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CONGRATULATIONS ON THE BIRTH OR UPCOMING BIRTH OF YOUR NEW BABY!

This book is designed to provide you with basic tips from pediatricians on how to care for your newborn, how to recognize emergencies and how the Pediatrics Department at Indiana University Health Arnett is here to assist you.

OFFICE HOURS AND CONTACTING US

OFFICE HOURS:
- Our offices are open Monday through Thursday 7:30 am to 7 pm, and Friday 7:30 am to 5 pm.
- The IU Health Arnett Pediatric Clinic, located at 253 Sagamore Parkway West, on the second floor, is open Saturday. Appointments are for sick visits and newborn follow ups only and begin at 9 am. Closing times for the IU Health Pediatric Clinic vary based on patient need.
- If you are concerned about your child or have questions, please call your pediatrician during office hours. Experienced phone nurses can help you determine if an appointment is necessary. Pediatric phone nurses are available from 7:30 am to 5:30 pm Monday through Friday.

EMERGENCIES

If an emergency arises after hours, you will be transferred to our answering service. An experienced pediatric nurse will answer your questions. The nurse is trained to give advice from protocols created by pediatric specialists. If it is necessary, the after-hours nurse will consult with the on-call pediatrician. A record of your call is faxed to your child’s pediatrician the next morning.

YOUR NEWBORN

Having a new baby brings a lot of excitement. Shortly after birth, you will come to realize you know your baby better than anyone else.

If you deliver at IU Health Arnett Hospital, one of our pediatricians will be notified when your baby is born. If you deliver at another hospital either in town or outside of Lafayette, that hospital will assign a pediatric provider to see your baby while still in the hospital. At IU Health Arnett Hospital, we have 24-hour in-house neonatal coverage for any baby that requires more than routine newborn care.

After delivery, your baby will receive a thorough examination. At IU Health Arnett Hospital, one of our pediatricians will re-examine your baby on a daily basis and answer any questions you may have about caring for your baby.

ROUTINE HOSPITAL CARE

Immediately after birth, your infant will be warmed, dried and assessed at the bedside. If you are planning on breastfeeding, this is the best time to begin, as your baby will be rather alert for the first hour after birth, followed by a rather sleepy period for the next 24 - 36 hours.

Your baby will be placed under a warmer, thoroughly examined, weighed, measured and foot printed. Also, an antibiotic ointment will be placed in the eyes to prevent infection, and an injection of Vitamin K will be given to prevent bleeding. Blood glucose is measured on many babies, and your baby’s blood type may be determined from the umbilical cord blood, if it is deemed medically necessary by your pediatrician. We do recommend the Hepatitis B injection at birth, in keeping with the recommendations of the American Academy of Pediatrics. This will also be given, with your permission, in the delivery room.

Once the baby can maintain a stable temperature, he or she will be given a bath. We encourage you to have your baby “room in” with you as much as possible in the hospital. If you are breastfeeding, please request your newborn not be given bottle feedings for the first 2 to 3 weeks of life, unless directed by your pediatrician. The usual length of stay for mom and baby is 2 days for a vaginal delivery and 2 to 3 days for a cesarean section.

CIRCUMCISION

If you have a male infant, you may choose to have him circumcised. In most cases, your obstetrician or the hospital pediatrician will do this procedure before you leave the hospital. According to the American Academy of Pediatrics, the benefits of newborn male circumcision outweigh the risks, but the benefits are not significant enough to recommend circumcision for all newborns. Specific benefits include the reduced risks of urinary tract infections, penile cancer and the transmission of some sexually transmitted infections such as HIV. The American Academy of Pediatrics recommends infants receive local anesthesia (pain control) prior to circumcision.

GROUP B STREPTOCOCCUS

Some women naturally carry bacteria known as Group B Streptococcus in the birth canal. This organism usually causes no harm to the mother, but it can cause a significant infection in a newborn passing through the birth canal. Your obstetrician will check for this organism around the 35th to 37th week of your pregnancy, and if it is present, will administer antibiotics to you during labor. This practice has significantly decreased the number of serious infections in newborns. We closely monitor babies whose mothers have this bacteria for a full 48 hours. We may need to do some blood screenings on the baby, if delivery occurs less than 4 hours before the antibiotic can be administered.

