

Newborns and Babies

Baths

Sponge baths{ XE “sponge baths” } should be given as needed every one to two days until the cord has dried and fallen off. Use only water for the first few days and then substitute a mild soap like Dove™. Room temperature should be above 68 degrees. Dry the skin by patting with a towel. Do not use any oil, powder or lotion. This will slow the natural shedding of older skin that occurs for the first several weeks. Your baby was suspended in amniotic fluid for nine months and has to shed multiple layers of skin that were in contact with the fluid inside the uterus.

Navel (umbilical cord)

Cleanse the base of the navel{ XE “navel” } with a cotton ball dipped in rubbing alcohol each time you change the diaper, until it has dried and fallen off. No binders or pads are necessary. Some bleeding normally occurs as the cord detaches from the navel{ XE “umbilical cord” }.

Contact me if there is a large amount of bleeding.

Sleeping

Babies sleep{ XE “sleeping babies” } in many different positions. As they grow, they will let you know their preferences, but **the preferred position is on their back**. Newborns are usually placed on their backs or sides to help reduce the possibility of choking. This position is helpful if they have lots of mucus in their throats. The baby’s mattress should be flat and firm with a water proof cover to protect it. DO NOT use pillows because of the danger of suffocation.

Stools

Your baby may have a bowel movement after each feeding or may have only one or two stools{ XE “stools, babies” } a day. Some babies go 48 hours or more without a bowel movement. This is normal. Your baby may strain when passing a stool, but unless the stool is hard and pellet-like, this is perfectly normal. Stools may be mushy, or watery for many weeks. Blood is NOT normal. Blood can color the stool bright red or turn the stools black. Breast fed infants usually have more frequent stools than formula fed infants. The breast fed infant’s stools can range from pea soup to lemon custard with cottage cheese lumps.

Babies are babies

All babies sneeze{ XE “sneeze, babies” }, yawn{ XE “yawn, babies” }, hiccup{ XE “hiccup, babies” }, pass gas, cough, and cry. They may occasionally look cross-eyed. Although they are able to recognize shapes and faces early, they have difficulty focusing on objects.

The widened bridge of their noses also gives the appearance of eye crossing{ XE “eye crossing” }. Sneezing is a major way for a baby to clear its nose of mucus, lint, or milk curd. Hiccups are normal. They are caused by immaturity of the swallowing center in the brain. Hiccups can be stopped by giving a few swallows of water. Coughing is one way the baby may clear its throat. Crying is a baby’s way of saying, “I’m hungry, I’m thirsty,

“I’m wet, I’m cold, I have a stomach ache or I’m bored.” You will gradually recognize which cry means what. Even well babies can cry for an hour or more during the day without doing any harm. You may find your baby cries more at one time of the day than any other time. Many parents say their babies cry in the afternoon and early evening most frequently.

Books and resources

To help you with other problems you might have with your child, some good resources{ XE “resources” } at the book store are :

“Baby and Child care” by Dr. Benjamin Spock
“The First Twelve Months of Life” Frank Caplan, Grossett & Dunlop, Publishers
“Infants and Children” by T. Berry Brazelton, MD
La Leche League International

Barnes and Noble and Borders have many, many. Pick the one that reads the best for you. When I first wrote my manual the Internet wasn't in the form it is today. I will remind you that through my Web site you have access to lots of good health information.

There is no definitive book{ XE “books, child care” } for parents (*except this one, of course*). One style of writing or approach to solving problems may appeal to you more than another. Dr. Spock has served parents well over the years because his books are comprehensive and time tested. Consider purchasing at least two books on children: One to cover common illnesses. The second book to cover development and behavioral issues. If you can't find information about a problem that concerns you, call me at the office. If I don't have the answer, I will find the answer or direct you to a helpful source. I have many useful handouts. Many other experts have written excellent books. But, there is so much information, it is impossible to cover it all in one book.

Colic

This is the term applied when your baby screams, draws up his or her legs and cannot be consoled by holding or further feeding. Doctors are not certain what causes this common problem but I have observed that considerable air is swallowed during the intense crying. This extra air distends the stomach and makes an uncomfortable situation worse which causes more crying. You can see a cycle persisting here. I often suggest methods for reducing the gas and ways to distract the baby until your baby feels better. Pick your baby up when he or she cries, burp your baby, offer a bottle of water, breast feed, give formula or even a pacifier. Carrying your baby around may help. Shoulder pouches or sacs work well so that you can perform household tasks and soothe the baby at the same time. The colicky{ XE “colic” } period may last only days but commonly lasts a few weeks. It always goes away.

Crying babies

This is an excerpt from a flyer on *Shaken Infant Syndrome*{ XE “Shaken Infant Syndrome” } I believe has some helpful information to all parents with small children.

No one likes to listen to a baby cry for a long time. It is irritating and frustrating. Babies can cry a lot when they are hungry, wet, tired, or just lonely. They can cry at certain times of the day or night, usually when they want to sleep or eat. Crying{ XE “crying babies” } is one way babies express their discomfort.

Your baby might be colicky if he or she cries a lot, curls up and then straightens out over and over again.

