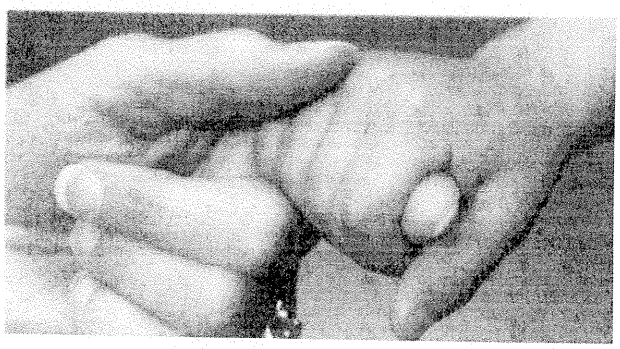
CELEBRATING 30 YEARS



M.D. PEDIATRIC CENTER

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ANTICIPATORY PARENTING GUIDE

FOR AGE: 2-4 Weeks

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ANTICIPATORY GUIDE: 2 - 4 Weeks

INJURY PREVENTION

- Secure baby in a car seat. See the attached sheet on car seats.
- When bathing infant, place a towel in the bottom of the infant tub with 2 inches of water, that feels warm and not hot to the inside of your wrist or elbow.
- Do not leave infant unattended on a dressing table, chair, or couch.
- Do not leave younger siblings or pets alone with the infant.
- Never leave your baby alone in a car.
- Never jiggle or shake your baby's head vigorously. Always support the baby's head and neck.
- Never attach pacifiers, medallions, or other objects to the crib or body with a cord. Don't place a string or necklace around the baby's neck.
- Install smoke detectors.

NUTRITION

Breast feeding - babies who are breast fed have fewer infections and allergies during the first year of life. See the attached sheet on breast feeding.

Formula - breast feeding is best for baby but not always possible. If you decide to use formula, read the attached sheet about formula.

COLIC

Does your baby have a regular fussy period each day where it seems you can do nothing to comfort him? If so, your infant may be a high need baby with a sensitive temperament. See the attached sheet on colic.

SLEEP

Initially infants don't know the difference between night and day, but even at a few weeks of age you can teach your baby that nighttime is for sleeping and daytime is for play. See the attached sheet on Prevention of Sleep Problems.

BLADDER AND BOWEL HABITS

Urination - your baby may urinate as often as every one to three hours or as infrequently as four to six times a day. Formula fed babies stools will usually be tan or yellow in color. Until your baby starts on solid foods the consistency of breast fed babies' stools should be soft, even slightly runny. Formula fed babies' stools will be a little firmer than breast fed babies, but no firmer than peanut butter. Occasional variations in the color and consistency of stools are normal. The frequency of bowel movements varies from one baby to another.

Before the baby is born, most parents prepare a special room. They buy a layette including clothing, a place to sleep, feeding equipment, bathing equipment, and changing supplies. This preparation is called nesting behavior. The most common mistake parents on a limited budget can make during this time is buying something they don't need at all or buying an expensive (often fancy) version of an essential piece of equipment.

ESSENTIAL EQUIPMENT

Safety Car Seat. Child restraint seats are essential for transporting your baby in a car. They are required by law in most states. Consider buying one that is convertible and usable until your child reaches 40 pounds and 40 inches. Until your child weighs more than 20 pounds the car seat faces backward; after that time it is moved to a forward-facing position. Car seats must conform to federal safety standards; also, they are ranked by consumer magazines. Many hospitals have a rental program for car seats that can save you money unless you are going to have several children.

Crib. Since your baby will spend so much unattended time in the crib, make certain it is a safe one. Federal safety standards require that all cribs built after 1974 have spaces between the crib bars of 2⅜ inches or less. This restriction is to prevent a child from getting the head or body stuck between the bars. If you have an older crib, be sure to check this distance, which is approximately the width of three fingers. Also, check for any defective crib bars. The mattress should be the same size as the crib so that your baby's head can't get caught in the gap. It should also be waterproof. Bumper pads are unnecessary because infants rarely strike their heads on the railings. The pads have the disadvantage of keeping your baby from seeing out of the crib; they are also something to climb on at a later stage. During the first 2 or 3 months of life it may be more convenient to have your baby sleep in a drawer, a cardboard box, or a basket that is well padded with towels or blankets.

Bathtub. Small plastic bathtubs with sponge linings are available. A large plastic dishpan will also suffice for the purpose. A molded sponge lining can be purchased separately. As a compromise, a kitchen sink works well if you are careful about preventing your child from falling against hard edges or turning on the hot water, thereby causing a burn. Until the umbilical cord falls off, keep the water level below the navel. Most children can be bathed in a standard bathtub by 1 year of age.

Bottles and Nipples. If you are feeding your baby formula, you will need about ten 8-ounce bottles. Although clear plastic bottles cost twice as much as glass ones, you will be glad you bought the unbreakable type the first time you or your baby drops one. You will also need a corresponding number of nipples. If you prepare more than one bottle at a time, you will need a 1-quart measuring cup and a funnel for mixing a batch of formula.

Diapers: Reusable vs. Disposable. Let's compare disposable diapers to cloth diapers. The rate of diaper rashes is about the same. If you're concerned about using safety pins, worry not. Modern cloth diapers come with Velcro straps. The main advantage of disposable diapers is that they are very convenient—freeing the family to travel easily and day-care centers to operate efficiently. The diapers made with super absorbent gel have the advantage of not letting urine leak. The main disadvantage of disposable diapers is that they cost more. Disposable diapers average about 20 cents per diaper vs. 12 cents per diaper from the diaper service or 3 cents per diaper if you wash your own diapers (after their initial purchase).

Because of the ecological ramifications of disposable diapers, which type of diaper to use is a controversial issue. Why not take advantage of both options. Use cloth diapers when you are home. Use disposable diapers when you are traveling or as a backup if you are out of the home. Use disposables when your child has diarrhea because they prevent leakage of watery stools. (Some parents also prefer disposable diapers at night because they are leakproof.) During the first 2 or 3 months of life, when most mothers are exhausted by new baby care, consider a diaper service rather than washing the diapers yourself. You will find that modern diaper services are very efficient, provide excellent sterilized diapers, and pick them up weekly.

Pacifier. A pacifier is useful in soothing many babies. To prevent choking, the pacifier's shield should be at least 1½ inches in diameter and the pacifier should be one single piece. Some of the newer ones are made of silicone (instead of rubber), which lasts longer because it doesn't dry out. The orthodontic-shaped pacifiers are accepted by some babies but not by others.

Nasal Suction Bulb. A suction bulb is essential for helping young babies with breathing difficulties caused by sticky or dried nasal secretions. A suction bulb with a blunt tip is more effective than the ones with long tapered tips (which are used for irrigating ears). The best ones on the market have a small clear plastic tip (mucous trap), that can be removed from the rubber suction bulb for cleaning.

Thermometer. A rectal thermometer is most helpful if your baby becomes sick. The digital thermometers that display the temperature in 30 seconds are worth the extra few dollars. If you buy a glass thermometer, the ones with four color zones are easier to read.

Humidifier. A humidifier will be helpful in dry climates or areas with cold winters. The new ultrasonic humidifiers are quieter and have other advantages. Do not buy a vaporizer (a gadget that produces steam) because it can cause burns in children and doesn't deliver humidity at as fast a rate as a humidifier.

Diaper and Bottle Bag. For traveling outside the home with your baby, you will need an all-purpose shoulder bag to carry the items that allow you to feed your baby and change diapers.

High Chair. During the first 6 months of life your baby can be held when being fed. Once your child can sit unsupported and take solid foods, a high chair is needed. The most important feature is a wide base that prevents tipping. The tray needs to have a good safety latch. The tray should also have adjustable positions to

(Continued on the reverse side)

adapt to your infant's growth. A safety strap is critical. Plastic or metal chairs are easier to clean than wooden chairs. Small, portable, hook-on high chairs that attach directly to the tabletop are gaining in popularity. They are convenient and reasonably priced. The ones with a special clamp that keeps your child from pushing the chair off the tabletop with his feet have a good safety record.

Food Grinder. The time comes when your baby must make the transition from baby foods to table foods. A baby-food grinder takes the work out of mashing up table foods. It's as effective as a blender, easier to clean, and less expensive. Food processors have the advantage of allowing you to make larger quantities faster than in a grinder.

Training Cup. By the time your child is 1 year old, he will want to hold his own cup. Buy a spill-proof one with a weighted base, double handles, a lid, and a spout.

Bib. To keep food off your baby's clothes, find a molded plastic bib with an open scoop on the bottom to catch the mess.

Safety Gadgets. Once your child is crawling, you will need electric-outlet safety plugs, cabinet door safety locks, bathtub spout protectors, plastic corner guards for sharp table edges, and so forth.

HELPFUL EQUIPMENT

The following items mainly provide your child with forms of transportation or special places to play.

Changing Table. Diapers need to be changed 10 to 15 times daily. Although a bed can be used for changing, performing this task without bending over prevents back strain. An old dining table or buffet can work as well as a special changing table.

Automatic Swing. Although swings are entertaining to most babies, they are especially helpful for crying babies. They come in windup-spring, pendulum-driven, or battery-powered models. The latter two have quieter mechanisms. Again, a sturdy base and crossbars are important for safety.

Front Pack or Carrier. Front packs are great for new babies. They give your child a sense of physical contact and warmth. In fact, they have been shown to promote bonding. They allow you freedom to use your hands. Buy one with head support. Carrying a baby in front after 5 or 6 months of age can cause a backache for the parent.

Backpack. Backpacks are useful in carrying babies who are 5 or 6 months old and have good head support. They are an inexpensive way to carry your baby outside when you go shopping, hiking, or walking anywhere. The inner seat can usually be adjusted to different levels.

Stroller. Another way to transport a baby who has outgrown the front pack is in a baby stroller. The most convenient ones are the umbrella type, which fold up. A safety belt is important to keep your baby from standing up and falling.

Infant Seat. An infant seat is a good place to keep a young baby who is not eating or sleeping. Infants prefer this inclined position so they can see what is going on around them. Buy one with a safety strap, but don't substitute it for a car seat. Once children reach 3 to 4 months of age, they can usually tip the infant seat over, so discontinue using it.

Playpen. A playpen is a handy and safe place to leave your baby when you need uninterrupted time to cook a meal or do the wash. Babies like playpens because the slatted or mesh sides afford a good view of the environment. Playpens can be used both indoors and outdoors. As with cribs, the slats should be less than 2⅜ inches apart. The playpens with a fine-weave netting are also acceptable although sometimes older infants can climb out of them. Bottomless playpens are gaining in popularity. Your baby should be introduced to the playpen by 4 months of age in order to build up positive associations with it. It is very difficult to introduce a playpen after a baby has learned to crawl. Avoid stringing any objects on a cord across the playpen, because your baby could become entangled in them and strangle.

Gates. A gate is essential if your house has stairways that your baby must be protected from. A gate also helps to keep a child in a specific room with you and out of the rest of the house, as when you are working in the kitchen. Many rooms can be closed off with doors. All gates should be climb resistant. The strongest gates are spring loaded.

UNNECESSARY EQUIPMENT

Some baby equipment is usually not worth the investment, but your judgment may be different. You can bathe your baby without a special bathinette. Nursery monitors or intercoms will not prevent crib deaths and may interfere with the learning of self-comforting behavior. Baby carriages or buggies generally have been replaced by baby strollers, front packs, or backpacks.

You can determine if your baby is being fed enough without a baby scale. An infant feeder is a bottle with a nipple on one end and a piston on the other and is used to feed young babies strained foods. They are advertised as a "natural" step between bottle- and spoon-feeding. Since babies don't need any food except formula or breast milk until at least 4 months of age (at which time spoon-feeding works fine), this item is unnecessary and can lead to forced feedings. You can prepare warm formula without a bottle warmer. Finally, shoes are not needed until your child has to walk outdoors.

POTENTIALLY HARMFUL EQUIPMENT: WALKERS

Over 40% of children who use walkers have an accident requiring medical attention. They get skull fractures, concussions, dental injuries, and lacerations. There have even been some deaths. Most of the serious walker injuries occur from falling down a stairway. When a crawling child falls down some unprotected steps, he tumbles and breaks his fall. When a child goes down a stairway in a walker, he accelerates and crash-lands at the bottom.

Some parents believe walkers help children learn to walk. On the contrary, walkers can delay both crawling and walking if used over 2 hours per day. Don't buy a walker. But if you have one, be sure to keep the door to any stairway locked. Children in walkers have crashed right through gates.

Instructions for Pediatric Patients by Barton D. Schmitt, M.D., *Pediatrician*

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The major killer as well as the major crippler of children in the United States is motor vehicle crashes. Approximately 700 children under the age of 5 years are killed each year, and about 60,000 are injured. Proper use of car safety seats can reduce traffic fatalities by at least 80%. All 50 states have passed laws that require children to ride in approved child passenger safety seats.

A parent cannot protect a child by holding him or her tightly. In a 30-mph crash, the child will either be crushed between the parent's body and the dashboard or ripped from the parent's arms and possibly thrown from the car. Car safety seats also help to control a child's misbehavior, prevent motion sickness, and reduce the number of accidents caused by a child distracting the driver.