NEWBORN TESTING

Your baby will receive a hearing test prior to discharge. A state-mandated “newborn screen” will also be completed prior to discharge. This test is most reliable after the infant has fed well for 48 hours. The newborn screen is an excellent way to screen for more than 30 serious illnesses. The results are sent to the physician of record for your baby while he or she is in the hospital. Be sure to ask about these results at the baby’s 2 - 3 weeks check-up, especially if your doctor did not see your baby in the hospital.
BABY SUPPLIES YOU WILL NEED

DIGITAL THERMOMETER
An abnormal temperature in a newborn is of concern. If your baby feels cool, warm or acts sick, please check his or her temperature, and call us if it is abnormal. A temperature taken under the arm is acceptable, but if it is abnormal, the temperature should be confirmed using a rectal thermometer. **DO NOT ADD OR SUBTRACT a degree from the rectal temperature.** This is the most accurate way to measure your baby’s temperature. Other methods of checking a temperature in a newborn are inaccurate. Please ask a nurse to show you how to check a temperature if you are not certain.

A normal temperature in a newborn ranges between 97.7 °F and 99.9 °F. Once babies are older than 2 months, their immune systems are much stronger. At 2 months of age and older, a slightly abnormal temperature is not an emergency. However, it is considered an emergency during the newborn period. If your baby’s rectal temperature is consistently below 97 °F rectally or above 100.4 °F, your baby needs to be seen right away. Mercury thermometers are no longer manufactured for safety reasons.

CAR SEAT
Because motor vehicle accidents are the number one killer of children ages 1 - 14 in the United States, it is important to transport children in the safest way possible. This sobering statistic reminds us that even if you are a careful driver, you can’t eliminate the possibility of an auto accident. Child safety seats are made to properly restrain a child in the safest way possible.

SAFETY TIPS
- Select a car seat based on your child's age and size. Choose a seat that fits in your vehicle, and use it every time.
- Always refer to your specific car seat manufacturer’s instructions (check height and weight limits) and read the vehicle owner’s manual on how to install the car seat using the seat belt or lower anchors and a tether, if available.
- To maximize safety, keep your child in the car seat for as long as the child fits within the manufacturer’s height and weight requirements.
- Keep your child in the back seat at least through age 12.
- Never leave your child alone in the car.
- The American Academy of Pediatrics now recommends keeping children rear facing until age 2 years.

For more information or to get your car seat inspected, please contact IU Health Arnett Childbirth Education at 765.838.4670 or email childbirthed@iuhealth.org.

BULB SYRINGE
The hospital will give you a bulb syringe for your baby so you can suction mucus from his or her nose, if your baby sounds congested. Hold onto this syringe. You will find it very useful in the coming months.

SALINE DROPS AND MIST
These drops are very useful if your baby is congested or gets a cold. Saline drops loosen nasal secretions and reduce congestion. This is not medicine.

COOL MIST HUMIDIFIER
Consider having a cool mist humidifier on hand to loosen nasal congestion, especially if your baby gets a cold.

SMOKE ALARM
Smoke alarms should be installed in your home. Test them periodically and change the batteries twice each year.

CARBON MONOXIDE DETECTOR
Consider purchasing a carbon monoxide detector. Homes with gas heating may have carbon monoxide mixed with room air. This gas is invisible, odorless and can be lethal, especially to infants.

BREASTFEEDING SUPPLIES
If you plan to breastfeed, you may choose to purchase or rent a breast pump. The dual, hospital-quality, electric breast pumps work best, especially if you plan on pumping frequently. Many lactation specialists recommend the Ameda Purely Yours® or Medela Pump in Style®, both of which are portable for working moms.

FORMULA
If you do not plan on breastfeeding, we recommend formula with iron. Formula comes in three forms: ready-to-feed, concentrated and powdered. Concentrated or ready-to-feed is probably the least likely to cause fussiness during the first 2 to 4 months of life. After that time, powdered formula is acceptable and much less expensive. After opening or mixing, formula can be stored for 48 hours, in the refrigerator.

If you have city water, there is no need to sterilize bottles and nipples as long as you wash them with soap and water or put them in your dishwasher. If you use well water to mix the formula for your newborn, it should be approved by the health department and requires boiling for 5 minutes prior to preparation. City water does not need to be boiled.

MEDICATION
- Simethicone (Mylicon®) gas drops after 2 weeks of age may help with gas pains.
- The following medications should NOT be given to your newborn:
  - Tylenol®, unless under close supervision by your child’s physician
  - Cough and cold remedies
  - Ibuprofen (Motrin®/Advil®) prior to 6 months of age
  - Teething gels, because they can lead to choking
  - Medications to decrease diarrhea

MISCELLANEOUS SUPPLIES
Make sure all baby products – especially larger ones such as cribs, car seats and playpens/pack-and-plays – are certified by the Juvenile Product Manufacturers Association (JPMA).
evening when they are exposed to more sounds, lights and other sensory
inputs of a busy household. This may develop into colic, which is defined
by the American Academy of Family Physicians as “unexplained crying
in excess of three hours per day, in the first 3 weeks of life, three or
more days per week for three consecutive weeks in otherwise healthy,
well-fed infants.”

