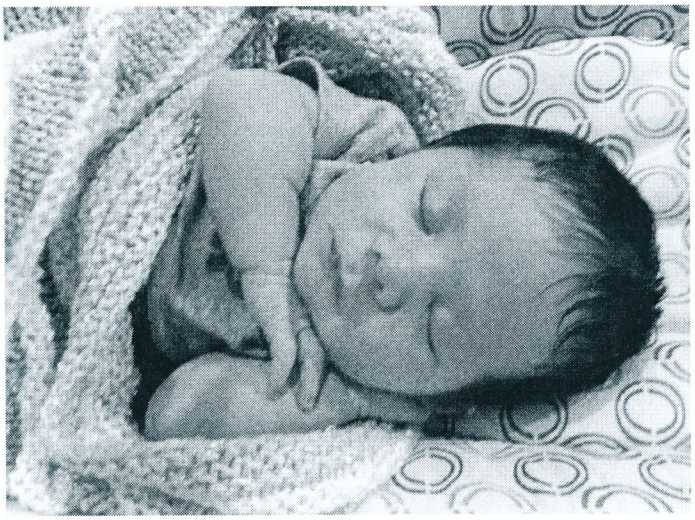


Congratulations!

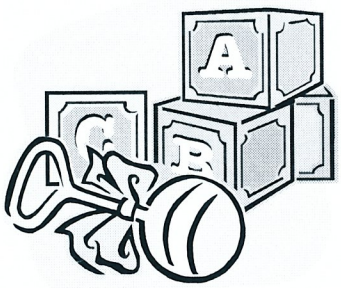
Congratulations on the birth of your baby. We are excited that you have chosen us as your pediatrician.

While the arrival of a new family member is a joyful time, parents can also have questions and concerns about their newborn.

Enclosed is a packet of information that addresses common questions to get you started. You may also want to get a "Baby's First Year" type book which are available at most bookstores.

Of course, our office is available to answer any question. Nurses and doctors are easily available during the work-day for all routine questions. We also have an after-hours emergency on call doctor should the need arise. 24 hours a day, you can reach Lifetime Medical Associates at 312-942-8000 (and press zero during daytime hours).

Again, congratulations on your new arrival - we look forward to seeing you soon!



WELCOME TO LIFETIME MEDICAL ASSOCIATES

The Quality You and Your Family Deserve!

We are pleased that you have chosen our office for your health care.

Our goal is to provide the highest quality care an patient education to patients of all ages. We look forward to getting to know you and your family and to establishing a long and healthful relationship.

We care for newborns, children, adolescents, adults, and seniors. Every patient at Lifetime is able to choose a primary doctor who coordinates medical care for the entire family. Because we are based at Rush University Medical Center, one of the nation's leading hospitals, we offer the most current diagnostic tests and treatments. We also have access to top specialists in all areas of medicine.

All of our physicians are trained in both pediatrics (for children) and internal medicine (for adults). "Med-Peds" physicians are combined internists and pediatricians with the skills and knowledge to care for the entire family from routine health care to complex medical problems.

WE OFFER:

Annual Physicals, DOT exams, Diabetes, Asthma, Cholesterol, Well Child Care, Vaccinations, Gynecological exams, Adolescent care, Ear Piercing, Family Planning, Management of complex and multiple medical issues

Health care for all ages!

And, of course, same day urgent needs!

Lifetime Medical Associates
1645 W Jackson, Suite 215
Chicago, IL 60612
Phone: 312-942-8000 (dial 0)
Fax: 312-942-3551
Web: www.rush.edu/lifetime

Meet Our Staff!

Christopher Bruti, MD, Surabhi "Mona" Mehrotra, MD, Teresa Nam, MD, Clarence Parks, MD, and Jeremy Pripstein, MD head our team of attending physicians. All are board-certified physicians in Internal Medicine and Pediatrics. We also have a certified Nurse Practitioner Amanda Cockrell, FNP. Between them, they bring over 50 years of experience in patient care and resident physicians training.

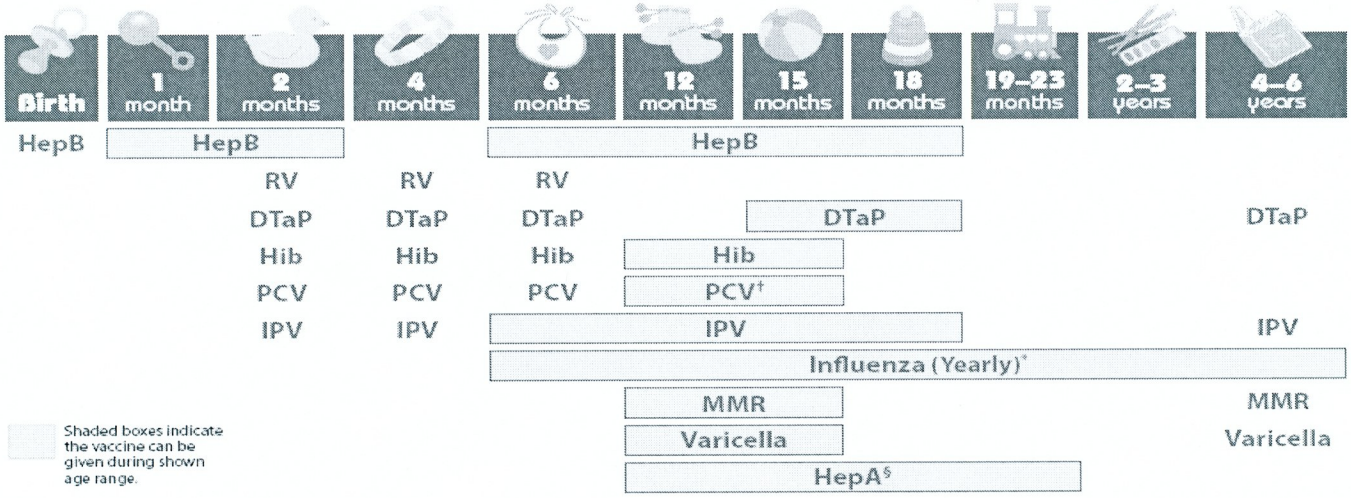
The remainder of our physicians are currently in their residency training here at Rush University, one of the most highly regarded medical educational institutions in Chicago and across the country. All have completed medical school and are licensed doctors in Illinois. Each resident physician was selected from among hundreds of applicants to our very competitive residency training program and each will spend four years at Lifetime. Furthermore, all of their patient care is supervised by one of the attending physicians.

Denean Roberson, our office manager, has over 20 years of nursing and customer service experience. She will ensure that your care is provided with the highest level of satisfaction.

Mary Nicholas, Desiree Jeter, and Nancy Perez comprise our very talented nursing staff. They are compassionate and dedicated to providing you and your family with the best possible care. Between them they have over 40 years of nursing experience.

Our reception staff includes Reva Conway and Denean Roberson. They will assist you with your appointments, referrals, billing questions, and any other information you might need.

2012 Recommended Immunizations for Children from Birth Through 6 Years Old



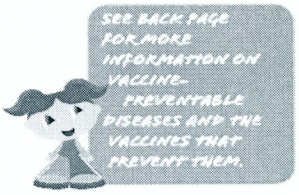
NOTE: If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. The doctor will keep your child up-to-date on vaccinations. Talk with your doctor if you have questions.

FOOTNOTES

† Children 2 years old and older with certain medical conditions may need a dose of pneumococcal vaccine (PPSV) and meningococcal vaccine (MCV4). See vaccine-specific recommendations at http://www.cdc.gov/vaccines/pubs/ACIP-list.htm.

* Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting a flu vaccine for the first time.

§ Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.



For more information, call toll free 1-800-CDC-INFO (1-800-232-4636) or visit http://www.cdc.gov/vaccines

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
Diphtheria	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Hib vaccine protects against *Haemophilus influenzae* type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), mental retardation, epiglottis (life-threatening infection that can block the windpipe and lead to serious breathing problems) and pneumonia (infection in the lungs), death
HepA	HepA vaccine protects against hepatitis A.	Personal contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure
HepB	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
Flu	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pinkeye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR**vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord) , encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
Pertussis	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Pneumococcal	PCV vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Children infected with rubella virus sometimes have a rash, fever, and swollen lymph nodes.	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, and birth defects
Tetanus	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

* DTaP is a combination vaccine that protects against diphtheria, tetanus, and pertussis.

