

INTRODUCTION

Congratulations on your new baby! Becoming a parent for the first time is truly a joyous occasion, but can also cause feelings of anxiety about this new responsibility. You may realize that you have had more training to learn to drive a car than in being a mother or father. The purpose of this section of the parent handbook is to provide some guidelines to assist you in providing the best possible care for your baby.

Much of your baby's needs are supplied in the form of tender loving care. If you become concerned about a particular problem, let us know. Most problems, however, have a way of taking care of themselves. We will work together as a "team" to provide the care necessary for a happy and healthy childhood. Our goal is to make every parent as "smart" as possible about their new baby. Many topics in pediatrics, such as breast feeding, weaning, introduction of solid foods, etc. can be adjusted to accommodate individual preferences. We will serve as your advisor and as a source of information and together we will "tailor-make" a care plan that best fits your expectations and lifestyle. Your baby is a very special and unique person. Don't feel that he or she should be like any other baby, because every baby is exceptional.

IS THIS NORMAL?

This section is provided to help answer questions about normal newborns.

ACTIVITY

Newborn babies can breathe, eat, sleep, hear, taste, smell, dirty their diapers and call you by crying. And believe it or not, that's about all they can do.

Many parents wonder if the sneezes and coughs mean that their baby has a cold. Colds are unusual in babies less than one month of age. The coughs and sneezes are natural reflexes to help clear the small breathing passages of normal mucus production.

You will notice that when your baby is wrapped in a light blanket he lies quietly, except for his mouth, which is seldom still for more than a few seconds. But when you remove the blanket and his diaper, he moves his body, arms and legs.

As you continue to look your baby over, you may find that his head seems too large for his body, that he doesn't have much of a neck, and that his barrel-shaped chest looks huge above his flat belly and small hips. His hands and feet may appear enormous compared to the thin arms and legs to which they are attached, and their color may be darker than that of the body. That's all normal.

BREATHING

Newborn babies often have a rather irregular breathing pattern. This is called periodic breathing. You may notice his breathing varies over 10 to 20 seconds. He will breathe “fast-fast-fast,” then “slow-slow-slow.” This is normal.

CRYING

All babies cry. They cry more than you expect and more than you think is necessary. Crying is your baby's way of telling you “I'm tired, I'm hungry, I want to turn over, I'm thirsty, I'm hot, I'm cold, I want to be held or I'm bored.” Unfortunately, you aren't always going to know exactly what each cry means. If you are reasonably sure your baby has been fed, doesn't have a dirty diaper and is not in pain, then it is perfectly safe to allow him to cry for periods of time. Crying does not harm your baby. Although most babies sleep over three-fourths of the day, most babies have a time of the day when they are awake and fussy. Periods of excessive crying are not unusual in the first three months and these usually occur in the late afternoon or evening. At times, crying can be very stressful to a family. Do not be afraid to place your baby in his room and close the door for short periods of time if you need a break.

SKIN AND BIRTHMARKS

If you are like most parents, you will perform frequent and very complete physical examinations on your baby. You may be alarmed by certain things you find, but most of what you see will be entirely normal.

Baby skin is thin and is usually a lively pink color. Dry or scaly skin is frequently seen during the first week of life. Birthmarks on the eyelids or nasal bridge (angel kisses) and back of the neck (stork bites) are normal and may fade with age. However, they may be especially noticeable when your baby is hot, angry or any time there is increased blood flow to his head. Dark areas on the back and bottom of some babies are caused by normal skin pigment and are not bruises.

Your baby may have a few small white spots or blisters across his nose or forehead. These are temporarily plugged sweat and oil glands that will open naturally with time.

Many babies develop a slight yellow color, jaundice, to their skin when they are a few days old. This is usually normal, but you should call it to our attention if it wasn't mentioned to you in the hospital or if it lasts longer than one week, especially if it is associated with lethargy, poor feeding or decreased urine output.

HEAD

Many babies' heads undergo some “molding” during the birth process. They

may look a little lopsided or coneheaded and have some bruising. The skull bones may also overlap slightly. This is all normal and gradually goes away in a few days.

All babies have “soft spots” where the skull bones come together. The biggest one is on top of the head and is called the anterior fontanelle. This area may even pulsate. This is not a tender area and may be thoroughly washed.

