The New Baby...
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The New Baby

Enjoy your baby. Play with and love your baby. The baby’s feelings of security depend on being loved. Getting the baby’s father involved in all aspects of care, from loving to changing, bathing and feeding will mean a great deal to both father and baby. If at all possible, give the new baby his or her own room in which to sleep. The baby will sleep better and consequently so will you.

Temperament and Personality

Babies differ widely from birth in their temperament. There are quiet newborns and active newborns; those who sleep a lot and those who stay awake more; those who feed vigorously and suck hard, and those who are only slightly interested; those who cry all of the time, and those who almost never cry.

Therefore, parents are not responsible for all of the behavior and temperament patterns their infants show. Some of these traits and reactive patterns are present at birth, probably genetically determined; what a parent can do is encourage effective behavior and try to modify less desirable behavior. It is important to realize that there is no “ideal” baby, and that, likewise, having a fussy, irritable, wakeful baby is not necessarily abnormal or due to parental failure.
**Adjustment**

The baby requires time to adjust to our complex way of life. Many years were required for us to become adjusted. Why should we expect this new infant, who is using his or her lungs, intestinal tract and other vital organs for the very first time, to adjust to this new environment in a very few days or weeks? We must give the infant the time he or she requires to level off into a contented, happy baby.

**Colic**

This is the bane of parents’ and pediatricians’ existence in the first months of an infant’s life - the “colicky baby.” The colicky baby seems perpetually discontent - always “hungry”, always crying uncontrollably, awake when everyone else sleeps, drawing the legs up, burping, passing gas, red faced; but growing like a weed and gaining weight even while the harried parents are beside themselves.

We do not know exactly what causes colic. Often it is seen in first born infants with very active, alert, vigorously reacting temperaments. Sometimes this is coupled with relative insecurity on the part of the parents who really have no way of knowing if the distress is serious or not. Some of these babies are initially intolerant of their feedings; others, we just don’t understand. But we know that colic does subside, usually by the third month, and in most cases the irregular schedules do smooth out.
The babies certainly do seem to be in pain - they will suck to relieve their discomfort, because sucking produces good feelings. They will swallow what they suck and that is why they gain weight so well.

Recent research suggests colic may be linked to an immature immune system struggling with bacterial imbalances in the gastrointestinal tract. A probiotic, Lactobacillus reuteri, can help improve digestion and reduce crying among infants with colic.
At home

When you arrive at home, many visitors will want to see you and your baby. Try to limit the number of visitors as much as possible because your baby’s defenses to fight off infection are very weak at first. Infections that are easy for adults and older children to fight are difficult for the young infant. Have friends and relatives view the baby and discourage handling, especially from young children until your baby is a few weeks older. If possible, arrange for the baby to have a separate room or quiet place where he or she can sleep without being disturbed. Your baby should be placed on his or her side or back to sleep, as these positions have been found to decrease the incidence of Sudden Infant Death Syndrome (SIDS). The mattress should be firm, flat and waterproof, and no pillow should be used. Cover the mattress with a soft sheet and place a small waterproof pad where the baby’s bottom will be in the bed.

Your baby should be dressed no warmer than you would be yourself. Too many clothes or tight blankets are uncomfortable and interfere with movement. Washable blankets can be used for loose covers. All reasonable household noises (except perhaps for loud yelling) should be allowed to continue so your baby will learn to sleep with the usual noise of your home. Younger brothers and sisters should only be with the baby when supervised; young children are eager to touch and play with the new baby, but may be physically over-enthusiastic.
Behavior and Care for Babies

Newborn babies spend anywhere from 12 to 18 hours a day sleeping. Breathing patterns can vary. There are often long periods of irregular breathing with gasps, sighs, etc. Your baby may even seem to stop breathing for what seems like long periods of time and will then take several deep, rapid breaths to make up for the lapse. Listen, watch and relax, as this is normal newborn behavior.

However, if your baby has any associated colors changes or if the baby stops breathing for more than twenty seconds, notify your physician or nurse practitioner immediately.