Colic usually begins after 2 to 4 weeks of life and ends by 4 months of
age. There is no cure for colic. If you feel your baby’s crying is excessive,
it is best to make an appointment with your pediatrician to ensure your
baby is healthy and to discuss ways to manage colic. When your baby is
defsy, check to make sure he or she is not wet, hot, hungry or pinched
anywhere by clothing (especially the toes and fingers.) Soothe him or her
for a while and then simply let him or her cry, checking on him or her
every 15 minutes or so. Please call us if your baby cries inconsolably for
over 2 hours. Even though some babies fuss this long, they are usually
content for at least a few minutes during this time.

Swallowing air, especially during fussy periods, can causes babies to
have gas. Babies will draw their legs up and cry as if in pain. These
occurrences are normal and worst between 2 and 6 weeks of age
and improve thereafter. Simethicone (Mylicon®) or gas drops, are
reported to help in about 50 percent of patients. For formula-fed babies,
sometimes changing to a Playtex®, Evenflo® or Dr. Brown’s® bottle
helps. Changing formula typically helps only if the baby is fussy 30 to 60
minutes after most feedings. Please talk with your pediatrician before
changing formulas. After a change in formula, it may take the infant up
to a week to adjust.

WHAT TO EXPECT FROM YOUR NEWBORN

ACTIVITY
During the first hour after delivery, your baby will go through a period
of alertness. Then, he or she may sleep a lot for the next 1 to 2 days as
he or she adjusts to living outside of the uterus. Your baby may cough,
sneeze, cry and have occasional jerking motions of the arms, legs or
chin for the first few months. You will notice that he or she likes to be
held by you, cuddled, talked to softly, walked and rocked.

It is normal for a newborn to sleep between 16 to 20 hours each day.

BREATHING
It is common for newborn babies to have an irregular breathing pattern.
This will vary from shallow, fast breathing to deep breathing to not
taking breaths at all for a few seconds. Babies commonly cough and
sneeze to clear mucus out of their noses and throats. Scant amounts
of mucus or milk in the baby’s upper airway often cause breathing to
sound congested. This is all normal. If you have concerns, please call
your pediatrician.

CRYING
All babies cry. Crying is a part of normal, healthy development.
Sometimes it is a baby’s way of telling you he or she is wet, cold, tired,
hungry or wants to be held. As babies become more alert, they are more
sensitive to noises, lights and even to their own digestive sensations.
They tend to cry more between 2 and 6 weeks of age, up to 3 hours
per day can be normal. Thereafter, babies learn to tune out excessive
sensory input, and the amount of crying decreases.

COLIC AND “GAS”
Many babies tend to have a “fussy time” during the day, when they
usually cry. These spells occur most frequently in the late afternoon or
evening when they are exposed to more sounds, lights and other sensory
findings are:

• Red marks over eyelids and at the nape of the neck: These
  normal, very common birthmarks are often referred to as
  “stork bites” or “angel’s kisses.” Marks on the face fade away
  gradually. Red marks on the back of the neck generally do not
  go away, but eventually are covered by baby’s hair.

• Bluish black area over lower back and buttocks: Called
  “Mongolian spots,” these marks are especially common
  among babies of Asian, East Indian and African descent. They
  are not bruises and will gradually fade away.

• White dots across the nose: These are called “milia” and will
  go away.

• Pimples: Some babies get acne, just like teenagers. No
  special treatment is necessary, as this is a temporary finding
  in young infants and does not cause scars. It is most common
  between 3 weeks and 2 months of age.

• Jaundice: As a result of jaundice, newborns may develop a
  yellow color to their skin. This usually is most noticeable
  between 3 and 5 days of age and can last about 1 week.
  It is most concerning if it occurs within the first day or two of
  life, is excessive or the baby is not feeding well. Frequent
  feedings with formula or breast milk are the best way to
  expedite the resolution of jaundice. We will monitor your baby
  for excessive jaundice while hospitalized. We ask that you
  have your baby evaluated by us if the sclera (the white part of
  the eye) looks yellow to you, if your baby is not waking up to
  feed or if you think the jaundice is getting worse.

• Diapers and diaper wipes
• Diaper rash creams
• Burping towels, wash cloths and towels
• Bibs, clothing, socks or booties, t-shirts and sleepers
• Blankets
• Baby wash, soap and shampoo
• Diaper bag
• Vaseline
• Bassinet or cradle (JPMA-certified)
• Bedding - Do not use: loose soft bedding (blankets, comforters,
sheepskins, quilts, pillows or pillow-like bumper pads) or soft toys
in the baby’s crib, because they are associated with an increased
risk of sudden infant death syndrome (SIDS). Thin blankets can
be used to swaddle the baby, or in a crib, if the blankets are tucked
in under the crib mattress.
• Playpen, portable crib or Pack-n-Play: Make sure the weave has
openings less than ¼ inch or 6 mm in length.
• Changing table
• Washtub
• Stroller
• Monitor

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  have your baby evaluated by us if the sclera (the white part of
  the eye) looks yellow to you, if your baby is not waking up to
  feed or if you think the jaundice is getting worse.
• **Heat rash:** This is a fine, red, bumpy rash that occurs in moist areas such as the neck and underarms. Try to keep these areas dry.