CHOOSING A CAR SEAT

Government Safety Standards

Since January 1981, all manufacturers of child safety seats have been required to meet stringent government safety standards, including crash testing. Choose a seat that has met Federal Motor Vehicle Safety Standard 213, with 1981 or later as the year of manufacture. If the seat was manufactured between 1971 and 1981, it may not meet the government safety standard. When in doubt, contact the National Highway Traffic Safety Administration hotline (1-800-424-9393) for information. The American Academy of Pediatrics also publishes a list of infant/child safety seats that is updated yearly. To obtain this list, write to

American Academy of Pediatrics
Division of Public Education
141 Northwest Point Boulevard
PO Box 927
Elk Grove Village, IL 60009-0927

Types of Car Safety Seats

There are three types of car safety seats:

—Infant safety seats are installed in a rear-facing position only and can be used from birth until a child weighs approximately 20 pounds.

—Convertible safety seats can be used in both rear- and forward-facing positions.

—Booster safety seats are forward facing and have a removable shield.

Before you buy a car safety seat, look at several different models. Make sure that the car seat will fit in your car and that your seat belts will work with the seat.

Matching Car Safety Seats with Your Child's Weight

—Birth to 20 pounds: Use an infant safety seat until your child is over 20 pounds and able to sit up alone. Keep your child facing backward as long as possible because it protects him from neck injuries.

—Over 20 pounds: Use a convertible car seat in the forward-facing position.

—Over 40 pounds and over 40 inches tall: Use a booster safety seat. This will also help your child see out the window.

—Over 60 pounds: Use the regular car seat without a booster seat and with a lap belt low across the hips. When your child is also over 4 feet (48 inches) tall, add a shoulder strap. Using a shoulder strap before your child is 4 feet tall can cause neck injuries. If the shoulder strap runs across the neck (rather than the shoulder), put it behind your child. Never put the shoulder belt under both arms.

USING A CAR SEAT PROPERLY*

If used consistently and properly, your child's car seat can be a lifesaver. Your attitude toward safety belts and car seats is especially important. If you treat buckling up as a necessary, automatic routine, your child will follow your lead and also accept car seats and seat belts. To keep your child safe and happy, follow these guidelines:

—ALWAYS FOLLOW THE MANUFACTURER'S DIRECTIONS for installation and use of the car seat: improper installation or use will not protect your child.

—Always use the safety seat. Use the safety seat on the first ride home from the hospital, and continue using it for every ride.

—Whenever possible put the safety seat in the back seat of the car, which is much safer than the front seat.

—If the seat belt in your car has a shoulder harness, you will need a seat belt–locking clip that keeps the seat belt from moving when it is used with your child's safety seat. These locks often are sold with the safety seat. Baby specialty stores also sell them separately.

—Everyone buckles up! Allow *no* exceptions for older kids and adults. If adults ride unprotected, the child quickly decides that safety is just kid stuff.

—Give frequent praise for appropriate behavior in the car.

—Remember that a bored child can become disruptive. Keep a supply of favorite soft toys and munchies on hand.

—*Never* let a fussy child out of the car seat or safety belt while the car is in motion. If your child needs a break, *stop* the car. Responding to complaints by allowing your child to ride unprotected is a disastrous decision that will make it harder to keep him or her in the seat on the next ride.

—If a child tries to get out of the seat, stop the car and firmly but calmly explain that you won't start the car until he or she is again buckled in the car seat.

—Make a vinyl seat pad more comfortable in hot weather by covering it with a cloth pad or towel.

—When your child travels in another person's car (such as a babysitter's or grandparent's), insist that the driver also use the safety seat.

—For long-distance trips, plan for frequent stops and try to stop before your child becomes restless. Cuddle a young child; let an older child snack and run around for 10 to 15 minutes.

*Adapted from the American Academy of Pediatrics with permission, 1986.

Babies who are breast-fed have fewer infections and allergies during the first year of life than babies who are fed formula. Breast milk is also inexpensive and served at the perfect temperature. Breast-feeding becomes especially convenient when a mother is traveling with her baby. Overall, breast milk is nature's best food for young babies.

HOW OFTEN TO FEED

The baby should nurse for the first time in the delivery room. The second feeding will usually be at 4 to 6 hours of age, after he awakens from a deep sleep. Until your milk supply is well established and your baby is gaining weight (usually 2 weeks), nurse your infant whenever he cries or seems hungry ("demand feeding"). Thereafter, babies can receive adequate breast milk by nursing every 2 to 2½ hours. If your baby cries and less than 2 hours have passed, he can be rocked or carried in a front pack. However, waiting more than 2½ hours can lead to swollen breasts (engorgement), which decreases milk production. (Feeding less frequently is fine at night, but no more than 5 hours should pass between feedings.) Your baby will not gain adequately unless he nurses eight or more times per day initially. The risks of continuing to nurse at short intervals (less than 1½ hours) are that "grazing" will become a habit, your baby won't be able to sleep through the night, and you won't have much free time.

HOW LONG PER FEEDING

Nurse your baby 10 minutes on the first breast and as long as he wants on the second breast. Your goal is to have your baby nurse for a total of about 30 minutes at each feeding. Remember to alternate which breast you start with each time. Once your milk supply is well established (about 2 to 3 weeks after birth), 10 minutes of nursing per breast is fine when you are in a hurry (since your child usually gets over 90% of the milk in this time). However, try not to nurse for periods shorter than 20 minutes because it may lead to more frequent feedings and more nighttime awakenings.

HOW TO KNOW YOUR BABY IS GETTING ENOUGH BREAST MILK

In the first couple weeks, if your baby has four or more bowel movements per day and six or more wet diapers per day, he is receiving a good supply of breast milk. (CAUTION: Infrequent bowel movements are not normally seen before the second month of life.) In addition, most babies will act satisfied after completing a feeding. Your baby should be back to birth weight by 10 to 14 days of age if breast-feeding is going well. Therefore the 2-week checkup by your baby's physician is very important. The presence of a letdown reflex is another indicator of good milk production.

THE LETDOWN REFLEX

A letdown reflex develops after 2 to 3 weeks of nursing and is indicated by tingling or milk ejection in the breast just before feeding (or when you are thinking about feeding). It also occurs in the opposite breast while your baby is nursing. Letdown is enhanced by adequate sleep, adequate fluids, a relaxed environment, and reduced stress (such as low expectations about how much housework gets done). If your letdown reflex is not present yet, take extra naps and ask your husband and friends for more help. Also consider calling the local chapter of La Leche League, a support group for nursing mothers.

SUPPLEMENTAL BOTTLES

Do not offer your baby any bottles during the first 4 to 6 weeks after birth because this is when you establish your milk supply. Good lactation depends on frequent emptying of the breasts. Supplemental bottles take away from sucking time on the breast and reduce the appetite. If your baby is not gaining well, see your physician or a lactation specialist for a complete evaluation.

After your baby is 6 weeks old and nursing is well established, you may want to offer your baby a bottle of expressed milk or water once a day so that he can become accustomed to the bottle and the artificial nipple. Once your baby accepts bottle feedings, you can occasionally leave your baby with a sitter and go out for the evening or return to work outside the home. You can use pumped breast milk that has been refrigerated or frozen.

EXTRA WATER

Babies do not routinely need extra water. Even when they have a fever or the weather is hot and dry, breast milk provides enough water.

PUMPING THE BREASTS TO RELIEVE PAIN OR COLLECT MILK

Severe engorgement (severe swelling) of the breasts decreases milk production. To prevent engorgement, nurse your baby more often. Also, compress the area around the nipple (the areola) with your fingers at the start of each feeding to soften the areola. For milk release, your baby must be able to grip and suck on the areola as well as the nipple. Every time you miss a feeding (for example, if you return to work outside the home), pump your breasts. Also, whenever your breasts hurt and you are unable to feed your baby, pump your breasts until they are soft. If you don't relieve engorgement, your milk supply can dry up in 2 to 3 days.

A breast pump is usually unnecessary because pumping can be done by hand. Ask someone to teach you the Marmet technique.

Collect the breast milk in plastic containers or plastic bottles because some of the immune factors in the milk

(Continued on the reverse side)

stick to glass. Pumped breast milk can be saved for 48 hours in a refrigerator or up to 3 months in a freezer. To thaw frozen breast milk, put the plastic container of breast milk in the refrigerator (it will take a few hours to thaw) or place it in a container of warm water until it has warmed up to the temperature your baby prefers.

SORE NIPPLES

Clean a sore nipple with water after each feeding. Do not use soap or alcohol because they remove natural oils. At the end of each feeding, the nipple can be coated with some breast milk to keep it lubricated. Try to keep the nipples dry with loose clothing, air exposure, and nursing pads.

Sore nipples usually are due to poor latching on and a feeding position that causes undue friction on the nipple. Position your baby so that he directly faces the nipple without turning his neck. At the start of the feeding, compress the nipple and areola between your thumb and index finger so that your baby can latch on easily. Throughout the feeding, hold your breast from below so the nipple and areola aren't pulled out of your baby's mouth by the weight of the breast. Slightly rotate your baby's body so that his mouth applies pressure to slightly different parts of the areola and nipple at each feeding.

Start your feedings on the side that is not sore. If one nipple is extremely sore, temporarily limit feedings to 10 minutes on that side.

VITAMINS/FLUORIDE FOR THE BABY

Breast milk contains all the necessary vitamins and minerals except vitamin D and fluoride. Full-term dark-skinned babies and all premature babies need 400 units of vitamin D each day. White babies who have little sun exposure (less than 15 minutes twice per week) also need vitamin D supplements. From 2 weeks to 12 years of age, children need fluoride to prevent tooth decay; 0.25 mg of fluoride drops should be given each day. In the United States this is a prescription item that you can obtain from your child's physician.

VITAMINS FOR THE MOTHER

A nursing mother can take a multivitamin tablet daily if she is not following a well-balanced diet. She especially needs 400 units of vitamin D and 1200 mg of both calcium and phosphorus per day. A quart of milk (or its equivalent in cheese or yogurt) can also meet this requirement.

THE MOTHER'S MEDICATIONS

Almost any drug a breast-feeding mother consumes will be transferred in small amounts into the breast milk. Therefore try to avoid any drug that is not essential, just as you did during pregnancy.

Some commonly used drugs that are safe for you to take while nursing are acetaminophen, penicillins, erythromycin, stool softeners, antihistamines, mild sedatives, cough drops, nose drops, eye drops, and skin creams. Aspirin and sulfa drugs can be taken if your baby is more than 2 weeks old *and* not jaundiced. Take drugs that are not harmful immediately after you breast-feed your child so that the level of drugs in the breast milk at the time of the next feeding is low.

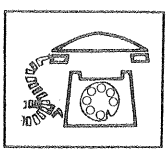
Some of the dangerous drugs that can harm your baby are tetracyclines, chloramphenicol, antithyroid drugs, anticancer drugs, or any radioactive substance. Women who must take these drugs should not be breast-feeding or should request a safer form of therapy. Another group of drugs that should be avoided because they can suppress milk production are ergotamines (for migraine), birth control pills with a high estrogen content (most are not harmful), vitamin B_6 (pyridoxine) in large doses, and many antidepressants.

BURPING

Burping is optional. Its only benefit is to decrease spitting up. Air in the stomach does not cause pain. If you burp your baby, burping two times during a feeding and for about a minute is plenty. Burp your baby when switching from the first breast to the second and at the end of the feeding.

CUP FEEDING

Introduce your child to a cup at approximately 6 months of age. Total weaning to a cup will probably occur somewhere between 9 and 18 months of age, depending on your baby's individual preference. If you discontinue breast-feeding before 9 months of age, switch to bottle-feeding first. If you stop breast-feeding after 9 months of age, you may be able to go directly to cup feeding.



CALL OUR OFFICE

During regular hours if
—Your baby doesn't seem to be gaining adequately.
—Your baby has less than six wet diapers per day.
—During the first month, your baby has less than four bowel movements per day.
—You suspect your baby has a food allergy.
—You need to take a medication that was not discussed.
—Your breasts are not full (engorged) before feedings by day 5.
—You have painful engorgement or sore nipples that do not respond to the recommended treatment.
—You have a fever (also call your obstetrician).

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Breast milk is best for babies, but breast-feeding isn't always possible. Use an infant formula if
—You decide not to breast-feed.
—You need to discontinue breast-feeding and your infant is less than 1 year of age.
—You need to occasionally supplement your infant after breast-feeding is well established.
—NOTE: If you want to breast-feed but feel your milk supply is insufficient, don't discontinue breast-feeding. Instead seek help from your physician or a lactation nurse.

COMMERCIAL FORMULAS

Infant formulas are a safe alternative to breast milk. Infant formulas have been designed to resemble breast milk and fulfill the nutritional needs of your infant by providing all known essential nutrients in their proper amounts. Most formulas are derived from cow's milk. A few are derived from soybeans and are for infants who may be allergic to the type of protein in cow's milk. Bottle-feeding can provide your child with all the emotional benefits and many of the health benefits of breast-feeding. Bottle-fed babies grow as rapidly and are as happy as breast-fed babies. A special advantage of bottle-feeding is that the father can participate.

Use a commercial formula that is iron fortified to prevent iron deficiency anemia, as recommended by the American Academy of Pediatrics. The amount of iron in iron-fortified formula is too small to cause any diarrhea or constipation. Don't use the low-iron formulas.

Most commercial infant formulas are available in three forms: powder, concentrated liquid, and ready-to-serve liquid. Powder and ready-to-serve liquids are the most suitable forms when a formula is occasionally used to supplement breast milk.