Your baby is completely dependent on you for his or her needs, which are often related to you by crying. As you get to know your baby, you will learn which cries indicate hunger, the need for a diaper change or the need to be held, loved and talked to. Almost all babies have 1 or 2 fussy periods a day, frequently in the late afternoon or evening (and hopefully not at night). This is normal behavior and does not indicate “colic.” Some comfort measures include swaddling, rocking, soft music or taking your baby for a walk or a drive. As you get to know your baby you will learn what comfort measure works best to soothe him or her.

Other normal newborn behaviors can include uncoordinated eye movements with eyes appearing to be crossed. This will resolve as your baby matures. It is also normal for all babies to tremble, sneeze, yawn, hiccup and occasionally spit up. If you have any questions or concerns regarding your baby’s behavior, please call.
Skin

Your baby’s skin will often appear splotchy (lacy) with cooling or exposure to air. Hands and feet may remain bluish for a few weeks (acrocyanosis, in medical jargon) and often remain cold most of infancy. These skin signs just indicate an immature circulatory system which is normal and of no significance. “Bootie socks” are easy to keep on feet which are cold, but are not needed all the time (especially in the summer).

The soft spot on the baby’s head (anterior fontanelle) is often pulsating and reflects your baby’s heartbeat. It may be seen to bulge when the baby strains, grunts or cries hard. Your baby’s brain is not very vulnerable to injury through this soft spot so don’t worry about washing over it vigorously.

During the first few months there is often a rash on the face and neck that comes and goes spontaneously. It represents oil and sweat glands, which are beginning to function. The rash changes from day to day and is made worse by excessive heat, crying and lotions or oils that may be applied.
Spitting Up

Many infants spit-up some after feedings until they are 7 to 9 months old; when they spend most of their waking time in the upright position. As long as feedings aren’t gushing out and your baby continues to gain weight, spitting is no more than a mess for someone to clean up. Frequent burping during feedings will help.

Sucking

Most infants have a great need for sucking which is often not fully satisfied by breast or bottle. A pacifier or thumb will usually fill the need. Make sure the pacifier is washed and kept clean. The pacifier replaces an interest in the baby’s own thumb, but should not be used as a “plug” or replacement for a parent every time the baby cries or is fussy.

Bowel Movements

There is a wide range of “normal” when describing the bowel patterns of infants. Breast fed babies often have a stool after every feeding. Formula fed infants may go less frequently.

Initially breast feeding stools are soft, yellow and seedy. Babies fed formula often have tan or yellow stools with a consistency similar to peanut butter. Infants frequently strain with a bowel movement. Do not use enemas or laxatives in infants.
Breast Feeding

We strongly encourage any mother with an interest in breast feeding to do so. If you feel hesitant, frustrated or anxious about breast feeding, please call us. There is plenty of help and support available through our office, the hospital, birthing center or breast feeding classes. The advantages of breast feeding are significant, including easier digestion, increased immunity (the baby’s protection against illness), lower cost and much less preparation time. The baby benefits from breast feeding even if continued for only several weeks.

Begin nursing as soon as possible after birth and use both breasts, allowing five to ten minutes at each breast. After two to three days, when you have begun to produce more milk, gradually increase the nursing time. Most breast fed babies nurse 8 to 12 times in 24 hours during the first two weeks of life. The baby should wet at least six diapers in 24 hours, have no fewer than two or three stools a day and appear satisfied after each feeding. A breastfed baby does not always eat on schedule.
Bottle Feeding

Sit comfortably holding your baby with his or her head supported and tilt the bottle so the neck of the bottle and the nipple are always filled with formula. Babies keep sucking on nipples even after they have collapsed, so take the nipple out of his or her mouth occasionally to keep the nipple from collapsing. We recommend using an iron-fortified formula. If you have questions about the type of formula to use, please call our office.

