A·R·C Pediatrics

Newborn Booklet

Congratulations on the arrival of your new baby!

This is an exciting time for you and your family. We hope that this booklet will provide you with answers to many of your questions and guide you through the basics of infant care.

Our website is a valuable resource of medical information for you and your little one but we encourage you to consult with your baby's doctor or advanced practice clinician (APC) any time you have questions or concerns about your baby's health.

Educational Resources on AustinRegionalClinic.com

AustinRegionalClinic.com has a number of educational resources that are helpful for parents. Please take some time to become familiar with the pediatric education section of our website and feel free to download information and handouts.

Search the following topics on AustinRegionalClinic.com:

1. **Pediatric Well-Check Handouts:**
   Parent handouts available for download at
   WellcheckNewsletter.ARC.clinic
2. **Pediatric Health Resources:**
   Pediatrics.ARC.clinic has a collection of pediatric health resources for parents, including information about asthma management, concussion, and more.

Table of Contents

About Austin Regional Clinic 2
Reading Suggestions 4
Protecting Your Baby: Screenings & Medications 6
Car Safety Seats 7
Cocooning Protects Babies 8
Immunizations Protect Babies 8
Breastfeeding 10
Starting to Breastfeed 10
Changes Around Day Three 11
Frequency of Feedings 11
Wet and Dirty Diapers 12
Your Baby's First Stools 12
Vitamin D Supplementation for Breast-fed Infants 12
Diet and Breastfeeding 13
Breastfeeding and the Working Mother 13
Formula Feeding 13
Starting to Formula Feed 13
Preparing the Formula 13
How Much Formula and How Often 15
Wet and Dirty Diapers 15
Crying 15
Sneezing, Hiccups, Eye Crossing 16
Pacifiers 16
Burping 17
Bathing and Other Basics 17
The Home Environment 19
Signs of Illness in a Newborn 20
Fluoride 20
Baby Medicine Cabinet Must-Haves 20
Sudden Infant Death Syndrome (SIDS) 21
Tummy Time: Back to Sleep, Tummy to Play 22
Postpartum Care 23
Well-Child Checks & Immunization Schedule 25
Other Recommended Screens at Checkups 28
Fever 28
Acetaminophen & Ibuprofen Dosages 29
Media Alert 30
Important Numbers and Websites 32

About Austin Regional Clinic

Austin Regional Clinic is a multispecialty medical group that provides a wide range of health services. Our goal is to provide the highest level of medical care possible. **We encourage you to select one doctor or APC to provide well-child care, chronic disease management and acute care**; however, if your child needs to be seen and your doctor or APC is unavailable, any one of their colleagues will be happy to treat the problem until your doctor or APC becomes available.

Find an ARC Clinic Near You

We encourage you to select one clinic for your child's care. All of our clinics are open from 7:30 or 8am–5pm, Monday–Friday. **We also offer extended hours each weekday evening and on weekends (both Saturday and Sunday) for acute pediatric care at the ARC Far West, ARC Kyle Plum Creek, ARC Round Rock, ARC Southwest, and ARC Cedar Park clinics.**

Easy Ways to Book an Appointment

- You can book your newborn's first visit at ARCNewborn.com or click the [Book Now] button on your doctor or APC's bio page to book directly into their schedule.
- Login to your **MyChart** account to book an appointment via the patient portal.
- Call your clinic and press "1" any time 24/7 and book your appointment with a live person.

Insurance Information

For a listing of insurance plans accepted by Austin Regional Clinic please visit our webpage at **AustinRegionalClinic.com** prior to scheduling an upcoming appointment. If you call our insurance registration helpline prior to your baby's first appointment, there will be less wait time once you arrive at the office.

You can reach us by calling **512-407-8686**. You can also update your information online via **AustinRegionalClinic.com** or by accessing the ARC MyChart portal. Our Austin Regional Clinic business office offers convenient, flexible hours for any insurance registration questions. The office is available for phone calls 7:30am-9pm Monday–Friday and weekends 8am–5pm.

IMPORTANT:
Don't forget to **notify your insurance provider** of your baby's birth, **within the first 30 days**. This will allow you to submit the appropriate paperwork and add your baby to your health insurance plan.

ARC MyChart Patient Portal

Access your child's health information online, any time, with ARC MyChart. With ARC MyChart you can: view your child's test results, message your child's medical care team, schedule, view & cancel appointments, request prescription renewals, print immunization records, and more. Visit **MyChartARC.com** for more information.

Have Questions or Need Help?