PREPARING COMMERCIAL FORMULAS

The concentrated formulas are mixed 1:1 with water. Two ounces of water are mixed with each level scoop of powdered formula. Never make the formula more concentrated by adding extra powder or extra concentrated liquid. Never dilute the formula by adding more water than specified. Careful measuring and mixing ensure that your baby is receiving the proper formula.

If you make one bottle at a time, you can use warm water directly from the tap rather than boiled water. This method saves you the time of warming up or cooling down the formula. Most city water supplies are quite safe. If you have well water, either boil it for 10 minutes (plus one minute for each 1000 feet of elevation) or use distilled water until your child is 6 months of age. If you prefer to prepare a batch of formula, you must use boiled or distilled water and closely follow the directions printed on the side of the formula can. This prepared formula should be stored in the refrigerator and must be used within 48 hours.

HOMEMADE FORMULAS FROM EVAPORATED MILK

If necessary, you can make your own formula temporarily from evaporated milk. Evaporated milk formulas have some of the same risks as whole cow's milk. This formula needs supplements of vitamins and minerals. It also requires sterilized bottles because it is prepared in a batch. If you must use it in a pinch, mix 13 ounces of evaporated milk with 19 ounces of boiled water and 2 tablespoons of corn syrup. Place this mixture in sterilized bottles and keep them refrigerated until use.

WHOLE COW'S MILK

Whole cow's milk should not be given to babies before 12 months of age because of increased risks of iron deficiency anemia and allergies. The ability to drink from a cup doesn't mean you should switch to cow's milk. While it used to be acceptable to introduce whole cow's milk after 6 months of age, recent studies have shown that infant formula is the optimal food during the first year of life for babies who are not breast-fed. Skim milk or 2% milk should not be given to babies before 2 years of age, because the fat content of regular milk (approximately 3.5% butterfat) is needed for rapid brain growth.

TRAVELING

When traveling, use powdered formula for convenience. Put the required number of scoops in a bottle, add warm tap water, and shake. A more expensive alternative is to use throwaway bottles of ready-to-use formula. This product avoids problems with contaminated water.

FORMULA TEMPERATURE

In summer many children prefer cold formula. In winter most prefer warm formula. By trying various temperatures, you can find out which your child prefers. If you do warm the formula, be certain to check the temperature before giving it to your baby. If it is too hot, it could burn your baby's mouth.

AMOUNTS AND SCHEDULES

The amount of formula that most babies take per feeding (in ounces) can be calculated by dividing your baby's weight (in pounds) in half. Another way to calculate the ounces per feeding is to add 3 to your baby's age (in months) with a maximum of 8 ounces per feeding at 5 or 6 months of age. The maximal amount per day is 32 ounces. If your baby needs more than this and is not overweight, consider starting solids.

In general, your baby will need six to eight feedings per day for the first month; five to six feedings per day

(Continued on the reverse side)

from 1 to 3 months; four to five feedings per day from 3 to 7 months; and three to four feedings per day thereafter. If your baby is not hungry at some of the feedings, the feeding interval should be increased.

LENGTH OF FEEDING

A feeding shouldn't take more than 20 minutes. If it does, you are overfeeding your baby or the nipple is clogged. A clean nipple should drip about 1 drop per second when the bottle of formula is inverted. At the end of each feeding, discard any formula left in the bottle, because it is no longer sterile.

EXTRA WATER

Babies do not routinely need extra water. They should be offered a bottle of water twice daily, however, when they have a fever or the weather is hot and dry.

BURPING

Burping is optional. Although it may decrease spitting up, air in the stomach does not cause pain. Burping two times during a feeding and for about 1 minute is plenty.

VITAMINS/IRON/FLUORIDE

Commercial formulas with iron contain all of your baby's vitamin and mineral requirements except for fluoride. (NOTE: All soy-based formulas are iron fortified.) In the United States the most common cause of anemia in children under 2 years old is iron deficiency (largely because iron is not present in cow's milk). Iron also can be provided at 4 months of age by adding iron-fortified cereals to the diet.

From 2 weeks to 12 years of age, children need fluoride to prevent dental caries. If the municipal water supply contains fluoride and your baby drinks some water each day, this should be adequate. Otherwise, fluoride drops or tablets (without vitamins) should be given separately. This is a prescription item that can be obtained from your child's physician. Added vitamins are unnecessary after you child has reached 1 year of age and is on a regular balanced diet, but continue the fluoride.

CUP FEEDING

Introduce your child to a cup at approximately 4 to 6 months of age. Total weaning to a cup will probably occur somewhere between 9 and 18 months of age, depending on your baby's individual preference.

BABY-BOTTLE CARIES: PREVENTION

Sleeping with a bottle of milk, juice, or any sweetened liquid in the mouth can cause severe decay of the newly erupting teeth. Prevent this tragedy by not using the bottle as a pacifier or allowing your child to take it to bed.

Instructions for Pediatric Patients by Barton D. Schmitt, M.D., *Pediatrician*

DEFINITION

Parents want their children to go to bed without resistance and to sleep through the night. They look forward to a time when they can again have 7 or 8 hours of uninterrupted sleep. Newborns, however, have a limit to how many hours they can go without a feeding (usually 4 or 5 hours). By 2 months of age, some 50% of bottle-fed infants can sleep through the night. By 4 months, most bottle-fed infants have acquired this capacity. Most breast-fed babies can sleep through the night by 5 months of age.

Good sleep habits may not develop, however, unless you have a plan. Consider the following guidelines if you want to teach your baby that nighttime is a special time for sleeping, that his crib is where he stays at night, and that he can put himself back to sleep. It is far easier to prevent sleep problems before 6 months of age than it is to treat them later.

Newborns

1. **Place your baby in the crib when he is drowsy but awake.** This step is very important. Without it, the other preventive measures will fail. Your baby's last waking memory should be of the crib, not of you or of being fed. He must learn to put himself to sleep without you. Don't expect him to go to sleep as soon as you lay him down. It often takes 20 minutes of restlessness for a baby to go to sleep. If he is crying, rock him and cuddle him; but when he settles down, try to place him in the crib before he falls asleep. Handle naps in the same way. This is how your child will learn to put himself back to sleep after normal awakenings. Don't help your infant when he doesn't need any help.
2. **Hold your baby for all fussy crying during the first 3 months.** All new babies cry some during the day and night. If your baby cries excessively, the cause is probably colic. Always respond to a crying baby. Gentle rocking and cuddling seem to help the most. Babies can't be spoiled during the first 3 or 4 months of life, but even colicky babies have a few times each day when they are drowsy and not crying. On these occasions, place the baby in his crib and let him learn to self-comfort and self-induce sleep.
3. **Carry your baby for at least 3 hours each day when he isn't crying.** This practice will reduce fussy crying.
4. **Do not let your baby sleep for more than 3 consecutive hours during the day.** Attempt to awaken him gently and entertain him. In this way, the time when your infant sleeps the longest will occur during the night. (***Note:*** Many newborns can sleep 5 consecutive hours and you can teach your baby to take this longer period of sleep at night.)
5. **Keep daytime feeding intervals to at least 2 hours for newborns.** More frequent daytime feedings (such as hourly) lead to frequent awakenings for small feedings at night. Crying is the only form of communication newborns have. Crying does not always mean your baby is hungry. He may be tired, bored, lonely, or too hot. Hold your baby at these times or put him to bed. Don't let feeding become a pacifier. For every time you nurse your baby, there should be four or five times that you snuggle your baby *without* nursing. Don't let him get into the bad habit of eating every time you hold him. That's called "grazing."
6. **Make middle-of-the-night feedings brief and boring.** You want your baby to think of nighttime as a special time for sleeping. When he awakens at night for feedings, don't turn on the lights, talk to him, or rock him. Feed him quickly and quietly. Provide extra rocking and playtime during the day. This approach will lead to longer periods of sleep at night.
7. **Don't awaken your infant to change diapers during the night.** The exceptions to this rule are soiled diapers or times when you are treating a bad diaper rash. If you must change your child, use as little light as possible (e.g., a flashlight), do it quietly, and don't provide any entertainment.
8. **Don't let your baby sleep in your bed.** Once your baby is used to sleeping with you, a move to his own bed will be extremely difficult. Although it's not harmful for your child to sleep with you, you probably won't get a restful night's sleep. So why not teach your child to prefer his own bed? For the first 2 or 3 months, you can keep your baby in a crib or box next to your bed.
9. **Give the last feeding at your bedtime (10 or 11 PM).** Try to keep your baby awake for the 2 hours before this last feeding. Going to bed at the same time every night helps your baby develop good sleeping habits.

Two-Month-Old Babies

1. **Move your baby's crib to a separate room.** By 3 months of age, your baby should be sleeping in a separate room. This will help parents who are light sleepers sleep better. Also, your baby may forget that his parents are available if he can't see them when he awakens. If separate rooms are impractical, at least put up a screen or cover the crib railing with a blanket so that your baby cannot see your bed.
2. **Try to delay middle-of-the-night feedings.** By now, your baby should be down to one feeding during the night (two for some breast-fed babies). Before preparing a bottle, try holding your baby briefly to see if that will satisfy him. If you must feed him, give 1 or 2 ounces less formula than you would during the day. If you are breast-feeding, nurse for less time at night. As your baby gets close to 4 months of age, try nursing on just one side at night. Never awaken your baby at night for a feeding except at your bedtime.

Written by Barton D. Schmitt, MD, pediatrician and author of *Your Child's Health,* Bantam Books, a book for parents.

Four-Month-Old Babies

1. **Try to discontinue the 2 AM feeding before it becomes a habit.** By 4 months of age, your bottle-fed baby does not need to be fed more than four times per day. Breast-fed babies do not need more than five nursing sessions per day. If you do not eliminate the night feeding at this time, it will become more difficult to stop as your child gets older. Remember to give the last feeding at 10 or 11 PM. If your child cries during the night, comfort him with a back rub and some soothing words instead of with a feeding. (*Note:* Some breast-fed babies will continue to need to be nursed once during the night.)
2. **Don't allow your baby to hold his bottle or take it to bed with him.** Babies should think that the bottle belongs to the parents. A bottle in bed leads to middle-of-the-night crying because your baby will inevitably reach for the bottle and find it empty or on the floor.
3. **Make any middle-of-the-night contacts brief and boring.** All children have four or five partial awakenings each night. They need to learn how to go back to sleep on their own at these times. If your baby cries for more than a few minutes, visit him but don't turn on the light, play with him, or take him out of his crib. Comfort him with a few soothing words and stay for less than 1 minute. If your child is standing in the crib, don't try to make him lie down. He can do this himself. If the crying continues for more than 10 minutes, calm him and stay in the room until he goes to sleep. (***Exceptions:*** You feel your baby is sick, hungry, or afraid.)

Six-Month-Old Children

1. **Provide a friendly soft toy for your child to hold in his crib.** At the age of 6 months, children start to be anxious about separation from their parents. A stuffed animal, doll, or blanket can be a security object that will give comfort to your child when he wakes up during the night.
2. **Leave the door open to your child's room.** Children can become frightened when they are in a closed space and are not sure that their parents are still nearby.
3. **During the day, respond to separation fears by holding and reassuring your child.** This lessens nighttime fears and is especially important for mothers who work outside the home.
4. **For middle-of-the-night fears, make contacts prompt and reassuring.** For mild nighttime fears, check on your child promptly and be reassuring, but keep the interaction as brief as possible. If your child panics when you leave or vomits with crying, stay in your child's room until he is either calm or goes to sleep. Do not take him out of the crib but provide whatever else he needs for comfort, keeping the light off and not talking too much. At most, sit next to the crib with your hand on him.

These measures will calm even a severely upset infant.

One-Year-Old Children

1. **Establish a pleasant and predictable bedtime ritual.** Bedtime rituals, which can start in the early months, become very important to a child by 1 year of age. Children need a familiar routine. Both parents can be involved at bedtime, taking turns with reading or making up stories. Both parents should kiss and hug the child "good night." Be sure that your child's security objects are nearby. Finish the bedtime ritual before your child falls asleep.
2. **Once put to bed, your child should stay there.** Some older infants have temper tantrums at bedtime. They may protest about bedtime or even refuse to lie down. You should ignore these protests and leave the room. You can ignore any ongoing questions or demands your child makes and enforce the rule that your child can't leave the bedroom. If your child comes out, return him quickly to the bedroom and avoid any conversation. If you respond to his protests in this way every time, he will learn not to try to prolong bedtime.
3. **If your child has nightmares or bedtime fears, reassure him.** Never ignore your child's fears or punish him for having fears. Everyone has four or five dreams every night. Some of these are bad dreams. If nightmares become frequent, try to determine what might be causing them, such as something your child might have seen on television.
4. **Don't worry about the amount of sleep your child is getting.** Different people need different amounts of sleep at different ages. The best way you can know that your child is getting enough sleep is that he is not tired during the day. Naps are important to young children but keep them less than 2 hours long. Children stop taking morning naps between 18 months and 2 years of age and give up their afternoon naps between 3 and 6 years of age.

NEWBORN APPEARANCE

Even after your child's physician assures you that your baby is normal, you may find that he or she looks a bit odd. Your baby does not have the perfect body you have seen in baby books. Be patient. Most newborns have some peculiar characteristics. Fortunately they are temporary. Your baby will begin to look normal by 1 to 2 weeks of age.

This discussion of these transient newborn characteristics is arranged by parts of the body. A few minor congenital defects that are harmless but permanent are also included. Call our office if you have questions about your baby's appearance that this list does not address.