EYES

At birth, erythromycin ointment is placed in your baby’s eyes to prevent infection. Red spots in the eyes, caused by the breaking of tiny blood vessels during birth, soon will disappear.

After a few days your baby will begin to open his eyes more and more and look around. You might notice that your baby has one eye open more than the other, and this is fine as long as each eye opens at times. Babies cannot focus well and cannot follow moving objects at birth. However, they can see you and like bright contrasts, e.g. black and white or primary colors. Over the first 2 months they will focus better and be able to follow moving objects. They may occasionally look cross-eyed, and this is no cause for concern unless it persists.

The baby may have a mild mucus discharge from the eyes which represents a “clogged tear duct.” This can be rinsed away with water and a clean wash cloth. You should contact us if the eyes become “blood shot” or if the discharge seems unusually large in amount, of long duration or associated with fever.

NOSE

Your baby is an obligate nose breather. He is capable of breathing through his mouth, but only does so when he cries. Any congestion may greatly hinder his eating and sleeping. Your baby’s nose may become congested with mucus. Use a bulb syringe to clear this. Squeeze the bulb before placing the tip in the soft fleshy part of the nostril. Then slowly release the bulb and let the suction draw out the mucus. This simple maneuver is safe and very effective. Sometimes, the mucus is thick and difficult to suction. It may help to place 2-3 drops of saline nose drops for infants into either side just prior to using the bulb syringe to aid in its removal. These drops are available without a prescription at any drug store. The best time for this is just prior to feeding so his nose will be as clear as possible while eating.

EARS

Your baby can hear and will not only respond to loud noises with a startle, but will also be comforted by your smooth and reassuring voice. Talk to your baby -

- they're good listeners. Under NO circumstances should objects (including Q-tips) be placed in the ear canal for cleaning. The ears clean themselves. Wax production is normal and will remove itself without your assistance.

Many parents ask how they can check their baby's hearing. All babies receive a hearing test before they leave the hospital after birth. By about 6 months of age, you should be able to arouse him from sleep by voice alone.

MOUTH

Babies may be born with white spots on the roof of the mouth. These are Epstein's pearls and are normal. No treatment is necessary.

All babies like to chew and suck on objects, especially thumbs and pacifiers. This is perfectly acceptable and babies enjoy this. Most babies become disinterested in pacifiers between 6 and 12 months of age. (Caution -- never tie a pacifier around your baby's neck with a string.) Thumb-sucking often persists longer and there is no need for concern unless it persists beyond the 5th year.

Occasionally white plaques or spots will appear in some babies' mouths and they may act as if it is uncomfortable to suck. This may indicate a yeast infection (thrush) and you should notify us of this.

NIPPLES

Many babies' nipples appear raised and swollen and they may even have a milky discharge. This is due to hormonal changes and will normally subside in 1 to 2 weeks. It might persist for several months in breast fed babies. Do not squeeze or rub medication on the nipples as it will only irritate them.

GENITALS

The genitals of both boys and girls may be swollen at birth. Girls commonly have a white discharge with some blood streaks from the vagina for 1 to 2 weeks. This is normal. Boys often have a swollen scrotum which usually contains some fluid which will disappear. If the swelling comes and goes or if it worsens, it may indicate a hernia, in which case we should check it.

BOWED LEGS AND CURVED FEET

Most babies have some unusual shape to their legs or feet, and they may hold them in an unusual resting position. This is usually due to how they had positioned themselves in their mother's womb and is rarely cause for alarm or treatment.

NEWBORN CARE

GUIDANCE

The suggestions that follow are not intended to be a set of rules by which you must raise your baby. Please don't try to follow any type of set pattern for the care of your baby. Although many people may have suggestions on how they feel you should parent your child, the advice of well-meaning friends and relatives may be politely ignored. Remember, this is your infant and you should take other's suggestions with that in mind. If you desire alternatives to our suggestions, we will be happy to discuss them with you.

BABY NEEDS

- Car seat
- Thermometer – digital underarm/rectal (ear, pacifier and forehead thermometers are not accurate in newborns)
- Measuring spoons or measuring syringe (use with all medicines because regular tableware may vary in volume)
- Bulb syringe and nasal saline

ROOM TEMPERATURE

Ideal room temperature for your baby is 68 to 72 degrees Fahrenheit. A room thermometer is helpful to keep from overheating. Additional humidity in wintertime may be provided by central or room humidifiers or portable cool-mist vaporizers.

