

SAFETY TIPS

CAR:

Your baby must ride home from the hospital in an approved car seat: i.e. one that has met the U.S. Government crash test standard. The law states that a car seat or booster seat must be used when transporting your child until he/she is six years old and sixty pounds. The American Academy of Pediatrics recommends booster seat use until eight years old and eighty pounds. An infant should ride facing the rear until 2 years old. Be sure to choose a seat (there are many brands available) that fits properly in your car and will be convenient to use. Any seat requiring a tether must be used with the tether strap correctly installed. The mid-portion of the back seat is the safest place. Be sure that the car seat is properly installed using the car's seat belt system. Make sure that the harness straps are snug, allowing only one finger between the strap and your baby.

SLEEP AND ENVIRONMENTAL GUIDELINES:

1. Put the baby to sleep on his/her back until one year of age. Change head position daily to avoid a flat spot.
2. Use a crib that meets federal safety standards. New cribs will have a label. Hand-me-downs should have bars close enough together so baby's head will not get caught (2 3/8 inches).
3. Make sure the mattress fits snugly against the crib sides. If there's more than two-fingers space, fill it with a rolled up blanket.
4. Do not use crib bumpers; an infant's head can become wedged between the bumper and the mattress.
5. Do not fill the crib with stuffed animals.
6. Do not let the baby sleep on soft, yielding bedding; no comforters, no pillows, no beanbag cushions, no sheepskins.
7. Choose a firm mattress that the baby cannot sink into.
8. Do not let infants sleep on an adult waterbed.
9. Do not let the baby sleep in the same bed with an adult; if the baby is taken into the mother's bed to nurse, he/she should be returned to his/her own bed afterwards. Co-sleepers are acceptable.
10. Keep the room where the baby sleeps comfortably warm (68-72°F) and do not use heavy blankets that restrict movements.
11. Pacifiers may be used at sleep time and have been shown to decrease the risk of Sudden Infant Death Syndrome (SIDS).

HOME:

1. Do not smoke and do not allow visitors to smoke. Make sure that your home and your car are non-smoking environments. Second-hand smoke exposure increases the risk of SIDS.
2. Smoke alarms and carbon monoxide detectors should be properly installed. Purchase a fire extinguisher.
3. Keep hot-water-heater temperatures at 120°F to prevent accidental scald burns.
4. Never leave your baby unattended on a changing table, bed, sofa, or other high place. He/she could fall off at any age.
5. Do not add honey to your baby's food, water, or formula. Do not dip your baby's pacifier in honey. Do not give your baby honey as medicine. Honey may contain bacterial spores that can cause infant botulism – a rare but serious disease that affects the nervous system.

NEW BRITAIN PEDIATRIC GROUP OFFICE POLICIES

PATIENT-CENTERED MEDICAL HOME: New Britain Pediatrics is your Patient/Family-Centered Medical Home. This means that we work with families as a team to ensure excellent health care for all patients.

FIRST VISIT: We evaluate newborns in the office 1-3 days after hospital discharge. Please make an appointment before you leave the hospital.

PATIENT PORTAL: Helpful information is available on our website www.newbritainpedi.com. Register for our secure Patient Portal to easily communicate with the office electronically.

INSURANCE: Our office currently belongs to many insurance plans. Please check with office staff regarding our participation. Be sure to notify your insurance company of your infant's birth within thirty days to ensure continued coverage. If your insurance coverage requires a co-payment for office visits, this payment is due at the time of your child's visit. Please provide insurance cards at every visit.

QUESTIONS: If you have any questions please do not hesitate to call. The best time to call is in the morning. Calls are returned so as to leave enough time to answer your questions thoroughly.

URGENT CALLS: If a problem arises, call in the morning as early as possible after 8:30 A.M. One of the pediatricians in our coverage group will be available in the office every day of the year including weekends and holidays. After office hours, an answering service will take your name, phone number, and a description of the problem and will have the physician on call contact you. If the problem is urgent, tell them so. Late evening and nighttime calls will be returned by a nurse at Rainbow Babies, a national pediatric call center. If there are any questions or problems that the nurse cannot resolve, the on-call pediatrician will call you. Myself or one of my colleagues is available 24 hours a day, every day of the year. For emergencies, please call 911.