** MMR is a combination vaccine that protects against measles, mumps, and rubella.

First Weeks at Home with a Newborn

Preventing Fatigue and Exhaustion

For many mothers the first weeks at home with a new baby are often the hardest in their lives. You will probably feel overworked, even overwhelmed. Inadequate sleep will leave you fatigued. Caring for a baby can be a lonely and stressful responsibility. You may wonder if you will ever catch up on your rest or work. The solution is asking for help. No one should be expected to care for a young baby alone.

Every baby awakens one or more times a night. The way to avoid sleep deprivation is to know the total amount of sleep you need per day and to get that sleep in bits and pieces. Go to bed earlier in the evening after your baby's final feeding of the day. When your baby naps you must also nap. Your baby doesn't need you hovering while he or she sleeps. If sick, your baby will show symptoms. While you are napping take the telephone off the hook and put up a sign on the door saying MOTHER AND BABY SLEEPING. If your total sleep remains inadequate, hire a baby sitter or bring in a relative. If you don't take care of yourself, you won't be able to take care of your baby.

The Postpartum Blues

More than 50% of women experience postpartum blues on the third or fourth day after delivery. The symptoms include tearfulness, tiredness, sadness, and difficulty in thinking clearly. The main cause of this temporary reaction is probably the sudden decrease of maternal hormones. Since the symptoms commonly begin on the day the mother comes home from the hospital, the full impact of being totally responsible for a dependent newborn may also be a contributing factor. Many mothers feel let down and guilty about these symptoms because they have been led to believe they should be overjoyed about caring for their newborn. In any event, these symptoms usually clear in 1 to 3 weeks as the hormone levels return to normal and the mother develops routines and a sense of control over her life.

There are several ways to cope with the postpartum blues. First, acknowledge your feelings. Discuss them with your husband or a close friend as well as your sense of being trapped and that these new responsibilities seem insurmountable. Don't feel you need to suppress crying or put on a "supermom show" for everyone. Second, get adequate rest. Third, get help with all your work. Fourth, renew contact with other people; don't become isolated. Get out of the house at least once a week--go to the hairdresser, shop, visit a friend, or see a movie. By the fourth week, setting aside an evening a week for a "date" at home with your husband is also helpful. Take-out food and a rental movie can help you tap back into your marriage. If you don't feel better by the time your baby is 1 month old, see your health care provider about the possibility of counseling for depression.

Helpers: Relatives, Friends, Sitters

As already emphasized, everyone needs extra help during the first few weeks alone with a new baby. Ideally, you were able to make arrangements for help before your baby was born. The best person to help (if you get along with her) is usually your mother or mother-in-law. If not, teenagers or adults can be hired to come in several times a week to help with housework or look after your baby while you go out or get a nap. If you have other young children, you will need daily help. Clarify that your role is looking after your baby. Your helper's role is to shop, cook, houseclean, and wash clothes and dishes. If your newborn has a medical problem that requires special care, ask for home visits by a public health nurse.

The Father's Role

The father needs to take time off from work to be with his wife during labor and delivery, as well as on the day she and his child come home from the hospital. If the couple has a relative who will temporarily live in and help, the father can continue to work after the baby comes home. However, when the relative leaves, the father can take saved-up vacation time as paternity leave. At a minimum he needs to work shorter hours until his wife and baby have settled in.

The age of noninvolvement of the father is over. Not only does the mother need the father to help her with household chores, but the baby also needs to develop a close relationship with the father. Today's father helps with feeding, changing diapers, bathing, putting to bed, reading stories, dressing, disciplining, homework, playing games, and calling the doctor when the child is sick. The father needs to be his wife's support system. He needs to relieve her in the evenings so she can nap or get a brief change of scenery.

A father may avoid interacting with his baby during the first year of life because he is afraid he will hurt his baby or that he won't be able to calm the child when the baby cries. The longer a father goes without learning parenting skills, the harder it becomes to master them. At a minimum, a father should hold and comfort his baby at least once a day.

Visitors

Only close friends and relatives should visit you during your first month at home. They should not visit if they are sick. To prevent unannounced visitors, the parents can put up a sign saying MOTHER AND BABY SLEEPING. NO VISITORS. PLEASE CALL FIRST. Friends without children may not understand your needs. During visits the visitor should also pay special attention to older siblings.

Feeding Your Baby: Achieving Weight Gain

Your main assignments during the early months of life are loving and feeding your baby. All babies lose a few ounces during the first few days after birth. However, they should never lose more than 7% of the birth weight (usually about 8 ounces). Most bottle-fed babies are back to birth weight by 10 days of age, and breast-fed babies by 14 days of age. Then infants gain approximately an ounce per day during the early months. If milk is provided liberally, the normal newborn's hunger drive ensures appropriate weight gain.

A breast-feeding mother often wonders if her baby is getting enough calories, since she can't see how many ounces the baby takes. Your baby is doing fine if he or she demands to nurse every 1 1/2 to 2 1/2 hours, appears satisfied after feedings, takes both breasts at each nursing, wets 6 or more diapers each day, and passes 3 or more soft stools per day. Whenever you are worried about your baby's weight gain, bring your baby to your physician's office for a weight check. Feeding problems detected early are much easier to remedy than those of long standing. A special weight check 1 week after birth is a good idea for infants of a first-time breast-feeding mother or a mother concerned about her milk supply.

See also:

Feeding: Breast Milk

Feeding: Formula (Bottle)

Dealing with Crying

Crying babies need to be held. They need someone with a soothing voice and a soothing touch. You can't spoil your baby during the early months of life. Overly sensitive babies may need an even gentler touch.

For additional help on this subject, see Colic.

Sleep Position

Remember to place your baby in his crib on his back. As of 1992, this is the sleep position recommended by the American Academy of Pediatrics for healthy babies. The back (supine) position reduces the risk of Sudden Infant Death Syndrome (SIDS).

Taking Your Baby Outdoors

You can take your baby outdoors at any age. You already took your baby outside when you left the hospital,

and you will be going outside again when you take him or her for the two-day or two-week checkup.

Dress the baby with as many layers of clothing as an adult would wear for the outdoor temperature. A common mistake is overdressing a baby in summer. In winter, a baby needs a hat because he or she often doesn't have much hair to protect against heat loss. Cold air or winds do not cause ear infections or pneumonia.

The skin of babies is more sensitive to the sun than the skin of older children. Keep sun exposure to small amounts (10 to 15 minutes at a time). Protect your baby's skin from sunburn with longer clothing and a bonnet.

Camping and crowds should probably be avoided during your baby's first month of life. Also, during your baby's first year of life try to avoid close contact with people who have infectious illnesses.

Medical Checkup on the Third or Fourth Day of Life

Early discharge from the newborn nursery has become commonplace for full-term babies. Early discharge means going home within 24 to 48 hours after giving birth. In general this is a safe practice if the baby's hospital stay has been uncomplicated. These newborns need to be re-checked 2 days after discharge to see how well they are feeding, urinating, producing stools, maintaining weight, and breathing. They will also be checked for jaundice and overall health. In some cases, this special re-check will be provided in your home.

The Two-Week Medical Checkup

This checkup is probably the most important medical visit for your baby during the first year of life. By two weeks of age your baby will usually have developed symptoms of any physical condition that was not detectable during the hospital stay. Your child's health care provider will be able to judge how well your baby is growing from his or her height, weight, and head circumference.

This is also the time your family is under the most stress of adapting to a new baby. Try to develop a habit of jotting down questions about your child's health or behavior at home. Bring this list with you to office visits to discuss with the physician. Most physicians welcome the opportunity to address your agenda, especially if your questions are not easily answered by reading or talking with other mothers.

If at all possible, both the mother and father should go to these visits. Most physicians prefer to get to know both parents during a checkup rather than during the crisis of an acute illness.

If you think your newborn starts to look or act sick between the routine visits, be sure to call your child's health care provider for help.

See The Sick Newborn: Subtle Symptoms

Published by McKesson Provider Technologies.

Written by B.D. Schmitt, M.D., author of "Your Child's Health," Bantam Books.

Special Instructions:

Newborn's Normal Appearance

Even after your child's physician assures you that your baby is normal, you may find that he or she looks a bit odd. Your baby does not have the perfect body you have seen in baby books. Be patient. Most **newborns** have some peculiar characteristics. Fortunately they are temporary. Your baby will begin to look normal by 1 to 2 weeks of age.

This discussion of these **newborn** characteristics is arranged by parts of the body. A few minor congenital defects that are harmless but permanent are also included. Call your physician if you have questions about your baby's appearance that this list does not address.

