease the risk of infection. If you have an electric dishwasher, washing your bottles and nipples on the hot cycle is adequate.

Please do not warm your formula (or breast milk) in the microwave oven. These ovens do not warm the milk uniformly. Thus there can be “hot spots” which can burn your baby’s mouth.

Test the nipples before feeding by inverting the bottle to see if the milk drops out without shaking. If it does not, enlarge the holes with a needle. If the milk runs out in a stream, the nipple holes are too large and the nipple should be discarded.

SOLID FOODS

Do not introduce solid foods early. They will be discussed at the 4 month visit. Studies are evaluating whether early solid introduction may lead to obesity, diabetes, and allergies. It is not true that solids will help the baby sleep longer. Breast milk or formula can be digested much better than solids at an early age while the baby’s intestinal tract finishes maturing. It is all that is needed for now.

WATER

No baby, if taking enough milk, needs water. Some babies enjoy it, however, and a few ounces per day may be offered after 4 weeks of age if desired. This may come into play in our hot climate. The same boiling recommendations apply.

VITAMINS

The American Academy of Pediatrics has recommended that all breast fed babies receive daily Vitamin D. The drops are over the counter and the dose is 400IU.

SPITTING UP, HICCUPS AND SNEEZING

Most babies spit up and have hiccups. Unless severe and persistent, they do not mean that anything is wrong. Burp at the end of the feeding and, if the baby spits up often, during the middle of feedings also. If the hiccups seem to disturb the baby, a few swallows of water may give relief. Sneezing is also common. It is a reflex and doesn’t indicate infection or allergies.

ASK US FIRST

Nutrition will never be more important than during infancy. Whether you are breast feeding or bottle feeding your baby, together we will decide if and when you need to make a feeding change. If you think that you want to make a change or that one is needed, please talk with us first. Our recommendations are based on experience, nutritional knowledge and an awareness of your baby’s needs.

BABY CARE BASICS

BATHING AND SKIN CARE

Sponge bathing with warm water and a soft rag until the navel is healed is all that is necessary for good skin care. A mild soap such as Dove may be used. Once the cord is off, tub baths 3-4 times/week are indicated. The eyes may be cleansed with water if there is any “matter” present. The scalp may be washed with baby shampoo. Lather well and rub vigorously with fingers or a soft brush. This action may help prevent cradle cap. Powder is acceptable to use on the body if the baby does not inhale it. Lotions may be used on dry, rough areas or on red bottoms, but they are not needed as a routine. It is normal for babies to peel in the first few weeks of life. They are shedding extra layers of skin.

CARE OF THE NAVEL

The cord stump comes off in an average of 10 days. The area should be cleansed with rubbing alcohol on a Q-tip or cotton ball three to four times per day until the cord falls off. Recent studies have shown that the cord will still fall off without alcohol as well. Either way, there might be a small amount of bleeding from the stump when the cord falls off. This is not a concern.

CARE OF THE CIRCUMCISION

For the first week, Vaseline or A&D Ointment on the head of the penis at diaper changes will keep it from sticking to the diaper, thus making the baby more comfortable. Do not worry about crusting as circumcisions always heal. The penis may be gently cleansed with water and cotton if it becomes soiled with a bowel movement.

CARE OF THE FEMALE GENITALIA

You may notice a whitish discharge from your daughter’s vagina in the hospital. In fact, there might even be small streaks of blood in the discharge. This is caused by hormones and is harmless. If you wish, you may gently clean her vaginal area with a moist washcloth. The discharge usually resolves by 2 to 3 months of age.

BOWEL MOVEMENTS

Some babies have a bowel movement every time they eat. Others may actually skip one or two days. When the baby is happy, it is not the number of bowel movements that matters, but the way they look. They may be loose enough to run outside the diaper or they may be well formed. They may vary in color from light yellow to dark brown. In the first days of life they may be greenish in color. There should be no blood in the bowel movements and they should not be hard.

PERIODIC BREATHING

This is common in newborns. It is manifested as rapid, shallow breathing (panting) followed by a slow down and then short pause. It occurs most often during sleep and resolves within the first month or so. If your baby pauses his breathing longer than 20 seconds and/or has associated blue or pale skin, call the office immediately.

NASAL CONGESTION

Newborns often experience nasal congestion. This is a transient condition called Newborn Rhinitis. It is often mistaken for a cold. Suctioning the baby's nose with a bulb syringe is helpful. When suctioning one nostril, gently press shut the other nostril to create a more effective suction. Saline nose drops used prior to suctioning can help loosen the mucus. These drops are over the counter. Babies primarily breathe through their nose (as opposed to mouth), so their breathing sounds noisier in general.

