



SUGGESTIONS FOR NEW PARENTS

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INTRODUCTION

We hope this pamphlet will answer some of the questions that you may have about the care of your new baby. It is meant to give you general information and may not apply to all infants. We will be happy to answer specific questions about your baby as they arise.

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SKIN

Jaundice — Many newborn infants develop a yellow skin color on the 2nd to 4th day. In most instances, this clears up in a few days and requires no treatment. It is caused in most cases by a temporary immaturity of the liver. Occasionally, when jaundice is prominent, a blood test may be necessary.

Dry or Peeling Skin — This is usually not abnormal, and needs no treatment.

Birthmarks — Many babies have these. The great majority require absolutely no treatment and disappear by themselves. The most common are the so-called “stork marks” over the back of the neck; they are also frequently present on the forehead and on the eyelids.

Molding of the Head — Many babies have a head which is somewhat egg-shaped. This occurs during labor and delivery to facilitate the baby’s passage through the birth canal and is not abnormal; it subsides in a few days.

Forceps Marks — When forceps are used they frequently leave a faint impression across the baby’s cheekbones. This is not abnormal and usually disappears in a few days.

Vacuum Marks — When a vacuum is used, it often leaves a bruise or swelling on the scalp which usually disappears in a few days.

Subconjunctival Hemorrhages — These are areas of hemorrhage in the “whites” of the eyes. They cause no damage, will disappear by themselves, and no treatment is required.

Swollen Eyes and Eye Discharge — This is frequently caused by the antibiotic ointment which is instilled in the baby’s eyes shortly after delivery. This ointment is necessary; it prevents a type of eye infection which was a frequent cause of blindness in the past. The swelling and discharge subside within a few days.

HORMONE CHANGES

Breast Enlargement (both sexes) — **Vaginal Discharge** (sometimes with a small amount of blood) — **Large appearing genital organs**. In most cases these variations are due to normal hormones present in the mother’s blood stream which can reach the baby and bring about these changes. They disappear without treatment.

BELLY BUTTON

Umbilical Granuloma — Occasionally when the cord falls off, a small portion of moist, reddish tissue persists. Keep clean with a wet cotton swab and dry. If this persists after a few days of care, it may need to be treated and you should call the nursing line to discuss. The cord usually falls off in the first 2 weeks.

WEIGHT

Your newborn baby is well nourished and requires little additional nourishment during the first day or two. A frequent source of concern is weight loss on the part of the baby during the first days of life. Most babies lose weight during the first three to four days of life. This weight loss may be as much as 5 to 10% of their total weight. Following this initial period of weight loss, they begin to gain, and by seven to ten days of age, most babies have regained their birth weight. By one month of age, most babies will have gained one to one and a half pounds.

FEEDING

If you intend to breast feed your baby, you will be given the opportunity to start following delivery. Most babies feed every two to four hours; however, some normal babies may wish to nurse more frequently in the first few weeks of life. It is the baby's sucking which stimulates milk production. The baby should be offered both breasts at each feeding initially. Sore nipples are not uncommon during the first few weeks of breast feeding. Should your nipple become sore, nurse more often but not as long on the affected breast. Breast engorgement is another common problem which is readily relieved by continued and more frequent nursing. Manual expression of milk, warm soaks, or a hot shower may also be helpful. Breast care should include washing with plain water without soap or other drying agents. Air dry the breast after each feeding and apply pure lanolin or a similar breast cream. Information on local nursing mother's groups is available.

There has been some difference of opinion over the years about the best feeding schedule for babies. A generation or two ago, most babies were being fed on fairly rigid schedules. More recently, the demand schedule has been popular. Based on the observation that a sleepy baby nurses poorly and a baby who is allowed to wake up hungry usually nurses well, we have favored the demand schedule, using the reasonable limits of two to four hours between daytime feedings for a baby weighing 6 lbs. or more at birth. Too liberal interpretation of the demand feeding philosophy often leads a mother to pick up and try to feed a baby who cries soon after feeding for reasons other than hunger. Do not use honey in the first year of life.

For infants fed formula, most babies weighing 6 to 8 lbs. at birth will go home on the 2nd to 3rd day, taking 2 to 4 ozs. per feeding. For those taking 3 oz. feeding or less, it would be sensible to divide the 26 oz. (one can of formula to one can of water) into 7 or 8 bottles of 3 to 3½ oz. rather than to start with six bottles of 4 oz. and have the baby waste an ounce or two with each feeding. The extra bottles, once prepared will keep a day. By the end of the week or so, most infants will be taking 3-4 ozs. per feeding and so the can of formula can then be divided into six portions.

