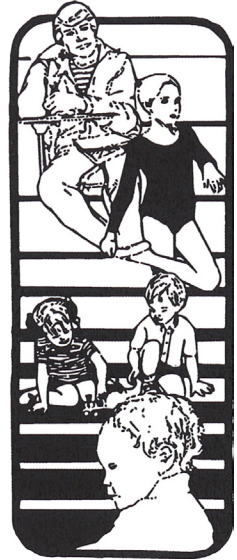


# Infant Care Guide



HENDERSONVILLE CHILDREN'S CLINIC

PORTLAND CHILDREN'S CLINIC

*PEDIATRICS*

*Infants • Children • Young Adults*

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## **INSTRUCTIONS FOR NEWBORN CARE**

During the next few days, most of your time will be spent in resting and regaining your strength. You can put this time to good use by getting to know some of the simple things which will help to make your life with baby easier and more fuss-free. While babies come in two basic models, male and female, as well as a variety of colors, we will be referring to them all as “he”, unless there are specific model differences.

Your child is a unique individual from the day he is born. You will be getting, or may have already gotten, a lot of advice from well meaning friends or relatives. Some of this may be useful, some outdated, and some just the way they did things, so they feel you should too. We will be happy to give you guidance and answer your questions while you are in the hospital and later by phone or during your visits to the office.

### **OFFICE VISITS**

Your baby should have his first medical check-up at 2 weeks of age, unless he needs our attention sooner. Please call our office to schedule an appointment one or two days after you and your baby are discharged from the hospital.

During this important first year your baby should have regular medical examinations even though he appears well. These “well-baby” visits give us an opportunity to evaluate your baby’s growth and development. We can discuss baby care and the many changes you may expect as your baby grows.

### **EMERGENCIES**

Should an emergency arise, call the office immediately. After hours you may reach us by calling the office number (824-1142) which will be answered by the answering service. Whenever we are out of town or other wise unavailable, a competent physician will be designated to help you. Normally we should be able to get back to you within 30 minutes. If you have not received a call within 1 hour then please call again. If there is a serious threat to your child’s life or health then go directly the hospital emergency room. The personnel there may contact us if necessary.

### **BABIES ARE DIFFERENT !!**

Babies are not just little adults. But they also do all the things big people do. They sneeze, yawn, belch, hiccough, pass gas, cough and cry. They also may occasionally look crossed-eyes. Since he can’t reach the Kleenex, SNEEZING is the way a baby cleans his nose of mucous or other things. It does not mean he has a cold. HICCOUGHS are little spasms of the diaphragm muscle and are normal. They usually bother parents more than the baby. Many babies had them while they were in the womb. COUGHING is a

baby's way of clearing his throat. Babies are best known for CRYING and even a healthy, well baby will probably cry for awhile each day. They can cry for an hour or so occasionally without doing themselves any harm. Babies will develop different cries for being hungry, wet, bored or mad. You will gradually learn to know what the baby means. Babies will usually reach a crying maximum of up to 3 hours throughout the day around 3 to 4 months of age. This gradually decreases over the next few months.

## **FEEDING**

Feeding is one of your baby's first pleasant experiences. A baby's first love for his mother arises during feeding. While feeding, your baby receives nourishment from his food and from his mother's love. His food helps him to grow healthy and strong, while his mother's love helps him to feel secure. Make sure your baby gets both kinds of nourishment.

During feeding both of you should be comfortable. Choose a comfortable chair, this will help you be calm and relaxed while you feed your baby. Your baby should be warm and dry so that he is comfortable, too.

## **BREAST FEEDING**

Guide the nipple into the baby's mouth while at the same time keeping the breast from pressing against your baby's nose and interfering with his breathing. Sometimes you may need to encourage your baby to nurse. Gently stroke his cheek nearest the breast. He will usually turn his head and hunt for the nipple. This is called "rooting" and is an instinctive reflex.

Nurse your baby from only one breast at each feeding. Fifteen to twenty minutes is usually long enough. To try and get your baby on a reasonable schedule and to ensure adequate nutrition, I want you to put him to breast at least every 3 hours during the day and every 4 hours at night. I will want to continue this until he has regained his birth weight and breast feeding is well established. This usually takes about two weeks. Your newborn initially may need to nurse every 2 to 2½ hours or 8 to 10 times in a 24 hour period. They usually sleep longer at night if nursed more often during the day. Eventually the baby will go longer between feedings. The goal is to have him nurse about every 3 to 4 hours. The first month or two, DO NOT let him go more than 5 hours without feeding.