HEAD

1. **Molding** Molding refers to the long, narrow, cone-shaped head that results from passage through a tight birth canal. This compression of the head can temporarily hide the fontanel. The head returns to a normal shape in a few days.
2. **Caput** This refers to swelling on top of the head or throughout the scalp due to fluid squeezed into the scalp during the birth process. Caput is present at birth and clears in a few days.
3. **Cephalohematoma** This is a collection of blood on the outer surface of the skull. It is due to friction between the infant's skull and the mother's pelvic bones during the birth process. The lump is usually confined to one side of the head. It first appears on the second day of life and may grow larger for up to 5 days. It doesn't resolve completely until the baby is 2 or 3 months of age.
4. **Anterior fontanel** The "soft spot" is found in the top front part of the skull. It is diamond-shaped and covered by a thick fibrous layer. Touching this area is quite safe. The purpose of the soft spot is to allow rapid growth of the brain. The spot will normally pulsate with each beat of the heart. It normally closes with bone when the baby is between 12 and 18 months of age.

EYES

1. **Swollen eyelids** The eyes may be puffy because of pressure on the face during delivery. They may also be puffy and reddened if silver nitrate eyedrops are used. This irritation should clear in 3 days.
2. **Subconjunctival hemorrhage** A flame-shaped hemorrhage on the white of the eye (sclera) is not uncommon. It's harmless and due to birth trauma. The blood is reabsorbed in 2 to 3 weeks.
3. **Iris color** The iris is usually blue, green, gray, or brown, or variations of these colors. The permanent color of the iris is often uncertain until your baby reaches 6 months of age. White babies are usually born with blue-gray eyes. Black babies are usually born with brown-gray eyes. Children who will have dark irises often change eye color by 2 months of age; children who will have light-colored irises usually change by 5 or 6 months of age.
4. **Tear duct, blocked** If your baby's eye is continuously watery, he or she may have a blocked tear duct. This means that the channel that normally carries tears from the eye to the nose is blocked. It is a common condition, and more than 90% of blocked tear ducts open up by the time the child is 12 months old.

EARS

1. **Folded over** The ears of **newborns** are commonly soft and floppy. Sometimes one of the edges is folded over. The outer ear will assume normal shape as the cartilage hardens over the first few weeks.
2. **Earpits** About 1% of normal children have a small pit or dimple in front of the outer ear. This minor congenital defect is not important unless it becomes infected.

NOSE, FLATTENED

The nose can become misshapen during the birth process. It may be flattened or pushed to one side. It will look normal by 1 week of age.

MOUTH

1. **Sucking callus (or blister)** A sucking callus occurs in the center of the upper lip from constant friction at this point during bottle- or breast-feeding. It will disappear when your child begins cup feedings. A sucking callus on the thumb or wrist may also develop.
2. **Tongue-tie** The normal tongue in **newborns** has a short tight band that connects it to the floor of the mouth. This band normally stretches with time, movement, and growth. Babies with symptoms from tongue-tie are rare.
3. **Epithelial pearls** Little cysts (containing clear fluid) or shallow white ulcers can occur along the gumline or on the hard palate. These are a result of blockage of normal mucous glands. They disappear after 1 to 2 months.
4. **Teeth** The presence of a tooth at birth is rare. Approximately 10% are extra teeth without a root structure. The other 90% are prematurely erupted normal teeth. The distinction can be made with an x-ray. The extra teeth must be removed by a dentist. The normal teeth need to be removed only if they become loose (with a danger of choking) or if they cause sores on your baby's tongue.

BREAST ENGORGEMENT

Swollen breasts are present during the first week of life in many female and male babies. They are caused by the passage of female hormones across the mother's placenta. Breasts are generally swollen for 2 to 4 weeks, but they may stay swollen longer in breast-fed and female babies. One breast may lose its swelling before the other one by a month or more. Never squeeze the breast because this can cause infection. Be sure to call your physician if a swollen breast develops any redness, streaking, or tenderness.

GENITALS, GIRLS

1. **Swollen labia** The labia minora can be quite swollen in **newborn** girls because of the passage of female hormones across the placenta. The swelling will resolve in 2 to 4 weeks.
2. **Hymenal tags** The hymen can also be swollen due to maternal estrogen and have smooth 1/2-inch projections of pink tissue. These normal tags occur in 10% of **newborn** girls and slowly shrink over 2 to 4 weeks.
3. **Vaginal discharge** As the maternal hormones decline in the baby's blood, a clear or white discharge can flow from the vagina during the latter part of the first week of life. Occasionally the discharge will become pink or blood-tinged (false menstruation). This normal discharge should not last more than 2 to 3 days.

GENITALS, BOYS

1. **Hydrocele** The **newborn** scrotum can be filled with clear fluid. The fluid is squeezed into the scrotum during the birth process. This painless collection of clear fluid is called a "hydrocele." It is common in **newborn** males. A hydrocele may take 6 to 12 months to clear completely. It is harmless but can be rechecked during regular visits. If the swelling frequently changes size, a hernia may also be present and you should call your physician during office hours for an appointment.
2. **Undescended testicle** The testicle is not in the scrotum in about 4% of full-term **newborn** boys. Many of these testicles gradually descend into the normal position during the following months. In 1-year-old boys only 0.7% of all testicles are undescended; these need to be brought down surgically.
3. **Tight foreskin** Most uncircumcised infant boys have a tight foreskin that doesn't allow you to see the head of the penis. This is normal and the foreskin should not be retracted.
4. **Erections** Erections occur commonly in a **newborn** boy, as they do at all ages. They are usually triggered by a full bladder. Erections demonstrate that the nerves to the penis are normal.

BONES AND JOINTS

1. **Tight hips** Your child's physician will test how far your child's legs can be spread apart to be certain the hips are not too tight. Upper legs bent outward until they are horizontal is called "90 degrees of spread." (Less than 50% of normal **newborn** hips permit this much spreading.) As long as the upper legs can be bent outward to 60 degrees and are the same on each side, they are fine. The most common cause of a tight hip is a dislocation.

2. **Tibial torsion** The lower legs (tibia) normally curve in because of the cross-legged posture your baby was confined to while in the womb. If you stand your baby up, you will also notice that the legs are bowed. Both of these curves are normal and will straighten out after your child has been walking for 6 to 12 months.
3. **Feet turned up, in, or out** Feet may be turned in any direction inside the cramped quarters of the womb. As long as your child's feet are flexible and can be easily moved to a normal position, they are normal. The direction of the feet will become more normal between 6 and 12 months of age.
4. **Long second toe** The second toe is longer than the great toe as a result of heredity in some ethnic groups that originated along the Mediterranean, especially Egyptians.
5. **"Ingrown" toenails** Many **newborns** have soft nails that easily bend and curve. However, they are not truly ingrown because they don't curve into the flesh.

HAIR

1. **Scalp hair** Most hair at birth is dark. This hair is temporary and begins to shed by 1 month of age. Some babies lose it gradually while the permanent hair is coming in; others lose it rapidly and temporarily become bald. The permanent hair will appear by 6 months. It may be an entirely different color from the **newborn** hair.
2. **Body hair (lanugo)** Lanugo is the fine downy hair that is sometimes present on the back and shoulders. It is more common in premature infants. It is rubbed off with normal friction by 2 to 4 weeks of age.

Published by McKesson Provider Technologies.

Written by B.D. Schmitt, M.D., author of "Your Child's Health," Bantam Books.

Sick Newborn: Subtle Symptoms

A newborn is a baby less than 1 month old. He or she mainly eats, sleeps, cries a little, and needs a lot of love and his or her diapers changed frequently. If a newborn is ill, the symptoms can be subtle. Also, an ill newborn can very quickly get much sicker. If a newborn is sick at all, the illness can be serious.

When should I call my child's health care provider

Call IMMEDIATELY if:

- Your baby is less than 1 month old and sick in any way (for example, with a cough or diarrhea or looks pale).
- Your newborn's appetite or suck becomes poor.
- Your newborn sleeps excessively--for instance, past feeding times.
- Your newborn cries excessively.
- Your newborn develops a fever over 100.4°F (38°C) measured rectally, or over 99°F (37.2°C) measured in the armpit. *
- Your newborn's temperature drops below 96.8°F (36°C) measured rectally, or 95.4°F (35.5°C) measured in the armpit. *
- You have other urgent questions.

* In general, do not take an infant's temperature unless he or she feels hot or looks sick.

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Written by B.D. Schmitt, M.D., author of "Your Child's Health," Bantam Books.