VISITORS

In general, the fewer visitors the less likely the baby is to acquire infections. Certainly, no one with an infection of any kind should be in the same room with the baby. Use hand sanitizer liberally. If it is embarrassing to keep suspected persons away from the baby, merely state that your doctor forbids sick people from being around the baby.

THE HOME

Heat and ventilate the house as usual. On cold nights, dress the baby warmly, with one more layer than yourself. Ideally, the baby's room should not be heated higher than 72 F. Overheating and overdressing may cause more harm than chilling, leading to an increase incidence of SIDS.

Please do not allow anyone to smoke in the house. It is now well established that children exposed to cigarette smoke have many more colds and ear infections than children not exposed to smoke. There is now concern that their risk of lung cancer as adults is also higher. Finally, it increases the risk of SIDS.

SIDS AND SLEEP RECOMMENDATIONS

The latest research shows that both breastfeeding and routine immunizations substantially decrease SIDS. Babies should be put to sleep on the back, in a crib/bassinet with no bumper and no sleep positioners. Pacifiers may be offered and actually reduce the incidence of SIDS. Try to put your baby down drowsy but awake as often as possible, to allow him/her to learn to fall asleep on their own. While awake, tummy time daily is recommended.

FEVER

Any temperature of 100.4 or higher (taken rectally) is a fever and is considered a medical emergency in infants less than 2 months of age. Please notify us immediately.

OFFICE INFORMATION

APPOINTMENTS

In order to give you the time you need for your baby's check-ups, our office is run on an appointment basis, not on a walk-in basis. Please attempt to schedule check-ups approximately two months in advance. While we will make every effort to schedule you with the doctor you wish to see for your check-ups, we encourage you to see and get to know all of us. We all look forward to participating in your baby's health care.

If your child is ill and needs to be seen, please call so that we can schedule an appointment. Please realize that if you come to the office without an appointment you might have to wait much longer to be seen. By necessity, except in a true emergency, we must give priority to our scheduled patients.

CHECK UPS ARE IMPORTANT!

During checkups, we assess your child's growth, development, nutritional status, behavior, family interaction, and school performance (in later years). Vaccines are given as a vital part to their health and are required by our practice as well as day care and public/private schools.

MARK YOUR CALENDAR

Your baby's check up schedule is as follows:
3-5 days old, 2 weeks old, 2 months, 4 months,
6 months, 9 months, 12 months, 15 months,
18 months, 24 months, (2 years), 30 months (if indicated). Most visits have vaccines during them.

You can find the most current vaccine schedule on our website.

We follow the recommendations of the AAP and CDC.

HOUSEHOLD CONTACT VACCINE RECOMMENDATIONS

We strongly recommend that all caregivers and family members including siblings receive the annual flu vaccine as well as the tetanus booster, Tdap, which includes an important Pertussis booster in it. Adults received Pertussis vaccination as children, but the immunity wanes and a booster is needed.

TELEPHONE

Please have paper and pencil at hand.

Please have the pharmacy number.

On weekends, a nurse will assist you with your urgent calls if they are made early in the morning.

Website for information and well appointments only:
www.carithersgroup.com

We are fortunate to have experienced pediatric nurses helping with our phones. They are there to answer your questions, provide support, and schedule appointments.

When calling the office for advice please have paper and pencil at hand. In like manner, if you think you might need a medicine called in, please have the pharmacy number ready when you call. Since our phones are busier in the morning with sick calls, routine calls are best made in the afternoon. Our phone nurses can answer most of your questions. We will be consulted about any serious matter.

Urgent evening and weekend calls are made to the office number, not to the doctors' home numbers. On weekends, a nurse will assist you with your urgent calls if they are made early in the morning. To wait for return calls sometimes demands patience on your part, but be assured your call will be returned. If ever our office number is not answered, there may be trouble with the line. In that case, please call 807-7000, the answering service's switchboard number.

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904 387-6200

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904 997-0023

We are looking forward to a long and exciting relationship with your child and you. Thank you for giving us the opportunity to participate in his or her care.

An excellent, state-of-the-art reference book for your medical and parenting concerns is *Caring for your Baby or Young Child – Birth to Age Five*, by the American Academy of Pediatrics (Bantam Books).

WEBSITE

Please utilize the resources on our website. A copy of this book as well as another more comprehensive book for children of all ages (*Telephone Advice Book*) is available. A dosing calculator and symptom checker is also a handy tool, among a lot of other valuable information.

QUESTIONS
FOR THE DOCTOR

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