

Your New Baby!

A new parent's guide to your child's
time in the hospital after the delivery,
and the next few months of life!

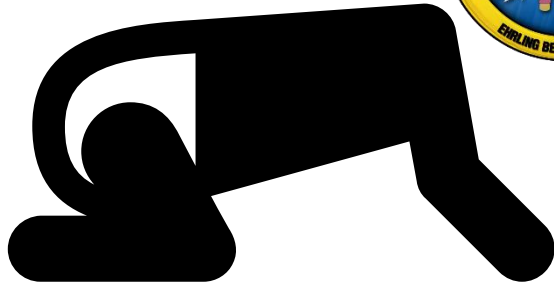


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Most of the information in this handout come from recommendations and guidelines from the American Academy of Pediatrics (**AAP**) and the World Health Organization (**WHO**). For more information about the source of information, please talk to your child’s physician, or go to the source at ‘Bright Futures’ fourth edition, and the World Health Organization’s website.

Welcome to Parenthood!

It will be the most wonderful, life-changing, and terrifying event of your life... and we're here to help.

If you're like most parents, there's a whole world of new clothes and baby accessories prepped and ready for the big day, and after 9 months of eager anticipation it finally comes... You're discharged from the hospital, and you realize that they just let you take a new human being home... now what?!

There are libraries of books and guidelines that approach parenting from nearly every avenue, and if you ask around, everybody has an opinion. Looking online, you can find websites that support and argue against everything you can think of... but as you go along your journey of parenting it's important to know the quality of new information (are Aunt Martha's kids sketchy? Then take her input with a grain of salt...) and remember that this is YOUR family, and there is no single right way to parent as long as you keep your child's safety and wellbeing at the forefront.

No matter how prepared you are, everyone feels a little anxiety and self-doubt. As your sleep schedule goes awry, it will only make you feel more uneasy about your family's future... and that's completely normal. Take care of yourself and your baby, watch for signs of depression, and remember your health care providers are here to help.

This booklet will serve as a guide as start your journey with your little one. Although it's impossible to make an all encompassing guide to parenthood, we've compiled many useful, evidence based practices that have been shown to help your child thrive.

Your Baby's Time in the Hospital

Immediately after birth, we will measure your baby's 'Apgar Score' which reflects the baby's transition at one and five minutes of age. It measures your baby's heart rate, respiration, muscle tone, color and reflexes and lets us know how your baby is responding to life outside of you! If there are concerns about how the baby is transitioning, we may have to take the baby for extra support and monitoring in the NICU (which is just down the hall from your room at BMC). Otherwise, you get to enjoy the golden hour with your child and partner.

The Golden Hour is a time for introductions, first 'oohs and aahs', and bonding time for you and your baby. We try to give the family some uninterrupted time to get to know one another, promoting skin to skin contact, and continuing to develop a bond. There are, of course, instances that we may have to interrupt for the safety of the baby, but you'll be well informed of what and why we're doing things if this is the case.

At some point during the first day of your baby's life, we will do a complete physical exam, usually at your bedside, and check baby's color, reflexes, fontanels (the soft spot on the head), baby's eyes, heart, breathing, genitals, hips for orthopedic abnormalities, and skin. In that first day, baby will also receive erythromycin eye ointment to protect your baby from eye infections, along with a vitamin K shot to help your baby's blood to clot properly. If you have a really big baby, gestational diabetes, or other concerns, we will also likely check baby's blood sugar level to make sure it doesn't get too low. We will do a hearing screening, baby's first Hepatitis B vaccine, and a newborn metabolic screen where we look for inherited conditions that are good to catch early. These results will be sent to your baby's provider and can be discussed when they are in (usually the 2 week visit). Your baby's provider will typically give you a call if they are abnormal.

Your Baby's Introduction

By which I mean... your baby's appearance...



I know your baby is perfect to you, but you may have some questions about why your baby doesn't look the way they do in the movies...