## **NURSING POSITIONS**

There are three basic positions you can use to breast feed your baby:

1. The cradle position
2. The lying-down position, and
3. The football hold.

The **Cradle Position** is probably the one you're most familiar with. When you're comfortably seated, cradle your baby in one arm with his head resting in the bend of your elbow. The baby's arm should be tucked out of the way and his mouth close to your breast. The two of you are tummy to tummy with the baby diagonal to your breast. This position can be used while you're sitting up in bed with pillows supporting your back, or sitting in a chair.

In the **Lying Down Position**, you lie on your side in bed with your baby lying on his side, so you are tummy to tummy. Position your baby's head near your breast. Using your hand, lift your breast upward to your baby's mouth. When the baby starts rooting for your breast with a wide open mouth, pull your baby's head in close and guide him to your breast.

The third position is the **Football Hold**. For this one, you'll need a pillow. After you're comfortably seated in a chair, place the pillow next to you, on your nursing side. Put the baby on the pillow with his body under your armpit and cradle his head in your hand. The pillow should support your elbows, the baby's bottom and bring your baby's head up to the level of your breast. With your baby facing you, hold his head close to your breast and support his upper back with your arm. With your other hand, support your breast, fingers below and thumb above. After your baby has started rooting, pull him close to allow him to latch on.

## ENDING A FEEDING

As your baby finishes nursing he may get sleepy, his mouth will go slack and release your breast. But sometimes you'll want to take a rest or switch breasts before your baby has stopped sucking. Even if your baby isn't busy sucking, he may still have a strong hold on your breast.

There is a trick you can use to release his mouth from your breast without pulling on your nipple. Just push a finger into the corner of the baby's mouth between the gums. This should break the seal he has created and allow you to remove him from your breast. Keep it there as you remove the baby from the breast.

## BOTTLE FEEDING

**NEVER** prop up the bottle and leave the baby to feed himself. The bottle can easily slip into the wrong position. Your baby needs the security and pleasure of being held at feeding time. It's a time for you and him to relax and enjoy each other.

When seated comfortably and cradling your baby, hold the bottle so that the neck of the bottle and nipple are always filled with formula. This helps your baby get formula instead of sucking and swallowing air. If he doesn't waste energy sucking air, he's more likely to take enough formula. Air in his stomach may give him a false sense of being full or make him uncomfortable.

Your baby has a strong, natural desire to suck. For him sucking is part of the pleasure of feeding. Babies will keep sucking on nipples even after they have collapsed. Take the nipple out of his mouth occasionally to keep it from collapsing. This makes it easier for him to suck, and lets him rest a bit.

## **FORMULA PREPARATION**

There are three types of formula preparations available:

1. Ready-to-feed
2. Concentrated, and
3. Powder

The concentrated and the powder are the most economical. They are prepared by mixing the appropriate amounts of water with the formula. If using city water, (water not from a well or spring), you may use the water straight from the tap. The ready-to-feed may be poured directly into bottles. The ready-to-feed formula does not contain fluoride and fluoride drops will be needed.

Fluoride attaches to the enamel of the developing tooth and makes it stronger and less likely to decay. Most water systems in the area add fluoride to the water and it will not be necessary to give your baby a fluoride supplement. If you are unsure about your water contact your local utility office and ask if the water is fluoridated.

## **BOTTLE PREPARATION**

All utensils used in preparing formula should be kept clean. Scrub bottles, nipples and caps with hot soapy water. Squeeze water through holes in nipples. Then rinse them well with hot water. Protect bottles by putting them upside down to dry on a clean towel. Put dried nipples and caps in a clean covered jar. Wash the top of the formula can or powered formula scoop then rinse well. Bottles and nipples may also be washed in your dishwasher.

## **BURPING**

All babies tend to swallow air when they nurse, along with breast milk or formula. For this reason, it is necessary to burp them. Usually, this can be done after a feeding, but some babies may need to be burped during feeding to get rid of excess air. When they are more comfortable, they go right back to nursing.

