



Advocare Advice for Newborns

Congratulations on your infant's arrival! You are embarking on what will certainly be one of the most exciting and frightening experiences of your life. Over the next year, you will likely have many questions and concerns about your baby: we hope this information can help you. Please call our office whenever you have questions or concerns that are not answered here.

FEEDING

Breastfeeding

According to the American Academy of Pediatrics (AAP), "Breast is best" in regard to nutritional balance, offering maternal immunoglobulins to boost the infant's immune system and a natural occurring chemical called serotonin, which soothes and helps promote sleeping. If you have made the choice to breastfeed, we do suggest that you do a little "research." Many books and videotapes are available from the American Academy of Pediatrics, LaLeche League and your hospital. Most hospitals offer a class on breastfeeding separate from the prenatal classes. Last but not least, observe breastfeeding first hand with someone who is close to you and utilize them as your breast feeding "buddy."

During the first few days of life, your baby will be ingesting predominantly colostrum; it takes three to four days for your breast milk to start "coming in." It is important that you place your baby to your breast upon demand within these first few days to help initiate your supply. In general, breastfed babies will feed anywhere from every hour to every three to four hours, with the average being about every two to three hours. Occasionally, breastfed babies will "cluster feed"—nursing about hourly—during late afternoon or early morning hours, when they tend to be most hungry and when the mother's milk supply may not be quite as plentiful.

You know your baby is breastfeeding well when:

- The baby latches on well (most of areola in mouth).
- You have no excessive soreness when baby is latched on.
- You can hear the baby swallow/gulp while on the breast.
- You feel a tingling sensation with "let down."
- Baby feeds 10 to 15 minutes per side.
- Baby seems satisfied when finished feeding.
- Baby is voiding six to eight times per day (minimum three to four times per day).
- Baby is stooling at least two times per 24-hour period.

Please note that breastfeeding is not for all women and infants. Because breastfeeding is a learning process for both mother and child, do not be discouraged or give up if all does not go as you planned. Please call us with any questions.

Bottle

We usually recommend starting with a mild formula such as Similac®. If your family members or your other children have a known history of lactose intolerance, we suggest starting with a soy formula such as Isomil®. In general, a newborn will take about 0.5 to 1.5 ounces per feeding every two to three hours, then will slowly increase to about three ounces per feed over the next week. A general rule of thumb is that a newborn infant should be consuming two to three ounces per pound of body weight per day. Please remember that infants under at least four months old should never be offered cereals or baby foods.

Burping

Breastfed babies should be burped after each breast. If your baby burps during feeding, you may need to interrupt feeding sooner for burping. Bottle fed babies should be burped every half-ounce to one ounce of formula. Keep the baby upright after all feedings for up to 15-30 minutes.

STOOLING

In the first few days after birth, newborn stools are called meconium stools (they look like tar). After about 24 hours, transitional stools will look like a brownish-color paste before becoming a normal "seedy" stool that is yellow-brown in color. Newborns will have bowel movements very frequently during the first few days, usually after every feeding. Stools may start to slow to one per day to every other day when babies are formula fed. Breastfed infants usually make mustard-yellow "seedy" stools after every feeding; these stools may sometimes appear mucousy. After one to two months of age, breastfed infants may only stool once every two to three days. Please call the office if you have any questions about stooling patterns, and inform us immediately if you see any blood in the stool.

SPITTING/VOMITING

It is not unusual for your baby to spit up occasionally. However, persistent and/or forceful vomiting is not normal. If you ever see blood or green (bile) in the emesis, call us immediately!

CORD CARE

The umbilical cord served a very important purpose while your child was in the womb. Once your baby is delivered and the cord is cut, the remaining stump will take a few weeks to fall off. It is no longer recommended that the stump be wiped or cleaned with alcohol. As the cord separates it may ooze yellow or bleed slightly, or have a foul odor. Watch for any redness around the belly button. Please call us with any concerns.

BATHING

We recommend that you delay immersion baths until the umbilical cord falls off. Until then, you may sponge bathe your baby. It is not necessary to bathe your newborn every day; two to three times per week is sufficient. However, you should wash face and genital region daily. Wash baby's hair once or twice per week.

FEVER

A temperature in an infant of less than three months old is a serious matter; please call us immediately. We consider a temperature of 100.5° F or greater a true fever in this age group. Ear thermometers are not accurate under the age of three months. A rectal thermometer is the most accurate way to check the temperature of babies under three months old. Apply Vaseline® to the bulbous tip of a rectal thermometer and insert it into the rectum just beyond the metal tip; hold it in the baby's rectum for two to three minutes to get an accurate reading.

CRYING

Crying is a very normal form of communication for infants. Infants can only communicate by crying. You will, over time, begin to distinguish whether your baby is crying from hunger, boredom, pain, fatigue, a wet diaper, or other reason. Some babies cry because of colic. No one knows for sure what causes colic, but it usually appears as a bout of crying that occurs at about the same time each day. Colic may start at about two to four weeks of age and may last until the baby is about three to four months old. Different methods of coping with colic include swaddling, giving baby a pacifier, rocking baby with a gentle motion or vibration, playing soft, constant sounds such as "white noise," soothing baby in a warm bath, or taking baby for a car ride. Always call our office with your questions or concerns. If breastfeeding, you may need to discuss potential dietary changes. If bottle feeding, a formula change may help relieve colic.

CIRCUMCISION

Your obstetrician, with your consent, will complete this procedure. As the circumcision heals, it will form a yellow/green substance called granulation tissue, otherwise known as "nature's Band-Aid." Very rarely do circumcisions become infected; if they do, they become very red and swollen several days after the procedure. Cover the circumcised area with a thin layer of Vaseline® until it's healed. This protects the area from adhering to the diaper. After three to four days, you may stop applying the Vaseline®; then keep the area clean with mild soapy water and rinsing. Please call us with any questions.

VAGINAL DISCHARGE

Female infants sometimes develop a white discharge from the vaginal opening. The discharge may turn pink or mildly bloody (as a mini-period). This normal phenomenon is related to hormone withdrawal and may last up to a week. It is not necessary to do anything, but please call us if you have any concerns.

EYE DISCHARGE

It is not unusual in the first months of life to see some extra tearing and mild discharge from one or both eyes; this is usually associated with blocked tear ducts. In a majority of cases, massaging the tear duct three to four times a day with a warm wash cloth will help open it up and relieve the tearing or discharge. If the eye should become increasingly red, and/or the lids should swell, please alert us. If cloudy or yellow discharge persists for more than two days, we should evaluate your child.

We hope this information can be helpful to you at home. If you have any questions or concerns, **never** hesitate to call us.

Anthony N. Mishik, MD; Angela Gaudiano Knestaut, DO; Deborah L. Hung, MD;
Heather A. Ruddock, MD; Carolyn E. Clear, DO; Brenda L. Allgood, RN, CPNP;
Erin A. Wright, MD; Jodi L. Berg, MD; Rebecca Stanwood, RN, CPNP



646 Kings Highway, West Deptford, NJ 08096; Tel: (856) 879-2887/Fax: (856) 879-2855
19 Village Center Drive, Swedesboro, NJ 08085; Tel: (856) 467-6660/Fax: (856) 879-2855
www.AdvocareWDP.com