Skin: Your baby may be born covered in vernix, a cheesy white substance that protects the skin before birth, which can be easily wiped off. You may also notice lanugo (body hair... my daughter, for instance, was born looking like a Silverback gorilla...), but this typically falls out soon after birth. You'll notice your newborn has dry, flaky skin, especially on the hands, feet, and abdomen, which is nature's way of removing the old skin. It's not necessary to apply oils, lotions, or creams as they often create more problems than they solve.

Head: The bones of your baby's head are not fully fused, and you may notice two fontanels, or soft spots, on the head. This soft structure along with the trauma of the birthing process may cause swelling, bruising, and an abnormal appearance to the head shape. Rest assured that this swelling is temporary, and skull bones eventually 'round out' to their normal state.

Genitalia: Babies often have swollen genitalia at birth. Girls often have a clear to white or pink discharge within the first few weeks after birth. This is a normal response withdrawing from Mamma's hormones.

Eyes: Eyes may also appear puffy at birth, but it subsides in a few days. The iris is often blue at birth, but the pigmentation of the true eye color may not become apparent until 6-12 months of age.

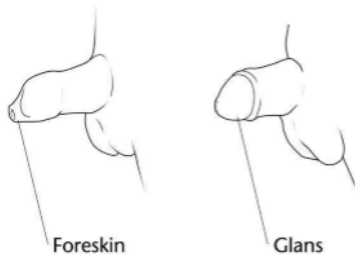
The Circumcision Decision

If you're having a boy, you'll need to decide whether to have him circumcised. It's best to make this decision ahead of time, so you don't have to struggle with it amid the excitement and fatigue surrounding your delivery.

Per the AAP, Circumcision has been practiced as a religious rite for thousands of years. In the United States, most boys are circumcised for religious or social reasons. At present, there is discussion over whether circumcision is advisable from a medical standpoint. There are potential medical benefits to circumcision as well as risks. A recent analysis by the American Academy of Pediatrics concluded that the medical benefits of circumcision outweigh the risks, and is typically covered by insurance providers. Studies have concluded that circumcised infants have a slightly lower risk of urinary tract infections, although these are not common in boys and occur less often in circumcised boys mostly in the first year of life. Neonatal circumcision also provides some protection from penile cancer, a very rare condition.

Although there are medical benefits, the decision to circumcise is typically a social or cultural one, and it isn't without risk. Risks include bleeding, swelling, infection, and there are some medical conditions where circumcision cannot be performed.

Uncircumcised Penis Circumcised Penis



Immunization Schedule

At Offutt Air Force Base, we strive to keep your child and family safe.

As such, we encourage full and complete vaccination schedules in order to keep preventable diseases at bay. Vaccinations have been proven to be safe and work wonders in our fight against once crippling maladies.

2 Month – Pediarix, Pedvax Hib, Prevnar 13 & Rotarix

4 Months – Pediarix, Pedvax Hib, Prevnar 13 & Rotarix

6 Months – Pediarix, Prevnar 13 & Influenza

12 Months – MMR, Varicella, Pedvax Hib, Hepatitis A & Prevnar 13

15-18 Months – DTaP & Hepatitis A

4-6 Years – Kinrix, MMR and Varicella

11-12 Year – Tdap, Menactra and Gardasil (HPV)



FYI, these combinations are shown to be safe, and reduce pokes:

Pediarix: Diphtheria, Tetanus, Pertussis (like DTaP), Hepatitis B, and Polio vaccine

Pedvax Hib: Haemophilus B vaccine

Prevnar 13: Pneumococcal Bacteria vaccine

Rotarix: Rotavirus vaccine

MMR: Measles, Mumps, Rubella vaccine

DTaP and Tdap: Diphtheria, Tetanus, Pertussis

Kinrix: DTaP and Polio

Varicella: The 'Chickenpox' vaccine

Menactra: Meningitis vaccine

Gardasil: HPV vaccine (reducing incidence of cervical cancer)

Influenza: The 'flu shot', recommended annually.

Well Child Checks!!

What to Include?