A convenient way to burp your baby is to hold him upright against your shoulder and pat gently on his back until the excess air is expelled. Protect your shoulder with a towel or diaper in case the baby spits up part of the meal, which is normal. An equally effective method of burping is to support your baby in a sitting position on your lap or knees and then gently rub or

pat the back. In any event, if your baby hasn't burped in 3 to 5 minutes he probably won't, don't force it. There will be occasions when your baby may not need to burp.

## BABY'S BOWELS

During the first few days of life, a baby's bowel movements are smooth, sticky and greenish-black. This is meconium and has been formed in the intestines before birth. By the end of the second day, however, bowel movements will be influenced by the baby's diet.

Babies do NOT have to have a bowel movement (BM) every day. Your baby may have several BM's each day or may not have one except every 2 to 4 days. During the first few weeks of life he may have a BM after every feeding. When your baby has a BM they grunt, groan, strain, turn red, draw up their legs and their stomach gets hard. This does not mean they are constipated. They are just doing what they need to do to pass their stool.

The stools they pass are generally soft, yellowish-green, unformed and pasty in texture. If the stools are formed like round, hard balls, then your baby is constipated. You may give him 1 ounce of half-strength prune juice a couple times a day to soften his BM's.

Remember that every baby's bowel movements are different and as long as your baby is continuing to eat with good appetite, gain weight and generally do well, there is nothing to worry about.

## SLEEP

Most newborns sleep more than they do anything else (as much as 18 to 22 hours a day). Those receiving enough to eat and not having problems digesting their food will most likely sleep between feedings, with only brief periods of wakefulness. Some infants, on the other hand, are awake for longer periods of time with no apparent problems. In either case, it is probably best to allow your child to determine the amount of sleep he wants and needs.

Your baby's wakefulness will usually occur around the same time each day, often in the late afternoon. By the age of four months, most infants have learned to sleep through the night, although they remain early risers and often take two naps per day. During the first year, they usually give up one of these daytime naps.

Most babies seem to like sleeping on their side or back. Although it is not the only cause of Sudden Infant Death Syndrome (SIDS), sleep position seems to be strongly related. The American Academy of Pediatrics recommends healthy infants sleep on their side or back. Burping before bedtime will also help prevent spitting up. Check your sleeping baby from time to time, to make sure nothing interferes with breathing and try not to disturb the baby with bright lights and sudden loud noises. Water beds or bead filled cushions **should not** be used with infants. They interfere with your baby's ability to move his head so that he may breathe easily and have been associated with infants suffocating.

## **BABIES DO CRY**

Babies seldom cry for “no reason”. Crying is his way of telling you he’s hungry, cold, bored, in pain, or simply needs someone to hold him. He is trying to communicate his unhappiness to you in the only way available to him. Often the exact reason is impossible for us parents to fathom. If your baby continues to cry after being fed, burped, changed into a clean diaper, and walked around a while, he may simply be tired. Late in the day, it may be hard for an overstimulated infant to settle down. If you believe your child has gas pains these can often be relieved by rubbing or patting your baby’s back gently. This encourages burping and provides soothing contact and comfort. If gas continues to be bothersome you can try some Mylicon drops, if there is no relief then call the office during regular office hours.

Inconsolable crying may be a sign of illness. Take your baby’s temperature, if it is elevated, call the office. If you’ve done everything you can think of and your child has been crying for more than 3 hours, call the office.

## **COLIC**

If the amount of crying your baby does is more than 3 hours total throughout the day then your child may have colic. Colic may begin within a couple weeks after birth. It is characterized by periods of sudden and prolonged crying and extreme fussiness. Colic may continue until your baby reaches the age of three or four months. Meanwhile, there are forms of treatment that may provide relief.

### **HELPFUL HINTS IN CARING FOR YOUR BABY WITH COLIC**

- Your baby may be hungry. Offer him your breast or his bottle. Don’t be concerned about overfeeding your baby, he will stop when he is full.
- He may not be hungry but wants to suck. A pacifier or finger may help calm your baby.
- Baby may want to be held. Soothe your infant with motion, try rocking your baby or walking him around the room.
- Baby may be bored and need stimulation. Appeal to one sense at a time, since doing too much at once may excite your baby.
- He may be tired and wants to sleep. Darken your infant’s room at nap time. This will become a cue to allow your child to calm down and go to sleep.
- If the crying has not stopped after 5 minutes of one of the above, then try another. Decide on your own in what order to try them.
- Be wary of home remedies. There is no evidence to support the use of hot water bottles, herbal teas, or recordings of soothing sounds.