• **Fingernail scratches:** Babies commonly have long fingernails and will scratch their own faces if they are not kept trimmed.

**HEAD**

As the baby comes through the birth canal, the head is compressed, causing “molding.” This is a process that allows the bones of the skull to overlap so the baby can get through the birth canal. Due to this, your baby’s head may appear pointed or misshapen. This should resolve over the first week of life. Some babies even have bruising of the scalp, which is a normal part of childbirth.

Your baby will have a soft spot in the center of his or her head. This is normal and will close anywhere between 6 and 18 months of age. You should notify us immediately if you notice your baby’s soft spot is bulging or hard.

**Your baby should sleep on his or her back.** Make sure that you alternate the rotation of the head from looking right or left in order to prevent him or her from developing flatness on one side of his or her head.

**EYES**

If your baby has recurrent drainage from his or her eyes after you go home, this is most likely due to a temporarily blocked tear duct. To ease this, massage from the inner corner of the eye to the same side of the nose in a downward fashion. This will usually unblock the tear duct so drainage will stop backing into the eye. If drainage is persistent or redness occurs in or around the eye, please inform your pediatrician.

When babies first start to look around, they cannot focus well on objects, so you may notice your baby’s eyes crossing. Intermittent eye crossing is normal until 4 to 6 months of age. Your baby can see objects 9 to 12 inches away, including your face.

**NOSE**

Babies’ noses commonly become congested with mucus. Use a bulb syringe to clear the mucus. To use a bulb syringe:

1. Squeeze the bulb before placing the tip in the nostril.
2. Slowly release the bulb and let the suction draw out the mucus.
3. Remove any mucus from the bulb by squeezing and using a tissue.
4. Repeat process for other nostril, if necessary.
5. Limit bulb syringe use to four times a day to avoid irritating the lining of the nose.

Saline drops or Ocean Saline Nasal Spray® may be put in the nose to loosen secretions prior to suctioning. If your baby has a cold, it may sound as if his or her chest is congested, and you may feel “rattling” in the chest when you put your hand on his or her back. As long as your baby is feeding well, not coughing much and not running a temperature, there is no cause for concern. If your baby has excessive symptoms or if the “congestion” does not clear after a few days, call your pediatrician.

**EARS**

Clean only the outer portion of the ear. Do not use cotton swabs to clean the ear canal. It is normal to have some earwax in the canal, as the ears are continually cleaning themselves. It is a myth that cold air or water in the ear causes middle ear infections. Ear infections are uncommon during the first few months of life.

**NIPPLES**

Many babies’ nipples get swollen and feel like they have a lump underneath. Sometimes milk may leak out. This occurs because of the mother’s hormones and will disappear.

**UMBILICAL CORD**

The cord will usually fall off during the first to third week of life. There may be some bleeding when this occurs. This is normal. You can clean the cord by applying rubbing alcohol around the base of the cord with a cotton swab 1 to 2 times daily. However, for most babies, this is not necessary.

If the tummy or cord looks red or infected, please call your pediatrician. Give sponge baths only until the cord falls off and is healed completely. Also, fold the diaper down to prevent it rubbing against the umbilical cord and causing irritation.

**GENITALS**

This area may be swollen at birth. Girls may have a white or bloody discharge from the vagina for the first 1 to 2 weeks. Always wipe female infants from front to back in order to reduce the risk of urinary tract infections.

Boys, if circumcised, may require a small amount of petroleum applied to the penis to keep it from sticking to the diaper for the first few days of life. If uncircumcised, simply clean the penis with soap and water. You do not need to retract the foreskin for cleaning in an uncircumcised male, as it normally cannot be pulled down until after 3 years of age.

Commonly, parents report a “pink stain” in the diaper that is mistaken for blood. The color is due to urate crystals, a normal finding in newborn urine.

**SLEEP**

Your newborn will sleep 16 to 20 hours per day and perhaps more during the first 2 days of life. Always place your baby on his or her back to sleep. This will decrease the incidence of sudden infant death syndrome (SIDS). It is best for your baby to sleep in his or her own crib or bassinet, without fluffy pillows, blankets, sheepskin or bumper pads. The newest SIDS prevention recommendations also state that the baby should sleep near the parents, but not in the same bed. Pacifier use while sleeping, after 1 month of age, has also been shown to decrease the risk of SIDS. The incidence of SIDS is the highest between 2 to 4 months of life.