Normal Newborn Reflexes and Behavior

Some newborn behaviors that concern parents are not signs of illness. They are usually due to an immature nervous system and will disappear in 3 or 4 months. Some common reflexes and behaviors include:

- trembling chin
- quivering lower lip
- having hiccups
- passing gas (this is not a temporary behavior)
- making noises when sleeping (from breathing and moving). Also during light sleep, babies can normally whimper, cry, groan, or make other strange noises. If you use a nursery monitor don't over-react to these normal variations in sleep sounds.
- sneezing
- yawning
- spitting up or burping
- stiffening of the body after a noise or sudden movement (also called the startle reflex)
- straining with bowel movements
- clearing the throat (or gurgling sounds in the throat)
- breathing irregularly (This is normal if your baby is content, the rate is less than 60 breaths per minute, any pauses are less than 10 seconds long, and your baby isn't turning blue. Sometimes babies take rapid, progressively deeper breaths to completely expand their lungs.)
- trembling or jitteriness of arms and legs during crying is normal. Convulsions are rare. During convulsions babies also jerk, blink their eyes, rhythmically suck with their mouths, and don't cry. If your baby is trembling and not crying, it could be abnormal. Give her something to suck on. If the trembling doesn't stop when your baby is sucking, call your health care provider immediately.

Published by McKesson Provider Technologies.

Written by B.D. Schmitt, M.D., author of "Your Child's Health," Bantam Books.

Special Instructions:

Breast Feeding: Hints to Help You Get Off to a Good Start

What are the benefits of breast feeding?

Breast feeding has many benefits for your baby. Breast milk is rich in nutrients. It helps protect your baby against infections. It also helps prevent your baby from having allergies.

Breast feeding also has benefits for you. It's clean and simple--you don't have to wash bottles or mix formula. It's cheaper than using formula. It helps your uterus contract back to normal size after having been stretched during pregnancy. It delays the return of your periods (though you shouldn't count on it to prevent pregnancy). And it helps make time for you to be close to your baby.

How do I begin breast feeding?

With your free hand, put your thumb on top of your breast and your other fingers below. Don't touch your areola (the dark skin around your nipple). This is where your baby's lips will be.

Tickle your baby's lips with your nipple until your baby opens his or her mouth very wide. Put your nipple all the way in your baby's mouth and pull your baby's body close to you. This lets your baby's jaw squeeze the milk ducts under your areola.

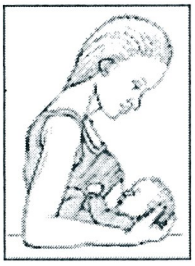
When your baby is "latched on" the right way, both lips should pout out (not be pulled in over his or her gums) and take in nearly all of the areola. Instead of smacking noises, your baby will make low-pitched swallowing noises. Your baby's jaw may move back and forth. If you feel pain while your baby is nursing, he or she is probably not latched on correctly.

Your baby's nose may be touching your breast during nursing. Babies' noses are designed to allow air to get in and out in just such a case. But if you're concerned that your baby can't breathe easily, you can gently press down on your breast near your baby's nose to give him or her more room to breathe.

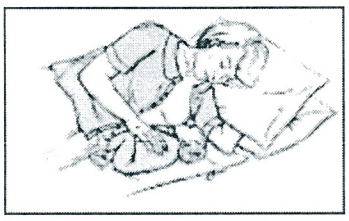
How should I hold my baby while breast feeding?

You can hold your baby in a number of ways. Your baby shouldn't have to turn his or her head or strain his or her neck to nurse.

In the **cradle position**, you put your baby's head in the crook of your arm. Support your baby's back and bottom with your arm and hand. Your baby will be lying sideways facing you. Your breast should be right in front of your baby's face.



The **football position** consists of tucking your baby under your arm like a football with his or her head resting on your hand. Support your baby's body with your forearm. This may be a good position if you're recovering from a cesarean section or if your baby is very small.



You can also **lie on your side** with your baby facing you. You can use pillows to prop up your head and shoulders. This is also a good position if you're recovering from a cesarean section or an episiotomy.

What is the let-down reflex?

A few seconds to several minutes after you start breast feeding, you may feel a tingle in your breast, and milk may start to drip from the breast not being used. These are signs that your milk has "let-down." This means your milk is ready to flow.

This let-down reflex makes breast feeding easier for your baby. Let-down may also occur if a feeding is overdue, if you hear your baby cry or even if you think about your baby.

Let-down can be forceful enough to cause your baby to cough. If this is a problem, you can express some of your milk by hand before a feeding to bring on the let-down reflex before you start breast feeding.

What can I do if my nipples get sore?

It's easier to prevent sore nipples than it is to treat them. The main thing that causes sore nipples is when your baby doesn't latch on properly.

If your baby isn't latched on the right way, you'll need to start over. To take your baby off your breast, release the suction by putting your finger in the corner of your baby's mouth between the gums.

Don't limit the time you let your baby nurse. Putting a limit on nursing time doesn't prevent sore nipples, but it may keep the milk ducts from completely emptying. This can lead to swelling and pain. Applying crushed ice compresses before nursing can ease discomfort.

Some women find that rubbing lanolin or vitamin E oils on their nipples is soothing. If you use lanolin or vitamin E oils, wash them off before feeding your baby.

Call your doctor if you have a red, sore or painful area on your breast, if you have painful engorgement (overfull breasts), if you have a fever or if you feel achy. These may be signs of an infection.

How often should I feed my baby?

Feed your baby as often as he or she wants to be fed. This may be 8 to 12 times a day or more. How often your baby wants to feed may change over time as he or she goes through growth spurts. Growth spurts occur

at about 2 and 6 weeks of age and again at about 3 and 6 months of age.

Let your baby nurse until he or she is satisfied. This may be for about 15 to 20 minutes at each breast. Try to have your baby nurse from both breasts at each feeding. The box below lists the signs to watch for so you'll know your baby is getting enough milk. If you're nursing fewer than eight times a day, be especially aware of these signs.

How can I increase my milk supply?

If you think your baby needs more milk, increase the number of feedings a day. It's also important to get plenty of rest and eat right. Give your body time to catch up to your baby's demands.

Don't start giving your baby formula or cereal. If you give formula or cereal to your baby, he or she may not want as much breast milk. This will decrease your milk supply. Also, your baby doesn't need any solid foods until he or she is 4 to 6 months old.

What should I eat?

The best diet for a breast feeding woman is well-balanced and has plenty of calcium. This means you should eat fruits and vegetables, whole-grain cereals and breads, meats or beans, and milk and dairy foods like cheese. You'll need to get enough calories--about 500 more per day than usual--and you'll need to drink more fluids.

A balanced diet that includes 5 servings of milk or dairy products each day will give you enough calcium. If you don't eat meat or dairy products, you can get the calcium you need from broccoli, sesame seeds, tofu and kale. Talk to your doctor about taking extra calcium if you don't think you're getting enough from your diet.

What should I avoid eating?

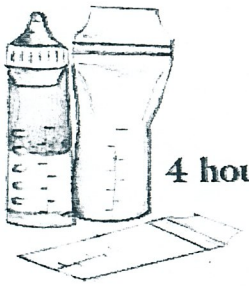
If you think a food you're eating bothers your baby, quit eating it. Caffeine and alcohol can get into your milk, so limit how much you drink. Drugs--even those you can buy without a prescription--can also get into your milk. Don't take anything without talking to your doctor first. Also, if you smoke, nursing is another good reason to try to quit. Smoking can cause you to make less milk and the chemicals in cigarettes and smoke can get into your milk.

Special Instructions:

How to Store Breast Milk

If you are returning to work or school, you can pump your milk while you are away from home.

Store your freshly pumped or expressed breast milk in a clean, sealed container.

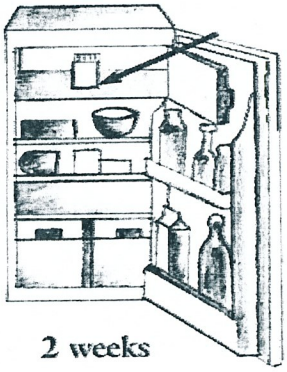


4 hours

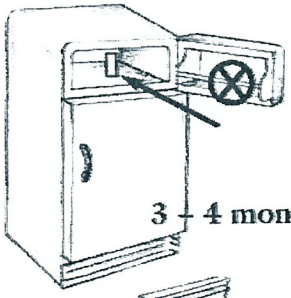
24 hours

Outside the refrigerator:

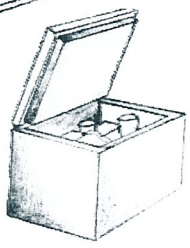
- Pumped or expressed milk will keep for 4 hours, if it is cooler than 100° F.
- When possible, put the pumped or expressed milk in a cooler with an ice pack until it can be refrigerated.
- Pumped or expressed milk may be kept in a cooler with an ice pack for up to 24 hours.