## LIVING WITH COLIC

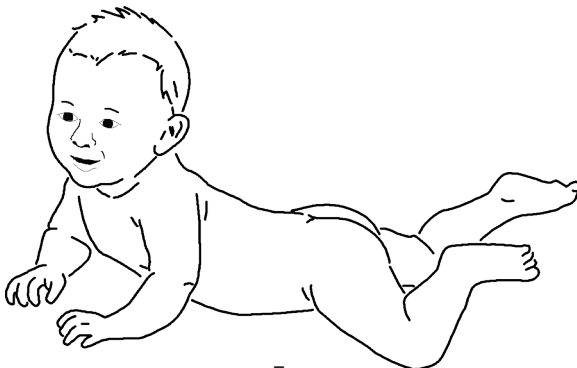
Remember colic is not your fault, and you should not be overly anxious about it. Colic is a temporary situation but can be very frustrating. You may find yourself not liking your baby while he has colic. Especially after you've done everything you know to do, but he's still crying. That's why it's important for you to have a break once in a while. Share the duties with your spouse or a relative, if available. Contact a neighbor to watch your child. If you occasionally have some time away from your baby, you may find living with colic a little easier.

## BATHING YOUR BABY

Newborn infants don't need daily baths, they don't do a lot to get dirty as yet. A sponge bath once or twice a week is sufficient, as long as you keep the baby's face and diaper area clean. Use a clean cloth with warm water to clean his face. A mild soap, such as DOVE, may be used to cleanse the body. Be sure to rinse off all the soap.

Until the umbilical cord and circumcision are healed, wash baby by sponging. After they have healed use a tub or bathinette. Have a regular time for baby's bath.

- FACE:** Wash with plain water and soft cloth and no soap.
- NOSE AND EARS:** Cleanse outer areas only with a moist, not wet cotton tipped applicator. DO NOT attempt to cleanse the inside of the nose or ears.
- MOUTH:** Not necessary to cleanse. If white areas are seen which do not wipe away with gentle rubbing, this may be thrush. Please call the office.
- HEAD:** Baby's head should be lathered gently with a mild soap or baby shampoo. The soft spots, fontanels, are tough, don't worry about them. Rinse thoroughly.
- BODY:** Use mild soap or baby wash. Be sure to wash in the creases and rinse well.



## CRADLE CAP

Cradle cap is a yellowish, scaly condition commonly found on an infant's scalp or behind the ears. It is harmless and rarely lasts beyond the first few months. It has nothing to do with lack of hygiene. Gently washing the baby's scalp with mild soap and regular hair brushing with a soft baby brush will help.

If symptoms persist, wash hair with SEBULEX SHAMPOO 3 times a week. Gently scrub scalp with a soft cloth or soft baby brush. Rinse well, avoid getting shampoo in the baby's eyes as it will irritate them.

## CARE OF THE NAVEL

The newborn's umbilical cord is normally cut shortly after birth. In the hospital the stump is painted with a dye which speeds drying and inhibits infection. It will dry up, darken, and fall off within three weeks, leaving a moist spot on your baby's navel that may take a few more days to heal. To prevent infection, keep the navel clean and dry. Cleanse the navel cord three times daily with alcohol, making sure to lift the umbilical cord up and push the skin back around the base of the navel. Do not cover the navel with diapers or plastic pants until it is completely healed.

Do not bathe your baby in the tub until the navel cord has fallen off and is completely dry..

## FEVERS

### “NORMAL” TEMPERATURE.

Your child's “normal” body temperature changes slightly throughout the day and night. It is usually lower in the morning, and higher in the afternoon and evenings. The more physically active your child is, the higher his or her body temperature is likely to be. In infants, the most accurate way to take a temperature is rectally. A rectal temperature up to 100.0 is normal. If you are unsure on how to take a rectal temperature, our staff will instruct you.