Allow your baby to play on his or her tummy during the day when you are in attendance.

**CLOTHING AND ROOM TEMPERATURE**

Typically, newborns are most comfortable when they are dressed like their parents, plus one extra layer. This extra layer can be a t-shirt or a blanket. Washing the baby’s clothes with a hypoallergenic detergent such as All Free Clear®, Dreft® or Tide Free and Gentle®, as well as avoiding fabric softeners, is advised; but many babies tolerate regular laundry detergent and fabric softeners without problems.

The room temperature should be comfortable, usually around 68 to 72 °F.
BATHING
It is generally easier for you and your baby if bathing occurs in a plastic tub or the sink. Set the hot water heater temperature at no more than 120°F to prevent burns. Use baby soap or Dove soap for sensitive skin on the baby’s body. Wash your baby’s face with clear water. Have all of your supplies ready before you begin, and test the water to make sure it is not too hot. Never leave your baby or child alone in the water even for a second. Do not put your baby in bath water until the umbilical cord has fallen off and healed. Your baby will only need a bath 2 to 3 times each week.

DIAPERING
You can choose to use disposable or cloth diapers. Regardless of which you choose, diaper rash may occur. To prevent diaper rash, wash the baby’s bottom with clear water and allow it to dry completely before diapering. Use Desitin®, Aquaphor®, A&D Ointment®, Vaseline, plain zinc oxide or other diaper rash medications at the first sign of redness. Should a rash occur, change the baby as soon as he or she wets and leave the diaper area open to air as much as possible. If the rash gets worse or does not improve after 3 to 4 days despite these measures, please call during office hours.

BOWEL MOVEMENTS
All babies are different. It is normal for some babies to have a bowel movement with every feeding and others to have one every 2 to 3 days. It is also normal for them to turn red and strain. Unless the stools become hard and pellet-like, do not be concerned, especially if the baby is feeding well and not fussy. Breastfed babies commonly have very loose stools.

FEEDING
Basic newborn activities include sleeping and feeding. Feeding is one of the most pleasurable things they do. Whether breast- or bottle-feeding, this should be a time when the infant is held closely and loved. It can be a rewarding experience for the parents and their baby.

BREASTFEEDING
Breast milk is the ideal food for infants. In fact, the American Academy of Pediatrics recommends exclusive breastfeeding for the first 6 months of life, and then combining it with solid food from 6 to 12 months of age. Successful breastfeeding begins with knowledge and information. IU Health Arnett Hospital offers a variety of classes for parents and expectant parents. For more information, please call our child birth educator at 765.838.4670. (See also the end of this booklet for a list of all available classes.) IU Health Arnett has a lactation consultant and many nurses who are available to assist with breastfeeding. In addition, IU Health Arnett offers a weekly breastfeeding support group. For more details visit iuhealth.org/arnett. These resources can help you become more comfortable with breastfeeding and get you off to a good start. Begin breastfeeding as soon as possible after your baby is born; start in the delivery room if you can.

Human milk has many advantages. It decreases the frequency and severity of a wide range of diseases, such as bacterial meningitis, severe bloodstream infections, diarrhea, colds, ear infections, pneumonia and urinary tract infections. It has also been shown to decrease the rate of SIDS during the first year of life. In addition, it leads to health benefits later in life by decreasing the likelihood of diabetes, obesity, asthma, high cholesterol, lymphoma and leukemia. Breastfeeding is convenient and economical; however, to be successful it requires a strong commitment from the mother and support from the family.

If you have questions about whether or not to breastfeed, please talk to your pediatrician or a lactation consultant.

Breastfeeding will cause cramping of the uterus, which will help it return to its pre-pregnanry size.

For the first few days, you will produce a clear fluid called colostrum. This is rich in calories and contains proteins and antibodies for the baby. Do not supplement with formula or water. Nurse your baby from both breasts at every feeding. Begin with 5 to 10 minutes on each side, or for as long as the baby desires during the first 3 to 4 days of life. Feed “on demand” (when the baby is hungry) for the first 3 to 4 weeks. This may be as frequent as every 1½ to 3 hours, but it will help to build and establish your milk supply.

A breastfed infant needs to eat 8 to 12 times within a 24-hour period after the second to third day of life. Remember that the mother should drink plenty of fluids (6 to 8 ounces) with every feeding. Take your prenatal vitamins with iron regularly, as your baby is totally dependent on you for nutrition. After the rest of your milk supply comes in, usually between 2 and 5 days of life, you should nurse 10 to 15 minutes on each side. You may find it necessary to wake your baby up during the day for feedings and stimulate him or her during feedings by undressing and providing skin-to-skin contact, as your baby may want to fall asleep soon after latching on.

