

"Baby Talk" - Newborn Education for Parents

Suggested outline

(as much as possible, let the parent's concerns guide the discussion)
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I) INTRODUCTION

Today I would like to review some key things to know about taking care of your baby before going home. We will discuss Feeding, Safety, Cord Care, Skin Care, Stools, Toxins, Nasal Congestion, Genital Care, When to Call the Pediatrician, and Other Concerns. Feel free to ask questions or add comments, especially those of you who have had experience with babies.

II) FEEDING

A) Most important choice: Breast Milk or Formula.

- ?? How many mothers plan to only Breast feed? Why?
- ?? How many mothers plan to only Bottle feed? Why?
- ?? How many plan to use a combination?

B) Breastfeeding Pros and Cons:

As Pediatricians, we recommend breast feeding to all mothers. Why?

Advantages:

1. Human milk is ideal for human babies. These ingredients (fat, protein, sugar) easily digested. Also includes vitamins, minerals, enzymes, and antibodies, provided in none of the formulas.
2. Reduce risk of ear infections, diarrhea, allergies.
3. Cheap
4. No special preparation
5. For mom - helps to get back into shape, healthy weight loss, and may prevent development of certain cancers later in life.
6. For both - Psychological and Emotional. Soothing skin-skin contact, "mothering" feeling.

Disadvantages:

1. time demands on mom
2. medications
3. stress
4. difficult to get started

C) Formula Feeding Pros and Cons:

Advantages

1. More time for other non-baby duties
2. Other family members can help feed - increase bonding
3. No problem with medications
4. Easy to know how much baby is taking.

Disadvantages

1. Expensive (2x as much vs. breast feeding)
2. Special preparation
3. No antibodies
4. No protection for mom (Cancer / osteo)

D) Breast Feeding Information:

1. More frequent feeds q2-3h PRN [but usually need to do at least q2 hrs in beginning until let down reflex is well established].

2. All babies should have AT LEAST 7-8 wet diapers / 24h period [after the first couple of days--baby may temporarily lose small amount of weight in beginning but his/her hunger is what will make your body produce milk].
3. Nursing more frequently increases milk supply.
4. Many women think they don't have enough milk although this is almost never the case.
5. Sore nipples: usually due to the way baby latches on; a nurse, MD, or lactation consultant can help you to help the baby latch on properly.
6. Do NOT need to drink milk to produce milk, but DO need adequate hydration and intake of Vitamin D and Calcium.
7. Maternal use of medications, EtOH, smoking, other drugs. If need a prescription drug, check with Pediatrician BEFORE BF baby.
8. Storage: breast milk may be pumped and stored in refrigerator x48h or frozen x3mo.

E) Bottle Feeding Information:

1. No need to sterilize any component of the feeding system; washing is enough.
2. Formula does NOT need warming above room temperature. Do NOT use microwave.
3. Test temperature of formula before feeding - cases of burned throats.
4. Bottle propping - dangerous. May cause choking or aspiration.
5. If using powder, prepare exactly according to directions. No extra or less water. Call MD if don't understand directions.

F) General Concerns:

1. Burping / Spitting Up / Vomiting - burping baby is important to allow release of swallowed air. [Some babies need to be burped after every ounce or two]. Effortless spitting up is a benign, harmless process (Reflux). Be concerned if baby chokes or turns blue while feeding or refluxing.
2. Some babies vomit from being overfed. In general, in first few days babies will take 1-2 oz/feed; during first two months, 2/oz every 3 to 4 hrs is adequate for most babies. Baby's stomach is the size of his/her fist; cannot fit 8 oz in there!
3. Changing formulas? Discuss with pediatrician first
4. Help? - Pediatrician, WIC, La Leche League, Library
5. During the first four months, your baby should have ONLY breast milk or baby formula. She does NOT need water or juice, and is too young for cereal and prepared baby foods. Definitely do not give honey or table foods.

III) SAFETY

1. Car Seats - must be used at all times. Should face backwards up to 12 months and 20 lbs; in backseat at all times.
2. Safe sleeping - "Back to sleep" to prevent SIDS. Bassinet/crib should have firm, flat mattress, one blanket tucked in and below arms, no other toys or animals. Have nothing that might fall over infant's face and interfere with breathing. Studies show much lower risk of SIDS (13x) in infant who sleeps on stomach and some lower risk (2-3 x) than sleeping on side. A Healthy full term baby should sleep on her back, not her side. Sleeping on side does NOT reduce risk of aspiration.
3. Smoking - highly discouraged in home. Smoke stays on clothing. Associated with asthma, increased frequency of colds, and SIDS.

4. Falls - keep seats / baby off elevated surfaces unless directly supervised. If you have to turn with baby on changing table, keep one hand on baby.