CLOTHING

Clothing should be loose-fitting and allow for easy movement. Don't overdress your baby. Dress him as you would yourself. Your baby's hands and feet may feel cool, but if his body is warm, he is fine. Cotton material is best. Avoid wool as it may irritate your baby's skin. Always wash new clothing before putting it on your baby for the first time. Use Dreft, Ivory Snow or another fragrance-free dye-free detergent to wash clothes and diapers. Softeners and anti-statics are best avoided until the baby is at least 5 to 6 months old. Dryer sheets (softeners) can be especially troublesome. Instead, a cup of white vinegar added to the rinse cycle will soften clothes well.

CRIB

Your baby's crib slats should be no more than 2-3/8 inches apart and the surface should be free of splinters and painted with a non-lead based paint. The mattress should be the appropriate size for the crib. Bumper pads are not necessary. If used, make sure the base is tucked between the mattress and crib to minimize the risk of suffocation. Do not permit hanging toys to be within reach

of your baby. The mattress should be firm and not too soft. Avoid pillows as they present a suffocation hazard.

SLEEPING

Initially, your baby does not know the difference between day and night. This will rectify itself with gentle assistance from you over the first few weeks. Afternoon exposure to sunlight, like walk around the block, will help adjust your baby's circadian rhythms.

To reduce the risk of SIDS, the recommended sleeping position for your baby is on his back unless instructed otherwise. Positioners are generally unnecessary. The AAP also recommends having your baby sleep near you (in her own bassinet or crib) for the first several months to further decrease the incidence of SIDS. For your baby's safety, under no circumstances should you sleep with him in your bed.

Babies normally are very noisy when they sleep. They move around, grunt, breathe rapidly and breathe slowly. Some will even cry a little in their sleep. They do not need to be comforted for each noise they make. To encourage your baby to sleep through the night, do not awaken him for a night feeding. If he awakens on his own, allow him several minutes of fussing before you pick him up. He may choose to go back to sleep. It may be 2 months or longer before he sleeps for extended periods of time (longer than 6-7 hours).

BATHING

Bath time is usually a fun time for babies and parents alike. Until your baby's umbilical cord falls off and the navel has healed, you should only sponge bathe. No soap is necessary for the first several weeks. Thereafter, use a mild soap such as Dove and a gentle baby shampoo. Always test the water temperature yourself first. Wash the baby's scalp each time you bathe him. Wash his face with warm water only - no soap. Never insert anything (including Q-tips) into the ear canal. Ear wax that is accessible to your finger is all that needs to be removed. Never leave your baby alone or with brothers or sisters in the bath for any reason. Just let the phone or doorbell ring.

LOTIONS & POWDERS

Your baby's skin will look its best without the addition of numerous lotions, powders or home-made concoctions. Try to resist your urges to dip him in Baby Magic every diaper change. Most infant's skin requires no supplemental lotions. If, however, he develops areas of apparent dryness, use a mild moisturizing cream, such as Lubriderm, Moisturel or Eucerin. If he develops a rash, discontinue all products and contact us if it persists. Do not use baby powder which can be harmful to babies if inhaled.

CRADLE CAP

Cradle cap is a combination of dried oil with the peeling of old skin from the scalp. It is not dry skin which requires baby oil; in fact, this may aggravate the condition. To aid in its removal:

- First, rub mineral or baby oil onto the scalp and allow it to remain there for 5 to 10 minutes.
- Take a soft brush and gently stroke the scalp to loosen old skin.
- Shampoo the scalp using baby shampoo.

Two or three times a week is adequate in most cases. You also might need to physically scrape the plaques away with your fingernail. This is fine, even over the soft spot, as long as you scrape across and not downward. If this is ineffective let us know.

UMBILICAL CORD

The umbilical cord will fall off within 1 to 3 weeks and, until it does, the navel (belly button area) should be kept clean and dry. Apply alcohol to the base of the cord 3-4 times daily until it falls off and the area is clean and dry. When it falls off there may be some oozing of blood, but this will stop. After the cord has fallen off and the area has healed, you may begin tub baths. If the area looks red or infected you should contact us.

