

# CARING FOR YOUR NEW BABY

## CONGRATULATIONS!

Having a new baby is an exciting time and may also be a time of nervousness and fatigue for the parents. Here we will try to answer some of the most frequently asked questions of new parents. We realize that not all your questions may be answered here, and we hope that you will ask them of us at your next office visit.

Each infant is different. While it is tempting to compare your baby to others, remember that there are many parts of growth and development that are normal but may not occur in every child.

Infant behavior is variable, especially in the newborn period. While some infants are quite active and loud, others are quiet and sleep for long stretches of time. Though early sleep patterns are variable, many newborns sleep about 15 hours a day, in a random wake and sleep pattern. Some normal infants sleep as little as 8 of the 24 hours in a day. Some infants are active and energetic while other normal babies are relaxed and quiet.

You will find that many relatives, friends and other “experts” are ready and willing to offer advice. Though mostly well intended, it can be confusing or just opposite to your common sense. We are aware of this and we welcome the opportunity to help you sort through this advice and help you in your personal decisions regarding your child.

Routine office visits are recommended to allow for the assessment of the health of children, to administer preventive immunizations, to screen for illness or growth abnormalities, to discuss injury prevention and discuss any concerns about child rearing.

## BABY CARE

As soon as you and your baby are dismissed from the hospital, you will be in charge of his care. The following items are some suggestions and comments concerning the general care of infants. We hope that you find them helpful and that you will note your additional concerns so that we may discuss them with you during our routine visits.

## SKIN CARE

It is very common for newborns to have dry, flaking skin, especially at the ankles and wrists. The dry skin doesn't seem to bother the babies, but you may use baby lotion if you wish. Frequent bathing may make the skin drier, so you only need to bathe your baby once every other day for the first month. Until the umbilical cord falls off and the belly button heals, it is best to give sponge baths. Once the belly button heals, then you may bathe your baby in a tub of water. Make sure your hot water heater reaches no more than 120° F and never leave your baby unattended while bathing.

Diaper rashes are very common in infants, especially on the buttocks. Diaper rash creams such as Desitin®, A&D®, and Triple Paste® are some good choices and may be used on a daily basis, if needed. If your baby has a rash that doesn't respond to these products after a few days, please contact us, as this may be a sign of a yeast diaper rash.

Babies in the first three months often develop a red bumpy rash on the face and chest. This is called milia, and usually does not need to be treated. It is due to a combination of heat, humidity and the sensitive skin some infants have.

## ROOM TEMPERATURE

Your baby will be comfortable in the same environment that you are. Generally, 70-76° F is best.

## CLOTHING

We suggest that you wash all new clothing to remove starch and sizing used in their manufacture. The type of laundry detergent doesn't matter. If your infant appears to be sensitive to laundry detergent, rinsing the clothes a second time in the washing machine will remove any residual detergent. We generally discourage the use of fabric softeners, but if you must please use a liquid product and only a small quantity.

## EARS

Some infants have more earwax than others. This hardly ever interferes with hearing. You may clean the earwax you see with a washcloth, but do not use cotton swabs to clean out the wax; these usually push the wax in farther instead.

## HAIR AND SCALP

Infant shampoo is available which does not sting the eyes. Cradle cap, an oily, flaky material on the scalp, may be removed with gentle brushing or a fingertip massage. If the scale is tough to remove by ordinary shampooing, try rubbing in a small amount of light mineral oil into the scaly area before the shampoo.

## BOWEL MOVEMENTS

Breast-fed infants usually begin with a bowel movement at each feeding, which is a soft, unformed stool containing “curds” and yellow in color. This should occur by the 4<sup>th</sup> day of life. Later, as the intestine matures, the breast-fed infant will often have a decrease in the number of stools produced. Breast-fed babies are nearly never truly constipated with hard dry stools. Using glycerin rectal suppositories may treat hard, dry or very thick stools produced by formula fed infants. We may advise you to add pasteurized apple or prune juice to your baby's diet.

Many babies in the first 2-5 months of life cry, strain, or become red-faced as they are having perfectly normal bowel movements. They should

settle down after the bowel movement is completed.

### **CARE OF THE GENITALIA**

**Boys:** if your child is circumcised, the circumcision site needs good cleansing with mild soap and water just as the rest of the skin does. The Plasti-bel® device used in some circumcisions usually falls off in 4-8 days. If a Gomco® device was used, then for the following 72 hours after the procedure please apply a quarter-sized dollop of petroleum jelly to the head of the penis or the diaper opposite.

Circumcisions are not expected to bleed, become tender, excessively red, swollen, develop pus or a foul odor. A yellow or white scab does appear in normal healing. If he is not circumcised, you do not need to do anything special to the foreskin while he is an infant.

**Girls:** After bowel movements, using mild soap and water or diaper wipes, clean from the front moving toward the back. Wiping in the other direction may lead to urine infections. Girls usually have a clear mucus discharge from the vagina, which can be cleaned gently. This mucus may be blood-tinged normally in the first 3 months of life, especially in breast fed girls. You may notice a white material inside the labia; this is normal and does not need to be cleaned out.

### **UMBILICUS**(Belly button)

Gently cleaning the cord with rubbing alcohol may be done, if desired — yet leaving the umbilicus alone will result in its prompt separation too. Your baby may fuss at the coolness of the alcohol, but the alcohol does not sting or burn since the cord has no nerve endings. Cleaning more than 4 times a day will result in the cord staying on longer than normal. Most umbilical cords fall off during the second or third week of life, and you may normally see a few drops of blood or some oozy yellow material as it is about to fall off. However, red and swollen skin around the umbilical cord is a sign of infection, and you should call us if you see this.

### **NOSE**

After birth, babies have to get used to the dust and other particles in the air. Your baby may sound “snorty” and sneeze a lot, especially in the first days after birth. This is normal, and not a sign of allergies or a head cold. It is necessary to clear the nose only when the congestion is a problem for the child while eating or sleeping. You can clear the nose with salt water (saline) nose drops followed by gentle suction, using the rubber suction syringe provided at the hospital. Excessive suctioning may promote nasal congestion or bleeding.

### **NAILS**

Finger and toenails can be clipped using a fingernail clipper while being careful not to cut the ends of the fingers and toes. Shorter nails are easier to clean. The nails can be cleaned with a soft brush to remove dirt and debris. Using a small filing board after a bath may also dull nails and lessen scratches.

### **WATER**

Usually, the breast milk or formula provides all the water your infant needs. After 4 months of age, clean tap water may be given to your baby — especially on hot days.

### **BODY TEMPERATURE**

The average rectal temperature in babies as in adults is 98.6° F (37° C). This temperature is just an average, though, and the body’s temperature can vary up or down one whole degree in a day’s time. There is no need to measure an infant’s temperature unless you suspect fever. In infants, the rectal temperature is the best temperature to take at home.

If your newborn baby (less than 2 months old) has a rectal temperature of 100.4° F (38° C) or more, please call us — or go directly to Primary Children’s Medical Center if our office is closed. While the fever will not hurt your baby, fever in a small infant may be the only sign of a serious infection.

# ***CARING FOR YOUR NEW BABY***

**PETER K. MOSKOWITZ, MD**

Board Certified, ABP

ABC Pediatrics, P.C.

12176 South 1000 East

Draper, UT 84020

(801) 523-3030



[www.abcpediatricsutah.com](http://www.abcpediatricsutah.com)