2 weeks



3 – 4 months

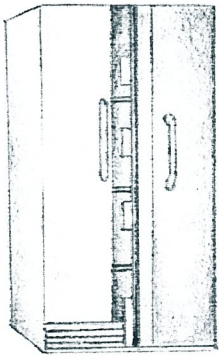


6 months

In the freezer:

- Frozen breast milk stored in a freezer compartment ***inside*** the refrigerator will keep up to 2 weeks.
- Frozen breast milk stored in the freezer compartment with a separate door will keep up to 3 – 4 months.
- Frozen breast milk stored in a separate deep freeze at a constant temperature of O° F will keep for 6 months or longer.

In the refrigerator:



- Store the breast milk in the center of the refrigerator, not in the door.
- Use the fresh pumped or expressed breast milk within 5-8 days.
- Freeze your pumped or expressed breast milk if it will not be used within the 5 days.

Defrosting frozen milk:

- Defrost the frozen milk in the refrigerator or under warm running water.
- Do not defrost it in the microwave or boil it on the stove.
- Defrosted milk stored in the refrigerator must be used within 24 hours.
- Defrosted milk kept at room temperature should be used within 1 hour.
- Do not refreeze defrosted milk.

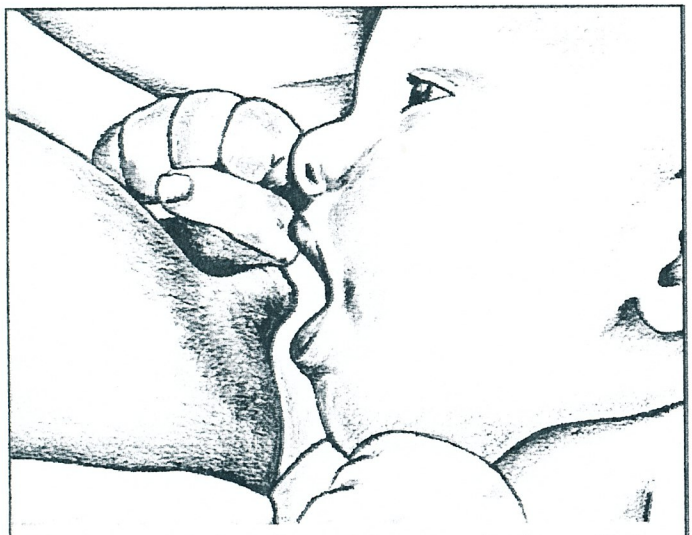
Tips on Using Expressed Breast Milk:

- Breast milk will separate naturally — the milk is still good. Just shake it to mix it.
- Throw away leftover breast milk after a feeding.

Developed by South Los Angeles Health Projects SM 4/04

Sore Nipples

To avoid soreness, make sure that your baby is attached and positioned correctly on your breast. If it hurts, take the baby off and try again.



Tickle your baby's lips with your nipple until she opens her mouth VERY WIDE, like a yawn.

Bring your baby in close to you– her chest to your chest. Her nose and chin should be touching your breast. Her mouth should cover much of the dark area around your nipple - slightly more of the area below the nipple than above.

When removing your baby from your breast, place your little finger in the corner of the baby's mouth, between the gums to break the suction; then gently move the baby away from the breast.

If your nipples are sore, try nursing in different positions.

Cross-cradle hold

Clutch position

Lying down

- Begin breastfeeding on the side that is less sore.
- If both breasts are sore, massage your breasts before breastfeeding until the milk begins to flow.
- After feeding, wash your hands and express a few drops of your milk and rub it into the sore skin; warm water may also be helpful.
- If soreness doesn't improve within 1 to 2 days, consult a breastfeeding counselor.

Developed by South Los Angeles Health Projects SN 4/04

Extreme Fullness

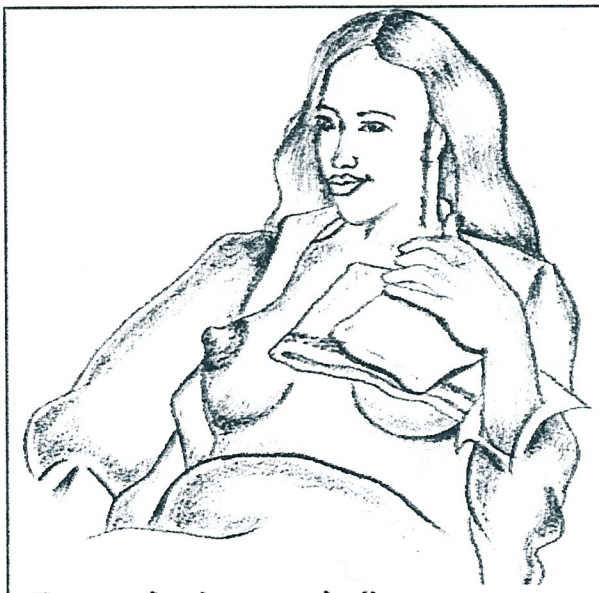
It is normal to experience increasing breast fullness during the first few days after birth. Some mothers experience extreme fullness, which may be uncomfortable and make it difficult to breastfeed.

To prevent extreme fullness in your breasts:

- Breastfeed on cue — whenever your baby is interested, or 8 - 12 times per 24 hours.
- Wake your newborn to breastfeed if he sleeps longer than 2 hours during the day or 3 hours during the night.
- Latch your baby on to your breast so that he takes most of the dark area around your nipple, taking slightly more of the dark area below the nipple than above.
- Use both breasts at each feeding, if you can.
- Let your baby decide when to stop breastfeeding. A breastfeeding may take between 1/2 to one hour.

To relieve discomfort

If extreme fullness occurs, lean over a basin of warm water and stroke your breasts. This will help the milk flow into the water and soften your breasts, and will help your baby latch on.



For comfort between feedings you can use a cold compress or frozen pack.

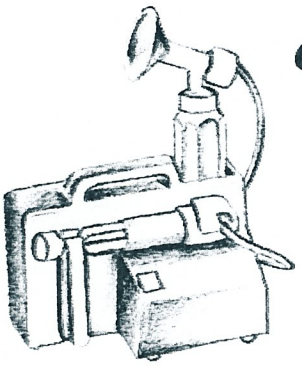
*If these steps don't resolve the problem, call a breastfeeding counselor to help you find a way to breastfeed your baby comfortably.

Developed by South Los Angeles Health Projects EF 4/04

How to Pump Your Breast Milk

Mothers who are pumping milk for premature or sick babies should consult their pediatrician or a lactation consultant. These guidelines apply to healthy term babies.

YOU WILL NEED:



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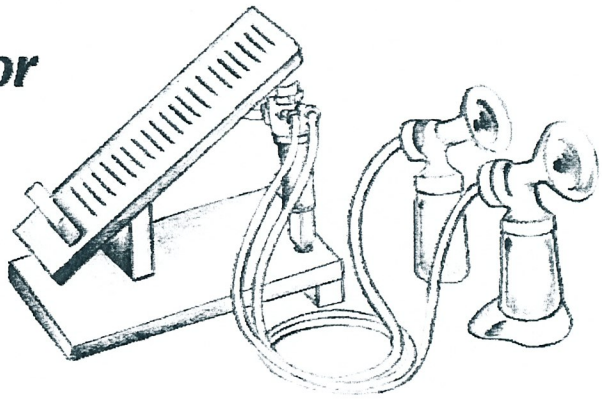
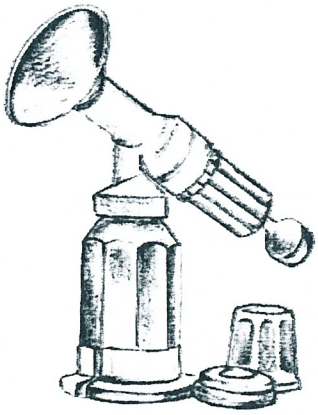


To Pump Your Milk:

- Learn how to use your breast pump correctly
- Set up a pumping schedule — Pump at the same times each day.
- Wash your hands with soap and water before you begin.
- Pour small amounts of collected milk (2 to 3oz) into a clean bottle or milk storage bag.
- Date and label the milk storage bag, leaving an inch of empty space.



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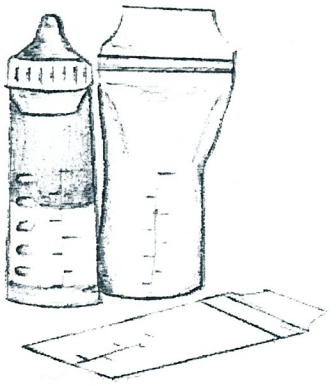

Helpful Hints:

- Before pumping, place a warm towel on your breasts; massage your breasts to improve the flow of your milk.
- You may not get a lot of milk the first few days. Continued pumping will increase your milk supply.