CIRCUMCISION

If your baby is circumcised, the area may be kept clean with plain water and covered with a thin layer of Vaseline until it has healed to prevent irritation from the diaper. No other care is needed, and no band aids should be applied.

CARE OF THE DIAPER AREA

The diaper area should be cleansed with water and a mild soap. Diaper wipes are also acceptable and convenient for travel. Corn starch is very effective in absorbing moisture in the diaper area and can be applied at each change. If a red spot develops, Desitin or other barrier ointment can be used as an aid to healing. If the diaper rash is particularly severe and does not respond to Desitin, we should be contacted.

The following steps aid in preventing diaper rash:

- Frequent diaper changes.
- Cleanse area after each change.
- Allow to dry completely.
- Use Desitin if areas of irritation or redness are present.

If diaper rash occurs:

- Increase frequency of diaper changes, rinse with water and air dry at each change.
- Diaper liners may be helpful with cloth or disposable diapers.
- Leave baby undiapered when possible.
- After air drying, apply Desitin with each change.
- Let us see your baby if the rash doesn't respond to the measures.

HEAT RASH

This consists of small red bumps in the armpits, groin and on the back of the neck. Sponge the area with a cool cloth and allow to air dry.

OTHER RASHES

Many newborns have a rash which may appear on their chest, back, arms or legs. This looks like little splotches or flea bites which come and go. This fades by two weeks of age and needs no treatment.

During the first two months of life, infants often develop a rash on their faces that resembles acne. This is newborn acne and is due to a normal hormonal change. This is best treated by washing the face with plain water once a day and blotting the skin dry. The baby's face should be exposed to air and it is helpful to prop him from side to side while sleeping to help with this. Powders, oils and creams are not helpful and should be avoided. This newborn acne will not lead to scarring. If the face appears particularly dry, apply a small amount of Lubriderm or Eucerin lotion once a day.

TEETHING AND TEETH

At 2 to 4 months of age babies start to drool more as they begin teething. Most teeth begin to appear at 4 to 8 months of age, although the time of teething can be quite variable. Teething may be associated with a slight elevation of temperature (rarely into the fever zone of greater than 101 degrees), a runny nose and diarrhea. In fact, almost every disturbance that can happen to normal babies has been blamed on teething. Teething often causes discomfort and your baby will show an unusual desire to chew on things. If this causes particular discomfort, it is helpful to give Tylenol every 4-6 hours as needed. Allowing your child to chew on cool, textured items such as wash cloths may also help with discomfort.

Cleaning teeth should begin soon after they have erupted. Simply use a child's soft toothbrush or wipe them with gauze at the end of the day. To prevent cavities, never let your baby fall asleep with a bottle, either at nap time or at night. By avoiding this situation you'll keep milk or juice from pooling around the teeth and creating a breeding ground for bacteria leading to decay.

The age at which your child should first see a dentist depends upon your own dentist's preference. Many pediatric dentists like to see babies soon after the first few teeth have come in. Others prefer to schedule the first examination when the child is between age 2 and 3. Check with your individual dentist to find out when he or she will want to see your child.

VISITORS AND VISITING

Friends and relatives are interested in your baby and want to hold, hug and kiss him. Unfortunately, you may not know who has a cold, sore throat, cough or other infection. Therefore, you should tend to overprotect babies the first few months. Friends, distant relatives and other children should admire at a distance. Blame it on us. This will protect your new baby and allow you to get the rest you'll need.

Weather permitting, you may take your baby outdoors after the first several days. In winter it is best to wait several weeks before taking your baby out. For the first two months try to avoid contact with large groups of people such as in a mall or grocery store. For church, it is best to arrive a little late and leave early to avoid the crowd. Wait several months before leaving your baby in a church or gym nursery.

SUN EXPOSURE

In the summer, your baby's skin will need to be protected when he is outdoors, even from indirect sunlight. Babies should be shielded from direct sun exposure when possible. Sunscreen lotions which are PABA free and with an SPF of at least 15 are recommended, especially when swimming. It should be applied to a small test area prior to generalized use to check for sensitivity. Remember to reapply often.

TRAVEL

Infants generally travel very well. Plan ahead to allow more frequent stops for feeding and diaper changes. Infants should always travel in approved car seats.

