



Complete Care Pediatrics

Weight: _____ Length: _____ Head Circumference: _____

2 week olds

****PLEASE MAKE SURE YOUR CHILD HAS BEEN ADDED TO YOUR INSURANCE****

The first two weeks with your new baby requires a lot of adjustments and can be physically exhausting for new parents. Be sure to conserve your energy and sleep when your baby sleeps. Let go of less important tasks at this time and accept help from family or friends. By 2 weeks your baby should have regained any initial weight lost. Your baby is expected to sleep a large portion of the day, about 16-20 hours. They should be gaining $\frac{1}{2}$ to 1 oz daily from now until about 3 months of age.

Development

A two-week old baby can:

- Raise their heads slightly. When your baby is awake, give him or her supervised time on his or her tummy so they can develop upper body muscles. This is not just neck strength but shoulder and upper back.
- Focus and begin to make eye contact with you.
- Blink in reaction to bright light.
- Respond to sound and recognize your voice, so be sure and talk to your baby often.

Nutrition

- For proper growth and development, breast milk or formula is all your baby needs for the first 4 - 6 months of life. Breast milk is the preferred form of nutrition for infants. However, not all moms are comfortable with this method of feeding or are able to breastfeed. For these babies, iron fortified formula is an excellent source of nutrition.
- By two weeks of age you should be feeding your infant on their request, which should be every 2-4 hours and about 2-4 ounces each feeding. Breast fed infants will feed more often than formula fed infants because breast milk is digested more quickly.
- Do not prop bottles due to risk of choking, ear infections, and early cavities.
- For now, a flexible feeding schedule is best. Remember, these are just guidelines. Your baby is able to regulate his or her own intake to meet day-to-day needs.
- Tap water is appropriate to make up baby formula. It does not need to be boiled, if your home is on city water. If you have well water, contact your local health department to ensure safety and fluoride content. Boiling of well water is recommended up to six months of age.
- If bottle feeding, consider using glass bottles to avoid possible leaching of BPA (and other chemicals commonly found in plastics) into the formula or breast milk.
- No solids or water until 4-6 months of age.



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When caring for your new addition, there are some important things to note when it comes to vitamins, fever, and safety.

Vitamins and Supplements

- The American Academy of Pediatrics recommends 400 IU of Vitamin D3 every day for exclusively breast fed infants. Alternatively, breastfeeding mothers may supplement themselves with 6400 IU of Vitamin D3 daily (generally the equivalent of taking a prenatal vitamin plus an additional 6000 IU of Vitamin D each day).
- Omega 3 fatty acids (DHA/EPA) may help brain growth and development. Most infant formulas now have DHA/EPA. Formula fed infants should get a least 150mg DHA/EPA per day supplemented in their formula.
- DHA is passed from mother to infant in breast milk. Breastfeeding mothers may take an over-the-counter DHA/EPA supplement, or increase omega 3 fatty acids in her diet. Always check with your healthcare provider prior to starting supplementation. Dietary sources of omega 3 fatty acids include: fresh or frozen wild salmon (goal 12 oz per week), canned sockeye, sardines, black cod, herring, algae products, walnuts, freshly ground flax and hemp seeds, omega-3 enriched eggs. Alternatively, check to see if your prenatal vitamin already includes DHA/EPA.
- To check the safety profile of omega-3 in your prenatal vitamin:
www.consumerlab.com/results/omega3.asp Omega 3 fatty acids (DHA/EPA) may help brain growth and development. Most infant formulas now have DHA/EPA. Formula fed infants should get a least 150mg DHA/EPA per day supplemented in their formula.

Fever and Medication

- FEVER - Call our office IMMEDIATELY for any temperature of 100.4° F or higher in the first 2 months of age. We recommend taking your baby's temperature rectally rather than using an ear or under the arm thermometer.
- Do not give your baby any over-the-counter medications such as Tylenol®, fever drops, ibuprofen, or cough and cold medications. These can be harmful at this age.
- During the first 2 months of life, babies do not fight off infection well. Minimize your infant's exposure to infections by washing hands often, avoiding public areas, and reducing the number of people who hold your infant.