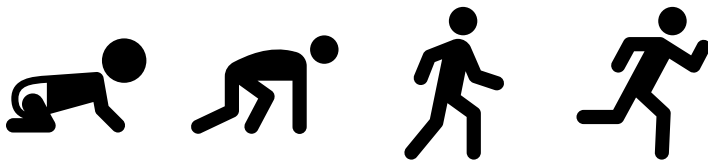
The overall goal of well child checks is to promote health, prevent disease, and to help you as a parent with evidence based anticipatory guidance... You'll get a lot of advice from friends and family, and we're here to help sort it all out as you continue your journey through parenthood.

Newborn: Shortly after discharge, we like to check in on your new baby! We make sure any jaundice is improving, discuss sleep, check on feeding, discuss supplementation if needed, and check in on you as a parent and see if there's anything we can do to help out.

2 Week: Here, we'll check for normal weight gain and check on feeding again. We'll continue to discuss nutritional health, sleeping guidelines, and continue to check in with you. At this point, we should have the state Newborn Screening results, and will know if there were any abnormal values we should look into. Often, parental depression can creep up, and although the 'baby blues' exist and can be a natural part of raising your child, we want to ensure it doesn't develop into something more concerning.

2 Months: Your child should have received the first in a series of vaccines in the hospital, and we continue the series in this appointment. We'll continue to discuss developmental screening and check in on your mood as well. As always, we'll measure length and weight and make sure baby is growing appropriately.

4 Months: We will continue to monitor growth (both physical and mental) so that we can catch any concerning trends early. We will discuss introducing new foods, increasing mobility, baby safety, and review any concerns you may have.



6 Months: We'll again check development, and discuss car seat safety, stranger anxiety, diet advancement, and reading with your child. Although we encourage reading to your baby as early and often as possible, we see increased interaction now, so it will probably be more fun for you as a reader! We will also be continuing immunizations (see schedule for more details).

9 Months: Continue to discuss stranger anxiety and looking at continued signs of development. We will perform a lead screening questionnaire to determine your child's risk. There may be some issues with sleep hygiene and continued advancement of table foods and cup usage.

12 Months: Will discuss recommendation for dental visit, routine immunizations, do a lead screening depending of questionnaire answers and evaluate more depending on your current risk (including your neighborhood, age of your home, recent renovations, etc).

The next well child checks are usually at 15 months, 18 months, 24 months, then annually after that. Again, feel free to come in any time acutely for concerns. The frequent initial visits are to monitor growth closely in order to help with any concerning trends we see early on.

Sleep

The most important thing to remember is to put your baby to sleep alone, on their back in a bassinet or a safe crib with a firm mattress throughout the first year, with no pillows, blankets, or toys (note, some cribs may have slats too far apart and aren't appropriate). This is the only position recommended as it reduces the risk of SIDS. However, once baby starts to roll, you may notice that she ends up on her side or face down/butt up. There's no need to reposition baby in the middle of the night. Babies don't have regular sleep cycles until about 6 months of age, and although newborns sleep about 16 hours a day, they may sleep 1-2 hours at a time. As they get older, they'll sleep less, but different kiddos have different needs.

HAPPY BABY, HAPPY PARENTS

Once you've ruled out baby's basic needs (diaper change, is baby hungry, is it too warm or cold, is baby sick), it's times to think of ways to console your baby. Remember the tips from the 'Purple period of Crying' if you feel that is the cause, otherwise, we have included tips from the "Happiest Baby on the Block", but there are many others out there. **Here, we utilize the 5 S's**

The 1st S: Swaddle

Swaddling recreates the snug packaging inside the womb and is the cornerstone of calming. It decreases startling and increases sleep. And, wrapped babies respond faster to the other 4 S's and stay soothed longer because their arms can't wriggle around. To swaddle correctly, wrap arms snug—straight at the side—but let the hips be loose and flexed. Use a large square blanket, but don't overheat, cover your baby's head or allow unraveling. Note: Babies shouldn't be swaddled all day, just during fussing and sleep.

The 2nd S: Side or Stomach Position

The back is the only safe position for sleeping, but it's the worst position for calming fussiness. This S can be activated by holding a baby on her side, on her stomach or over your shoulder. You'll see your baby mellow in no time.