Developed by South Los Angeles Health Projects JM 4/04

Formula (Bottle) Feeding

Should I use formula?

Breast milk is best for babies, but breast-feeding isn't always possible. You will need to use a baby formula if:

- You decide not to breast-feed.
- You need to stop breast-feeding and your baby is less than 1 year old.
- You need to occasionally supplement breast-feeding with formula (after breast-feeding is well established).

If you want to breast-feed but you think you are not making enough milk, don't stop breast-feeding. Talk to your health care provider or lactation nurse before you stop. Any bottle feeding, before breast-feeding has been well established, could reduce your supply of breast milk and make it difficult to continue breast-feeding.

What type of formula should I use?

If your child is less than 1 year old, discuss which formula to use with your health care provider.

Baby formulas are designed to give your baby all known essential nutrients in their proper amounts. Most formulas are made from cow's milk. A few are made from soybeans. Soy formula is used for babies who may be allergic to or have difficulty digesting the type of protein in cow's milk. The American Academy for Pediatrics recommends you use iron-fortified (not low-iron) formula to prevent anemia.

Most formulas are available in three forms: powder, concentrated liquid, and ready-to-serve liquid. Powder and ready-to-serve liquid are best if you are using it to supplement breast milk. Powder and concentrated liquid formulas are less expensive per feeding than ready-to-serve formulas.

When can I give my baby regular milk?

Regular, whole cow's milk should not be given to babies before 12 months of age. This is because of increased risks of iron deficiency anemia and allergies. Skim or low-fat milk should not be given to babies before they are 2 years old because the fat in whole milk is needed for rapid brain growth.

How do I prepare formula?

Mix concentrated liquid formula with water in a ratio of one to one. Mix each level scoop of powdered formula with 2 ounces of water. Never make the formula for your baby more concentrated by adding extra concentrated liquid or extra powder. Never dilute the formula by adding extra water. Careful measuring and mixing ensure that your baby receives the proper mix of formula.

Do I need to boil the water first?

Most city water supplies are quite safe. If you make one bottle at a time, you don't need to use boiled water. When using tap water for preparing formula, use only water from the cold water tap. Let the water run for 2 minutes before you use it. (Old water pipes may contain lead-based solder and lead dissolves more in warm water or standing water.) Fresh, cold water is safe. After you prepare the formula with the cold water, you can heat the bottle to the right temperature. Ask your health care provider if you are not sure whether your water supply is safe for your baby.

If you have well water, you need to boil your water for 10 minutes (plus 1 minute for each 1000 feet of elevation above sea level) or use distilled water until your child is 6 months old.

If you prefer to prepare a batch of formula, you must use boiled or distilled water and closely follow the directions printed on the side of the formula can. This prepared formula should be stored in the refrigerator and must be used within 48 hours.

Can I make my own formula?

If necessary, you can make your own formula temporarily from evaporated milk. (Evaporated milk formulas have some of the same risks as whole cow's milk, namely, iron deficiency anemia and allergies.) Mix 13 ounces of evaporated milk with 19 ounces of boiled water and 2 tablespoons of corn syrup. Place this mixture in sterilized bottles and keep the bottles refrigerated until use (up to 48 hours).

What temperature does the formula need to be?

In the summertime, many children prefer cold formula. In the wintertime, most prefer warm formula. By trying formula at various temperatures you can probably find out what your child prefers. If you do warm the formula, check the temperature of the formula before you give it to your baby. If it is too hot it will burn your baby's mouth. Be especially careful if you heat the formula in a microwave because the formula can get too hot very quickly.

How often should I feed my baby?

Your health care provider will tell you when and how often to feed your baby. In general, your baby will probably need:

- 6 to 8 formula feedings per day for the first month
- 5 to 6 formula feedings per day from 1 to 3 months
- 4 to 5 formula feedings per day from 3 to 7 months
- 3 to 4 formula feedings per day from 7 to 12 months

If your baby is not hungry at some feedings, increase the time between feedings.

How much formula should I give my baby?

Newborns usually start with 1 ounce per feeding, but by 7 days they can take 3 ounces. The amount of formula that most babies take per feeding (in ounces) can be calculated by dividing your baby's weight (in pounds) in half. For example, if your baby weighs 8 pounds, your baby will probably drink 4 ounces of formula per feeding. No baby should drink more than 32 ounces of formula a day. If your baby needs more than 32 ounces and is not overweight, consider starting solid foods. Overfeeding can cause vomiting, diarrhea, or excessive weight gain.

How should I hold the baby during feedings?

Feeding should be a relaxing time -- a time for you to provide both food and comfort for your baby. Make sure that both you and the baby are comfortable:

- Your arm supported by a pillow.
- Baby in a semi-upright feeding position supported in the crook of your arm. This position reduces choking and the flow of milk into the middle ear.
- The bottle tilted so that the nipple and the neck of the bottle are always filled with formula. (This prevents your baby from taking in too much air.)

How long should I feed my baby?

Gently remove the bottle from time to time to let your baby rest. A feeding shouldn't take more than 20 minutes. If it does, you are overfeeding your baby or the nipple is clogged. A clean nipple should drip about 1 drop per second when the bottle of formula is turned upside-down.

Do I need to burp my baby?

Burping is optional. It doesn't decrease crying. Burping helps your baby spit up less. Air in the stomach does

not cause pain. If you burp your baby, be sure to wait until your baby reaches a natural pause in the feeding process. Burping two times during feeding and for about a minute is plenty. More burping may be needed if your baby spits up a lot.

How long can I store formula?

Prepared formula should be stored in the refrigerator. It must be used within 48 hours. Prepared formula left at room temperature for more than 1 hour should be thrown away. At the end of each feeding, throw away any formula left in the bottle.

Does my baby need to drink water?

Babies do not routinely need extra water. However, when they have a fever or the weather is hot they should be offered a bottle of water twice a day. Run the water from the tap for 2 minutes before you use it for drinking. Keep some of this water in your refrigerator.

Do I need to give my baby vitamins?

No. Baby formulas contain all the vitamins and minerals your baby will need.

Do I need to give my baby fluoride?

From 6 months to 16 years of age, children need fluoride to prevent cavities. If the water supply where you live contains fluoride and your child drinks at least 1 pint of formula made with water each day, this should be enough. Otherwise, fluoride drops or tablets should be given separately. You can get a prescription for fluoride drops from your child's health care provider.

Another way you can help your baby's teeth is by making sure your baby does not sleep with a bottle. Milk, juice, or any sweetened liquid in the mouth can cause severe decay of your baby's first teeth. Liquids tend to pool in the mouth during sleep. The sugar in these drinks is changed to acid by bacteria in the mouth. The acid then etches the tooth enamel and causes decay.

Prevent tooth decay by not using the bottle as a daytime or nighttime pacifier. If you cannot stop the nighttime bottle or replace it with a pacifier, fill the bottle with water.

Published by McKesson Provider Technologies.

Written by B.D. Schmitt, M.D., author of "Your Child's Health," Bantam Books.

Special Instructions:

Newborn Skin: Rashes and Birthmarks

After the first bath your newborn will normally have a ruddy complexion due to the extra high count of red blood cells. He can quickly change to a pale- or mottled-blue color if he becomes cold, so keep him warm. During the second week of life, your baby's skin will normally become dry and flaky. Many babies also get rashes or have birthmarks. In this handout, seven kinds of rashes and birthmarks are covered.