You can tell if babies are getting enough to eat by the number of wet diapers and stools they produce. After the third to fourth day of life, your baby should have a minimum of 4 to 6 wet diapers and 3 to 4 stools during a 24-hour period. Your baby will also be content and sleep for 2 to 3 hours at a time.

Merconium (the blackish, green stools that the baby has after birth) should begin to disappear by the fourth or fifth day of life. Then you will see yellow, sometimes runny, seedy stools. It is completely normal for your baby to lose weight during the first week of life. Do not be alarmed. Your baby should regain any lost weight by the 2-week well child visit. Some breastfeeding mothers find it useful to keep a log of the number of feedings, wet diapers and stools.

Do not discontinue breastfeeding for a mild illness. If you have a cold, your baby will still benefit from receiving breast milk. Certain medications should not be used while breastfeeding because they may be harmful, but these are few. Please call us if you have any questions regarding the safety of breastfeeding while taking a certain medication.

Lactation consultants are available to assist you during and after your hospital stay. If you plan on returning to work and wish to continue breastfeeding, or if you wish to have breast milk available for bottle feedings on more than just an occasional basis, you may consider buying or renting an electric breast pump.
FORMULA FEEDING

If you are unable to breastfeed or choose not to breastfeed your baby, iron-fortified formula is the recommended substitute for breast milk for feeding your baby during the first year of life. This is also a very rewarding experience for you and your baby. By 2 weeks of age, most babies are taking 1½ to 3 ounces of formula every 3 to 4 hours. Feed on demand, whenever the baby is hungry. As your baby grows, the amount of formula taken at each feeding will increase and the number of feedings each day may gradually decrease.

Never heat your baby’s bottle in the microwave. The formula may heat unevenly and cause burns to your baby’s mouth and throat. Never prop the bottle; this can cause the baby to choke and get formula in his or her lungs.

The following table shows the average amounts of formula most full-term babies consume at their respective ages:

<table>
<thead>
<tr>
<th>AGES</th>
<th>OUNCES PER DAY</th>
<th>OUNCES PER FEEDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 3 Days</td>
<td>16 oz.</td>
<td>1 - 2 oz.</td>
</tr>
<tr>
<td>2 Weeks</td>
<td>22 oz.</td>
<td>2 - 3 oz.</td>
</tr>
<tr>
<td>1 - 2 Months</td>
<td>28 oz.</td>
<td>3 - 5 oz.</td>
</tr>
<tr>
<td>3 Months</td>
<td>32 - 34 oz.</td>
<td>6 - 6.5 oz.</td>
</tr>
<tr>
<td>4 - 6 Months</td>
<td>32+ oz.</td>
<td>7 - 8 oz.</td>
</tr>
</tbody>
</table>

SPITTING UP AND HICCUPS

Most babies hiccups from time to time. Usually this bothers parents more than the infant. If your baby hiccups during a feeding, change his or her position and try to get your baby to burp or relax.

- Make sure you are not over-feeding your baby. Sometimes babies are comforted by sucking and are not really hungry.
- Burp your baby frequently (after ½ to 1 ounce).

If your baby is spitting up frequently, keep his or her head elevated for 30 to 45 minutes after a feeding. As long as your baby is gaining weight and not fussy during the feeding, the spitting up is typically normal. If you have any concerns, please call us during office hours, especially before changing your baby’s formula.

YOUR CHILD’S PREVENTATIVE HEALTH PLAN

Just as you have received regular obstetric checkups to ensure the health of your pregnancy, continued preventive health visits for your baby are recommended after birth as well. In accordance with guidelines of the American Academy of Pediatrics, we recommend checkups as shown on the table at the back of this booklet. At these visits, your child’s growth and development will be assessed. Information on diet, development and safety will be given. Immunizations and lab tests will be completed. We regularly update our Preventive Health Plan based on recommendations by leading medical authorities.

We feel that immunizations are very important and we STRONGLY recommend that you have your child immunized fully and on time. Routine childhood immunizations have significantly reduced serious illness and even death in children. New vaccines must undergo three stages of rigorous testing to ensure safety and effectiveness. Before vaccines are incorporated into the Routine Childhood Immunization Schedule, panels of experts who specialize in vaccines and infectious diseases must approve their use. After vaccines are recommended, there are several organizations that monitor their vaccines. For most vaccines, the Food and Drug Administration requires more safety trials after vaccines are in use. We understand that there is a lot of conflicting and controversial information available on vaccines, and we are happy to discuss any concerns you may have about having your child vaccinated. We understand that you want to do what is best for your child, and we want to partner with you in doing that as well. Please see websites for reliable vaccine information at the end of this booklet. Vaccines are safe and effective, have never been proven to cause autism or any other developmental disorder. None of the routine vaccines contains Thimerisol® or mercury.