The 3rd S: Shush

Contrary to myth, babies don't need total silence to sleep. In the womb, the sound of the blood flow is a shush louder than a vacuum cleaner! The best way to imitate these magic sounds is white noise... which you can find on youtube, a sound machine, or mimic yourself by holding the baby, employing the other S's, and shushing in the baby's ear. Remember, you'll need to shush louder than baby is crying, and then quiet down as the baby does.

The 4th S: Swing

Life in the womb is very jiggly. (Imagine your baby bopping around inside your belly when you jaunt down the stairs!) While slow rocking is fine for keeping quiet babies calm, you need to use fast, tiny motions to soothe a crying infant mid-squawk. Always support the head/neck, keep your motions small; and move no more than 1 inch back and forth. There are many youtube or purchased videos of this technique, and remember, For the safety of your infant, never, ever shake your baby in anger or frustration.

The 5th S: Suck

The 'icing on the cake' of calming... many fussy babies relax with either the nipple, bottle, a pacifier, or even a clean finger with short nails.

Nutrition

It's common to have food concerns. As you may know, breast milk is recommended for the beginning of life, but the reality of breast feeding can be daunting for many mothers. There are many resources to help with lactation, including the Bellevue Medical Center, or Milk Works in Omaha. Although we talk to no end about breastfeeding, there are many mothers that turn to formula, which can also offer a well-balanced diet and is a good option given access to clean water if instructions are appropriately followed (don't water it down). It typically only requires 2-3 ounces every 3 hours as it takes longer to digest than breast milk.

Typically you can start introducing pureed foods as a supplement to breast milk or formula when your baby can hold their head up and sit upright, open mouth when food is coming their way, showing significant weight gain (and at least 6kg), which is usually around 5 months of age. New foods should be introduced one at a time, waiting a few days in between new products. Cereal puffs are nice, but not very nutritious. However, they are very useful for improving your child's fine motor skills. There is new research indicating foods like peanut butter can be introduced early on, unless there's a strong family history of food allergies, in which case you should contact your physician. Of note, the AAP and WHO recommend breastfeeding as the sole source of nutrition for your baby for about 6 months. When you add solid foods to your baby's diet, continue breastfeeding until at least 12 months (and can be continued past that time if you and your baby desire).

Make sure to avoid honey before 1 year of age, as there is risk of botulism. It is important to note that symptoms of botulism include constipation, shortly followed by weakness, feeding difficulties, decreased muscle tone, drooling, irritability, and weak cry. If you suspect botulism, visit www.infantbotulism.org or call 510-231-7600 (California Dept of Health is the source for all states).

Feeding

Breastfeeding: First days after the delivery, encourage your baby to breastfeed between 8-12 times a day, ensuring small but frequent feedings of colostrum. Over the next few days, your milk supply will often increase, and with it, the frequency and length of feedings. At around 1 week, baby should feed every 1-3 hours during the day, and about every 3 hours at night. If baby is sleeping more than 4 hours at a time during the first 2 weeks, they should be awakened for feeding.

If you're having issues breastfeeding, there are many resources included at the end of this booklet that can help. It's important to keep in mind additional supply you may need to store if you plan on going back to work. Frozen breast milk can keep 6-12 months, refrigerated breast milk typically lasts 5 days, and it can keep in a chilled cooler for a day.

Formula Feeding: Most importantly, carefully read the instructions on the formula can, which will give important information about formula storage and preparation. Your baby should be fed on cue, usually at least 8 times in 24 hours. Baby's stomach increases after birth over the first few days, with newborns typically taking $\frac{1}{2}$ to 1 oz per feeding, then gradually increasing to 1-2 oz around day 3-4. Remember to use appropriate bottle nipples (the holes come in different sizes), and to hold your baby close, in a semi-upright position without propping the bottle up.

Size of newborn tummy



Day 1
Size of a cherry
5-7ml



Day 3
Size of a walnut
.75-1oz



1 Week
Size of an apricot
1.5-2oz



1 Month
Size of large egg
2.5-5oz

Siblings!