Head

Molding. Molding refers to the long, narrow, cone-shaped head that results from passage through a tight birth canal. This compression of the head can temporarily hide the fontanel. The head returns to a normal shape in a few days.

Caput. This refers to swelling on top of the head or throughout the scalp caused by fluid squeezed into the scalp during the birth process. Caput is present at birth and clears in a few days.

Cephalohematoma. This is a collection of blood on the outer surface of the skull. It is due to friction between the infant's skull and the mother's pelvic bones during the birth process. The lump is usually confined to one side of the head. It first appears on the second day of life and may grow larger for up to 5 days. It doesn't resolve completely until the baby is 2 or 3 months of age.

Anterior Fontanel. The "soft spot" is found in the top front part of the skull. It is diamond shaped and covered by a thick fibrous layer. Touching this area is quite safe. The purpose of the soft spot is to allow rapid growth of the brain. The spot will normally pulsate with each beat of the heart. It normally closes with bone when the baby is between 9 and 12 months of age.

Eyes

Swollen Eyelids. The eyes may be puffy because of pressure on the face during delivery. They may also be puffy and reddened if silver nitrate eye drops are used. This irritation should clear in 3 days.

Subconjunctival Hemorrhage. A flame-shaped hemorrhage on the white of the eye (sclera) is not uncommon. It is caused by birth trauma and is harmless. The blood is reabsorbed in 2 to 3 weeks.

Iris Color. The iris is usually blue, green, gray, or brown or variations of these colors. The permanent color of the iris is often uncertain until your baby reaches 6 months of age. White babies are usually born with blue-gray eyes. Black babies are usually born with brown-gray eyes. Children who will have dark irises often change eye color by 2 months of age; children who will have light-colored irises usually change by 5 or 6 months of age.

Blocked Tear Duct. If your baby's eye is continuously watery, he or she may have a blocked tear duct. This means that the channel that normally carries tears from the eye to the nose is blocked. It is a common condition, and more than 90% of blocked tear ducts open up by the time the child is 12 months old.

Ears

Folded Over. The ears of newborns are commonly soft and floppy. Sometimes one of the edges is folded over. The outer ear will assume normal shape as the cartilage hardens over the first few weeks.

Ear Pits. About 1% of normal children have a small pit or dimple in front of the outer ear. This minor congenital defect is not important unless it becomes infected.

Flattened Nose

The nose can become misshapen during the birth process. It may be flattened or pushed to one side. It will look normal by 1 week of age.

Mouth

Sucking Callus (or Blister). A sucking callus occurs in the center of the upper lip from constant friction at this point during bottle- or breast-feeding. It will disappear when your child begins cup feedings. A sucking callus on the thumb or wrist may also develop.

Tongue-tie. The normal tongue in newborns has a short tight band that connects it to the floor of the mouth. This band normally stretches with time, movement, and growth. Babies with symptoms from tongue-tie are rare.

Epithelial Pearls. Little cysts (containing clear fluid) or shallow white ulcers can occur along the gum line or on the hard palate. These are a result of blockage of normal mucous glands. They disappear after 1 to 2 months.

Teeth. The presence of a tooth at birth is rare. Approximately 10% are extra teeth without a root structure. The other 90% are prematurely erupted normal teeth. The distinction can be made with an x-ray. The extra teeth must be removed by a dentist. The normal teeth need to be removed only if they become loose (with a danger of choking) or if they cause sores on your baby's tongue.

Breast Engorgement

Swollen breasts are present during the first week of life in many female and male babies. They are caused by the passage of female hormones across the mother's placenta. Breasts are generally swollen for 4 to 6 months, but they may stay swollen longer in breast-fed and female babies. One breast may lose its swelling before the other one by a month or more. Never squeeze the breast because this can cause infection. Be sure to call our office if a swollen breast develops any redness, streaking, or tenderness.

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Female Genitals

Swollen Labia. The labia minora can be quite swollen in newborn girls because of the passage of female hormones across the placenta. The swelling will resolve in 2 to 4 weeks.

Hymenal Tags. The hymen can also be swollen because of maternal estrogen and can have smooth ½-inch projections of pink tissue. These normal tags occur in 10% of newborn girls and slowly shrink over 2 to 4 weeks.

Vaginal Discharge. As the maternal hormones decline in the baby's blood, a clear or white discharge can flow from the vagina during the latter part of the first week of life. Occasionally the discharge will become pink or blood tinged (false menstruation). This normal discharge should not recur once it stops.

Male Genitals

Hydrocele. The newborn scrotum can be filled with clear fluid. The fluid is squeezed into the scrotum during the birth process. This painless collection of clear fluid is called a "hydrocele." It is common in newborn males. A hydrocele may take 6 to 12 months to clear completely. It is harmless but can be rechecked during regular visits. If the swelling frequently changes size, a hernia may also be present and you should call our office during office hours for an appointment.

Undescended Testicle. The testicle is not in the scrotum in about 4% of full-term newborn boys. Many of these testicles gradually descend into the normal position during the following months. In 1-year-old boys only 0.7% of all testicles are undescended; these need to be brought down surgically.

Tight Foreskin. Most uncircumcised infant boys have a tight foreskin that doesn't allow you to see the head of the penis. This is normal and the foreskin should not be retracted.

Erections. Erections occur commonly in a newborn boy, as they do at all ages. They are usually triggered by a full bladder. Erections demonstrate that the nerves to the penis are normal.

Bones and Joints

Tight Hips. Your child's physician will test how far your child's legs can be spread apart to be certain the hips are not too tight. Outward bending of the upper legs until they are horizontal is called "90 degrees of spread." (Less than 50% of normal newborn hips permit this much spreading.) As long as the upper legs can be bent outward to 60 degrees and are the same on each side, they are fine. The most common cause of a tight hip is a dislocation.

Tibial Torsion. The lower legs (tibia) normally curve in because of the cross-legged posture your baby was confined to while in the womb. If you stand your baby up, you will also notice that the legs are bowed. Both of these curves are normal and will straighten out after your child has been walking for 6 to 12 months.

Feet Turned Up, In, or Out. Feet may be turned in any direction inside the cramped quarters of the womb. As long as your child's feet are flexible and can be easily moved to a normal position, they are normal. The direction of the feet will become more normal between 6 and 12 months of age.

Long Second Toe. The second toe is longer than the great toe as a result of heredity in some ethnic groups that originated along the Mediterranean, especially Egyptians.

"Ingrown" Toenails. Many newborns have soft nails that easily bend and curve. However, they are not truly ingrown because they don't curve into the flesh.

Hair

Scalp Hair. Most hair at birth is dark. This hair is temporary and begins to be shed by 1 month of age. Some babies lose it gradually while the permanent hair is coming in; others lose it rapidly and temporarily become bald. The permanent hair will appear by 6 months. It may be an entirely different color from the newborn hair.

Body Hair (Lanugo). Lanugo is the fine downy hair that is sometimes present on the back and shoulders. It is more common in premature infants. It is rubbed off with normal friction by 2 to 4 weeks of age.

NEWBORN BEHAVIOR

Some findings in newborns that concern parents are not signs of illness. Most of these harmless reflexes are due to an immature nervous system and will disappear in 2 or 3 months:

—Chin trembling
—Lower lip quivering
—Hiccups
—Irregular breathing: any irregular breathing pattern is normal if your baby is content, the rate is less than 60 breaths per minute, a pause is less than 6 seconds, and your baby doesn't turn blue; occasionally infants take rapid, progressively deeper, stepwise breaths to completely expand the lungs
—Passing gas (not a temporary behavior)
—Sleep noise from breathing and moving
—Sneezing
—Spitting up or belching
—Startle reflex or brief stiffening of the body (also called the Moro or embrace reflex) following noise or movement
—Straining with bowel movements
—Throat clearing (or gurgling sounds of secretions in the throat)
—Trembling or jitteriness of arms and legs during crying: common but convulsions are rare (During convulsions babies also jerk, blink their eyes, rhythmically suck with their mouths, and don't cry. If your baby is trembling and not crying, give him or her something to suck on. If the trembling doesn't stop during sucking, call our office immediately because your infant may be having a convulsion.)
—Yawning

Instructions for Pediatric Patients by Barton D. Schmitt, M.D., *Pediatrician*

DEFINITION

Diagnostic Finding

Any rash in the skin area covered by a diaper

Causes

Almost every child gets diaper rashes. Most of them are due to prolonged contact with moisture, bacteria, and ammonia. The skin irritants are made by the action of bacteria from bowel movements on certain chemicals in the urine. Bouts of diarrhea cause rashes in most children. Diaper rashes occur equally with cloth and disposable diapers.

Expected Course

With proper treatment these rashes are usually better in 3 days. If they do not respond, a yeast infection (*Candida*) has probably occurred. Suspect this if the rash becomes bright red and raw, covers a large area, and is surrounded by red dots. We will need to prescribe a special cream for a yeast infection.

HOME CARE

Change Diapers Frequently. The key to successful treatment is keeping the area dry and clean so it can heal itself. Check the diapers about every hour, and if they are wet or soiled, change them immediately. Exposure to stools causes most of the skin damage. Make sure that your baby's bottom is completely dry before closing up the fresh diaper.

Increase Air Exposure. Leave your baby's bottom exposed to the air as much as possible each day. Practical times are during naps or after bowel movements. Put a towel or diaper under your baby. When the diaper is on, fasten it loosely so that air can circulate between it and the skin. Avoid airtight plastic pants for a few days. If you use disposable diapers, punch holes in them to let air in.

Rinse the Skin With Warm Water. Washing the skin with soap after every diaper change will damage the skin. Use a mild soap (such as Dove) only after bowel movements. The soap will remove the film of bacteria left on the skin. After using a soap, rinse well. If the diaper rash is quite raw, use warm water soaks for 15 minutes three times every day.

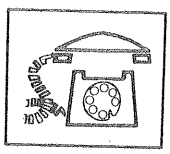
Nighttime Care. At night use the new disposable diapers that are made with materials that lock wetness inside the diaper and away from the skin. Avoid plastic pants at night. Until the rash is better, awaken once during the night to change your baby's diaper.

Creams and Powders. Most babies don't need any diaper creams or powders. If your baby's skin is dry and cracked, however, apply an ointment to protect the skin after washing off each bowel movement. A barrier ointment is also needed whenever your child has diarrhea.

Cornstarch reduces friction and can be used to prevent future diaper rashes after this one is healed. Recent studies show that cornstarch does not encourage yeast infections. Avoid talcum powder because of the risk of pneumonia if your baby inhales it.

Prevention of Diaper Rash. Changing the diaper immediately after your child has a bowel movement and rinsing the skin with warm water are the most effective things you can do to prevent diaper rash.

If you use cloth diapers and wash them yourself, you will need to use bleach (such as Clorox, Borax, or Purex) to sterilize them. During the regular cycle, use any detergent. Then refill the washer with warm water, add 1 cup of bleach, and run a second cycle. Unlike bleach, vinegar is not effective in killing germs.



CALL OUR OFFICE

IMMEDIATELY if
—The diaper rash develops any big (more than 1 inch across) blisters or open sores.
—The face becomes bright red and tender to the touch.
—Your child starts acting very sick.

Within 24 hours if
—The rash isn't much better in 3 days.
—The diaper rash becomes solid and bright red.
—Pimples, blisters, boils, sores, or crusts develop.
—The rash becomes raw or bleeds.
—The rash spreads beyond the diaper area.
—Your child is male and circumcised, *and* the end of the penis develops a sore or scab.
—An unexplained fever (over 100° F) occurs.
—The rash causes enough pain to interfere with sleeping.
—You have other concerns or questions.

JAUNDICE OF THE NEWBORN

DEFINITION

In jaundice the skin and the whites of the eyes (the sclera) are yellow because of increased amounts of a pigment called bilirubin in the body. Bilirubin is produced by the normal breakdown of red blood cells. Bilirubin accumulates if the liver doesn't excrete it into the intestines at a normal rate.

TYPES OF JAUNDICE

Physiological (Normal) Jaundice

Physiological jaundice occurs in more than 50% of babies. An immaturity of the liver leads to a slower processing of bilirubin. The jaundice first appears at 2 to 4 days of age. It usually disappears by 1 to 2 weeks of age and the levels reached are harmless.

Breast-milk Jaundice

Breast-milk jaundice occurs in 1% to 2% of breast-fed babies. It is caused by a special substance that some mothers produce in their milk. This substance (an enzyme) increases the resorption of bilirubin from the intestine. This type of jaundice starts at 4 to 7 days of age and may last from 3 to 10 weeks.

Blood Group Incompatibility (Rh or ABO Problems)

If a baby and mother have different blood types, sometimes the mother produces antibodies that destroy the newborn's red blood cells. This causes a sudden buildup in bilirubin in the baby's blood. This type of jaundice usually begins during the first 24 hours of life. Rh problems formerly caused the most severe form of jaundice but are now preventable with an injection of RhoGAM to the mother within 72 hours after delivery. This prevents her from forming antibodies that might endanger subsequent babies.

TREATMENT OF SEVERE JAUNDICE

High levels of bilirubin (usually above 20 mg/100 ml) can cause deafness, cerebral palsy, or brain damage in some babies. High levels usually occur with blood-type problems. These complications can be prevented by lowering the bilirubin using phototherapy (blue light that breaks down bilirubin in the skin). In many communities, phototherapy can be used in the home.