1. **Acne of newborn** More than 30% of newborns develop acne of the face: mainly small, red bumps. This neonatal acne begins at 3 to 4 weeks of age and lasts until 4 to 6 months of age. The cause appears to be the transfer of maternal androgens (hormones) just prior to birth. Since it is temporary, no treatment is necessary. Baby oil or ointments will just make it worse.
2. **Drooling rash** Most babies have a rash on the chin or cheeks that comes and goes. Often, this rash is caused by contact with food and acid that have been spit up from the stomach. Rinse your baby's face with water after all feedings or spitting up. Other temporary rashes on the face are heat rashes in areas held against the mother's skin during nursing (especially in the summertime). Change your baby's position more frequently and put a cool washcloth on the area that has a rash. No baby has perfect skin. The babies in advertisements wear makeup.
3. **Erythema toxicum** More than 50% of babies get a rash called erythema toxicum on the second or third day of life. The rash is composed of 1/2- to 1-inch-size red blotches with a small white lump in the center. They look like insect bites. They can be numerous, keep occurring, and be anywhere on the body surface (except palms and soles). The cause of this rash is unknown and it is harmless. The rash usually disappears by the time an infant is 2 weeks old, but sometimes not until a child is 4 weeks old.
4. **Forceps or birth canal injury** If your baby's delivery was difficult, a forceps may have been used to help him through the birth canal. The pressure of the forceps on the skin can leave bruises or scrapes or can even damage fat tissue anywhere on the head or face. Pressure from the birth canal can damage the skin overlying bony prominences (such as the sides of the skull) even without a forceps delivery. Fetal monitors can also cause scrapes and scabs on the scalp. You will notice the bruises and scrapes 1 or 2 days after birth. They will disappear in 1 to 2 weeks. Injury to fat tissue won't be apparent until the fifth or sixth day after birth. A thickened lump of skin with an overlying scab is what you usually see. This may take 3 or 4 weeks to heal. For any breaks in the skin, apply an antibiotic ointment (OTC) until healed. If it becomes tender to the touch or soft in the center or shows other signs of infection, call your physician.
5. **Milia** Milia are tiny white bumps that occur on the faces of 40% of newborn babies. The nose and cheeks are most often involved, but milia are also seen on the forehead and chin. Although they look like pimples, they are smaller and not infected. They are blocked-off skin pores and will open up and disappear by 1 to 2 months of age. Do not apply ointments or creams to them. Any true blisters (little bumps containing clear fluid) or pimples (little bumps containing pus) that occur during the first month of life (especially on the scalp) must be examined and diagnosed quickly. If they are caused by the herpesvirus, they must be treated right away. If you suspect blisters or pimples, call your child's physician immediately.
6. **Mongolian spots** A Mongolian spot is a bluish-gray, flat birthmark that is found in more than 90% of American Indian, Asian, Hispanic, and black babies. They occur most commonly over the back and buttocks, although they can be present on any part of the body. They vary greatly in size and shape. Most fade away by 2 or 3 years of age, although a trace may persist into adult life.
7. **Stork bites (pink birthmarks)** Flat pink birthmarks (also called capillary hemangiomas) occur over the bridge of the nose, the eyelids, or the back of the neck in more than 50% of newborns. Most of these spots fade and disappear, but some can persist into adult life. Those on the forehead that run from the bridge of the nose up to the hairline usually persist into adult life. Laser treatment during infancy should be considered.

Published by McKesson Provider Technologies.

Written by B.D. Schmitt, M.D., author of "Your Child's Health," Bantam Books.

Newborn Skin Care (Normal)

Bathing

You may bathe your baby daily, but for the first few months, 2 or 3 times a week is often enough for a full bath. Clean your baby's drools and spills as they happen and keep the face, hands and diaper area clean.

Keep the bath water level below the naval or give sponge baths until a few days after the navel cord has fallen off. Submerging the cord could cause infection or interfere with its drying out and falling off. Getting the cord a little wet doesn't matter.

Use tap water without any soap or with a nondrying baby soap. Don't forget to wash the face and neck; otherwise, chemicals from dribbled milk and food can build up and cause an irritated rash. Also rinse off the eyelids with water.

Don't forget to wash the genital area. However, when you wash the inside of the female genital area (the vulva), never use soap. Rinse the area with plain water and wipe from front to back to prevent irritation. This practice and the avoidance of any bubble baths before puberty may prevent many urinary tract infections and vaginal irritations. At the end of the bath, rinse your baby well; soap residue can be irritating.

Changing Diapers

After you remove a wet diaper, just rinse your baby's bottom off with a wet washcloth or diaper wipe. After soiled diapers, rinse the bottom under running warm water or in a basin of warm water. You can't clean BMs off the skin with diaper wipes alone. Millions of bacteria will remain and cause diaper rashes. After you clean the rear, cleanse the genital area by wiping front to back with a wet cloth. If you have a boy, carefully clean the scrotum. If you have a girl, carefully clean the creases of the vaginal lips (labia).

Shampoo

Wash your baby's hair once or twice a week with a special baby shampoo that doesn't sting the eyes. Don't be concerned about hurting the anterior fontanelle (soft spot on the head). It is well protected.

Lotions, Ointments, and Powder

Newborn skin normally does not require any ointments or creams. Especially avoid putting any oil, ointment, or greasy substance on your baby's skin because this will almost always block the small sweat glands and lead to pimples or a heat rash. If the skin starts to become dry and cracked, use a baby lotion, hand lotion, or moisturizing cream twice a day.

Cornstarch powder can be helpful for preventing rashes in areas of friction. Avoid talcum powder because it can cause a serious chemical pneumonia if inhaled into the lungs.

Umbilical Cord

Try to keep the cord dry. Put rubbing alcohol on the base of the cord (where it attaches to the skin) twice a day (including after the bath) until 1 week after it falls off. Although using alcohol can delay the separation of the cord by 1 or 2 days, it does prevent cord infections, and that's what is most important. Air exposure helps the cord stay dry and eventually fall off, so keep diapers folded down below the cord area. If you are using disposable diapers, you can cut a wedge out of the diaper scissors so the cord is not covered.

Fingernails and Toenails

Cut the toenails straight across to prevent ingrown toenails. When you cut fingernails, round off the corners of the nails so your baby doesn't scratch himself or others.

Trim the nails once a week after a bath, when the nails are softened by the bath. Use clippers or special baby scissors. This job usually takes two people unless you do it while your child is asleep.

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Special Instructions:

Prevention of Infant Sleep Problems

How do I prevent sleep problems?

Parents want their children to go to bed without resistance and to sleep through the night. They look forward to a time when they can again have 7 or 8 hours of uninterrupted sleep. Newborns, however, have a limit to how many hours they can go without a feeding, usually 4 or 5. By 2 months of age, some 50 percent of bottle-fed infants can sleep through the night. By 4 months, most bottle-fed infants have acquired this capacity. Most breast-fed babies can sleep through the night by 5 months of age. Good sleep habits may not develop, however, unless you have a plan.

Consider the following guidelines if you want to teach your baby that nighttime is a special time for sleeping, that her crib is where she stays at night, and that she can put herself back to sleep. It is far easier to prevent sleep problems before 6 months of age than it is to treat them later.

Newborns

- **Place your baby in the crib when he is drowsy but awake.** This step is very important. Without it, the other preventive measures will fail. Your baby's last waking memory should be of the crib, not of you or of being fed. He must learn to put himself to sleep without you. Don't expect him to go to sleep as soon as you lay him down. It often takes 20 minutes of restlessness for a baby to go to sleep. If he is crying, rock him and cuddle him. But when he settles down, try to place him in the crib before he falls asleep. Handle naps in the same way. This is how your child will learn to put himself back to sleep after normal awakenings. Don't help your infant when he doesn't need any help. (Note: The sleep position recommended by the American Academy of Pediatrics for healthy infants is on the back.)
- **Hold or comfort your baby for all fussy crying during the first 3 months.** All new babies cry some during the day and night. If your baby cries excessively, the cause is probably colic. Always respond to a crying baby. Gentle rocking and cuddling seem to help the most. Babies can't be spoiled during the first 3 or 4 months of life. But even colicky babies have a few times each day when they are drowsy and not crying. On these occasions, place your child in the crib and let him learn to comfort himself and put himself to sleep.
- **Do not let your baby sleep for more than 3 consecutive hours during the day.** Try to awaken him gently and entertain him. In this way, the time when your infant sleeps the longest will occur during the night. (Note: Many newborns can sleep 5 consecutive hours and you can teach them to sleep for this longer period at night.)
- **Keep daytime feeding intervals to at least 2 hours for newborns.** More frequent daytime feedings (such as hourly) lead to frequent awakenings for small feedings at night. Crying is the only form of communication newborns have. Crying does not always mean your baby is hungry. He may be tired, bored, lonely, or too hot. Hold your baby at these times or put him to bed. Don't let feeding become a pacifier. For every time you nurse your baby, there should be 4 or 5 times that you snuggle your baby without nursing. Don't let him get into the bad habit of eating every time you hold him. That's called grazing.
- **Make middle-of-the-night feedings brief and boring.** You want your baby to think of nighttime as a special time for sleeping. When he awakens at night for feedings, don't turn on the lights, talk to him, or rock him. Feed him quickly and quietly. Provide extra rocking and playtime during the day. This approach will lead to longer periods of sleep at night.
- **Don't awaken your infant to change diapers during the night.** The exceptions to this rule are diapers soiled with bowel movements or times when you are treating a bad diaper rash. If you must change your child, use as little light as possible (for example, a flashlight), do it quietly, and don't provide any entertainment.
- **Don't let your baby sleep in your bed.** Once your baby is used to sleeping with you, a move to his own bed will be extremely difficult. While it's not harmful for your child to sleep with you, you probably won't get a restful night's sleep. So why not teach your child to prefer his own bed? For the first 2 or 3 months, you can keep your baby in a crib or bassinet next to your bed.
- **Give the last feeding at your bedtime (10 or 11 PM).** Try to keep your baby awake for the 2 hours before this last feeding. Going to bed at the same time every night helps your baby develop good sleeping habits.