### WHAT CONSTITUTES A FEVER?

**NEWBORN (*birth to 2 months*):** Always call the doctor if your new baby has a fever ( a rectal temperature higher than 100.6 degrees F. or 38.1 degrees C.). Fever in babies this young is often caused by an infection. Fevers can also be caused by your baby not drinking enough (dehydration), by over-dressing your baby, or by the baby's reaction to a hot room, especially if he is over-dressed.

**INFANTS (*2 months to 1 year*):** Call the doctor if your baby's fever is over 101.4 degrees. Fevers in infants is often caused by respiratory infections, such as colds and ear infections, or other viral infections. Your baby may also have a low-grade fever after he gets his immunizations.

**PRE-SCHOOLERS (*1 year to 5 years*):** Call the doctor if the temperature is higher than 102.0 degrees. The most common fever-causing infections are sore throats, ear infections, bronchitis, and viral infections. When pre-schoolers receive “booster shots”, a low-grade fever is common.

## CIRCUMCISION

At present, there is no overwhelming medical reason to have your son circumcised. This is strictly a personal decision.

In the uncircumcised penis, the foreskin adheres to the head of the penis at birth and will remain so for several years. There is no reason to completely retract the foreskin until it becomes free naturally. At bath time the foreskin should be gently retracted only as far as it will easily go and cleaned with water.

If your son was circumcised, then most or all of the foreskin has been removed. After the circumcision, the head of the penis will need a small amount of petroleum jelly and gauze to protect it from sticking to the diaper material. This is only necessary for a day or two.

Gently wash the circumcised area with warm water at diaper changes if stool has collected around the circumcision.

Notify us if significant bleeding, discharge, a foul odor, or unusual swelling develops at the circumcision.

Healing is complete in about 5 to 7 days.

## PHONE CALLS

Many times during this booklet we have asked you to call for certain problems. Please call if a problem arises, but please call us about routine matters during office hours.

We do not normally call in prescriptions for antibiotics. If a child is ill enough to need an antibiotic then we feel they need to be seen.

To help us when you call please let us know the child's name, age, weight, symptoms and any allergies. Please have a pencil and paper available. If your child is crying please put him down while you call so that we will be able to hear each other. Calls which may require medications should be made while your drug store is open. Please have your pharmacy's phone number available.

If your child is sick or the suggestions in this booklet are not helping, do not hesitate to call me.

## IMMUNIZATIONS

Immunizations are very important to protect your child from serious disease. The current series consists of ***Hepatitis B (HBV) and Hepatitis A (HEPA), Diphtheria, Tetanus, Acellular Pertussis, (DTAP), heamophilus b (HIB), Polio, Measles, Mumps and Rebella (MMR), Chicken pox (Varivax), Rotovirus (Rotoshield), Meningitis (Menactra) and Human Papiloma Virus (Gardisil)***. Some of these immunizations are required to be given in a series of doses. It is very important to return to the office as instructed by your physician to make sure your series of immunizations are completed. These are given on the following schedule:

## Recommended Immunization Schedule for Ages 0–6 Years UNITED STATES • 2009

Vaccine	Age <sup>1</sup>	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B <sup>1</sup>		HepB	HepB	HepB	see footnote 1		HepB					
Rotavirus <sup>2</sup>				RV	RV	RV <sup>2</sup>						
Diphtheria, Tetanus, Pertussis <sup>3</sup>			DTaP	DTaP	DTaP	DTaP	see footnote 3	DTaP	DTaP			DTaP
Haemophilus influenzae type b <sup>4</sup>			Hib	Hib	Hib	Hib <sup>4</sup>		Hib				
Pneumococcal <sup>5</sup>			PCV	PCV	PCV	PCV	PCV	PCV			PPSV	
Inactivated Poliovirus			IPV	IPV	IPV			IPV				IPV
Influenza <sup>6</sup>									Influenza (Yearly)			
Measles, Mumps, Rubella <sup>7</sup>								MMR		see footnote 7		MMR
Varicella <sup>8</sup>								Varicella		see footnote 8		Varicella
Hepatitis A <sup>9</sup>									HepA (2 doses)			HepA Series
Meningococcal <sup>10</sup>												MCV

Range of recommended ages

Certain high-risk groups

## NOTES

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