In rare cases where the bilirubin reaches dangerous levels, an exchange transfusion may be used. This technique replaces the baby's blood with fresh blood. Physiologic jaundice does not rise to levels requiring this type of treatment.

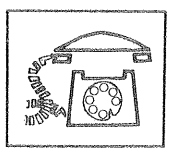
TREATMENT OF BREAST-MILK JAUNDICE

The bilirubin level can rise above 20 mg/100 ml in less than 1% of infants with breast-milk jaundice. Almost always elevations to this level can be prevented by more frequent feedings. Nurse your baby every 1½ to 2½ hours. Since bilirubin is carried out of the body in the stools, passing frequent bowel movements is helpful. If your baby sleeps more than 5 hours at night, awaken him for a feeding.

Occasionally the bilirubin will not come down with frequent feedings. In this situation the bilirubin level can be reduced by alternating each breast feeding with formula feeding for 2 or 3 days. Supplementing with glucose water is not as helpful as formula for moving the bilirubin out of the body. Whenever you miss a nursing, be sure to use a breast pump to keep your milk production flowing. Breast-feeding should never be permanently discontinued because of breast-milk jaundice. Once the jaundice clears, you can return to full breast-feeding and you need not worry about the jaundice coming back.

CALLING OUR OFFICE

Newborns often leave the hospital within 48 hours of their birth. Parents therefore have the responsibility to closely observe the degree of jaundice in their newborn. The amount of yellowness is best judged by viewing your baby unclothed in natural light by a window.



CALL OUR OFFICE

IMMEDIATELY if
—Jaundice is noticed during the first 48 hours of life.
—Jaundice involves the arms or legs.
—Your baby develops a fever over 100° F (37.8° C) measured rectally.
—Your baby also starts to look or act sick.

During office hours if
—The color gets deeper after day 7.
—Jaundice is not gone by day 14.
—Your baby is not gaining weight well.
—You are concerned about the amount of jaundice.

Instructions for Pediatric Patients by Barton D. Schmitt, M.D., *Pediatrician*

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DEFINITION

Diagnostic Findings of Spitting Up (Regurgitation)

Regurgitation is the effortless spitting up of one or two mouthfuls of stomach contents. It is usually seen shortly after feedings. It mainly occurs in children under 1 year of age and begins in the first weeks of life. More than half of all infants have it to some degree.

Cause

A lack of closure of the valve at the upper end of the stomach is responsible. This condition is also called "gastroesophageal reflux" (GE reflux) or "chalasia."

Expected Course

Spitting up improves with age. By the time your baby has been walking for 3 months it should be totally cleared up. Many babies get over it even sooner.

HOME CARE

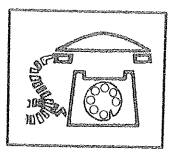
Feed Smaller Amounts. Overfeeding always makes spitting up worse. If the stomach is filled to capacity, spitting up is more likely. Give your baby smaller amounts (at least 1 ounce less than you have been giving). Your baby doesn't have to finish a bottle. Wait at least 2½ hours between feedings because it takes that long for the stomach to empty itself.

Burp Your Child to Prevent Spitting Up. Burp your baby several times during each feeding. Do it when he pauses and looks around. Don't interrupt his feeding rhythm in order to burp him. Keep in mind that burping is less important than giving smaller feedings.

Positioning. After meals, try to hold your baby in an upright position using a front pack, backpack, or swing. Avoid infant seats because they increase the contact of stomach acid with the lower esophagus. When your infant is in a crib, always place him on his abdomen to protect the lower esophagus. Try to elevate the head of the bed a bit. After your child is 6 months old, a walker can be helpful for maintaining an upright posture after meals. To make the walker safe, try to remove the wheels. Make sure stairways are closed off securely.

Avoid Pressure on the Abdomen. Avoid tight diapers. They put added pressure on the stomach. Don't double your child up during diaper changes. Don't let people hug your child or play vigorously right after meals.

Cleaning Up. One of the worst aspects of spitting up in the past was the odor. This was caused by the effect of stomach acid on the butterfat in cow's milk. The odor is not present with commercial formulas because they contain vegetable oils. A more common concern is clothing stains from milk spots. Use the powdered formulas, they stain the least. Also, don't pick up your child when you have your best clothes on. Try to confine your baby to areas without rugs (for example, the kitchen).



CALL OUR OFFICE

IMMEDIATELY if
—There is blood in the spit-up material
—The spitting up causes your child to choke or cough.

During office hours if
—Your baby doesn't seem to improve with this approach. (We can discuss how to thicken feedings with cereal and how to use a chalasia or reflux harness after meals.)
—Your baby does not gain weight normally.
—Your baby becomes cranky.
—The spitting up continues after your baby has been walking for more than 3 months.
—You have other concerns or questions.

BLOCKED TEAR DUCT

DEFINITION

Diagnostic Findings

—Continuously watery eye
—Tears running down the face even without crying
—During crying, nostril on blocked side remains dry
—Onset at birth to 1 month of age
—Eye not red and eyelid not swollen (unless the soggy tissues become infected)

Cause

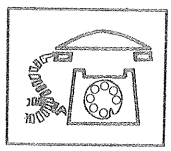
Your child probably has a blocked tear duct on that side. This means that the channel that normally carries tears from the eye to the nose is blocked. Although the obstruction is present at birth, the delay in onset of symptoms can be explained by the occasional delay in tear production until the age of 3 or 4 weeks in some babies. Both sides are blocked 30% of the time.

Expected Course

This is a common condition, affecting 6% of newborns. Over 90% of blocked tear ducts open up spontaneously by the time the child is 12 months of age. If the obstruction persists beyond 12 months of age, an ophthalmologist (eye specialist) can open it with a probe.

HOME CARE FOR PREVENTING INFECTION

Because of poor drainage, eyes with blocked tear ducts become easily infected. The infected eye produces a yellow discharge. To keep the eye free of infection, massage the lacrimal sac (where tears collect) twice a daily. Always wash your hands carefully before doing this. The lacrimal sac is located in the inner lower corner of the eye. This sac should be massaged to empty it of old fluids and to check for infection. Start at the inner corner of the eye and press *upward* using a cotton swab. (CAUTION: Massaging downward is not helpful and may lead to infection.) If the eye becomes infected, it is very important to begin antibiotic eye drops.



CALL OUR OFFICE

IMMEDIATELY if
—The eyelids are red or swollen.
—A red lump appears at the inner lower corner of the eyelid.

During office hours if
—The eyelids are stuck together with pus after naps.
—Much yellow discharge is present.
—Your child reaches 12 months of age and the eye is still watering.
—You have other concerns or questions.

Instructions for Pediatric Patients by Barton D. Schmitt, M.D., *Pediatrician*

DEFINITION

—Unexplained crying
—Intermittent crying one or two times per day
—Healthy child (not sick or in pain)
—Well-fed child (not hungry)
—Bouts of crying usually last 1 to 2 hours
—Child fine between bouts of crying
—Child usually consolable when held
—Onset under 4 weeks of age
—Resolution by 3 months of age

Cause

Normally infants do some crying during the first months of life. When babies cry without being hungry, overheated, or in pain, we call it "colic." About 10% of babies have colic. Although no one is certain what causes colic, these babies seem to want to be cuddled or to go to sleep. Colic tends to occur in high-needs babies with a sensitive temperament. Colic is not the result of bad parenting, so don't blame yourself. Colic is also not due to excessive gas, so don't bother with extra burping or special nipples. Cow's milk allergy may cause crying in a few babies, but only if your baby also has diarrhea or vomiting.

Colic is not caused by abdominal pain. The reason the belly muscles feel hard is that a baby needs these muscles to cry. Drawing up the legs is also a normal posture for a crying baby, as is flexing the arms.

Expected Course

This fussy crying is harmless for your baby. The hard crying spontaneously starts to improve at 2 months and is gone by 3 months. Although the crying can't be eliminated, the minutes of crying per day can be dramatically reduced with treatment. In the long run, these children tend to remain more sensitive and alert to their surroundings.

COPING WITH COLIC

1. **Cuddle and rock your baby whenever he cries.** A soothing, rhythmic activity is the best approach to helping a baby relax, settle down, and go to sleep. You can't spoil a baby during the first 3 or 4 months of life. Consider using the following:
—Cuddling your child in a rocking chair
—Rocking your child in a cradle
—Placing your child in a baby carrier or sling (which frees your hands for housework)
—A windup swing or a vibrating chair
—A stroller (or buggy) ride outdoors or indoors
—Anything else you think may be helpful (for example, a pacifier, a warm bath, or massage)

If all else fails, Sleep Tight is a new device that attaches under the crib and simulates the motion and sound of a moving car. This gadget has lessened colicky behavior in over 90% of babies. It costs about $70. For more information call 1-800-662-6542.

2. **A last resort: Let your baby cry himself to sleep.** If none of these measures quiet your baby after 30 minutes of trying and he has been fed recently, your baby is probably trying to go to sleep. He needs you to minimize outside stimuli while he tries to find his own way into sleep. Wrap him up and place him stomach down in his crib. He will probably be somewhat restless until he falls asleep. Close the door, go into a different room, turn up the radio, and do something you want to do. Even consider earplugs or earphones. Save your strength for when your baby definitely needs you. But if he cries for over 15 minutes, pick him up and again try the soothing activities.

3. **Prevent later sleep problems.** Although babies need to be held when they are crying, they don't need to be held all the time. If you overinterpret the advice for colic and rock your baby every time he goes to sleep, you will become indispensable to your baby's sleep process. Your baby's colic won't resolve at 3 months of age. To prevent this from occurring, when your baby is drowsy but not crying, place him in the crib and let him learn to self-comfort and self-induce sleep. Don't rock or nurse him to sleep at these times. Although colic can't be prevented, secondary sleep problems can be.

4. **Promote nighttime sleep (rather than daytime sleep).** Try to keep your infant from sleeping excessively during the daytime. If your baby has napped 3 hours, gently awaken your baby, and entertain or feed him, depending on his needs. In this way the time when your infant sleeps the longest (often 5 hours) will occur during the night.

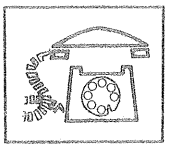
5. **Try these feeding strategies.** Don't feed your baby every time he cries. Being hungry is only one of the reasons babies cry. It takes about 2 hours for the stomach to empty, so wait that long between feedings or you may cause cramps from bloating. For breast-fed babies, however, nurse them every time they cry until your milk supply is well established and your baby is gaining weight (usually 2 weeks). Babies who feed too frequently during the day become hungry at frequent intervals during the night. If you are breast-feeding, avoid drinking coffee, tea, and colas and avoid taking other stimulants. Suspect a cow's milk allergy if your child also has diarrhea, vomiting, eczema, wheezing, or a strong family history of milk allergy. If any of these factors are present, try a soy formula for 1 week. Soy formulas are nutritionally complete and no more expensive than regular formula. If you are breast-feeding, avoid all forms of cow's milk in your diet for 1 week. If the crying dramatically improves when your child is on the soy formula, call us for additional advice about keeping him on the formula. Also, if you think your child is allergic, but he doesn't improve with soy formula, call us about the elemental formulas.

6. **Get rest and help for yourself.** Although the crying can be reduced, what's left must be endured and shared. Avoid fatigue and exhaustion. Get at least one

(Continued on the reverse side)

nap each day in case the night goes badly. Ask your husband, a friend, or a relative for help with other children and chores. Caring for a colicky baby is a two-person job. Hire a babysitter so you can get out of the house and clear your mind. Talk to someone every day about your mixed feelings. The screaming can drive anyone to desperation.

7. **Avoid these common mistakes.** If you are breast-feeding, don't stop. If your baby needs extra calories, talk with a lactation consultant about ways to increase your milk supply. The available medicines are ineffective and many (especially those containing phenobarbital) are dangerous for children of this age. The medicines that slow intestinal activity (the anticholinergics) can cause fever or constipation. The ones that remove gas bubbles are not helpful according to recent research, but they are harmless. Inserting a thermometer or suppository into the rectum to "release gas" does nothing except irritate the anal sphincter. Don't place your baby face down on a water bed, sheepskin rug, bead-filled pillow, or other soft pillow. While these surfaces can be soothing, they also increase the risk of suffocation and crib death. A young infant may not be able to lift the head adequately to breathe. Stay with TLC (tender loving care) for best results.



CALL OUR OFFICE

IMMEDIATELY if
—It becomes a painful cry rather than a fussy one.
—Your baby cries constantly for more than 3 hours.
—You are afraid you might hurt your baby.
—You have shaken your baby.
—You can't find a way to soothe your baby (inconsolable crying).

During regular hours if
—The colic type of crying occurs three or more times per day.
—The crying began after 1 month of age.
—The crying continues after your baby reaches 3 months of age.
—Diarrhea, vomiting, or constipation occurs with the crying.
—Your baby is not gaining and may be hungry.
—You are exhausted from all the crying.
—Your baby mainly cries when you're trying to sleep.
—You have other questions or concerns.

Instructions for Pediatric Patients by Barton D. Schmitt, M.D., *Pediatrician*

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BATHING

Splish Splash I Was Taking a Bath

Giving a baby a bath requires a little extra planning and a little courage on your part. Many new parents find this is a frightening task. The baby could catch a cold or slip under water. Your fears are understandable. Many babies do not like to be undressed and bathed. It is not uncommon for babies to cry throughout the whole experience. Fortunately, even if the first bath seems like a disaster, you will both recover! Here are a few suggestions to consider whenyou're ready to take the plunge.