Safety

- A car seat must be used every time your infant is in the car and must be facing the rear seat. The center, rear seat is the safest place for the car seat. Never place a rear facing car seat in a front seat with an airbag. Car safety experts now recommend keeping children rear facing until they are two years of age. Please put the car seat handle down when baby is traveling in the car.
- Please see <http://www.carseatscolorado.com/> to find a car seat fitting station near you.
- Install a smoke detector and carbon monoxide detector. Replace batteries once a year on your child's birthday.
- Maintain the hot water temperature in your house less than 120° F
- Do not walk with your infant while carrying hot drinks that could scald him/her.
- Do not use strings, necklaces, ribbons, or anything else around your infant's neck.
- Always keep a hand on your baby when changing diapers or clothes.
- Your infant should be supervised around pets at all times.



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Routine Baby Care

- Hold, cuddle, rock, and talk to your baby often! You will not spoil your infant at this age by doing these things nor will you spoil your baby by responding quickly when he/she cries.
- If your baby has a fussy period in the afternoon or evening, try to calm him/her by talking, patting, stroking, rocking, wearing or bundling. It is okay to put your infant down in another room if you need a break. Many infants will average two to three hours of crying per day. This is considered normal. A fussy baby can be challenging. If you feel as though your infant is fussier than normal and you need support, the Fussy Baby Network is a great resource <http://www.fussybabynetworkcolorado.org> This is free and available through the first year of life. **Never shake a baby.**
- Infants stool in varying patterns, generally stools should be soft, and range from liquid to pasty. Some babies may stool with every feeding, some may stool once a day, some may stool once every few days. Breastfed babies can often go as long as **7-10 days** between bowel movements. As long as the stool is soft, it is not considered constipation. With breastfeeding, a baby's stools are usually looser than with formula feeding. Seed-like particles in stools are normal. Straining, grunting, and turning red in the face during stooling does not signify constipation as long as the stools are soft. Constipation is defined as hard and infrequent stools. Please talk with your provider if your baby is having hard, infrequent stools or is not feeding properly.
- Wait to submerge your infant for a bath until after the umbilical cord falls off and dries completely. Most infants only need baths 1-2 times per week to avoid drying out the skin, and encourage a healthy skin microbiome. Do not force back the foreskin on uncircumcised boys; the foreskin will gradually go back within a few years. Little girls should be wiped from front to back rather than from back to front. Gently spread the outer labia apart to cleanse out stool and skin debris. Minimize soap exposure to avoid excessive drying. To check the safety of your newborn skin care products, visit <https://www.ewg.org/skindeep/>
- Avoid exposing your child to the sun for prolonged periods of time. Keep your infant covered.
- Avoid all tobacco smoke around your infant. Infants who are exposed to smoke have more respiratory and ear infections and increased rates of asthma. Also, exposure to secondhand smoke increases risk of SIDS.



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Taking care of Mama

“Baby blues” are very common after delivery. However, if you experience any of the following, please talk to us or your physician:

- o Excessive sadness, hopelessness, or being overwhelmed
- o Sleeping too much or too little
- o Having trouble focusing, remembering, or making decisions
- o Having feelings of worthlessness or guilt
- o Having times when you are uninterested in your baby
- o Physical symptoms such as headache, chest pain, or palpitations
- Newborns are exhausting! Try to sleep when your baby is sleeping, and try to make time for yourself and your partner. **The first part of taking care of baby is taking care of yourself!**
- If you have other children, try and connect with them as well. If they need breakfast, make yourself some breakfast too and share the meal together. Try to make time to read and play with them. If they get jealous, especially during breastfeeding sessions, set aside a special activity that they get to do just during your feeding sessions.
- If you will be going back to work, begin to think about childcare options, plans for breastfeeding, etc.
- Sleep when your baby sleeps!