In preparing your other children for the new baby:

- *Remind them how important they are to you, and how much you love them, and how special their birth was.*
- *Let your children go to prenatal visits (if appropriate)*
- Give your children a new doll to take care of
- Have the baby's new room/area set up early
- Plan your hospitalization in advance...who's watching them?
- When you come home from the hospital, have someone else hold the baby so you'll have free arms to hug your child.

In dealing with the new baby,

- Let your children help with the baby if they want to and as they are able, this may include bringing diapers or other supplies, sharing a few toys with baby, talking to baby, etc.
- Don't leave them alone together... they'll pick up baby.
- Try to read to your older child while feeding the baby
- Encourage your child to 'gently' touch the baby.
- Allow your children to express negative feelings , but do talk and hold and show love to them when you see regression.
- Plan activities for older children while you're caring for baby.
- Spend special time alone with them alone as available

Siblings fight... as they grow try to use praise and positive reinforcement without taking sides or having them compete with one another. If they're fighting over an item, put it away for a few hours, consider setting a timer to help them take turns, you can physically separate them if they're fighting. Ideally, you'll help them express their feelings verbally, rather than physically.

Where's My Kid At?

All children develop at different rates, and you'll see differences between siblings and friends with all other things being equal. It's important to follow up at Well Child Checks, where we can closely monitor development. Make sure you bring up any concerns you may have with your child's physician. Below are just some guidelines to give a general idea of where your child may be. The Metro-Omaha area has many resources available to help with any concerns you may have. Remember, it's never too early to ask questions about your baby's development.

0-1 Years

- Holds head up by four months
- Picks up objects by six months
- Responds to sounds by six months
- Makes some of the sounds made by others by 9 months
- Uses furniture to pull self to standing position around 1 yr.

1-2 Years

- Holds out arms and legs while being dressed at 18 mo.
- Points to objects he/she wants by 18 months
- Walks without help by 18 months
- Says two words by 18 months
- Drinks from a cup by two years
- Shows one body part (eyes, nose) when asked by 2 yrs.

By 3 years old: speaks 2-3 word sentences, walks up/down stairs, plays with an adult, undresses self, asks some questions, speaks so non-family members can understand most words (about 75%).

For any concerns, talk to your child's primary care physician, or the Nebraska Early Development Network at 1.888.806.6287

Safety

Car seats – Motor vehicle crash injuries are still a leading cause of death in childhood, and car seats reduce risk of death and injury. A car seat for a child under 20 pounds **AND** (not or) 2 year of age, should face the rear of the car, and be placed in the back seat. Any other position can be harmful for your infant in the event of a car accident. Never leave baby in the car unattended, and be sure to always securely fasten your child into their car seat. For more information, visit www.safercar.gov/parents.

Sleeping – This was already covered, but remember to keep baby on a firm surface, back down, with no loose bedding or co-sleeping.

Going Out – People are gross, and you don't know where they've been. Make sure everyone washes hands frequently with soap and water or rubbing alcohol, and always after diaper changes and before feeding baby. It's important to limit the baby's exposure to people with colds.

Passive smoke exposure - Safeguard your infant from the effects of second hand smoke. Even people who smoke outside, and not around the baby, can still expose him to second hand smoke from their clothes. If you smoke, it is recommended that you do smoke outside the house, wash your hands and change your shirt before holding the baby again.

Burns – Always check the water temp before giving a bath. Set your hot water heater to no more than 120 °F. Do not microwave formula or breastmilk as heating is uneven and may cause burns in addition to destroying the proteins you're giving to baby.

Other fun tips: If you have an ungated pool, start planning on how to secure (and really everything in your house) before baby starts to crawl... mobility starts sooner than you would expect, so get ready early.