2-Month-Old Babies

- **Move your baby's crib to a separate room.** By 3 months of age, your baby should be sleeping in a separate room. This will help parents who are light sleepers sleep better. Also, your baby may forget that her parents are available if she can't see them when she awakens. If separate rooms are impractical, at least put up a screen or cover the crib railing with a blanket so that your baby cannot see your bed.
- **Try to delay middle-of-the-night feedings.** By now, your baby should be down to one feeding during the night (2 for some breast-fed babies). Before preparing a bottle, try holding your baby briefly to see if that will satisfy her. Never awaken your baby at night for a feeding except at your bedtime.

4-Month-Old Babies

- **Try to discontinue the 2 AM feeding before it becomes a habit.** By 4 months of age, your bottle-fed baby does not need to be fed more than four times a day. Breast-fed babies do not need more than 5 or 6 nursing sessions a day. If you do not eliminate the night feedings by 6 months of age, they will become more difficult to stop as your child gets older. Remember to give the last feeding at 10 or 11 PM. If your child cries during the night, comfort him with a back rub and some soothing words instead of with a feeding. Note: Some breast-fed babies will continue to need to be nursed once during the night.
- **Don't allow your baby to hold his bottle or take it to bed with him.** Babies should think that the bottle belongs to the parents. A bottle in bed leads to middle-of-the-night crying because your baby will inevitably reach for the bottle and find it empty or on the floor.
- **Make any middle-of-the-night contacts brief and boring.** All children have 4 or 5 partial awakenings each night. They need to learn how to go back to sleep on their own at these times. If your baby cries for more than a few minutes, visit him but don't turn on the light, play with him, or take him out of his crib. Comfort him with a few soothing words and stay for less than 1 minute. If your child is standing in the crib, don't try to make him lie down. He can do this himself. If the crying continues for more than 10 minutes, calm him and stay in the room until he goes to sleep. (Exceptions: You feel your baby is sick, hungry, or afraid.)

6-Month-Old Babies

- **Provide a friendly soft toy for your child to hold in her crib.** At the age of 6 months, children start to be anxious about separation from their parents. A stuffed animal, doll, or blanket can be a security object that will give comfort to your child when she wakes up during the night.
- **Leave the door open to your child's room.** Children can become frightened when they are in a closed space and are not sure that their parents are still nearby.
- **During the day, respond to separation fears by holding and reassuring your child.** This lessens nighttime fears and is especially important for mothers who work outside the home.
- **For middle-of-the-night fears, make contacts prompt and reassuring.** For mild nighttime fears, check on your child promptly and be reassuring, but keep the interaction as brief as possible. If your child panics when you leave, or vomits with crying, stay in your child's room until she is either calm or goes to sleep. Do not take her out of the crib, but provide whatever else she needs for comfort, keeping the light off and not talking too much. At most, sit next to the crib with your hand on her. These measures will calm even a severely upset infant.

1-Year-Old Children

- **Establish a pleasant and predictable bedtime ritual.** Bedtime rituals, which can start in the early months, become very important to a child by 1 year of age. Children need a familiar routine. Both parents can be involved at bedtime, taking turns with reading or making up stories. Both parents should kiss and hug the child "goodnight." Make sure that your child's security objects are nearby. Finish the bedtime ritual before your child falls asleep.
- **Once put to bed, your child should stay there.** Some older infants have temper tantrums at bedtime. They may protest about bedtime or even refuse to lie down. You should ignore these protests and leave the room. You can ignore any ongoing questions or demands your child makes and enforce the rule that your child can't leave the bedroom. If your child comes out, return him quickly to the bedroom and avoid any conversation. If you respond to his protests in this way every time, he will learn not to try to prolong bedtime.
- **If your child has nightmares or bedtime fears, reassure him.** Never ignore your child's fears or punish him

any conversation. If you respond to his protests in this way every time, he will learn not to try to prolong bedtime.

- **If your child has nightmares or bedtime fears, reassure him.** Never ignore your child's fears or punish him for having fears. Everyone has 4 or 5 dreams a night. Some of these are bad dreams. If nightmares become frequent, try to determine what might be causing them, such as something your child might have seen on TV.
- **Don't worry about the amount of sleep your child is getting.** Different people need different amounts of sleep at different ages. The best way you can know that your child is getting enough sleep is that he is not tired during the day. Naps are important to young children but keep them less than 2 hours long. Children stop having morning naps between 18 months and 2 years of age and give up their afternoon naps between 3 and 6 years of age.

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EMERGENCY SYMPTOMS

Some emergency symptoms are either difficult to recognize or are not considered serious by some parents. Most parents will not overlook or underestimate the importance of a major burn, major bleeding, choking, a convulsion, or a coma. However, if your child has any of the following symptoms, also contact our office immediately.

Sick Newborn. If your baby is less than 1 month old and sick in any way, the problem could be serious.

Severe Lethargy. Fatigue during an illness is normal, but watch to see if your child stares into space, won't smile, won't play, is too weak to cry, is floppy, or is hard to awaken. These are serious symptoms.

Severe Pain. If your child cries when you touch or move him or her, this can be a symptom of meningitis. A child with meningitis also doesn't want to be held. Constant screaming or inability to sleep also point to severe pain.

Can't Walk. If your child has learned to walk and then loses the ability to stand or walk, he or she probably has a serious injury to the legs or an acute problem with balance. If your child walks bent over, holding his abdomen, he or she probably has a serious abdominal problem such as appendicitis.

Tender Abdomen. Press on your child's belly while he or she is sitting in your lap and looking at a book. Normally you should be able to press an inch or so in with your fingers in all parts of the belly without resistance. It is significant if your child pushes your hand away or screams. If the belly is also bloated and hard, the condition is even more dangerous.

Tender Testicle or Scrotum. The sudden onset of pain in the groin can be from twisting (torsion) of the testicle. This requires surgery within 8 hours to save the testicle.

Labored Breathing. You should assess your child's breathing after you have cleaned out the nose and when he or she is not coughing. If your child has difficulty in breathing, tight croup, or obvious wheezing, he or she needs to be seen immediately. Other signs of respiratory difficulty are a breathing rate of more than 60 breaths/minute, bluish lips, or retractions (pulling in between the ribs).

Bluish Lips. Bluish lips or cyanosis can indicate a reduced amount of oxygen in the bloodstream.

Drooling. The sudden onset of drooling or spitting, especially associated with difficulty in swallowing, can mean that your child has a serious infection of the tonsils, throat, or epiglottis (top part of the windpipe).

Dehydration. Dehydration means that your child's body fluids are low. Dehydration usually follows severe vomiting or diarrhea. Suspect dehydration if your child has not urinated in 8 hours; crying produces no tears; the mouth is dry rather than moist; or the soft spot in the skull is sunken. Dehydration requires immediate fluid replacement by mouth or intravenously.

Bulging Soft Spot. If the anterior fontanel is tense and bulging, the brain is under pressure. Since the fontanel normally bulges with crying, assess it when your child is quiet and in an upright position.

Stiff Neck. To test for a stiff neck, lay your child down, then lift the head until the chin touches the middle of the chest. If he or she is resistant, place a toy or other object of interest on the belly so he or she will have to look down to see it. A stiff neck can be an early sign of meningitis.

Injured Neck. Discuss any injury to the neck, regardless of symptoms, with your child's physician because of the risk of damage to the spinal cord.

Purple Spots. Purple or blood-red spots on the skin can be a sign of a serious bloodstream infection, with the exception of explained bruises, of course.

Fever Over 105° F (40.6° C). All the preceding symptoms are stronger indicators of serious illness than the level of fever. All of them can occur with low fevers as well as high ones.

Fevers become strong indicators of serious infection only when the temperature rises above 105° F (40.6° C). In infants a rectal temperature less than 97.5° F (36.5° C) can also be serious.

Instructions for Pediatric Patients by Barton D. Schmitt, M.D., *Pediatrician*
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