For those babies taking airplane rides, the only precaution needed is to have the baby nursing or sucking on a pacifier during take-off or landing. This allows for equilibration of ear pressure during changes in altitude. Travel is acceptable following the two week check-up if you discuss this with us. Certain areas may require special precautions.

FEEDING

One of the first pleasurable experiences for both baby and parent is feeding. The baby's first feeling of love for his mother arises primarily from the feeding situation. At feeding time the baby receives nourishment from his food and nurture from his parent's loving care. The food, correctly taken, helps him to grow healthy and strong. The parent's love, generously given, helps him to feel secure. Help your baby get both kinds of nourishment.

Both of you should be comfortable. Choose a room that is quiet and a chair that is comfortable. This will help you to be calm and relaxed as you feed your baby. Your baby should be warm and dry so that he is comfortable too. Hold your baby in your lap, with his head slightly raised and resting in the bend of your elbow. Place a pillow under your elbow for added support. Whether breast feeding or bottle feeding, hold the baby comfortably close. Do not drink hot liquids; a spilled drink could seriously burn your child.

BREAST FEEDING

Breast feeding is a very natural and beautiful way of feeding your baby. It is an active process that requires two participants. To successfully breast feed, a mother must have her own personal motivation and should not be coerced into breast feeding by a husband, friends or doctor. A woman must not be made to feel guilty for not wanting to breast feed. This is a personal choice.

There are numerous advantages to breast feeding. Mother's milk is readily available, fresh, warm and is designed by nature specifically for babies. Breast milk contains all the fluid and nutrients necessary for babies to grow and develop for the first 6 months of life. Infants who are breast fed have a lower risk of infections because breast milk contains immunoglobulins, proteins which help prevent infection. There is also evidence that infants who are breast fed have less chance of developing respiratory allergies, asthma, food and milk allergies, ear infections, diabetes and certain cancers

Because breast milk is a complete diet for young infants, there is no need to begin solid foods until 4 to 6 months of age. Breast milk contains iron which is easily digested by babies. The only supplements currently recommended for breast fed babies are vitamin D and fluoride. The need for these will be evaluated when your baby comes in to the office.

There is very little you need to do to prepare for breast feeding. Unless your nipples are flat or inverted you don't have to stretch, pull, roll or buff the nipples toward the end of pregnancy. The nipples don't have to be toughened up. In fact, some of these tactics may actually interfere with normal lactation. Nursing bras should be worn during the last trimester of pregnancy so they become comfortable by the time of delivery.

Nursing should begin as soon as is convenient after delivery in a setting that is

relaxed for the baby and mother. This may be in the delivery room, recovery room or postpartum room. The initial attempts by the infant to breast feed are to stimulate milk production rather than to obtain calories. At first your baby may not nurse well each feeding, but each day nursing will improve. Breastfeeding for most women is a learned art and takes time and patience. Do not be discouraged if your baby does not seem interested in nursing each feeding. Babies are all born with extra body water which they lose over the first 3 to 4 days. During this time their appetite will gradually improve.

During the first 3 to 5 days after birth your breast secretions are called colostrum. This is a thick, yellowish liquid secreted in small amounts which contain high concentrations of protein, glucose, calories and antibodies (to prevent infection). Your baby might initially nurse on each breast for only 5 to 10 minutes about every 2 to 3 hours. This time is gradually increased until your baby is nursing approximately 10 to 15 minutes on each side. Alternate the first breast offered at the beginning of each feeding. Most babies receive all the milk necessary within the first 5 to 6 minutes on each breast and the remainder of their sucking is for their satisfaction and pacification. Their suck changes from long draws and frequent swallows to short fluttering sucks with fewer swallows. It is okay to detach your baby from your breast when you notice these weaker sucks; however often babies will fall off the breast themselves when they are full.

If your baby has a particular problem, such as low blood sugar, jaundice or other illness, we might suggest a temporary supplement with formula. However, if both you and your baby are healthy, these supplements are generally unnecessary. It is also unnecessary to give the baby water.

For the first 3 to 4 weeks of life, we feel it is best for you and your baby to have an on-demand feeding schedule. Most babies fall into a rather predictable 3 to 4 hour feeding schedule. As a general rule you may feed your baby up to every two hours if there is a time of day when he is awake and fussy. During the day, if your infant sleeps longer than 4 hours, wake him up to feed him. At night let your baby sleep as long as he wants. This will gradually encourage him to take his longest stretch of sleep at night.

