



Complete Care Pediatrics

Weight: _____ Length: _____ Head Circumference: _____

Congratulations!

You have welcomed a human into the world...now what do you do? Relax, we're here to help. While this time is incredibly exciting it can absolutely be a bit frightening. The purpose of this packet, and the others that will accompany every well child check, is to provide you with the necessary information to make informed, educated decisions about the care of your child. In these early packets, we will go in depth on some topics that lay the groundwork for development, confidence in your parenting skills and trusting that you know your baby better than anyone.

At this time, the most important piece of information we can impart on you, is to rest when baby rests. They don't know the difference between day and night, so you don't get to either. If people would like to visit or help, they can bring you food or groceries (leave it by the front door) or sneak in to do a quick load of laundry and take the dog for a walk. Those friends with children will do this happily, those without kids may need some convincing. Seriously, keep a list on your phone of things you want or need and when the friends and family call, give them a task of two. They will appreciate being helpful. It's a win-win!

Our practice takes an integrative approach to the care of your family. Integrative health care brings conventional and complementary medical approaches together in a coordinated way. It emphasizes a holistic, patient-focused approach to health care and wellness. This often includes mental, emotional, functional, spiritual, social, and community aspects in the approach to treating the whole person. In keeping with this theme, we believe that taking care of baby means caring for the entire family; caregivers and baby alike. We have a foundation in western medicine, but understand that in the grand scheme of things, western medicine is a very young field and eastern medical approaches have been in practice for centuries longer. You will find that our providers ask a lot of questions (often in response to your questions) to gain a better understanding of your concerns and gain insight. This is complete care at its finest.

We are thrilled to have you here and extremely honored you chose our practice to share this amazing adventure with. We will care for you and your family like you are our own. It truly takes a village and we are so happy to be a part of yours.



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Newborn Needs

Newborns need 5 things in the first few months. That's it, 5 things!

It takes all day. Repeatedly taking care of these 5 things, but it boils down to this; if your baby is fussy they either need: **Food, sleep, a diaper change, burping**, or to be **held**. If it's the baby's first 2 weeks of life, 9 times out of 10, they need to be fed. If you've checked or tried all five of these things, check them all again one more time. If your baby is still fussy, then take their temperature rectally. Call your pediatrician immediately if their temperature is over 100.4 and they are younger than 2 months old.

Newborn reflexes are very primitive. There is still a great deal of neurologic development being done in the first 3-4 months of life. So parents will see a lot of trembling lips, quivering chins, hiccups and sneezes. These reflexes are all normal and do not mean baby is cold or sick. They just aren't wired well. This is a time when parents will hear baby take several rhythmic breaths, pause and then gasp like they were holding their breath. It can be very unnerving, but again is part of this immature brain. These are all normal and will gradually improve as baby's neurologic system matures.

Development

Birth to 2 weeks:

Motor skills: raise head slightly from stomach position

Sensory skills: blinks in reaction to bright light, focuses and may follow briefly with eyes, responds to sound either by quieting or turning toward the source

Weight

All newborns lose weight in the first 3-5 days (sometimes longer) after birth, even formula fed babies do! A 7-10% weight loss is typical for an exclusively breastfed baby. It is around that 9-10% loss that most pediatricians and lactation consultants begin to get a little worried and may recommend supplementing. This **does not** mean that you cannot breastfeed. It's usually just for a day or so to give baby the energy they need to do the necessary work at the breast. You absolutely have a say in what and how you supplement. Donor milk is an option (it runs about \$3/oz), as is your expressed breast milk or formula. I always want to allow baby to start at the breast, for at least 5 min a side before offering a supplemental bottle. Generally newborns should regain their birth weight by 2 weeks of age. Getting back to birth weight before this is great. If your baby does not get back to birth weight by this timeline, don't fret. LOTS of factors come into play with why they may not get back there by this age. If your baby was born via c-section and mom had lots of IV fluids (usually more than 2 litres), the baby's birth weight can sometimes be falsely elevated by a few ounces. And believe it or not, but a few ounces matters in a baby this age. If baby lost a lot of weight in the first few days after delivery, but is gaining well now, that is far more important than getting back to the number on the scale at birth.



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Jaundice

Jaundice refers to the yellow color that is very common in a newborn's skin. Jaundice is caused by bilirubin, a byproduct of the breakdown of red blood cells. Newborns have immature livers and are unable to efficiently excrete bilirubin. Bilirubin is excreted in baby's poop. So the more food, the more poop. Sometimes babies need light or photo therapy to help with high jaundice levels. This brings bilirubin to the surface and breaks it down so that it can be excreted in the urine as well as the stool.

Jaundice will progress from head to chest to abdomen and last to arms and legs. Frequent feedings help baby process and excrete bilirubin, but extra water is not necessary. Please call our office if your baby seems to be bright yellow, is too sleepy to feed, is not feeding well, or is not having at least 5-6 wet diapers in a 24 hour period by 5-7 days of life. Some things you can do at home to help with jaundice include intermittent "sunbathing" of baby in sunlight streaming through a window and belly massage clockwise to encourage passing of stool.