Postpartum Mood Disorder (PPMD)

In general, we should stop referring to all postnatal mood disorders as postpartum depression and utilize the broader mood disorder term. The majority of women who suffer from the disorder have anxiety or a depression anxiety combination

It is estimated that PPMD affects around 1 in 10 to 1 in 7 women. It is the **most common** complication of pregnancy. Women with a history of depression, anxiety and other mood disorders that have required treatment in the past are at greater risk of developing the complication.

- Treatment for PPMD vary, but all research reviewed supports the use of psychotherapies as a first line treatment. Cognitive-behavioral therapy or interpersonal psychotherapy are the two most commonly used and have the most evidence based support.
- Group therapy and peer support groups have shown similar benefits.
- Exercise should be added to the treatment plan if mom is cleared by OB/GYN.
- Walking for 30 minutes has similar results in mood improvement when compared to SSRI's
- Pharmacotherapy. The evidence regarding the use of antidepressants during breastfeeding does not clearly demonstrate that one drug is safer than another.

Paroxetine (Paxil) or sertraline (Zoloft) are preferred for initial treatment because adverse effects in infants appear to be low, and studies suggest that paroxetine and sertraline are usually undetectable in the serum of infants who are exposed through breast milk.

Citalopram (Celexa) is also a reasonable alternative. If a mother has had treatment during pregnancy, she should stay on this medication, even if other medications have more evidence based research regarding safety.

- Supplements. There are a number of studies that support the use of supplements in addition to other treatments (such as therapy, exercise, etc). Omega-3 fatty acids, SAM-e and 5 HTP all have promising results. If you are interested in starting these therapies please talk with your OB/GYN or midwife. We are always happy to facilitate this discussion if needed.



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Sleep (what is that?)

After birth weight is regained you get the go ahead to let baby sleep as long as they want. If you have a low birth weight baby or a premature infant, this may not apply to you, so make sure to talk to your provider specifically about your baby's needs if you fall into either category.

- Newborns are often a bit nocturnal. When they were in mom's belly, the daily activity would rock, sway and lull them to sleep. Then at night, when mom settled down to sleep they would get very active because mom stopped moving. We need to flip their clocks a bit.
- We recommend trying to cluster feed baby prior to "bedtime". Bedtime in this case is when the parent's want to go to sleep. Essentially, offer the breast (or bottle if you prefer) every 90 min for the 3 hours leading up to bedtime. For example: feed at 6:30pm, 8:00pm and 9:30pm. If you are using a bottle, these feedings will be smaller than a normal feed by about $\frac{1}{2}$ to $\frac{1}{3}$.
- Then, swaddle your little one up and let them wake you for the next feed. This is usually something you are in the clear to do once your baby is back to birth weight, around the 2 week mark. If your baby sleeps for 6 hours, yay for you! Typically baby's longest stretch of sleep will be their first stint of sleep. They often jump back on the every 3 hour feeding train after that. But, getting 4-5 hours of uninterrupted sleep is a game changer.
- The key to this all working is making sure YOU go to sleep immediately after you put baby down.
- Infants should sleep on their back to reduce risk of Sudden Infant Death Syndrome (SIDS). If you put your baby on their back for sleep and every time they end up turning slightly to their side, this is ok. It is likely a position of comfort from life in utero. If you put them on their back and they get to their side on their own, they can stay there.
- It is ok if baby needs you to rock, feed, shush, hold etc to help get them to sleep. Focus on putting baby down once they are asleep. The goal at 2 weeks is for baby NOT to need you to stay asleep.
- Cribs slats should be no more than 2 $\frac{1}{4}$ inches apart so your infant's head cannot become trapped between them.
- Avoid loose, soft bedding such as pillows, blankets, and comforters as well as soft toys in baby's crib.



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Breast Feeding Mamas: Pumping

This is a natural segway into the land of pumping. Once baby is starting to give you longer stretches of sleep, you're naturally going to have fuller breasts overnight.