1. **General and Pediatric Questions:** Call your clinic with questions not related to an acute illness or injury.
2. **Acute Illnesses or Injuries:** Phone triage nurses are available 24-hours a day. During business hours, call your clinic for assistance. For an After Hours appointment, call your clinic and press "1" to book an appointment.
3. **Life-Threatening Emergencies:** Please call **911.**
4. **Poisonings:** Add the Universal Poison Control Number (**1-800 222-1222**) to your cell phone contacts or download the app from American Association of Poison Control Centers called WebPoisonControl.

Reading Suggestions

All parents should keep this copy of the ARC Newborn Booklet. We also recommend that you check out the numerous resources provided on the ARC website by visiting **AustinRegionalClinic.com**.

Resources on ARC Website

Some very popular resources on our website include:

1. **Well-Check Newsletters** (**WellcheckNewsletter.ARC.clinic**): Handouts for well-check visits.
2. **ARC Pediatrics Page** (**Pediatrics.ARC.clinic**): Check out our Pediatrics page.

Additional Reading

Heading Home With Your Newborn: From Birth to Reality
Laura A. Jana, MD and Jennifer Shu, MD

Caring for Your Baby and Young Child, Revised Edition: Birth to Age 5
The American Academy of Pediatrics

Baby 411: Clear Answers and Smart Advice for Your Baby's First Year
Ari Brown, MD and Denise Fields

The Happiest Baby on the Block: The New Way to Calm Crying and Help Your Newborn Baby Sleep Longer
Harvey Karp, MD

You may also find useful information on the following websites:

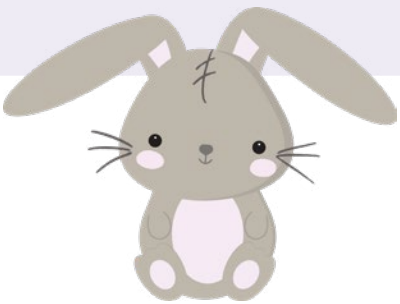
healthychildren.org
American Academy of Pediatrics Parenting website

healthychildren.org/growinghealthy
Dynamic interactive website to help encourage healthy habits for children 0–5 years of age.

vaccineinformation.org/infants-children
Information from trusted sources about vaccines and the protection they give.

chop.edu/vaccine-education-center
The Children's Hospital of Philadelphia provides information on how vaccines work and recommended schedule.

nhtsa.gov/vehicle-safety/car-seats-and-booster-seats
Information about car seats.



Protecting Your Baby: Screenings & Medications in the First Few Days

Newborn Screening Tests

Newborn screening for early detection of medical disorders began in the early 1960's and has gradually been expanded and improved. Today these tests identify about 3,000 newborns nation-wide each year with serious underlying medical conditions. **Most of these infants are diagnosed before symptoms occur and have improved lives because of early diagnosis and treatment.** Prior to being sent home from the hospital, newborns have their blood drawn, placed on a special filter paper, and sent to a central state lab for testing. A second newborn screen will be done in your ARC clinic at the two week checkup.

Vitamin K Prevents Excessive Bleeding in Newborns

Giving your baby one injection of vitamin K right around the time of birth prevents severe bleeding. Vitamin K is an essential vitamin that helps our blood clot which stops bleeding. Babies are born with naturally low amounts of vitamin K and cannot make their own until they are 4-6 months old. Breast milk, formula, and oral vitamin K are not reliable alternatives for preventing severe bleeding for example, in your baby's brain, gut, or umbilical stump. The shot does not use mercury as a preservative and provides newborns with a steady supply of vitamin K, giving them the protection they need until they can produce their own.

Hepatitis B Vaccine Right After Birth

We highly recommend for newborns to receive their first Hepatitis B vaccine soon after birth in order to prevent a lifelong infection that can lead to liver failure and liver cancer. Hepatitis B is a virus that is spread through infected blood or bodily fluids. Infants can get exposed to Hepatitis B from family members, primarily from their mothers during birth. The hepatitis B vaccine is both safe and effective at preventing this potentially deadly infection.

Early Hearing Detection

Texas also has a state-wide program of universal newborn hearing screening, tracking, and intervention. **Your newborn will have his or her hearing tested before discharge from the hospital.** If you have your baby at a birthing center, make sure to ask your physician or APC about arranging the hearing screening. Two babies a day in Texas are diagnosed with hearing loss by these newborn hearing screens. Intervention during the first six months of life significantly improves language development in these infants. Without

newborn hearing screening, hearing loss is not generally diagnosed until the second year of life.