Things to remember:

- Never leave your child unattended.
- You can just wash the areas that get most dirty such as the face, neck, hands, and diaper area. If you do this on a regular basis a full bath may only be necessary once a week.
- Gather any soaps, shampoos, towels, toys, clean clothing, and diapering items you need before you begin the bath.
- Try to keep the room warm and draft-free.
- Add water to the tub before you place your baby in the tub, protecting the baby from sudden temperature changes.
- Check the water temperature with your elbow to make sure it is warm but not hot.
- A bath can be given anytime but creating an evening routine for bathing may help your child relax and prepare for bed.

Bathing your newborn:

- Some pediatric clinicians prefer that you give your baby a sponge bath for the first few weeks until the umbilical cord has fallen off and circumcision is healed. Other pediatric clinicians recommend a bath.
- Make sure you are both comfortable and everything you need is within reach. Many parents use the changing table, kitchen counter, or crib if the mattress is high enough.
- Try undressing the baby completely and covering him loosely with a towel. You can then uncover the area you are ready to wash and dry. If the room is chilly you may want to leave the baby dressed and wash, dry, and clothe each area separately.
- A bath can be given one to three times each week, depending on the degree of cleanliness you feel is needed.

Infant baths:

- Use a portable infant bathtub in the kitchen sink, on the kitchen or bathroom counter, on the floor if it's tiled, or in the big tub. Finding the place where you and baby are most comfortable is important. You may want to place a dry towel under the tub for extra traction.
- Run about two inches of water in the baby tub and remember to check the temperature.
- Undress baby completely and place him slowly and gently in the tub.
- If you are bathing your newborn in a seated position gently but firmly support his head by placing your hand beneath his chin, your thumb and forefinger below each ear, resting on his jawbones.
- If your baby is lying back, place his head on your left forearm and grasp your baby firmly but gently beneath his left arm.
- You may find that your infant tub provides enough support without your needing to hang on. You may want to try several soap-free baths until you feel secure. Soapy babies are very slippery!

- Wash your baby with your free hand.
- Wrap your baby in a towel and pat him dry.

Not every baby takes to the tub. Some babies take time to warm up to new experiences. You may need to keep trying over time until your baby feels comfortable. Continuing to give sponge baths will probably keep your baby clean enough until he begins crawling. This will give you the opportunity to introduce the tub gradually. Bathing one to three times each week will keep your baby clean. If your baby really loves the bath then this can be a fun daily routine. Some parents refer to bath time as "water therapy."

Using the bathtub:
- You may want to continue using the infant tub until your baby can sit securely, sometime between six and ten months. At about the same time your baby may begin to try crawling and feeding himself. All of this may amount to a much dirtier baby.
- Many babies begin to enjoy baths in the bathtub at this age. Three to four inches of water is all you need. A rubber mat in the bottom of the tub will help prevent slipping and sliding.
- You may want to place your hand on the baby's back for extra support.
- You may want to take a bath with your baby and hold her on your lap.

Bathtub safety:
- Continue to check the water temperature.
- Keep shampoo and soap out of baby's reach.
- Wrap a washcloth around faucet and handles that may be hot.

Having fun:
- The bath can be a time when you and your baby can relax and enjoy each other.
- Put a few toys in the tub.
- Try "filling and dumping" games.
- Give your baby a washcloth so she can help too.
- Try talking and singing together.
- Play finger and toe games.

My baby's first bath was_____

For more information:
What to Expect the First Year by Arlene Eisenberg, Heidi E. Murkoff, and Sandee Eisenberg Hathaway, 1996

What Should I Do When My Newborn Cries?

New parents look forward to the day when they will be at home with their newborn. The familiar comfort of home is where their new relationship can blossom. One of the most important things you will both learn is what to do when the baby cries. Newborns cry to express needs such as hunger or discomfort. It is their earliest form of vocal communication. Newborns also cry when they are unwell. If you have tried the following suggestions without success, your baby is behaving differently than usual, or you are worried that your baby is sick, then call your pediatrician or nurse practitioner.

Why is my baby crying?

- Your baby may be hungry, especially if the last feeding seemed light or was about two hours ago. Sometimes parents can learn to distinguish a cry of hunger from all other cries.
- Your baby may be too hot or too cold, creating a feeling of discomfort. Check to see if the baby is overdressed or underdressed.
- Your baby's diaper may be uncomfortably wet. A diaper change may be all that is needed.
- Sometimes babies get bored and need a change of position or location so they have something new to watch or explore.

What can I do when I've tried these suggestions but my baby won't stop crying?

Some experts and parents believe that babies cry to release tension. Your baby is adjusting to a new environment and new sensations that she has never experienced before. Responding to all of these sounds, sights, tastes, and touches is a difficult and tiring job for a baby. By the end of the day your baby may just need to cry.

Some infants can be very sensitive to changes in the environment or can get overloaded by incoming sensations like light, sound, and touch. You may want to experiment with light and sound levels. You can discover the environmental conditions that help your baby be most alert and playful or help your baby to be calm, quiet, and ready to sleep.

What do I do when my baby's crying seems unpredictable and prolonged?

This may be a sign of colic. Although colic has been studied by many medical experts, there is not yet a universally accepted definition for colic. One practical definition may be any recurrent, inconsolable crying in an otherwise healthy and well-fed infant. There are many differing ideas about what causes colic. For example, some pediatricians believe that colic is caused by digestive problems, while new studies show that the elevated level of some hormones in newborns may be the cause. It is also possible that two or more causes act together to produce colic.

Colic usually begins at three weeks of age. Your baby may be affected by colic whether you breast-feed or bottle-feed. Anywhere from 7 to 25 percent of all babies get colic and there are no differences between boys and girls. Colic usually ends when the baby is three to four months old.

What should I do?

Here is a list of things that parents have found helpful when trying to soothe their baby:

- Try a Snugli or infant carrier that holds the baby close to your body.
- Go for a drive in the car.
- "White noise" may be comforting for the baby — turn on the vacuum cleaner, or play static on the radio.
- Use a baby swing.
- Swaddle the baby tightly.
- Experiment with a change of scenery, or no scenery — such as dark quiet room.
- Try changes in the baby's position — over your shoulder or over your knee.
- Play tapes of a heartbeat — "womb tapes."
- Take care of yourself.
- Don't be afraid to ask for help.

I can't stand it if my baby cries for more than 5 minutes. What can I do?

Many parents feel this way. When older children or grown-ups cry it is usually because they are sad, angry, or in pain. They have words to explain their feelings and can ask for help. Then the listener can take some helpful action. But when an infant has colic, parents must listen to their baby's cries, often feeling that they have tried to help but failed. The baby appears distressed and in pain and there seems to be no end in sight.

Many parents feel guilty and inadequate because they are unable to help. These are normal feelings. It is important to remind yourself that parents and caregivers are not to blame because they do not cause colic.

Many parents also feel resentful of their baby who may have disrupted a relatively peaceful household. If you are resentful of the baby you may also feel guilty. These feelings are also normal. It's OK to take a break when you need one. It's OK to ask for help from family, friends, and neighbors. Remember colic ends by three to four months and babies emerge healthy and happy.

My baby usually cries when _____.

When my baby is not crying we enjoy _____.

Ask your doctor or nurse practitioner about:

Feeding changes such as changing nipples, feeding positions, or formulas.

For more information about colic:

The Disney Encyclopedia of Baby and Child Care edited by Judith Palfrey et al., 1999
Touchpoints by T. Berry Brazelton, 1994
What to Expect the First Year by Arlene Eisenberg, Heidi E. Murkoff, and Sandee Eisenberg Hathaway, 1996

After the first bath, your newborn will normally have a ruddy complexion from the extra high count of red blood cells. He can quickly change to a pale- or mottled-blue color if he becomes cold, so keep him warm. During the second week of life, the skin normally becomes dry and flaky. This guideline covers seven rashes and birthmarks. Save time by going directly to the one that pertains to your baby.

ACNE OF NEWBORN

More than 30% of newborns develop acne of the face, mainly small red bumps. This neonatal acne begins at 3 to 4 weeks of age and lasts until 4 to 6 months of age. The cause appears to be the transfer of maternal androgens (hormones) just before birth. Since it is temporary, no treatment is necessary. Baby oil or ointments will just make it worse.

DROOLING RASH

Most babies have a rash on the chin or cheeks that comes and goes. This often is due to contact with food and acid that has been spit up from the stomach. Some of this can be helped by placing an absorbent diaper under your baby's face during naps. Also rinse the face with water after all feedings.

Other temporary rashes on the face are heat rashes in areas held against the mother's skin during nursing (especially in the summertime). Change your baby's position more frequently and put a cool washcloth on the area. No baby has perfect skin. The babies in advertisements wear makeup.

ERYTHEMA TOXICUM

More than 50% of babies get a rash called erythema toxicum on the second or third day of life. The rash is composed of ½- to 1-inch red blotches with a small white lump in the center. They look like insect bites. They can be numerous, keep occurring, and be anywhere on the body surface. Their cause is unknown; they are harmless and resolve themselves by 2 weeks of age (rarely 4 weeks).

FORCEPS OR BIRTH CANAL TRAUMA

If delivery was difficult, a forceps may have been used to help the baby through the birth canal. The pressure of the forceps on the skin can leave bruises or scrapes or can even damage fat tissue anywhere on the head or face. Skin overlying bony prominences (such as the sides of the skull bone) can become damaged even without a forceps delivery by pressure from the birth canal. Fetal monitors can also cause scrapes and scabs on the scalp. The bruises and scrapes will be noted on day 1 or 2 and disappear by 1 to 2 weeks. The fat tissue injury won't be apparent until day 5 to 10. A thickened lump of skin with an overlying scab is the usual finding. This may take 3 or 4 weeks to resolve. If it becomes tender to the touch or soft in the center or shows other signs of infection, call our office.

MILIA

Milia are tiny white bumps that occur on the faces of 40% of newborn babies. The nose and cheeks are most often involved, but milia are also seen on the forehead and chin. Although they look like pimples, they are smaller and not infected. They are blocked-off skin pores and will open up and disappear by 1 to 2 months of age. No ointments or creams should be applied to them.

Any true blisters or pimples (especially of the scalp) that occur during the first month of life must be examined and diagnosed quickly. If they are caused by the herpes virus, treatment is urgent. If you suspect blisters or pimples, call our office immediately.

MONGOLIAN SPOTS

A mongolian spot is a bluish gray flat birthmark that is found in more than 90% of American Indian, Oriental, Hispanic, and black babies. Mongolian spots occur most commonly over the back and buttocks, although they can be present on any part of the body. They vary greatly in size and shape. Most fade away by 2 or 3 years of age, although a trace may persist into adult life.

STORK BITES (PINK BIRTHMARKS)

Flat pink birthmarks (also called capillary hemangiomas) occur over the bridge of the nose, the eyelids, or the back of the neck in more than 50% of newborns. The birthmarks on the bridge of the nose and eyelids clear completely by 1 to 2 years of age. Most birthmarks on the nape of the neck also clear, but 25% can persist into adult life.

BATHING

Bathe your baby daily in hot weather and once or twice each week in cool weather. Keep the water level below the navel or give sponge baths until a few days after the cord has fallen off. Submerging the cord could cause infection or interfere with its drying out and falling off. Getting it a little wet doesn't matter. Use tap water without any soap or a nondrying soap such as Dove. Don't forget to wash the face; otherwise, chemicals from milk or various foods build up and cause an irritated rash. Also, rinse off the eyelids with water.

Don't forget to wash the genital area. However, when you wash the inside of the female genital area (the vulva), never use soap. Rinse the area with plain water and wipe from front to back to prevent irritation. This practice and the avoidance of any bubble baths before puberty may prevent many urinary tract infections and vaginal irritations. At the end of the bath, rinse your baby well; soap residue can be irritating.

CHANGING DIAPERS

After wet diapers are removed, just rinse your baby's bottom off with a wet washcloth. After soiled diapers, rinse the bottom under running warm water or in a basin of warm water. After you finish the rear area, cleanse the genital area by wiping front to back with a wet cloth. In boys, carefully clean the scrotum; and in girls, the creases of the vaginal lips (labia).

SHAMPOO

Wash your baby's hair once or twice weekly with a special baby shampoo that doesn't sting the eyes. Don't be concerned about hurting the anterior fontanelle (soft spot). It is well protected.

LOTIONS, CREAMS, AND OINTMENTS

Newborn skin normally does not require any ointments or creams. Especially avoid the application of any oil, ointment, or greasy substance, since this will almost always block the small sweat glands and lead to pimples or a heat rash. If the skin starts to become dry and cracked, use a baby lotion, hand lotion, or moisturizing cream twice daily. Cornstarch powder can be helpful for preventing rashes in areas of friction. Avoid talcum powder because it can cause a serious chemical pneumonia if inhaled into the lungs.

UMBILICAL CORD

Try to keep the cord dry. Apply rubbing alcohol to the base of the cord (where it attaches to the skin) twice each day (including after the bath) until 1 week after it falls off. Air exposure also helps with drying and separation, so keep the diaper folded down below the cord area or use a scissors to cut away a wedge of the diaper in front.