*Never prop the bottle, and never let the child take the bottle to bed.*

Burping your baby helps to remove swallowed air. The baby should be burped approximately every two ounces. New babies need to be fed every two to three hours. Remember, babies tend to have several fussy periods every day and we may never know the reason. Between 6 AM and 10 PM (this is approximate, adjust the schedule around your lifestyle) you should wake the baby about every two to three hours for feeding. Babies in the hospital may be quite sleepy and take no more than ½ to 1 ounce of formula per feeding at first. Gradually, they will increase their intake until they plateau between 5 to 6 ounces. The amount will vary with each feeding.
**Bathing**

The baby can be bathed daily using warm water and mild, Fragrance-Free cleanser. Give a sponge bath rather than a tub bath until the navel (and circumcision, if any) is completely healed. Be sure to keep soap away from the baby’s eyes and mouth.

Wash your baby’s hair with each bath, using mild baby shampoo. Sometimes cradle cap develops. This is similar to dandruff or seborrhea in adults, and may be treated with application of a pea-sized amount of over-the-counter Hydrocortisone 1% cream for one week after daily shampooing. After a week remove crusts by gentle scrubbing with a baby brush. The baby’s mouth need not be cleaned until teething begins.

**Umbilical Cord** - The baby’s belly button must be exposed to the air and can be cleaned with rubbing alcohol three to four times a day until three days after the cord falls off. If it is covered with diapers (which holds in heat and moisture) it can become moist and infected. If the area appears red, smells bad or has a discharge, call the office.
Vitamins

Breast fed infants require vitamin supplements such as Tri-Vi-Sol to supply vitamins A, C, and D. They should be given as directed, usually once a day. A dropper will be provided to make the giving of vitamins easier. Fill the dropper to the point instructed and place the end of dropper inside the infant’s cheek and squeeze slowly. They baby may spit-up or drool some of the vitamin, but usually a sufficient quantity will remain in the mouth.

Nutrition/Solids

Nutritionally, infants generally do not require anything other than breast milk or formula for their first four to six months. If the infant seems excessively hungry and unsatisfied, please contact us. Swallowing solid foods is a complex process, and new infants must learn how to do this. When first started on solid feedings, the baby will push the majority of the feeding out with his or her tongue. This is to be expected. Do not mix the cereal in a bottle to give to your baby. Give time, willingly and lovingly, to the experience of the baby learning to be spoon fed.

In starting solids, start only one food at a time. One new food per week may be introduced. This may help determine if the child is allergic to a particular food. Please do not begin cow’s milk before one year of age.
**Teething**

Teething can be a problem beginning at 4 to 5 months of age. Your remedies are as good as ours - acetaminophen or other analgesics, rubbing the gums, cold applied to the gums or something firm to chew on. We have yet to see any infant whose gums needed lancing. The average age for tooth eruption is 6 to 7 months, but this can occur as early as 3 months or as late as one year of age. Occasionally, teething seems to be associated with bowel and appetite changes, congestion or a low-grade fever.

**Milestones**

**Birth:** Initially able to fixate on parent’s face, may imitate facial expression-stops after first few hours of life.

**1 Month:** watches person, able to raise head when prone

**2 Months:** Follows object 180, smiles, coos, listens to voice

**3 Months:** Raises head and chest when prone, early head/neck control

**4 Months:** No head lag, excited at sight of food, laughs out loud

**6-7 Months:** Rolls over both ways, babbles, sits unassisted, transfers object from one hand to another

**9-10 Months:** Sits up alone, creeps and crawls, says Mama and Dada, plays peek a boo

**12 Months:** Walks holding hand, says few words besides Mama and Dada.
Well Baby Visits

Babies are normally first seen in the office at one week of age. Appointments to see us can be made by calling the office. Babies are seen at regular intervals up to age 2, and yearly thereafter. As indicated, immunizations are given, growth is monitored, and appropriate studies are performed for anemia, vision, hearing, urinary tract infections, etc.

Questions

Seeing your baby grow will be the most exciting and enjoyable journey of your life time. However, in that journey, should you have any questions, we are always here. We can be reached even after hours for any emergent issues. We look forward to being part of this exciting journey with you.
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