Screening For Critical Congenital Heart Disease

In May 2013, the Texas Legislature passed a bill that expands Texas' standard newborn screening panel to include critical congenital heart disease (CCHD) for all newborns. Babies with CCHD usually require surgery in the first month of life. CCHD can be detected by testing oxygen levels in the blood. **Prior to discharge from a hospital or birthing center, your baby's oxygen level will be checked on their hand and foot.** While oxygen screening helps to detect certain very serious types of congenital heart defects, it will not help diagnose all types of heart defects. Your baby's physician or APC will screen for other types of heart disease by physical exam.

Car Safety Seats

All children should sit properly restrained in the back seat of the car until age 13. Air bags can cause serious injury to children in the front seat. **Infants and children up to 40 lbs need to be restrained in a car safety seat with a harness.**

All infants and toddlers should ride in **rear-facing car seats until they have outgrown the car seat's recommended weight or height.** Serious injuries are five times more likely to occur if your child is in a forward-facing safety seat.

Car Safety Resources

Safe Riders Traffic Safety Program

Safe Riders Traffic Safety Program, sponsored by the Texas Department of State Health Services, provides helpful information about child passenger safety (CPS), including links to related local and national websites.

1-800-252-8255 | dshs.state.tx.us/saferiders

Car Seat Installation Questions?

NHTSA provides tips to help parents properly install car seats in motor vehicles. Visit the website below to locate a free child safety seat inspection service.

www.nhtsa.gov/vehicle-safety/car-seats-and-booster-seats#installation-help-inspection

Cocooning Protects Babies

Babies less than 6 months of age are more susceptible to certain infectious diseases, like whooping cough, covid, and flu than older children.

Once parents, siblings, grandparents, friends, child-care providers, and healthcare providers are vaccinated, they will **surround your baby with a cocoon of protection against disease.**

IMPORTANT:
Everyone in a baby's life should get vaccinated against whooping cough (pertussis), covid, and flu!

- All children should be vaccinated on schedule with DTaP (contains whooping cough vaccine).
- All teens and adults need a one-time dose of Tdap (contains whooping cough vaccine).
- Pregnant women should receive Tdap vaccine with each pregnancy, preferably during the third trimester.
- Pregnant women should receive RSV vaccine if they are 32-36 weeks during the months of September through January.
- We strongly recommend that everyone 6 months and older receive the influenza (flu) vaccine every year, especially when there is an infant in the household.

Immunizations Protect Babies

At Austin Regional Clinic, our pediatricians, family physicians, and APCs support and strongly recommend vaccinations for all new and established patients.

We strive to keep our clinics safe for infants who have not yet had the full range of vaccinations, as well as seniors, pregnant women, and many other individuals with compromised immune systems.

We are committed to providing you with accurate and up-to-date information about vaccines while creating a safe and informed space where we can discuss your questions and concerns.

Unfortunately there is a lot of misinformation circulating about vaccines. Some of this information is misleading or even incorrect. This can make it very difficult for a parent to make informed decisions about their child's health. We are committed to providing you with accurate and trustworthy information so you can feel comfortable in your decisions.

Did you know

Childhood vaccines save lives and keep your child safe by ...

- Protecting them from diseases like polio, rubella, measles, diphtheria, and more.
- Preventing outbreaks in communities.
- Protecting those who cannot be vaccinated due to medical reasons.
- Eradicating diseases like small-pox and achieving near elimination for diseases like polio.

Today, thanks to the development and widespread use of vaccines, the frequency of life-threatening diseases has been vastly reduced, and in some cases almost eliminated.

What to Expect: Your Newborn's First Visit

We recommend for your baby to get their Hepatitis B vaccine at birth. If not done in the hospital it may be done during the first visit with your clinician. During RSV season (October-March) we also recommend a single dose of the RSV monoclonal antibody shot, if mom did not receive RSV protection. The next set of immunizations are generally started at the 2 month old visit.

Breastfeeding

Breast milk is the optimal nutrition for your baby. There are many health benefits of breastfeeding including reducing risks of infection, asthma, overweight, and obesity for your child. We are pleased that you have chosen to breastfeed, but we recognize that breastfeeding may be hard. You are not alone if you have difficulty. Many breastfeeding mothers feel that breastfeeding is harder at the beginning than expected, so do not be discouraged. Ask for help. Nurses, lactation consultants, and your pediatrician or APC are available to help and support you.