FINGERNAILS AND TOENAILS

Cut the toenails straight across to prevent ingrown toenails, but round off the corners of the fingernails to prevent unintentional scratches to your baby and others. Trim them weekly after a bath when the nails are softened. Use clippers or special baby scissors. This job usually takes two people unless you do it while your child is asleep.

Instructions for Pediatric Patients by Barton D. Schmitt, M.D., *Pediatrician*

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What Position Should My Baby Sleep in?

Nurses and doctors are now recommending that healthy babies sleep on their backs or sides to reduce the risk of sudden infant death syndrome (SIDS), also known as crib death. A number of studies have been performed to find out some of the causes of SIDS. On the basis of this research, doctors in some other countries, including England, Australia, and Norway, began advising parents to place their infants on their backs or sides to sleep, and since then fewer babies have been dying of SIDS. The thought of SIDS can be very scary: remember that crib death is very rare. If you have any concerns, discuss them with your nurse practitioner or doctor.

Should all babies sleep on their back or side?

You should talk to your baby's doctor or nurse practitioner about which sleeping position is best for your new baby. There are certain health conditions that might require some babies to sleep on their bellies. If your baby was born with a birth defect, was born prematurely, spits up frequently, or has a lung, heart, or breathing problem, it is important that you talk with your baby's nurse practitioner or doctor about the sleep position that is best for your baby.

Can babies choke if they sleep on their backs?

Many parents are concerned that their baby will choke on spit-up or vomit if he sleeps on his back. However, there is no evidence to suggest that sleeping on the back causes choking. Millions of babies now sleep on their backs or sides and there has not been any increase in choking. If you are still concerned about placing your baby on his back to sleep, you may find that placing your baby on the side is a reassuring alternative.

What if your baby cries when placed on her back?

Some babies don't seem to like sleeping on their backs or sides. You may find that your baby doesn't sleep as well in this position, or seems more irritable when placed on the side or back. Remember that every child is different. You can try other things that may help to soothe your new baby in these positions, such as soft music or your gentle touch. Be sure to talk to your baby's doctor or nurse practitioner if you have worries about your baby's sleep.

What else can you do to protect your new baby from SIDS?

- Make sure your baby sleeps on a firm surface. Don't put your baby down on a fluffy blanket or sheepskin. Keep stuffed animals or soft toys out of your baby's crib.
- Keep your baby's room temperature warm, but not too warm. If it's too warm for you, then it's too warm for your baby.
- Keep your baby's environment smoke-free. Babies who are exposed to smoke have an increased risk of SIDS. Don't let anyone smoke around your baby. For the nearest smoking cessation programs, speak to your Healthy StepsTeam.
- Be sure to take your baby for her regular checkups and vaccinations. If your baby seems sick, don't hesitate to call your nurse practitioner or doctor.
- Share this information with all family members, friends, and child care providers who care for your baby.

DAILY ROUTINES

IDEAS FOR PARENTS

What Kinds of Daily Routines Are Good for My Baby?

A routine is a pattern or sequence of activities that happen in the same way and usually at the same time every day. Adults use routines throughout the day for bathing, dressing, going to work, and preparing meals. These routines may be so familiar that we don't even have to think about them. When you make a big change in your life, such as adding a baby to your family, it is helpful to think about making new routines for caring for yourself and the baby. You may not be able to shower every morning at 7:00 A.M. like you're used to doing. Making changes, even small changes, can be hard at first! Soon enough these changes will become your new routines.

Your baby also needs routines for bathing, dressing, and going to sleep. By the time your baby is six months old she may recognize the routines you have created for her. Learning to put together a sequence of events is an important learning experience. Routines are comforting for your baby and let her know that you are there to take care of her needs every day. This helps babies to develop a sense of confidence, trust, and security in the world around them. As your baby grows and develops she will carry this sense of confidence with her as she explores the world around her. Helping your baby learn her own routines for self-comfort can pay off for both of you.

Things to remember:

- Routines should be helpful to you and your baby.
- Routines may help you feel and stay organized.
- Changes in routine can be disturbing for both you and your baby.
- Some schedules and routines will work better for you and your baby than others.
- You can find a comfortable routine by trying different options to see what works best for you and your baby.
- It's all right to make mistakes as you figure this out.
- Your baby will learn to anticipate each routine and may want you to repeat it in exactly the same way every time. This is because your baby is learning to connect a sequence of events and because routines are comforting for babies.
- There will be days when your routine gets sidetracked or falls apart altogether.

For more information:

The Disney Encyclopedia of Baby and Child Care edited by Judith Palfrey et al., 1999
Your Child at Play: One to Two Years by Marilyn Segal and Wendy Masi, 1998
Baby Steps: The "Whys" of Your Child's Behavior in the First Two Years by Claire B. Kopp, 1993
What to Expect the First Year by Arlene Eisenberg, Heidi E. Murkoff, and Sandee Eisenberg Hathaway, 1996

BUSM®: Department of Pediatrics, Boston Medical Center

DEFINITION

Teething is the normal process of new teeth working their way through the gums. Your baby's first tooth may appear any time between the ages of 3 months to 1 year old. Most children have completely painless teething. The only symptoms are increased saliva, drooling, and a desire to chew on things. It occasionally causes some mild gum pain, but it doesn't interfere with sleep. The degree of discomfort varies from child to child, but your child won't be miserable. When the back teeth (molars) come through (age 6 to 12 years), the overlying gum may become bruised and swollen. This is harmless and temporary.

Since teeth erupt continuously from 6 months to 2 years of age, many unrelated illnesses are blamed on teething. Fevers are also common during this time because after 6 months infants lose the natural protection provided by their mother's antibodies.

DEVELOPMENT OF BABY TEETH

Your baby's teeth will usually erupt in the following order:

1. Two lower incisors
2. Four upper incisors
3. Two lower incisors and all four first molars
4. Four canines
5. Four second molars

HOME CARE

Gum Massage. Find the irritated or swollen gum. Vigorously massage it with your finger for 2 minutes. Do this as often as necessary. If you wish, you may use a piece of ice to massage the gum.

Teething Rings. Your baby's way of massaging his gums is to chew on a smooth, hard object. Solid teething rings and ones with liquid in the center (as long as it's purified water) are fine. Most children like them cold. A wet washcloth placed in the freezer for 30 minutes will please many infants. He may also like some ice, Popsicle, frozen banana, or a frozen bagel. Avoid hard foods that your baby might choke on (such as raw carrots), but teething biscuits are fine.

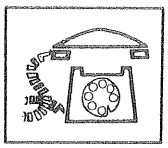
Diet. Avoid salty or acid foods. Your baby probably will enjoy sucking on a nipple, but if he complains, use a cup for fluids temporarily. A few babies may need acetaminophen for pain relief for a few days.

Common Mistakes in Treating Teething

—Teething does not cause fever, sleep problems, diarrhea, diaper rash, or lowered resistance to any infection. It probably doesn't cause crying. If your baby develops fever while teething, the fever is due to something else.

—Special teething gels are unnecessary. Since many contain benzocaine, there is a risk that they may cause choking by numbing the throat or may cause a drug reaction.

—Don't tie the teething ring around the neck. It could catch on something and strangle your child. Attach it to clothing with a "catch-it" clip.



CALL OUR OFFICE

During regular hours if

—You have other questions or concerns.

THRUSH

DEFINITION

Diagnostic Findings

—White, irregularly shaped patches that coat the inside of the mouth and sometimes the tongue, adhere to the mouth, and cannot be washed away or wiped off easily like milk (If the only symptom is a uniformly white tongue, it's due to a milk diet, not thrush.)
—Bottle-fed or breast-fed child

Cause

Thrush is caused by a yeast (called *Candida*) that grows rapidly on the lining of the mouth in areas abraded by prolonged sucking (as when a baby sleeps with a bottle or pacifier). A large pacifier or nipple can also injure the lining of the mouth. Thrush may also occur when your child has recently been on a broad-spectrum antibiotic. Thrush is not contagious since it does not invade normal tissue.

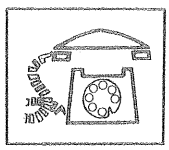
HOME CARE

Nystatin Oral Medicine. The drug for clearing this up is nystatin oral suspension. It requires a prescription. Give 1 ml of nystatin four times daily. Place it in the front of the mouth on each side (it doesn't do any good once it's swallowed). If the thrush isn't responding, rub the nystatin directly on the affected areas with a cotton swab or with gauze wrapped around your finger. Apply it after meals or at least don't feed your baby anything for 30 minutes after application. Do this for at least 7 days or until all the thrush has been gone for 3 days. If you are breast-feeding, apply nystatin to any irritated areas on your nipples.

Decrease Sucking Time During Thrush. If eating and sucking are painful for your child, temporarily use a cup and spoon. In any event, reduce sucking time to 20 minutes or less per feeding.

Restrict Pacifier to Bedtime. Eliminate the pacifier temporarily except when it's really needed for going to sleep. If your infant is using an orthodontic-type pacifier, switch to a smaller, regular one. Soak all nipples in water at 130° F (55° C; the temperature of most hot tap water) for 15 minutes. If the thrush recurs and your child is bottle fed, switch to a nipple with a different shape and made from silicone.

Diaper Rash Associated with Thrush. If your child has an associated diaper rash, assume it is due to yeast. Request nystatin cream and apply it four times daily.



CALL OUR OFFICE

During regular hours if
—Your child refuses to eat.
—The thrush gets worse on treatment.
—The thrush lasts beyond 10 days.
—An unexplained fever (over 100° F [37.8° C]) occurs.
—You have other concerns or questions.

Instructions for Pediatric Patients by Barton D. Schmitt, M.D., *Pediatrician*

These immunizations protect your child against several serious, life-threatening diseases. If your child's shots are not up-to-date, call our office for an appointment.

IMMUNIZATION SCHEDULE*

AGE OF CHILD	IMMUNIZATION
2 mo	DTP, OPV, Hib
4 mo	DTP, OPV, Hib
6 mo	DTP, Hib
15 mo	MMR, Hib
18 mo	DTP, OPV
5 yr	DTP, OPV
12 yr	MMR
15 yr	Td

*DTP = diphtheria, tetanus, pertussis (whooping cough); Hib = *Haemophilus influenzae* type B; MMR = measles, mumps, rubella; OPV = oral polio virus; Td = adult tetanus and diphtheria (needed every 10 years throughout life).

MEASLES REVACCINATION

In 1989 the American Academy of Pediatrics recommended that all children receive a second MMR vaccine before they enter middle school (when they are about 11 or 12 years old). The best age for giving this MMR booster is controversial. In some places it is given to children as young as 5 years of age.

Recent outbreaks of measles in high schools and colleges have made this change in policy necessary. The measles, mumps, and rubella vaccine is being used rather than a single measles vaccine because cases of mumps have also increased in recent years.

If your child has been exposed to measles and has not received two MMR vaccines after he or she was 12 months old, call our office during office hours for additional information.

VACCINE AGAINST *HAEMOPHILUS INFLUENZAE*, TYPE B (HIB)

Haemophilus influenzae is a strain of bacteria that causes several life-threatening diseases (for example, meningitis, epiglottitis, and pneumonia) in young children. Over 10,000 children in the United States develop *haemophilus* meningitis each year. About 500 of them die and 3800 have mental retardation, blindness, deafness, and cerebral palsy as a result of the disease.

The first Hib vaccine became available in 1985 and was only effective in children over 2 years old. In late 1990 a new Hib vaccine was approved that could be started in infants as young as 2 months old.

The complete series of four Hib vaccines gives up to 99% protection against these devastating diseases. The side effects are minor (a sore injection site and low-grade fever) and only occur in 1.5% of children. If your child is over 15 months old, the vaccine can still be helpful if it is given some time before the age of 6 years.

The Hib vaccine does not protect against viral influenza or viral meningitis.

REACTIONS TO IMMUNIZATIONS

Polio, Measles, Mumps, Rubella, and *Haemophilus influenzae*, Type b, Vaccines

There are no common reactions to polio, mumps, rubella, or Hib vaccines. A small percentage of children have brief joint pain or swelling about 14 days after they receive the rubella vaccine. There is a small risk that children with poor immunity or living with adults who have poor immunity (for example, AIDS) might acquire or pass on polio following the live oral polio vaccine (OPV). They should receive the inactivated polio vaccine (IPV).

The measles vaccine can result in a 101° to 103° F (38.3° to 39.4° C) fever and pink rash about 7 to 10 days after the injection. The symptoms last 2 or 3 days and need no treatment. The rash from the measles vaccine is not contagious.

DTP Vaccines

Vaccines against diphtheria, tetanus, and pertussis (whooping cough) often cause fever and tenderness, redness, and swelling in the area where the child got the shot. These symptoms may last 1 to 2 days. Give acetaminophen for these symptoms. If your child has severe pain with the first DTP vaccine, with future vaccines give acetaminophen at the time of the injection and continue it four times per day for six dosages. Call our office if your child cries for more than 3 hours, has a fever over 105° F (40.6° C), or has any other unusual reaction. Call also if the redness, swelling, or fever lasts for more than 48 hours.

The pertussis vaccine scare has made some parents postpone their child's immunizations. Keep in mind that pertussis is a very dangerous disease, especially for infants. The American Academy of Pediatrics has stated clearly that "the risk of suffering and death caused by whooping cough is far greater than the possible side effects of the vaccine."