- If you can avoid it, please do not pump overnight, that's just cruel. If baby is asleep, you should be too. When baby finally wakes for the first overnight feed it should be fast as they are waking out of hunger and not because you are waking them. They typically feed very well at this time. It is common for baby to then revert back to 2-3 hour stretches of sleep after this. When baby wakes again, it is often time to start your day. This feeding is often the best one to pump after. You are usually very full, even after a full feed.
- Pumping after your first morning feed (ie the feed you don't go back to sleep after...at least not right away), takes advantage of a naturally high production time. The body's natural circadian rhythm affects milk production too. *Most* women produce more in the 6-9am time period and the 8-11pm time frame. There are plenty of women who will tell me they make a ton in the afternoon, or some other time. The point is to try and take advantage of high production times. If yours differs, adjust accordingly.
- If you will be going back to work and are worried about having a decent "stash" of milk please slow your roll a little. You do not need 500oz of milk to go back to work. Breast milk is a living thing, it changes with your exposures and as baby ages. It's bioavailability is important. This is especially true if your baby will be heading to daycare when you head to work.
- The mantra for pumping when you return to work should be; "Pump today, for tomorrow's feed." The point is that timeliness matters.
- When you pick up baby from daycare and love all over them, you are going to get whatever germs and other goodies they have been exposed to. This is actually great, because your body will immediately start to make antibodies to these foreign invaders and those antibodies will go directly into your breast milk. Protecting baby from the illness or helping baby get better faster than you can. See, timeliness matters.
- You will still be breastfeeding when you are home with baby, so they will be getting timely, exposure appropriate feeds then as well. The other reason not to have a deep freeze full of breast milk is because milk changes and evolves, albeit subtly, in protein, sugar, fat, oligosaccharide, and all sorts of other impressive words.
- Having 2-3 days worth of milk in your freezer is probably plenty for your return to work. You've got plenty to start the daycare train and a bit extra if something comes up. This does not mean that milk that is older is no longer good. It's wonderful, but freezing and thawing change some of the components of this living food. If at all possible, thaw frozen milk in the fridge, as this helps keep nutrients and fats more stable and bioavailable.
- For reference, freshly pumped milk can be left at room temperature for 3 hours. After baby is 3 months old and has had their first round of vaccines breast milk can be left out for as many hours as your baby is months old. So 4 hours for a 4 month old, 6 hours for a 6 month old, etc. Breast milk can stay "fresh" in the refrigerator for 4 days and in the freezer for 6 months. The exception to the freezer rule is if you do indeed have a deep freeze and don't open it on a daily or frequent basis, then this breast milk can be used for 12 months.



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What to Expect: Development from 2 weeks to 2 months of age

Development is different for every baby, but there are some things you can expect to see between now and 2 months of age. Some babies may demonstrate all of these milestones, while others may only demonstrate some.

- **Motor skills:** Continue to work on tummy time. Place your baby on their stomach on a completely flat surface and tuck their arms under them so they are propped up on their elbows. This gives them some space to move their head from side to side. They should get about 5-10 minutes of tummy time daily, but it does not have to happen in one long stretch. Break it up, especially if they don't really enjoy it. You can spend some tummy time in a more modified position as well, like placing baby on your chest (think skin to skin) so they aren't totally working against gravity.
- **Sensory skills:** baby should track and follow objects visually across midline; they should look at faces in their line of vision; respond to sounds by becoming quiet and alert
- **Communication skills:** coos (makes musical, vowel-like sounds). Baby may get quiet when they hear a loud sound or voice. Baby may start to recognize your voices, so talk, talk, talk and read, read, read to them.
- **Social skills:** smiles socially; begins to respond to voice by cooing; may begin to relate differentially to mother, father, siblings, other caregivers
- Parents may start to explore putting baby down for naps and bedtime when baby is sleepy, but not completely asleep to encourage self soothing skills. This can include rubbing baby's belly or patting baby while they drift off to sleep in the bassinet or crib.

Your infant's next well check is at 2 months. Routine vaccinations are usually given at that visit. If you have any questions about vaccines or vaccine safety, please ask your provider.