Starting to Breastfeed

When breastfeeding your baby, you should be comfortable. Hold your baby in your lap with the head slightly raised and resting on the bend of your elbow. Hold your baby comfortably close and guide your nipple into your baby's mouth. With your hand cupping your breast, gently stroke the lip nearest the breast. Your baby will turn and hunt for the nipple. This is called the rooting reflex. If they have difficulty grasping your nipple, try rolling the nipple with your finger and thumb to get the nipple more erect. **Allow your baby to nurse both breasts**, alternating the breast that you begin with. After 10–15 minutes your baby will take in 80–90% of the milk, although you may certainly permit them to nurse longer if desired. Try to nurse your baby every 2–3 hours. Supplementation with formula is discouraged unless there is a medical need.

Try to nurse your baby every 2–3 hours, although babies are often drowsy and difficult to feed that first day or two. **Do not be discouraged if every feeding does not go well.**

Changes Around Day Three

For the first 2-3 days your breasts produce a small amount of milk called colostrum, which is rich in protein and protective antibodies. **Colostrum is all your baby needs in the beginning.** Around the 3rd day the amount of breast milk and the fat content of your breast milk should increase. Your breasts may feel larger and full. If the fullness is excessive and uncomfortable, it is called engorgement. Frequent feedings can help relieve and prevent engorgement. It is a temporary problem.

TIPS FOR NIPPLE SORENESS

Plain lanolin, olive oil, or coconut oil applied directly to the nipples can be helpful, especially if your nipples are dry and cracking.

Nipple pain is common during the first few weeks of breastfeeding. The pain is felt when the baby initially latches on and takes its first few sucks. Improper latch-on may contribute to nipple discomfort. **Don't hesitate to see a lactation consultant if you are having nipple pain.**

Frequency of Feedings

After the first day or two of often erratic nursing, **most breast-fed infants will nurse 8-12 times in a 24 hour period for the first month**.

The American Academy of Pediatrics discourages rigid feeding schedules for breastfeeding babies. Restricted feedings, especially in very young infants, interfere with successful lactation and have been associated with failure to thrive (poor weight gain) in infants.

Newborns have extra water and fluid stores to rely on for the first few days. Most term newborns lose at least 6-8 ounces over the first few days of life. In fact up to 10% weight loss by the 3rd day is considered normal. Around day 3 or 4 the weight loss stops and soon your baby will start gaining weight. **It is helpful to know your baby's discharge weight so you can compare weight loss/gain at the 1-3 day follow-up appointment at your ARC clinic.**

If you choose to breastfeed, your ARC care team can provide advice and recommendations. We also partner with the **Breastfeeding Success Company (BFS)** to support you with specialized educational materials, classes, and visits with a lactation consultant if necessary. BFS is a local group of board certified lactation consultants, NICU registered dietitians, and childbirth educators. Your pediatrician or APC can refer you to the services you need.

Wet and Dirty Diapers

The number of wet diapers can help you assess whether or not your infant is obtaining sufficient breast milk after leaving the hospital. The rule of thumb that can help you determine hydration the first week is simple. The minimum number of wet diapers the first week is the same as how many days old the baby is. In other words, **a one day old should urinate at least once; a two day old should urinate at least twice; etc.** On occasion the urine stain in the diaper may look orange or bright red in color. This is due to normal crystals in the urine. This should clear as your baby's feedings improve.

Your baby's first stools

- **Your baby's first stools (meconium) are dark and tar-like for the first few days.** After a few days the stools become looser and vary in color. These stools are called transition stools.
- By the end of the first week or before, breast-fed infants' stools are yellow, seedy, and often watery. **Breast-fed infants tend to have more stools than formula fed infants.**
- **Three to five stools a day are common**, and some breast-fed infants have small stools with almost every feeding for the first few weeks. Happily, most infants slow down on stool frequency around a month of age. In fact at a month of age it is normal to have a stool every few days, even for breast-fed infants.

Vitamin D Supplementation for Breast-fed Infants

The American Academy of Pediatrics recommends that vitamin D supplementation be given to breast-fed infants starting in the first month of life. Vitamin D is needed to develop and maintain strong bones as well as help your baby's immune system.

Breast-fed infants are at risk for vitamin D deficiency and rickets (a disease of weak bones) due to the low vitamin D content of breast milk. Vitamin D is also made naturally in the body with exposure of skin to sunlight; however, infants should not have significant exposure to sunlight.

The recommended dose of vitamin D from birth to 12 months of age is 400 IU (international units). Follow the manufacturer's instructions on the bottle carefully so you can give the correct dose.