If you feel, your baby is crying a lot, I should examine your baby to rule out medical causes. You can try the following to calm your infant's crying:

- Feed your baby and burp him or her several times.
- Change your baby.
- Offer your baby a pacifier
- Hold your baby while walking or rocking.
- Take your baby for a ride in the stroller or car.
- Put your baby in a baby swing.
- If you are nursing, avoid gas forming vegetables or caffeinated beverages.

Be patient. Your baby does not hate you or want to ruin your life.

- Put your child in a safe place and leave the room for a few minutes.
- Call a friend or neighbor.
- Ask someone else to take care of your baby for even a short time.
- Take ten deep breaths, and then take 10 more.
- Do something to calm yourself. Play your favorite music. Make a cup of tea or coffee. Exercise or take a shower. Read a magazine or book.

- Change your activity. Shake a rug. Do dishes or laundry. Scrub a floor. Beat a pan or pillow. Throw away unwanted trash.
- Sit down, close your eyes, and think of a pleasant memory. Relax without moving for several moments.
- If all else fails, wrap your baby in a soft blanket. Put your baby on his or her right side or stomach in a dark, quiet room. Leave your baby alone and take a break in another room.

We all experience some occasion when we have hard-to-control anger and frustration. No matter how impatient you feel, don't shake or hit your baby. Your baby will outgrow the constant crying. For now, holding and cuddling tells your baby you love him or her and you want your baby to feel better.

Jaundice of the newborn

Jaundice{ XE "jaundice, newborn" } is a common occurrence in newborn babies.

Jaundice means a yellowish coloration of the skin that can be harmless

in the newborn, or a sign of disease in the infant, older child, or adult.

In the newborn this yellow skin color commonly appears at about 2 to 4 days after birth. At the time of the baby's delivery the baby's blood system maintains extra red blood cells, because the birth process places extra demands for nutrients. After the need for added oxygen disappears, the body breaks down some red blood cells. The chemical by-products of blood break-down get filtered through the liver. One chemical called bilirubin{ XE "bilirubin" } is released into the blood and this same chemical causes a yellow color when it gets deposited in the skin. For most babies the appearance of the yellowed skin is barely noticeable and many parents do not even detect it. The face is the first area to pick-up the yellowing, and you will see the yellow color spread toward the feet, if the jaundice is worsening. If you notice the whites of the eyes (sclera), becoming yellow, the jaundice is getting worse. By the time the body, legs, or eyes are yellow, the jaundice requires further medical attention. You should call the my office. Make the judgment about the severity of jaundice after you place your child in natural light. Artificial lights used in a lighted room with curtains closed or at night will give the false impression of jaundice. Most artificial lighting will give the skin a yellow coloring.

There might be a need to treat jaundice depending on its cause. I just described the normal or physiologic jaundice of the newborn. But there can be many causes for your baby's skin to yellow. A common cause is a blood incompatibility called "ABO" incompatibility{ XE "ABO incompatibility" }. This is when the baby's major blood groups differ from the mother's. The most common group incompatibility is when the baby's blood type is "A", "B", or "AB" and the mother's blood type is "O". The mother can create antibodies to the baby's blood group. Damage to the baby's blood results in high levels of bilirubin in the blood. Bilirubin is harmless in low levels, but if the levels are very high, injury to the nervous system and brain occur. In most cases this problem is picked up shortly after birth with normal screening of babies who are born from group "O" mothers. When the level of bilirubin reaches a certain level, treatment might be started. The traditional treatment is with phototherapy. This is a special light treatment which lowers the bilirubin in the baby's body. Babies are placed naked under the light with eye patches protecting the eyes from the intense light. This treatment can last from one day to many days depending on the severity of the jaundice and health of the baby.

Another blood incompatibility problem that results in a more serious problem is Rh incompatibility{ XE "Rh incompatibility" }. This is a blood factor we call (+) positive or (-) negative, such as A + or AB -. This type of blood reaction can be serious and require blood exchanges and phototherapy{ XE "phototherapy" }.

Other reasons for jaundice in the newborn period are many. One common problem in breast feeding mothers is persisting jaundice or jaundice without blood group incompatibilities. There appears to be an association with breast feeding and exaggerated jaundice. There are certain chemicals produced in breast milk which seem to enhance normal jaundice. It is not always clear whether it is the breast milk or some mild dehydration from inadequate breast milk causing the exaggerated jaundice. The first treatment is to add extra

water after feeding. If the jaundice is substantial, the bilirubin is high, and there are no other signs of problems, I might start the baby on formula for one to two days. After the bilirubin is lower and in the safe range, I will restart the breast feeding again. Mothers should discard the pumped breast milk.

Jaundice can also be a sign of infection, hormone imbalance, and appear in premature infants with an immature liver. *Last reviewed 9/5/2005*

False jaundice

Many parents will bring in their older infant, usually 6 to 18 months of age. These parents are concerned about their child's yellow skin{ XE "false jaundice" }. When examined closely, these kids have especially yellow{ XE "yellow skin" } soles of their feet, palms of their hands, and general yellowness of the rest of their skin. What is missing is yellowness of the whites of the eyes (sclera). Further questions turns up a strong emphasis in the diet of yellow vegetables. This increased pigmentation is harmless and disappears if there is a change in the diet with a decrease in carrots and squash.