During the first 3 to 4 weeks you will produce a transitional, or immature, milk which is not quite as rich as mature milk. For this reason your baby may want to nurse frequently (that is, every 2 to 3 hours). This is normal, and although it is tiring for nursing mothers, it is nature's way of making your milk supply meet your baby's demands. Supplemental formula and solid food are not recommended unless you have discussed this with us. We will see your baby at a few days of age if there are concerns.

It is best to burp your baby halfway through and at the end of each feeding. As there is no active air exchange with breast feeding, these babies may not burp as frequently. Breast fed babies normally have yellow, seedy, watery stools.

These may occur after each feeding and tend to become less frequent as your baby gets older. Older breast fed babies may only have one or two stools per week. This is normal. As long as the stools are not hard and pellet-like, your infant is not constipated and there is no cause for alarm.

While you are breast feeding your baby, your health is important. It is important that you get extra rest, eat a well-balanced diet and take in extra fluids. It is helpful to drink a glass of water while you are nursing to insure that you are taking in the additional fluids your body requires to produce an adequate milk supply. Once in a while, your baby may be bothered by something you eat. Common offenders are dairy, eggs, nuts, caffeine-containing drinks, nicotine, chocolate, spices, tomatoes and orange juice. Don't give up any food unless it regularly bothers your baby. You will be given vitamins to supplement your baby's feedings. These vitamins will be used until your baby is on solid food. You should remain on your prenatal vitamins as long as you are nursing.

Certain medications will come through in the milk, but usually in such small amounts as to cause no problems. Do however discuss any medicines you will take with your personal doctor or us. Progestin-only birth control pills present no contraindication to breast feeding if they are okay with your personal doctor. They occasionally will cause a decrease in milk supply, but this is rare. Breast feeding alone, of course, is not an effective pregnancy prevention method.

If you have a cold or other viral illness it is best to continue nursing right on through your illness unless you are taking a medicine which would prevent this. Babies are likely to catch any illness you have if it is contagious, but will probably have a much milder course because your breast milk contains some protective antibodies.

If you need to be away for a feeding, you may pump your breasts and store the milk so that your baby can be bottle fed with breast milk. Breast milk may be kept refrigerated for up to 8 days (only 24 hours if frozen and then thawed) and frozen for 3-4 months. Do plan ahead, though, because you probably will need to pump your breasts more than one time in order to obtain enough milk for a single feeding (usually 4 to 6 ounces).

How long to breast feed is your choice. The American Academy of Pediatrics recommends breastfeeding exclusively for the first six months and continuing to breastfeed for the first full year. As it sometimes takes 4 to 6 weeks for you and your baby to establish a regular pattern of nursing, it is generally a good idea to continue for at least 4-6 months. But any amount of breastfeeding confers health benefits.

The greatest concern for most new mothers is: "Will I be able to produce enough milk for my baby?" The amount of milk produced is determined by the amount taken by your baby. The milk glands are stimulated by the baby's

sucking to produce more milk. Generally mothers are able to produce much more milk than their infant needs. If your baby is having six or more wet diapers per day, he is almost certainly receiving an adequate amount of milk. In order to determine if your baby is receiving enough milk, we will follow his weight and examine him periodically. Supplemental bottles of infant formula may be offered after your milk supply is well established. Supplemental bottles (or solids) introduced too early may interfere with the baby's appetite for breast milk and thereby interfere with nursing. After 2 weeks, an occasional supplemental bottle of formula generally does not interfere with breast feeding.

BREAST CARE

Wear a well-fitting nursing bra 24 hours a day for comfort and support. If nipple soreness develops, apply a liberal coat of lanolin to nipples and air dry. Some nipple tenderness is quite normal at first and will pass within the first few days. Applying ice to the nipples 2 to 3 minutes before each nursing also may make sore nipples feel more comfortable.

When your milk first comes in, or a feeding is missed, your breasts may feel tender and full. This results from stretched milk ducts which are engorged with milk. Several measures can be used to relieve this fullness: a cool cloth on the breast between feedings; applying warmth (a warm shower or heating pad) on the breast before the feeding to enhance letdown; feeding the baby on the fuller side first; gentle hand expression of milk; and nursing frequently for shorter periods of time.