A child who has not been immunized against pertussis has a chance of 1 in 3000 of getting whooping cough. In contrast, a child who has received the vaccine has a chance of one in 2 million of having neurologic damage with the vaccine. In fact, a new study (1990) by Dr. M.R. Griffin found no brain damage or epilepsy to be caused by the pertussis vaccine. The panic over pertussis vaccine may all have been a tempest in a teapot. In the meantime, the risk of children getting pertussis increases as fewer of them are immunized.

(Continued on the reverse side)

The pertussis vaccine should be withheld initially only if a child has seizures or serious neurologic disease. If you remain opposed, at least give your child the benefits of the tetanus and diphtheria (Td) vaccine.

Egg Allergies

Children who are allergic to eggs can receive all the routine immunizations except measles and mumps. These vaccines are grown in chick cell culture, and some children who are allergic to eggs have had allergic reactions to these vaccines.

If a child's reaction to eggs is mild, the vaccines can still be given. If a reaction to eggs has occurred rapidly (within 2 hours after the child ate eggs) or has been severe (for example, causing difficult breathing or swallowing), an allergist should skin test your child to determine if the measles vaccine would be safe.

Instructions for Pediatric Patients by Barton D. Schmitt, M.D., *Pediatrician*

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PREVENTING FATIGUE AND EXHAUSTION

For most mothers the first weeks at home with a new baby are often the hardest in their lives. You will probably feel overworked, even overwhelmed. Inadequate sleep will leave you fatigued. Caring for a baby can be a lonely and stressful responsibility. You may wonder if you will ever catch up on your rest or work. The solution is asking for help. No one should be expected to care for a young baby alone.

Every baby awakens one or more times each night. The way to avoid sleep deprivation is to know the total amount of sleep you need per day and to get that sleep in bits and pieces. Go to bed earlier in the evening. When your baby naps you must also nap. Your baby doesn't need you hovering while he or she sleeps. If sick, your baby will show symptoms. While you are napping take the telephone off the hook and put up a sign on the door saying "Mother and baby sleeping." If your total sleep remains inadequate, hire a babysitter or bring in a relative. If you don't take care of yourself, you won't be able to take care of your baby.

THE POSTPARTUM BLUES

More than 50% of women experience postpartum blues on the third or fourth day after delivery. The symptoms include tearfulness, tiredness, sadness, and difficulty in thinking clearly. The main cause of this temporary reaction is probably the sudden decrease of maternal hormones. Since the symptoms commonly begin on the day the mother comes home from the hospital, the full impact of being totally responsible for a dependent newborn may also be a contributing factor. Many mothers feel letdown and guilty about these symptoms because they have been led to believe they should be overjoyed about caring for their newborn. In any event, these symptoms usually clear in 1 to 3 weeks as hormone levels return to normal and the mother develops routines and a sense of control over her life.

There are several ways to cope with the postpartum blues. First, acknowledge your feelings. Discuss them with your husband or a close friend. Also discuss your sense of being trapped and your feeling that these new responsibilities are insurmountable. Don't feel you need to suppress crying or put on a "supermom show" for everyone. Second, get adequate rest. Third, get help with all your work. Fourth, mix with other people, don't become isolated. Get out of the house at least once every week—go to the hairdresser, go shopping, visit a friend, or see a movie. By the third week, setting aside an evening each week for a "date" with your husband is also helpful. If you don't feel better by the time your baby is 1 month old, see your physician about the possibility of needing counseling for depression.

HELPERS: RELATIVES, FRIENDS, SITTERS

As already emphasized, everyone needs extra help during the first few weeks alone with a new baby. Ideally, you were able to make arrangements for help before your baby was born. The best person to help (if you get along with her) is usually your mother or mother-in-law. If not, teenagers or adults can come in several times per week to help with housework or look after your baby while you go out or get a nap. If you have other young children, you will need daily help. Clarify that your role is looking after your baby. Your helper's role is to shop, cook, houseclean, and wash clothes and dishes. If your newborn has a medical problem that requires special care, ask for home visits by a community health nurse.

THE FATHER'S ROLE

The father needs to take time off from work to be with his wife during labor and delivery, as well as on the day she and his child come home from the hospital. If the couple has a relative who will temporarily live in and help, the father can continue to work after the baby comes home. However, when the relative leaves, the father can take saved-up vacation time as paternity leave. At a minimum he needs to work shorter hours until his wife and baby have settled in.

The age of noninvolvement of the father is over. Not only does the mother need the father to help her with household chores, but also the baby needs to develop a close relationship with the father. Today's father helps with feeding, changing diapers, bathing, putting to bed, reading stories, dressing, disciplining, homework, playing games, and calling the physician when the child is sick.

A father may avoid interacting with his baby during the first year of life because he is afraid he will hurt his baby or that he won't be able to calm the child when the baby cries. The longer a father goes without learning parenting skills, the harder it becomes to master them. At a minimum, a father should hold and comfort his baby at least once each day.

VISITORS

Only close friends and relatives should visit you during your first month at home. They should not visit if they are sick. To prevent unannounced visitors, the parents can put up a sign saying "Mother and baby sleeping. No visitors. Please call first." Friends without children may not understand your needs. During visits the visitor should pay special attention to older siblings.

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FEEDING YOUR BABY: ACHIEVING WEIGHT GAIN

Your main assignments during the early months of life are loving and feeding your baby. All babies lose a few ounces during the first few days after birth. However, they should never lose more than 7% of their birth weight (usually about 8 ounces). Most bottle-fed babies are back to birth weight by 10 days of age and breast-fed babies by 14 days of age. Then infants gain approximately 1 ounce per day during the early months. If milk is provided liberally, the normal newborn's hunger drive ensures appropriate weight gain.

A breast-feeding mother often wonders if her baby is getting enough calories, since she can't see how many ounces the baby takes. Your baby is doing fine if he or she demands to nurse every 1½ to 2½ hours, appears satisfied after feedings, takes both breasts at each nursing, wets six or more diapers each day, and passes four or more soft stools per day. Whenever you are worried about your baby's weight gain, bring your baby to our office for a weight check. Feeding problems detected early are much easier to remedy than those of long standing. A special weight check 1 week after birth is a good idea for infants of a first-time breast-feeding mother or a mother concerned about her milk supply.

DEALING WITH CRYING

Crying babies need to be held. They need someone with a soothing voice and a soothing touch. You can't spoil your baby during the early months of life. Overly sensitive babies may need an even gentler touch. For additional help, request "The Crying Baby" handout.

TAKING YOUR BABY OUTDOORS

You can take your baby outdoors at any age. You already took your baby outside when you left the hospital, and you will be going outside again when you go for the baby's 2-week checkup.

Dress the baby with as many layers of clothing as an adult would wear for the outdoor temperature. A common mistake is overdressing a baby in summer.

In winter a baby needs a hat because there is often not much hair to protect against heat loss. Cold air or winds do not cause ear infections or pneumonia.

The skin of babies is more sensitive to the sun than the skin of older children. Keep sun exposure to small amounts (10 to 15 minutes at a time). Protect your baby's skin from sunburn with longer clothing and a bonnet.

Camping and crowds should probably be avoided during your baby's first month of life. Also, during your baby's first year of life try to avoid close contact with people who have infectious illnesses.

THE 2-WEEK MEDICAL CHECKUP

This checkup is probably the most important medical visit for your baby during the first year of life. By 2 weeks of age your baby will usually have developed symptoms of any physical condition that was not detectable during the hospital stay. Your child's physician will be able to judge how well your baby is growing from height, weight, and head circumference.

This is also the time your family is under the most stress of adapting to a new baby. Try to develop a habit of jotting down questions about your child's health or behavior at home. Bring this list with you to office visits to discuss with your child's physician. We welcome the opportunity to address your agenda, especially if your questions are not easily answered by reading or talking with other mothers.

If at all possible, have your husband join you on these visits. We prefer to get to know the father during a checkup rather than during the crisis of an acute illness.

If you think your newborn is sick between these routine visits, be sure to call our office for help.

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EVENING ROUTINES

IDEAS FOR PARENTS

How Can I Help My Baby Wind down in the Evening?

Mothers and fathers and babies are coming to the end of an active day. Everyone may be ready to wind down. This is a time when routines can be especially important for your baby. The evening routine that you create for your baby will provide a sense of comfort and security. Routines also help your baby and growing child understand how you expect them to behave. Knowing that firm but caring limits are in place can help children feel secure and competent in their ability to meet your expectations.

Signs that your baby may be tired:

- Your baby yawns.
- Your baby is irritable.
- Your baby's eyes look glazed.
- Your baby's skin is flushed or mottled.
- Your baby is reluctant to make eye contact or smile.
- Your baby rubs her eyes or face with her fist.

You may see one or several of these signs at about the same time each day, especially in the late afternoon or early evening.

Things that help babies wind down:

- A slow caregiving pace
- Quiet play in a familiar play space with several toys (others are put away)
- Low lighting
- Talking softly
- Singing softly
- Playing soothing music at a low volume
- Using an infant swing
- Rocking
- A bath

Bathing:

- Have everything ready before you put your baby in the water: run the water, check the temperature, gather soap, shampoo, towel, clean clothing, diaper, toys.
- This can be a time for quiet play with safe water toys.
- You can talk to your baby as you wash him.
- You may sing the same "bath" song each evening.
- Being wrapped in a warm towel and gently dried can be nurturing and quieting.
- Being dressed in clean clothes can help your baby feel comfortable and ready for bed.

Bedtime:

- Moving your baby from bed to bed or room to room may disturb her sleep: babies can come fully awake if they realize they are not in the place where they fell asleep.
- Your baby may have a favorite position for falling asleep, on either his/her back or side.
- You can try playing soft music.
- This is a nice time to read or tell a short story together.
- A favorite object such as a stuffed toy or blanket can be comforting.
- A kiss and a hug are always reassuring.

- You may decide to have all the lights out or very low lighting such as a night-light.
- You may decide to close the door, leave it partially open, or open.

Rocking or nursing your baby to sleep, while often initially effective, can create difficulties for both of you. Everyone has periods of deep sleep and light sleep. If your baby awakens during a period of light sleep he/she may expect to be rocked or nursed back to sleep no matter what time it is!

Keep in mind the importance of routines throughout the day:

- Routines can be enjoyable and comforting for you and your baby.
- Routines help your child learn sequences of activities and anticipate what will happen next.
- You can change routines as your child grows and develops, or as your needs change. Some parts of a routine may be left behind while new ideas are added by you or your child.

We knew when the baby was ready for sleep when _____.

Our baby's sleep routine was _____.

For more information:

The Disney Encyclopedia of Baby and Child Care edited by Judith Palfrey et al., 1999
Your Baby and Child: From Birth to Age Five by Penelope Leach, 1995
Baby Steps: The "Whys" of Your Child's Behavior in the First Two Years by Claire B. Kopp, 1993
What to Expect the First Year by Arlene Eisenberg, Heidi E. Murkoff, and Sandee Eisenberg Hathaway, 1996

Constipation VS Infant Dyschezia:

Introduction

Infant dyschezia

Defecation requires two coordinated events: pelvic floor relaxation and an increase in intra-abdominal pressure. The coordination of the defecatory act carries with it developmental overtones and the failure to meet developmental milestones in the control of defecation results in functional symptoms.

Clinical presentation

Parents visit the clinician during the infant's first 2 to 3 months of life complaining that their child is "constipated". When asked to elaborate, parents anxiously describe a healthy infant who cries for 20 to 30 minutes, turns red in the face, and screams in pain before defecation takes place. The stools are soft and free of blood. These episodes, exhausting for the infant and anxiety provoking for the parents, occur several times daily. This is due to infant dyschezia and not Constipation. For the symptoms to be called constipation the stool has to be hard like Pallets

Diagnosis

The diagnostic criteria for infant dyschezia are at least 10 minutes of straining and crying before successful passage of soft stools in an otherwise healthy infant less than six months of age.

In a child with infant dyschezia, stools are normal- soft or pasty even though the bowel movements are infrequent sometimes once every 3-4 days. These infants have not yet coordinated the increase in intra-abdominal pressure with pelvic floor relaxation so they are unable to enjoy easy defecation. The also have weak abdominal muscles. No tests are indicated. Infant dyschezia is a problem in learning to defecate. Crying is the infant's attempt to create intra-abdominal pressure (Valsalva maneuver), before they learn to bear down more effectively for a bowel movement.

Treatment

Effective reassurance is all that is needed.

Treatment with suppositories or digital stimulation should be avoided, and counter-productive. It is wrong for the parents to assume control of the infant's pelvic floor or "help" the infant to defecate.

Therefore even if child is only having bowel movement once every 3-4 days, that is not constipation unless stool comes out like hard pallets.

You can try to help infant to pass gas or relax the sphincter by turning him/her over on stomach and raising his Bottom slightly higher than rest of the body, put one hand the baby's stomach and pat the back with your other hand.

If it has been more than 3-4 days then once in while rectal stimulation with a thermometer to take temperature or rarely glycerine suppository can be used but it is best avoid it, although you will not do any harm by using suppository, it may become habit if used often..

If the stool coming out is hard like pallets, then use 2ml- 5 ml of dark corn syp or Karo syp in 4 ozs of formula once a day. Light corn syp is not effective.

You can increase it to twice a day if needed.

Diet

The iron in the formula does not cause constipation.

For children over 4 months, it is ok to try 2-3 ozs of prune, pear or peach juice.

Rice cereal and potatoes and Bananas can make constipation worse, there for avoid using those.

Look at the labels on jar foods because many of those have rice water, potato juice and bananas as the base. Avoid or decrease those.