Teeth

From Birth to One year, don't use toothpaste. Teeth/gums should be cleaned with a soft toothbrush or wet washcloth, and try to make it a fun event with your child. Expect your baby's first tooth to erupt at around 6 months of age (although there's large variability). It may help to give a cold, firm, safe teething object to chew on to help lessen the teething pain. It's a good idea to make sure your local water source has fluoride in it (all municipal lines usually do), if you use well water, discuss options to introduce fluoride to help strengthen your child's teeth. Avoid putting your baby to bed with a bottle of formula, milk, or any liquid other than plain water (after teeth have erupted). Once they hit 12-15 months, wean from the bottle to a cup, and routinely brush teeth.

Screen Time

The American Academy of Pediatrics (AAP) encourages parents to help their children develop healthy media use habits early on. For children younger than 18 months, use of screen media other than video-chatting should be discouraged.

Parents of children 18 to 24 months of age who want to introduce digital media should choose high-quality programming/apps and use them together with children, because this is how toddlers learn best. Letting children use media by themselves should be avoided.

For children older than 2 years, media limits are very appropriate. Limit screen use to no more than 1 hour or less per day of high-quality programming. Co-view or co-play with your children, and find other activities for to do together that are healthy for the body and mind (e.g., reading, teaching, talking, and playing together).

Reading!!!!

Yes, reading is so important it warrants it's own section.

Newborns and young babies need to hear a parent's voice as much as possible, so they learn from your talking, singing, and telling stories!

6-month-olds may put books in their mouths; this is developmentally normal and appropriate and is why you should give them chewable board books. It is not in any way an indication that the child is too young for a book! 12-month-olds may point with one finger to indicate interest in a picture; parents should see this as developmental progress. 18-month-olds may turn board book pages, and may insist on turning back again and again to a favorite picture. 2-year-olds may not sit still to listen to a whole book, but will still enjoy looking at individual pages, or having parents read them stories bit by bit. 3-year-olds may re-tell familiar stories and may memorize their favorite books, and while school-age children will start to be able to read to you, you shouldn't stop reading to them, and enjoy taking turns!

If as a parent, you're uncomfortable with 'reading', you can 'look at books together', and name the pictures. In order to advance your kid's learning, you can prompt and ask questions about pictures or the characters in the story.



Studies show that reading with your child will increase vocabulary, improve future academic performance, and set them up for a brighter future!

Useful Information

Let's talk medication dosing... for an Infant Tylenol suspension (160mg/5mL), you can give it orally every 4-6 hours, not to exceed 5 doses in 24 hours. Use the weights if possible.

0-3mo (6-11lbs): 1.25mL (talk to a doctor before giving for fever)

4-11mo (12-17lbs): 2.5mL

12mo-23mo (18-23lbs): 3mL

2yrs-3yrs (24-35lbs): 5mL



If you're worried, feel free to call for advice, and see the precautions on the back of this handout for concerning symptoms.



Breastfeeding Resources: <http://www.usbreastfeeding.org/>

Pediatric Developmental Milestones:

<http://firstyears.org/miles/chart.pdf>

For information on the Early Development Network in
Nebraska, visit their website at www.edn.ne.gov

For fun things to do in the area: www.familyfuninomaha.com

For digital resources: www.abcya.com

Reasons to call the doctor in the first year include:

Yellowing skin color

Umbilical cord: foul-smelling, or deep red skin around base

Rectal temperature greater than 100.4°F or less than 97°F

Poor feeding and diarrhea (foul smelling, watery stools)

'Limpness' or 'floppiness'

Repeated forceful vomiting or vomiting green fluids (not simply spitting up).

Labored or difficult breathing

Blue lips or very pale skin

Difficulty arousing, loss of consciousness or seizure activity.

RELY ON YOUR INSTINCTS. If your baby seems sick or you feel you're having a problem, contact us.

If your child ingested something and you're concerned, call the
National **Poison Help Line at 1-800-222-1222**

Contact Us:

Appointment Line: 1-402-232-CARE

Or use the TOL Patient Portal for online appointment assistance.

After Hours Line: 1-800-TRICARE (option 1)

Note, all information enclosed is a basic guide only. You should continue to make regular appointments, use common sense, and seek emergency care when appropriate.