After kindergarten, we recommend a checkup at least every other year until adolescence and then yearly checkups are required, especially if your child is participating in interscholastic sports or has an underlying medical condition.

TREATMENT OF MINOR ILLNESSES

PREVENTION IN THE NEWBORN PERIOD

In the first 2 months of life, babies do not fight infections well. To prevent infection, you should keep your baby away from people with colds, flu or other contagious illnesses. This may mean not taking your newborn out of the house as much as you would like, especially during the first 4 to 8 weeks of life. Good hand washing will help prevent infection as well as breastfeeding, delaying child care attendance for as long as possible and keeping your baby away from tobacco smoke.

Fever indicates illness, but the magnitude of the illness does not always correspond to the degree of fever. For some infections that cause fever, an antibiotic is helpful. For colds and flu, an antibiotic is not useful and may be harmful. Only by examination in the office can we tell what is causing your child’s fever and whether an antibiotic will be helpful. We cannot prescribe antibiotics over the phone because we would not know what we were treating. Please be sure and take your child’s temperature with a thermometer before calling. For fevers over 100.4°F (rectally), your child should be seen immediately until over 2 months of age.

Fever is a very common symptom of illness in children. However, fever in a newborn can be an emergency.

Colds

All children catch colds. You can expect to see 6 to 8 colds per year, which can last an average of 10 to 14 days. Because viruses cause colds, there is no cure. The treatment goal is to make breathing easier by clearing the nose of mucus.

Mucus can be cleaned from the nose using your bulb syringe (see bulb syringe instructions on page 5). This should be done before feedings and at bedtime. If the mucus seems thick or your baby is very congested, saline nose drops may be helpful. You can buy these at the pharmacy or make them at home by mixing ¼ teaspoon of salt with 1 cup boiled and cooled water. Place 2 to 3 drops in each nostril. Placing a cool mist humidifier in the baby’s room is also beneficial.
Do not use over-the-counter cold and cough preparations. We do not want to suppress the baby’s cough, because it is the natural way for your baby to clear the mucus from his or her lungs. Please call your pediatrician’s office if your baby has a constant cough and any of the following conditions.

- Is not improving after 10 days
- Is younger than 2 months and develops a temperature greater than 100.4°F
- Is 2 months or older and develops a temperature greater than 101°F

NEWBORN EMERGENCIES
Please call us immediately if your newborn shows any of these symptoms.

- Temperature over 100.4°F. Please check a rectal temperature.
- Failure to eat for two feedings in a row in a 6-hour time span when offered.
- Fast breathing, over 60 breaths per minute continually.
- Frequent watery stools with weak appetite, vomiting or blood in the stools.
- No bowel movement for 72 hours if acting ill and not eating.
- Projectile vomiting for three or more feedings in a 24-hour period or vomit containing blood or that is dark green in color.
- Soft spot is bulging and hard when not crying.
- Seizures: rhythmic or repetitive jerking movements that last more than 3 to 5 seconds and cannot be stopped by touching the baby. This may also involve discoloration of the skin.
- Entire body continually has a bluish tint.
- Fewer than 3 wet diapers in a 24-hour period.
- Increased jaundice (whites of the eyes have a yellow tint).
- Foul-smelling drainage or redness on the skin around the umbilical cord.
- Problems with the circumcision, such as bleeding, no urination or foul odor.
- Any injury to your baby that leaves a mark (other than minor scratches) or an injury that causes the baby to act sick.
- You are afraid that you or someone else might harm your baby.

NEWBORN BASICS
During this class you will have the opportunity to explore, discuss and share your concerns in caring for a new baby. A registered nurse will discuss baby care topics such as bathing, feeding, holding, diapering, comforting, understanding car seat safety, caring for the umbilical cord, dealing with a crying baby and more.

BREASTFEEDING WITH EASE
Learn how to make breastfeeding a positive experience for you and your baby. We give you practical information about positioning and latch-on. We also discuss common concerns and problems related to breastfeeding. Attend this class with your partner.

CPR AND FIRST AID FOR PARENTS
During this class you will learn choking rescue and CPR for infants and children. You will also learn basic first aid for your child’s early years and receive information about home safety and assembling a family first aid kit. This class is taught by an American Heart Association CPR instructor.

ESPECIALLY FOR CHILDREN
Help children prepare for their new role as big brother or big sister. The class is filled with activities to help explain how siblings may feel and how they can safely play and help with the new baby. Children are assured that they are very special people in their families and will remain loved as much as ever after the birth of the baby.