Breast feeding alone may satisfy your baby for several months. Introduction of other foods usually starts around 6 months of age. Supplemental iron in breast and formula fed babies is recommended in the form of iron fortified baby cereal by age 6 months.

Babies being breast fed should have vitamins (Vitamin D). Formula fed babies need Vitamin D until they are consuming more than 24 ounces per day. All babies will need fluoride of some source beginning at 6 months old. Additional fluoride is of value through early adolescence.

COMMON VARIATIONS IN THE NEWBORN

Babies are unique and different from older children and adults. There are a number of features present in newborns which may cause concern on the part of the parents but are harmless.

BOWEL MOVEMENTS

Some parents worry a great deal about bowel movements. Many people fear that something dreadful will happen to the baby if he or she does not have a stool daily. A normal baby can have from one BM every 3 to 5 days to a BM with every feeding. In the first few days of baby's life it is normal to have a BM after every feeding. This tapers off in the first few weeks. Consistency ranges from soft and "seedy" to formed, depending on the baby and the feedings. Treatment may be needed if the stools are very hard, particularly if they are blood streaked. No treatment should be carried out without the advice of your physician in first 2 months of life.

SPITTING UP

Babies may spit up during the first few days of life. The material brought up is mainly mucous. At times, small amounts of formula are also "spit up".

The tendency to spit up may be minimized by:

1. Burping carefully during and after feedings.
2. Gentle handling of the baby.
3. Holding the bottle at an angle so that the nipple is filled with milk (not air).

In most instances, the tendency to spit up gradually diminishes over the first weeks of life. In a few babies it persists. If weight gain is satisfactory and the baby does not vomit forcefully, there is no cause for concern.

SKIN CARE

Very little is required, under most circumstances, to keep the baby's skin soft and free of blemishes. Newborn acne is common in the first few weeks.

The baby may be bathed with a mild non-perfumed soap. Until the cord (and circumcision in males) is healed completely, a sponge bath may be given. After this, the baby may be immersed in a tub. Your baby will enjoy the warm water and the attention of bath time. Too frequent bathing in the winter may dry the baby's skin excessively.

DIAPER RASH

Most respond to the following treatment:

- Allow the diaper area to be exposed to the air.
- Cleanse diaper area gently with soap and warm water after each bowel movement.
- Avoid diaper wipes on irritated skin. Diaper rash creams with zinc oxide are also helpful.

CARE OF THE NAVEL

At the time of baby's discharge from the hospital, the cord will usually still be attached. Until the cord has separated and the raw area healed completely, it should be kept clean and dry. As the cord detaches, a small amount of a mucousy discharge may be seen which is normal. If fleshy skin persists on the umbilicus, this is called an umbilical granuloma and may need to be treated.

CARE OF THE CIRCUMCISION

Usually the circumcision requires no further care. If slight bleeding occurs, or if the raw area sticks to the diaper, apply vaseline.

If circumcision was done with a "plastibel", a little plastic ring will remain on the penis. This needs no special care. It will fall off by itself.

STUFFY NOSE

Many young babies appear to have a stuffy nose almost all the time. Most of the time this is not due to a cold, but is simply because of the small nasal passages and the fact that baby is unable to clear mucous effectively. Hot air heating systems seem to make the situation worse by irritating the nasal passages and drying the mucous. A safe home remedy for salt drops for stuffy nose is:

¼ tsp. of salt
8 oz. of water

"Ocean" or "Saline" salt nose drops can also be purchased. Use two drops in each nostril as needed, preferably 15 minutes before feedings. Using a special infant nasal syringe after the nose drops may also be helpful. A cool-mist vaporizer can also help to humidify the air.

VAPORIZERS

One of the most useful items you can purchase for the new baby is a vaporizer. The best vaporizer is the cool-air vaporizer. Advantages of this type are:

1. It is safe and cannot cause burns if baby's face is too close to the nozzle or the unit is accidentally tipped over.
2. It will not make the bedroom uncomfortably hot.