It is very common for bilirubin/jaundice levels to be checked in the pediatrician's office during the newborn period.

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. Most formula-fed infants will average 1-2 ounces (30-60 ml) every 2-3 hours for the first three weeks. If your infant still seems hungry, you may feed your baby more volume or more frequently until the infant indicates that he/she is full.
- Most breastfed infants should feed at least 8-12 times in a 24 hour period at this age. In general, feedings should last 10-20 minutes per side. Your baby may go through a "feeding frenzy" at about 3-4 days of life as he/she makes up for weight loss from birth. Your baby may want to eat every 1-2 hours during this time period; but, as your milk comes in, you will be able to supply enough to satisfy your baby.
- Your infant should gain at least 0.5 oz to 1 oz per day by 3-5 days of age through the first three months of life.
- Look for your baby's subtle clues that he/she is hungry. These signs include putting hand to mouth, sucking, rooting, pre-cry facial grimaces, and fussing. Crying is a late sign of hunger and can make feeding more difficult.
- 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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Diaper Duty

Newborns should have about 1 wet diaper for every day they are old. It should continue this way until about day 6-8, at which point they should have roughly 6-8 wet diapers daily. More is absolutely fine, less is generally not and may indicate that baby needs to be fed more. In the first few days of life some babies will have very little waste and their diapers may actually look like they have a pink-ish dust in it. If you have a baby girl it can be difficult to determine if this is normal newborn girl vaginal discharge or the sign of dehydration. The best way to tell the difference is to add a tablespoon of water to the pink-ish area on the diaper. If it stays the same color, its normal newborn girl discharge. If it turns a dark orange/yellow, then it is highly concentrated urine. This is a sign your baby needs to be getting fed more. Talk to your pediatrician or LC to develop a plan.

Poop

Poop is the topic of many a new parent conversation. Here's the scoop on poop. It's going to be all sorts of colors, consistency and frequency and all of that is normal. Newborn poop (or meconium) is the dark tarry stuff that takes some elbow grease to get off your baby's bum. This is followed by transitional stool. Transitional stool is not as sticky, still dark-ish (think brown to green) and usually comes around day 3-5 depending on baby's feeding amount, frequency etc. Look for breastfed baby poop (see below for a description) around day 5-7. Sooner is totally awesome, later than 7 days may indicate that baby is not getting enough. Typical breastfed baby poop is yellow, seedy and sometimes has curdled looking milk chunks in it. It can run the spectrum of yellow to orange to green and even brownish. It will depend on mom's diet if baby is breastfed, so a varied diet means your baby is going to have a variety of colored poops. You and I would call breastfed baby poop, diarrhea. It is crazy watery because their diet is liquid based. If you do add some formula to your feeding regimen you will notice a thicker more paste like stool. This is because formula is not as easily digested and the nutrients are not as easily absorbed by baby's gut, thus you have more waste.

Baby is born with a sterile gut. This is why after they pass meconium and start breastfed poops; if something comes in, then something's gotta come out. Most newborns will stool during and after breastfeeding sessions in the first several weeks of life. This will all slow down as they begin to build up good gut flora. Good gut flora comes from various exposures. If your baby is born vaginally, they are exposed to beneficial vaginal bacteria. They are exposed to various beneficial bacteria with every breastfeeding session as well. As baby's gut matures, it develops finger like projections called villi. These villi increases the surface area of baby's gut incredibly. So feeds that used to move through the gut quickly are suddenly slowing down dramatically. This slowdown can make a baby gassier, spittier and fussier than you know your sweet angel to be. Rest assured, this period doesn't last long; usually about 5-7 days. The best way to help baby during this uncomfortable time is to bicycle their legs, rub their belly in a clockwise fashion, bring their knees up to their belly and stretch them straight or hold them under their armpits and let them push off a hard surface to help move the gas along.



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The typical timeline for this transition is not hard and fast, but generally it is around 3-4 weeks of age for the vaginal delivery, breastfed baby and closer to the 6 week mark for c-section, formula fed baby.

With this transition comes a slowdown in stooling! (YAY!) Some breastfed babies will still stool multiple times a day, but generally not every single time. There are also some breastfed babes that will only stool 1-2 times a week. All of that is normal. If your baby is having trouble moving stool, but is not having hard pebble like poops that are difficult to pass they are simply figuring out how to move their bowels and are not constipated. If baby does have hard or large caliber stools, talk to your pediatrician for advice on managing constipation. Told you there was a lot to say about poop!

Diaper Rash

And still more poop related talk. Your baby's super soft, absolutely perfect skin is bathed in amniotic fluid for about 10 months. This moisturizes the skin, helps sluff off dead skin cells, and a host of other things. Baby is then born into a non-fluid environment. Top that with a bunch of poop and pee that they essentially sit in and you've got a recipe for skin rash. The frequency of newborns' stooling can wreak havoc on their diaper area. The most important first step for skin care is to change diapers frequently, particularly if baby has stooled. The second is the use of barrier cream. Yep, barrier cream, not diaper cream. They are the same thing, but calling it barrier cream should tell you that to be protective it needs to be a barrier. This means it goes on thick, like frosting or cream cheese whatever your preference. You should not be able to see the rash because there is so much barrier cream in place. If rash develops or persists despite this, you may need to up the strength of your cream. A 40% zinc oxide base should be plenty to help heal a diaper rash from frequent stool exposure. Gentle cleaning and air time are also a big help. Sitz baths can be used several times a day as well.