BREASTFEEDING SUPPORT GROUPS
Attending a breastfeeding support group is a great opportunity to meet other breastfeeding mothers, who have valuable information and support to share. A lactation consultant leads the group and presents information on topics of interest to breastfeeding mothers. Reservations are not needed and children are welcome.

HELPFUL WEBSITES
- American Academy or Pediatrics: aap.org
- Centers for Disease Control and Prevention: cdc.gov/vaccines
- Child Safety Seat Inspection Station Locator: seatcheck.org
- Immunization Action Coalition: immunize.org
- Indiana University Health Arnett Pediatrics: iuhealth.org/arnett/pediatrics
- Johns Hopkins Bloomberg School of Public Health Website: vaccinesafety.edu
- Pub Med Plus: medlineplus.gov
- The Children’s Hospital of Philadelphia: vaccine.chop.edu
# Pediatric Preventative Health Plan

## WELL CHILD VISIT

<table>
<thead>
<tr>
<th>WELL CHILD VISIT</th>
<th>DTAP/IPV/HIB (Pentacel®)</th>
<th>HEP B</th>
<th>PCV-13</th>
<th>MMR</th>
<th>VARICELLA (VariVax®)</th>
<th>HEP A</th>
<th>ROTAVIRUS (RotaTeq®)</th>
<th>FLU*</th>
<th>SCREENING</th>
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</thead>
<tbody>
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<td>X</td>
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<td>Tuberculosis, Lead &amp; Anemia</td>
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<td></td>
<td></td>
<td>Lead &amp; Anemia</td>
</tr>
<tr>
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<td>Autism, Heart, Lead, Anemia &amp; Tuberculosis</td>
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<td>X</td>
<td>Tuberculosis, Head &amp; Anemia</td>
</tr>
<tr>
<td>4 Years</td>
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<td>Tuberculosis, Lead, Anemia, Hearing &amp; Vision</td>
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<td>Vision, Hearing &amp; Tuberculosis</td>
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<td>9 Years</td>
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<td>X</td>
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<td>10 Years</td>
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<td></td>
<td></td>
<td>X</td>
<td>Vision, Hearing, Tuberculosis &amp; Cholesterol</td>
</tr>
<tr>
<td>11 - 14 Years</td>
<td>Vaccines: TDaP (tetanus and whooping cough), Meningitis, HPV (human papiloma virus), Flu (annually) &amp; Hep A (if not completed)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Tuberculosis, Depression, Cardiovascular, Anemia &amp; Vision (age 12 years)</td>
</tr>
<tr>
<td>15 - 21 Years</td>
<td>Meningitis (age 16 years), HPV if not completed, Hep A if not completed &amp; Flu (annually)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Tuberculosis, Depression, Cardiovascular, Anemia (females), Vision (age 15 &amp; 18 years), Sexually transmitted infections, HIV (age 16 years), Cholesterol (age 20 years), Pap smear (females, age 21 years)</td>
</tr>
</tbody>
</table>

* Please note: Children under 9 years of age will need two vaccines, 4 weeks apart the first year the vaccine is given to ensure protection.

## WELL VISITS

<table>
<thead>
<tr>
<th>WELL VISITS</th>
<th>RECOMMENDATIONS - ANNUAL VISITS</th>
<th>SCREENING</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 - 14 Years</td>
<td>Vaccines: TDaP (tetanus and whooping cough), Meningitis, HPV (human papiloma virus), Flu (annually) &amp; Hep A (if not completed)</td>
<td>Tuberculosis, Depression, Cardiovascular, Anemia &amp; Vision (age 12 years)</td>
</tr>
<tr>
<td>15 - 21 Years</td>
<td>Meningitis (age 16 years), HPV if not completed, Hep A if not completed &amp; Flu (annually)</td>
<td>Tuberculosis, Depression, Cardiovascular, Anemia (females), Vision (age 15 &amp; 18 years), Sexually transmitted infections, HIV (age 16 years), Cholesterol (age 20 years), Pap smear (females, age 21 years)</td>
</tr>
</tbody>
</table>

## BRIEF DESCRIPTION OF VACCINES

- **DTaP** - Diphtheria, tetanus (lockjaw) and pertussis (whooping cough) vaccine
- **IPV** - Inactivated poliovirus vaccine
- **Hib** - Haemophilus influenza type b (leading cause of bacterial meningitis among children under 5 years)
- **Hep B** - Hepatitis B vaccine
- **PCV-13** - Pneumococcal conjugate vaccine (protects against 13 pneumococcal serotypes)
- **MMR** - Measles, mumps and rubella vaccine
- **Varicella vaccine** - Chickenpox vaccine
- **Hep A** - Hepatitis A vaccine
- **Rotavirus vaccine** - Rotavirus (leading cause of severe diarrhea and dehydration in infants)
- **Flu vaccine** - Influenza vaccine