Conditions in which vaporizers are helpful include common colds, bronchiolitis, croup, laryngitis, chronic stuffy nose, etc. Do not add anything to the water in the vaporizer. The idea of the vaporizer is merely to humidify the air, which in turn soothes the breathing passages, especially in winter. The vaporizer should be cleaned regularly per manufacturer's recommendation.

FEVER

Temperature should be taken rectally at least through 2 months of age.

If your infant is under 2 months and has a fever of 100.4°F, consult the physician immediately.

THE PREMATURE BABY

Because of the many differences between full term and premature babies, much of the advice in the booklet has to be modified for the latter. However, as the “preemie” grows and develops, he or she can be handled in much the same way as a full term baby. Because of the problems unique to the premature baby in the first weeks of life, the baby will be seen in the office more frequently.

TAKING BABY OUTDOORS

Most babies may be taken outdoors at about 2 to 3 weeks of age, providing the weather is mild.

Care should be taken to not overdress the baby, and to protect him from the sun. Sunscreen should not be widely used until 6 months of age. Instead, cover skin with shade and cloth. Because young infants are very susceptible to respiratory infection, exposure to large numbers of adults and children is not advisable until 2 months of age.

NEWBORN SCREENING

Shortly before the baby’s hospital discharge, a tiny amount of blood is taken from the heel for a screening test.

This test detects over thirty inherited diseases including phenylketonuria (PKU), hypothyroidism and cystic fibrosis. They are rare diseases which may cause intellectual disability. However, if the disease is detected very early in life, the disability may be prevented (or drastically reduced) by administration of a special diet or medication.

The state laboratory does the tests and results are returned in a week or so. We will contact you **ONLY** if the test is positive or suspicious, or if an inadequate sample of blood was obtained in the hospital, which is the most common reason for repeating the test. If you do not hear from us, please ask for the results at the 2 week or 1 month check up.

CRYING AND SLEEPING

Infants usually sleep well and cry infrequently during the first two weeks of life. More frequent and longer periods of crying occur after the 2nd week of age until 8 to 12 weeks. Parents often find their infant has a time each day when he or she cries and cannot be comforted. Some babies are labeled “colicky” because of possible belly pain. If your baby cannot be settled when he or she cries, it is permissible to allow the infant to cry.

CAR SEATS

All children should be in a **SAFE** car seat until approximately 8 years of age. Also, you may call the American Academy of Pediatrics at 1-800-CARBELT for information. Children should not be in the front seat until 13 years of age.

IMMUNIZATIONS

Immunizations are an essential part of well child care. Diseases preventable by routine immunizations include:

Diphtheria	}	DTaP	}	}	Measles	}	MMR
Pertussis (whooping cough)					Mumps		
Tetanus (Td)					Rubella		
Polio (IPV)					Pneumococcal infections (PN)		
Hepatitis B virus (HBV)					Varicella (Chicken Pox)		
Haemophilus influenzae type B (HIB)					Meningitis ACWY		
Human Papillomavirus (GARDASIL)					Meningitis B		
Hepatitis A virus					Rotavirus		
Influenza					Covid-19		

HEALTH MAINTENANCE AND IMMUNIZATION SCHEDULE

Age	Immunizations/Tests/Information
2 months	Vaxelis, PN, Rotavirus
4 months	Vaxelis, PN, Rotavirus
6 months	Vaxelis, PN, Rotavirus, Covid-19, flu
12 months	MMR, Varicella (after 12 months of age), HepA Hgb (hemoglobin), Lead (if needed)
15 months	Pentacel, PN
18 months	HepA, M-CHAT
24 months	M-CHAT
4 years	DTaP, IPV (after 4 years of age)
5 years	MMR, Varicella

THEREAFTER:

Flu vaccine is now recommended for all children 6 months of age and up.

Tdap booster at age 11. A Tetanus booster may be needed for certain injuries if it has been more than 5 years since the last booster. If you have questions, consult the physician.

Meningitis vaccine given at age 11, and a booster at 16 years.

Meningitis B at 16 and booster 6-12 months later.

Gardasil (HPV vaccine) given to girls and boys at age 12 with a booster 6 months later.

Instrument visual screen yearly starting at age 1.

Visual acuity screening starting at age 5.

This test and immunization schedule corresponds to your child's check-ups at our office. We feel these examinations are invaluable in assessing your child's health, growth and development and suggest they be done yearly from age 3.