SUGGESTED READING/WEBSITES

1. *Caring For Your Baby and Young Child: Birth to Age 5*, edited by Steven P. Shelov, M.D., Bantam Books
2. *Infant and Child Care*, by Benjamin Spock, M.D.
3. *Infant and Mothers*, by T. Berry Brazelton, M.D.
4. *What Every Child Wants His Parents To Know*, by Lee Salk
5. *Complete Book of Breastfeeding*, by Eiger and Olds
6. *What to Expect The First Year*, by Eisenberg, Murkoff, Hothaway, Workman Publishing
7. *The Womanly Art of Breastfeeding*, La Leche League
8. *Touchpoints*, by T. Berry Brazelton, M.D.
9. *Your Baby's First Year*, by Steven P. Shelov, M.D., F.A.A.P.
10. www.healthychildren.org
11. www.newbritainpedi.com

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Care from birth to age 21

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CARING FOR YOUR NEWBORN: THE FIRST TWO WEEKS

Name: _____

Birth Weight: _____ Discharge Weight: _____

Birth Length: _____

Congratulations on the birth of your baby! The following is a general guide to help you in the care of your newborn. There is great variation in newborn babies. I am ready to help you understand and solve some of the early challenges that may occur during the first few weeks. I will answer all of your questions before you leave the hospital and encourage you to call during office hours with questions that arise once you are home.

My day off is _____. Our office is open Monday through Saturday morning, with a physician on-call 24 hours a day, 7 days a week. If you have a question, please call the office. Our nursing staff, myself, or an on-call physician will help you.

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NEWBORN BEHAVIOR

Every baby is different. Whether this is your first baby or your fourth you will quickly realize that each baby is unique, with his or her own personality. The amount of sleep a baby needs is quite variable, ranging from 10-22 hours per day. Chances are your baby will spend a lot of time sleeping over the next week or two. He/she will awake to feed and to play. Some babies are quite physically active when awake while others are quieter. Each infant has his or her own likes and dislikes. As you and your baby get to know each other you will appreciate what is normal for your baby. A good book describing the range of newborn behavior is *Infants and Mothers* by T. Berry Brazelton, M.D.

FEEDING

Whether you have chosen to breastfeed or to bottle feed, the most important feature of feeding time is that it should be enjoyable for you and the baby. Relax, feel confident. No one knows your baby better than you.

BREASTFEEDING: Both you and your baby have to learn how to breastfeed. It will take two or three weeks before you are fully adapted to each other and become a true “nursing couple.”

The first fluid that comes from the breast is colostrum, a thick yellow liquid that is quite important for the baby. The thinner white breast milk will be produced in about three to five days. Learn to recognize early signs of hunger, including increased wakefulness, lip smacking, suckling movements, and rooting behavior (head movement in search of your breast). Nurse your baby for 10-20 minutes or as long as he or she stays properly latched on each breast. If suckling slows, compress your breast to give your baby a little squirt of liquid. This will encourage him or her to resume suckling. Try to have baby empty the first breast completely before offering the second breast because the hind milk (at the end of feeding) has higher fat content and is important for your baby. Burp your baby between breasts and after feeding. Breastfeed on demand. This may be as often as every one and a half to two hours. This is normal. Over time, you will develop a flexible demand schedule.

It is important for you to maintain good nutrition, drink at least 2 quarts of fluid per day, and continue prenatal vitamins to ensure adequate milk production. Stay well rested, relax, and have the nursing experience be a pleasurable one for both you and your baby. We recommend that you breastfeed (or provide breast milk or formula) for the first year of life. You may breastfeed as long as you like beyond the first year. Avoid alcohol and other drugs while breastfeeding. Check with your doctor before taking prescription medication. Breastfeeding has many advantages for babies and mothers. It has been associated with lower risk of Sudden Infant Death Syndrome, less allergies and fewer infections for infants and lower breast and ovarian cancer rates for mothers. We recommend oral infant vitamin D drops be given once daily.

FORMULA FEEDING: There are several commercial formulas available. They are made to copy breast milk and are similar to each other. Formula can be purchased in powder, concentrated, or ready to feed forms. Be sure that you carefully follow the preparation instructions for the type of formula that you purchase. Regular tap water is acceptable. Well water should be boiled before use. Bottled water is unnecessary. If you use non-fluoridated water, a fluoride supplement will be prescribed at 6 months of age.

At first, your baby may take less than an ounce every three to five hours. Expect a gradual increase in the amount of formula he/she takes, but do not become alarmed if your baby takes more or less than the usual amount at a particular feeding. Most babies take 2-4 ounces per feeding during the first few weeks of life. Look for your baby’s feeding cues – increased wakefulness, lip smacking, suckling motions. A liberal demand schedule is recommended with three or four hour intervals between feedings being most common. If your baby refuses a bottle, do not force him. Try burping your baby after every one to two ounces. Most importantly, relax and enjoy feeding time.

IS IT SPOILING? . . .

A baby cries because he/she needs something. Whether it’s cuddling, a diaper change, or food that he/she requires, your baby communicates by crying. He/she learns to trust his/her environment and feel secure when his/her needs are lovingly met. This is not spoiling. A young infant cannot be spoiled. Some babies cry when they are overtired or overstimulated. The best thing to do at those times is to leave the baby alone so that he/she can settle down. Never shake your baby, as this causes severe injury. It is also important to give the baby some “free” time to explore his/her environment (at first by looking) on his/her own.