IV) CORD CARE

1. Clean with alcohol a few times a day. Pull cord upward to clean at the base. Doesn't hurt.
2. It should usually fall off in about 1-2 weeks, may be a drop of blood at that time.
3. Should NOT bathe or immerse in H₂O until looks like an adult's belly button.
4. Omphalitis - serious infection of the umbilicus. Look for redness, swelling, foul odor, or red streaks around the site of the umbilicus. Call Pediatrician immediately.

V) SKIN CARE

1. General - wash with water alone or gentle soap. Use one without perfume or dye. Dove (white) is good. The more you bathe, the dryer the skin. Never let go of baby while in bathtub. Let phone ring.
2. Rashes - normal or abnormal? Most rashes are harmless, but watch for peeling, redness, infection. If maternal hx of CMV, VZV, HSV, syphilis, toxoplasmosis, candidiasis - let Peds know.
3. Nails - should be trimmed, but clippers / scissors too big. Use nail file.

VI) STOOL

1. Meconium - thick, dark sticky stool seen in first few days.
2. Pattern - BF - up to 10 soft, mustard textured stools / day initially, then will decrease, possible to QOD
3. Formula - usually 1-2 soft stools QD.
4. Constipation -rare in babies- speak to your MD. All babies strain in the beginning and turn red in face--this is not necessarily constipation.

VII) ENVIRONMENTAL TOXINS

1. Lead / Pesticides / rug shampoo - may need to do lead screening if have old peeling paint or poor plumbing. If plan to clean rug or spray for insects, baby should be removed x24h.
2. Workplace toxins - be aware of toxins at work, change clothes / shower coming home.
3. Smoking - not in house or car.

VIII) NASAL CONGESTION

1. Noisy Breathing. Noisy breathing, gurgly sounds, vibrations in the chest can be common in the first few months of life. Obligate nasal breathers - therefore more difficulty with mild congestion.
2. Periodic Breathing
3. NS drops / aspirator - help loosen secretions in the nares. Use 3-4 drops per nostril, let sit, then gently suck out with bulb (Pompa).

IX) GENITAL CARE

MALE:

1. Discuss parents' choice and how to get circumcision prior to d/c. If have Medicaid - will cover in-hospital circumcision, but NOT after d/c unless medically indicated, and then NOT until one year old!

2. Care - clean with every diaper change with warm water and A&D or antibacterial ointment. Do not scrub. Do not pull yellow gauze off- wait until it falls off itself.
3. Watch for redness or swelling -call MD if noted.
4. If UNcircumcised, do NOT pull foreskin back; clean with warm water.

FEMALE:

1. wash gently with warm water, front to back.
2. May temporarily have vaginal discharge or bleeding or breast discharge from withdrawal of maternal hormones. Normal and will go away by itself.

X) WHEN TO CALL THE PEDIATRICIAN

1. Rectal temperature of 100.4F or greater. Rectal thermometer should ALWAYS be used. Axillary temps are not reliable; oral, not safe.
2. Respiratory distress - occasional cough/sneeze not a problem. But continued coughing or labored breathing and not tolerating feeds is a sign of possible illness.
3. Lethargy, irritability, poor feeding
4. Choking or turning blue
5. Yellow color to skin - Jaundice.
6. No wet diapers.
7. Baby can be very ill without a fever
8. If you are worried, best to call.

XI) MOTHER'S Health

You all are concerned about your baby's health or you wouldn't be here. Remember to take care of yourself as well.

1. Most women see their provider for a check up 6 weeks after a delivery. Usually, women who had a caesarian section will have an appointment for staple removal after leaving the hospital. Make sure you have your appointments *before* you leave the hospital.
2. You should also discuss contraception with your provider now, while you are still in the hospital, and make sure you have whatever prescription you need before you leave.
3. Make sure you drink plenty of water and eat well because you need to replenish your body after having given birth.
4. Postpartum blues - need a support system to help adjusting to these new demands. Watch for Postpartum Depression - feelings of sadness, helplessness, hopelessness, or disturbance in eating or sleeping habits. Common, but should not be tolerated. A lot can be done to help. Call Pediatrician or OB if start feeling this way.

XII) OTHER CONCERNS

1. Baby's First Appointment - should be within 2 weeks of discharge. Make sure you have an appointment slip before you leave.
2. MD - know your Doctor's name, phone number. Do not hesitate to call before the first appointment if you have questions or concerns.

XIII) REVIEW

Today we reviewed some key things to know about taking care of your baby before going home. These included Feeding, Safety, Cord Care, Skin Care, Stools, Toxins, Nasal Congestion, Genital Care, When to Call the Pediatrician, and other Concerns. I, and the entire PGY-2 Class, hope this was an educational and informative talk. Congratulations!

Revised 1/2002