BOTTLE FEEDING

During the first day, most babies will take 1/2 to 1-1/2 ounces at each feeding. This will increase gradually so that by 72 hours of age your baby should be taking at least 1 to 2 ounces each feeding. As your baby grows, the amount of formula taken at each feeding will increase, and the number of feedings each day may gradually decrease. The total amount of formula taken may increase to a maximum of about 32-40 ounces per day.

Several types of formula are available: powdered formula and concentrated liquid (which are mixed with water) and Ready-To-Feed (requires no mixing but is slightly more expensive). Most mothers choose the powder or concentrated liquid form. The powder is prepared by adding one scoop of the powder to 2 ounces of water. The concentrated liquid is prepared by adding equal parts of water and formula (i.e. one 13 ounce can of formula plus 13 ounces of water). There are many brands of cow's milk based formula for you to choose from. However, as your infant's pediatrician, we recommend Similac Advance. This recommendation is based on clinical studies that support the nutritional content of this formula as the most comparable to human breast milk as a complete nutritional source for your baby. We never recommend Low Iron formulas. If you are concerned that baby may not be tolerating the formula, please do not change

brands without calling the office. We want to discuss this with you in order to make the best choice for your baby.

If you have city water, you do not need to sterilize the water before mixing it with the formula. If you have well water, it is necessary to boil the water used to mix the formula for the first couple of weeks. Water boiled for 5 to 10 minutes can be placed in a clean jar and kept in the refrigerator for mixing that day's formula. Once mixed, formula should be refrigerated and used within 24 hours. Washing bottles, nipples and caps in the dishwasher or in soapy water and rinsing in hot water is satisfactory. Sterilization is usually not necessary.

The brand of bottle and/or nipple you use is not important. The nipples should drip slowly when the bottle is inverted. It may be necessary to enlarge the hole in the nipple with a hot needle. Nipples that drip fast should be discarded. The cap of the bottle should be loose enough so that air bubbles can enter the bottle as the baby sucks.

Your baby should be kept on infant formula for the first 12 months of life. Prepared formulas provide every known requirement your infant needs during the first 6 months if he receives no solids at all. Do not give your baby cereal or baby food until we have discussed this further at your well baby visits.

Formula is probably best accepted if it is at room temperature. Test it to make sure it is not too hot or cold by dropping a drop on the inner aspect of your wrist. Never warm bottles in a microwave oven, as this may cause uneven heating of the milk that could possibly burn baby's mouth and may break down the protein. Hold the bottle inverted so that the nipple end is always filled with milk. Put the nipple against your baby's cheek and he will move toward it with open mouth. Burp your baby after every ounce initially. You may burp him by holding him upright in a sitting position on your lap, laying him across your lap or up on your shoulder and gently patting on his back.

He may feed for 20-30 minutes, but limit him to no more than 8 ounces at a feeding and feed no more frequently than every 3-4 hours. It usually works best if you let your baby set his own schedule. He will usually let you know when he is hungry; this may vary between 3 and 4 hours initially. In the daytime, if he sleeps more than 4 hours, wake your baby to feed so he won't be up at night to eat. Extra water or juice is not necessary, as the formula is calculated to provide all the water that the baby needs.

Most babies spit up some of their milk after many of their feedings. Spitting up is baby's way of emptying an overfilled stomach. As long as it is not gushing (projectile) and your baby is gaining weight, spitting up is more a problem of messiness than of health. Some things that can be tried to minimize the spitting include burping frequently, or setting baby in an infant seat with his head slightly

elevated for 10 to 15 minutes after each feeding.

Do not lay your baby down and prop the bottle. This interferes with the warm relationship between you and your baby which begins in your arms as you feed him. It is also not a good idea to give your baby a bottle to take to bed. Milk retained in his mouth during sleep may cause tooth decay.

When your child reaches approximately 6 months of age, begin giving him his last feeding one hour before bedtime. He will then no longer be accustomed to feeding just prior to bedtime, which will make the future transition to a cup easier.

SOLID FOODS

There is no hurry to introduce cereals or other solid foods to your baby's diet. Breast milk and formula both supply all the nutrients necessary for normal growth and development during the first 4 to 6 months; cow's milk does not. There is evidence that delayed introduction of solid foods into baby's diet results in less risk of childhood and adult obesity, lower incidence of diabetes, less food intolerance and fewer food allergies.