DIAPERS/URINATION/BOWEL MOVEMENTS

During the first day or so of life your baby will pass his/her first stool, referred to as meconium (dark, thick stool). This will soon transition to a greenish/yellowish stool. Stools are initially very soft (no thicker than toothpaste) or slightly runny and may appear “seedy.” Initially babies will have multiple stools per day. The baby may appear to strain, but if stools remain soft, this is normal. Formula-fed babies may have a variable stool pattern – several stools per day or one stool every 2 to 3 days. Stool may be yellow, green, or brown; runny, soft, or formed. Breastfed babies have yellow or mustard-colored stools that are very loose and are passed with most feedings. Infants have several wet diapers per day. It may be hard to tell that a disposable diaper is wet just by looking. Feel the diaper to check for moisture/added weight.

JAUNDICE

Many infants will have “physiologic jaundice.” This is a natural process in newborns where bilirubin, a product of red blood cell metabolism, temporarily builds up in the infant’s system. There will be a slight yellow tinge to the skin or eyes, most noticeable on the face and chest, which peaks at three to five days and then disappears. If your infant looks very yellow, (even down to the feet), has poor feeding, or less than five wet diapers per day you should notify your doctor right away. We routinely recheck babies for jaundice and weight two days after hospital discharge.

CARE OF THE NAVAL

The hard umbilical cord is dead tissue and can be moved without hurting the baby. Keep the cord clean and dry. Alcohol is not recommended. Be sure to keep the edge of the diaper below the cord so that the cord does not become wet from urine. While the cord is still attached, sponge bathe your baby. Most umbilical cords fall off between two and three weeks of age. There may be a small amount of bleeding from the base of the cord at that time. When the area is completely healed, you may tub bathe your baby.

CARE OF THE PENIS

Wash the area of the penis with soap and water as you would any other skin area. If your son is circumcised, apply Vaseline® to the head of the penis with each diaper change until the area is well-healed, about one week. The baby can urinate through the ointment and it will prevent irritation and infection from contact with the diaper. Continue using Vaseline® for the tip of the circumcised penis for the first month of life. If your baby is not circumcised, clean away any soft material from the opening of the foreskin. Do not attempt to pull back the baby’s foreskin. This is impossible to do in most infants and may cause pain and bleeding.

SKIN CARE AND BATHING

Use a mild soap such as Dove®, Aquaphor® or Aveeno®. Do not use any soap on the baby’s face. Use a baby shampoo and lightly scrub your baby’s scalp to prevent build-up of white or yellow waxy scales. Your baby may be bathed every two to three days. Be sure to keep the diaper area clean.

Your baby’s skin may look dry and peel during the first week or two. This is normal and does not require any special lotions or creams. The diaper area, however, should be protected from urine and stool by applying an ointment (A & D®, Desitin®, zinc oxide, petroleum jelly, Balmex®) with each diaper change. Diaper wipes are not necessary. For the first month use a soft cloth or cotton balls and warm water to clean the infant’s diaper area. Powder is usually not needed but may be recommended in some circumstances. When using a powder, always use a small amount and apply with a cotton ball or hands. Never shake the powder out near the baby’s face and never allow the baby to hold the container. Inhaled powder can cause lung problems.

Infant girls have a clear to white vaginal discharge. Sometimes, blood streaks may also be seen during the first few weeks. This is normal and is from maternal hormones’ affect on the baby.

NOSE: Clean away any crusts that form with a moist (use water) cotton swab or cotton ball. Sneezing is normal and is the only way a baby can clear his nose of mucus, lint, or milk curds. If the nose becomes stuffy you can clean it by using saline nose drops (1/2 tsp. salt in one cup sterile water or purchase drops) and a nasal aspirator. Place two drops in one nostril, wait a few minutes, and then suction out the nostril with the aspirator. Repeat for the other nostril.

EARS: Clean the outer ear with a wash cloth or a cotton swab dampened with water. Never insert the swab into the ear canal.

HICCUGHS

Hiccoughs are little spasms of the diaphragm muscle and are more annoying to us adults than to the baby. They may often be stopped by allowing the baby to suck on the bottle or pacifier.

ILLNESS

If your baby is inconsolable, will not feed, has fast breathing, is lethargic, or has a fever of 100.4°F or more rectally, call us immediately for evaluation.

ROOM TEMPERATURE

Avoid extreme temperatures as infants do not regulate their body temperature as well as adults and older children. The baby will be comfortable at 68° to 72°F. If you keep your home cooler in the winter or warmer in the summer, be sure to dress the baby accordingly.

GOING OUT

Use your good common sense. Dress your baby appropriately for the weather conditions. Avoid direct sunlight, especially in the summer.

FRIENDS AND RELATIVES

Limit the baby’s contact to avoid illness, particularly during the winter months. Everyone should wash their hands thoroughly before picking up the baby.