Sitz bath recipe:

- Fill baby tub with a few inches of warm water
- Add ¼ cup baking soda or ¼ cup epsom salt, swish with a clean hand to dissolve
- Soak baby for 10-15 minutes
- Pat dry

If baby's skin gets shiny red, ulcerated or skin sloughs off and bleeds; this often indicates a yeast type rash. This may require a prescription strength treatment, particularly if it is bleeding. Start first with an over the counter antifungal such as Lotrimin (or it's generic equivalent) with every diaper change. Allow baby's bottom to air dry completely before putting them back in a diaper. If there is no improvement in the rash in 24-48 hours, or if the rash worsens despite these measures, call or see your baby's medical provider.



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Other Rashes

Babies can be born with rashes, develop them days after delivery or even months. Some babies are born with an angry red based and pimply type rash that is called erythema toxicum. The name sounds awful and scary, but it is nothing to worry about and is very common. There is no treatment for it and it self resolves in days to weeks. If baby is breastfed, applying mom's breast milk to the rash can often decrease the redness. Babies that are breastfed may also get a more isolated red, blotchy and sometimes pimply type rash that flares-up with feeds. This is most prominent in the newborn timeframe and is due to the maternal hormones naturally present in mother's milk. It is NOT an allergic reaction and again does not need treatment.

Skin Care

Babies don't need many baths in the first few weeks of life. They should not have their bellies submerged during bath time until their umbilical stump has fallen off and the base is healed. This usually takes 2-3 weeks to occur. Bathing baby a few times (1-2) a week is plenty early on. You will want to wipe under their chins more frequently if they spit up or drool a lot. You will also be amazed at the lint, debris and dirt you find in their balled up fists and toes. Those can always use a good wipe down as well.

Babies that are born full term or post dates will often have a period of skin peeling that peaks around the 2 week mark. Amniotic fluid helps slough some of the dead skin cells off of baby when they are in utero. As baby gets larger and larger, it gets more difficult for the fluid to access all the nooks and crannies. Think of this peeling like a bad sunburn. No matter what you put on it (lotion, creams, ointments), it's going to peel.

To check the safety of your newborn skin care products, visit <https://www.ewg.org/skindeep/>

Sleep

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 them get to sleep. You cannot spoil a baby at this age.

Cribs slats should be no more than 2 ¼ 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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Spit Up

Babies are born with rather poor motor control. Their nerves don't quite fire properly and muscles need that nerve signal to do their job smoothly and with precision. So, while we see this in baby's inability to hold their head up, control their limb movements, and keep their eyes from crossing, this poor control is also occurring internally. The most common example of this poor muscle control is when babies spit up, or reflux. There is a small circular muscle that connects the esophagus (the tube from the mouth to the stomach) and the stomach. This muscle helps keep the contents of the stomach from going back up the tube. Just like the rest of baby's muscles, it is poorly coordinated. When you combine this poor muscle coordination with a liquid diet and a baby that is primarily dependant on their back, well, it's a recipe for spit up. When baby is upright, gravity helps keep the stomach contents where it belongs. If the muscle gets lazy or relaxes and baby is moved (say from upright to on their back) it can result in some of baby's feeding coming right back up.

It is uncommon for babies to have so much spit up that they actually don't grow or gain weight well. What is far more typical is the recurrent exposure of stomach content (think milk or formula and stomach acid) to the esophagus can irritate the sensitive lining and result in discomfort. This may present early in life or months later, after chronic exposure to the reflux. Babies that are experiencing discomfort from this reflux will often cry when they spit up. They may also arch or pull away during feedings. If this is something your baby is experiencing, it may be worth discussing treatment options with your pediatrician.

However, if your baby spits up, even after most feeds, but doesn't seem phased by it at all, there is little to worry about. We call these little guys "happy spitters", and other than frequent laundry and always needing a burp cloth handy they are content and grow well.

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. Nordic Naturals makes an infant product with a dosing schedule on their site based on the infant's weight.

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



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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 best 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
- If you own guns, they should be in a locked gun safe and ideally, bullets stored separate from the gun. Do this now or you will forget and kids are curious beings, it's really their job to be.
- If you partake in recreational or medical marijuana, this too should be in a locked safe. Most edibles are in candy or dessert form and kids can't resist these treats. ● 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.
- 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.

Fever and Medication

- FEVER = 100.4° F or higher rectally. Call our office IMMEDIATELY for any temperature of 100.4° F or higher rectally in the first 2 months of age.
- No Tylenol (Acetaminophen) until 2 months old.
- No Advil or Motrin (Ibuprofen) until 6 months old.
- No Aspirin until 18 years old.

Follow Up

Baby's next visit is when they turn 2 weeks of age (between 10-15 days of life ideally), unless we are following weight loss and feeding issues more closely or there are concerns for jaundice. Your provider will tell you if you and baby should be seen before this 2 week mark.