In most cases it is best to delay introduction of solid foods until 4 months of age. Although everyone has an opinion about how to introduce baby foods, the order in which you start solids is really not very important. When you are ready to add foods to baby's diet, start with a single-ingredient pureed food with no additives. As an example of how to introduce foods, we typically recommend beginning with cereals. Give the cereals in the following order: rice, oat, barley and mixed cereals. Give each for at least 4 days before going on to the next cereal. Start with a teaspoonful a day. Use formula, breast milk or water for the liquid and make it thin at first. Put it toward the back of baby's tongue. He may spit it out at first, not because he doesn't like it, but because it is so new to him. The first day, give a baby teaspoonful at the morning feeding and gradually increase the amount and number of feedings. He should continue to take about 32-36 ounces of formula a day or breast feed 4-6 times a day. After cereal you may begin fruits. Just as with cereal, give only a baby teaspoonful to begin with and gradually increase. Always allow 3 to 4 days before adding a new fruit. After he is taking 4 fruits, you can add vegetables in the same way. It doesn't matter if yellow or green are given at first. Remember, start small and increase slowly. Our goal over the next 2-3 months is to slowly work up to 3 meals per day of both fruits and vegetables. Once opened, a jar of baby food is good in the refrigerator for up to 48 hours. Do not feed directly from the jar since this introduces bacteria. Serve foods from a dish. The average intake by age 6 months is 2-3 jars per day, but this varies considerably from baby to baby. Meats can be introduced at 6 months of age. Delay egg whites, honey and citrus until a year of age; nuts and peanut butter should wait until at least two years.

Solid foods should always be given on a spoon. This allows your baby to feed at his own pace and regulate his intake to some degree. Feeding solids via bottles or infant feeders is a method of “force feeding” and is not recommended.

Between 9 and 12 months is a good time to start weaning your baby from the bottle. The best way to do this is to increase gradually the use of the cup and decrease the bottle. At this same time, begin to introduce table foods and decrease baby foods so that by one year of age, baby is off the bottle and baby foods, is using a cup and is eating table foods.

The table foods should be soft and ground food that can easily be “gummed” and swallowed. In general, if you can crush it in your hand, your baby can gum it easily. Most babies do not have their molars until 18 to 24 months and cannot adequately chew large chunks of food, especially meat.

BOWEL MOVEMENTS

A baby may normally have a bowel movement after each feeding or only every 2 to 3 days. The frequency of bowel movements is not usually of great consequence. The stools are usually soft and greenish-yellow but may take on the color of something the baby has eaten. For example, stools may be red if the baby has been given red Jell-O water.

Your baby may strain when he has a bowel movement, but unless the stool is hard and pellet-like, this is normal. You need not become concerned unless the stools are very watery or quite firm and hard for the baby to pass. If one of these is the case, contact us. Do not use medicines, home remedies or suppositories without consulting us. It is very unusual for breast fed babies to be constipated. They normally have stools which have a seedy and watery consistency. As they get older they become very efficient at absorbing your breast milk. They often change from having a stool after each feeding to having only one once or twice a week. This is normal! They may still grunt and strain to have a bowel movement, but when it comes, it will invariably be loose and seedy.

VITAMINS

If your baby is breast feeding, he will need vitamin supplementation with vitamin D and fluoride. We usually begin Vitamin D at around 2 months and add fluoride around 6 months. Do not give more than the prescribed dose. If your baby spits up a dose, don't worry and don't repeat the dose.

If your baby is formula fed, all the necessary vitamins are contained in infant formula.

FLUORIDE

Daily ingestion of adequate fluoride from either fluoridated water or drops can mean healthier teeth for your child. If the fluoride content of your family's water source is unknown, this can easily be determined and reported to you by the Indiana State Board of Health. Contact them at (317)233-8104 and they will let you know how to submit a sample of your water.

If you are breast feeding or if your water source is determined to be deficient or contain a minimal amount of fluoride, we will write you a prescription for the appropriate vitamin-fluoride product, either in oral drop form or chewable tablets. City water is regulated by the health department and has appropriate fluoride supplementation.