Diet and Breastfeeding

While breastfeeding, eat a balanced diet. Make sure to have 1/2 of each meal be fruits and vegetables. A mother's breast milk is flavored by the foods she eats. These first taste experiences will influence later food preferences by your child, so having a variety of foods in your diet now will help support your child having a healthy diet in the future.

Your body needs added calcium (from milk products and dark leafy vegetables) and iron (prenatal vitamins and food sources). Never take any medication routinely (except prenatal vitamins) without letting your baby's doctor or APC know. An occasional laxative, antihistamine, acetaminophen, or ibuprofen is okay.

Breastfeeding and the Working Mother

Many women return to work and continue to successfully breastfeed their babies. Visit **healthychildren.org** for information on expressing and storing breast milk.

Formula Feeding

Starting to Formula Feed

Seated comfortably and holding your baby, hold the bottle so that the neck of the bottle and the nipple are always filled with formula. Then gently touch the nipple to your baby's lips and tongue until they start sucking. Making sure the nipple always has formula in it helps your baby not get air in their stomach. Air in your baby's stomach might give them a false sense of being full and may cause gas pains.

Do not prop the bottle and leave the baby to feed themselves. The bottle can easily slip into the wrong position so that they may choke. Remember that your infant needs the security and pleasure of being held at feeding time.

Preparing the Formula

Liquid infant formula (ready to use and concentrate) is considered sterile until it is opened. Powdered formula is not sterile and may contain bacteria. This makes liquid formula the safer option for high risk infants, such as all those younger than 2 months, premature, and immunocompromised infants.

If your child is high risk you may still use powdered formula but we recommend you first boil the water, then prepare the formula per mixing recommendations.

There are reports that the machines that prepare infant formula by combining powder and water can fail. This can cause your baby to get too weak or too strong formula. There are also rare infections that can be caused by using these machines. We do not recommend using these machines, especially when your infant is young.

IMPORTANT:
Do not use a microwave oven for warming the formula. The milk heats unevenly, which may burn the baby.

No matter which formula you use, be sure to wash your hands with soap and water before preparing your baby's bottles. Be sure to clean nipples and bottles well with hot, soapy water or in a dishwasher with a plastic cage that allows the nipples to be washed on the top rack. After preparing the formula, you may warm it by putting the bottle in a larger cup of warm water. However if you wish, you may use cold or room temperature milk. It all depends on what your infant gets used to. Test the temperature of the formula by shaking a few drops on the inside of your wrist.

Keep prepared formula for no longer than 2 hours at room temperature. If you mix more than you need of formula and you keep it in a separate container that your baby did not drink from, then refrigerate that. Use any mixed formula within 24 hours of making it.

As mentioned above, the powdered formula is not free from bacteria, so there are extra steps you need to do to keep your baby safe until they are 2 months old. (You can prepare the powdered formula without boiling water after the age of 2 months, unless your baby was born premature). **When you are ready to make a bottle, wash your hands with soap and water.** Make sure to use clean bottles as discussed above. Keep the powdered formula lids and scoops clean. Close the formula can and the water container you are using as soon as possible.

For powdered formulas only, we recommend that you mix the powder with either boiling water or water that is heated to 160 degrees F. When you mix the powder with this hot water, any possible bacteria will be killed by the temperature of the water. Also, when mixing the powder into the water, shake it rather than stir it. The recipe of how much formula to how much water varies with the different formulas. **Follow your formula's instructions on how to mix the formula.** After mixing the powder and the heated water, cool the formula before using in a larger cup of ice water (making sure the cooling water does not touch the nipple or get into the bottle). Shake it well

after cooling and then test it on your wrist before giving it to your baby. If your baby's mouth has touched the bottle, then throw it out within the hour.

How Much Formula and How Often

In the first 24 hours, most formula fed infants feed about every 3 to 4 hours and will only take ½ to 1 oz of formula per feeding on average. In fact most babies lose a few ounces over the first couple of days of life. Then over the next few days your baby's appetite will increase, and by the end of the first week most babies are taking about 3 oz of formula per feeding and are gaining weight rapidly.

By the end of the first week, most formula fed babies feed less often than breast-fed infants. **Your formula fed infant will need 6 to 8 feedings per day for the first month.** Feeding schedules are best decided on using your baby's hunger cues as guidance. The amount of formula per feeding varies somewhat between babies. A good rule of thumb for the average amount of formula per feeding is to take the age in months and add 3; the result will be average number of ounces per feeding for a term baby that age. For example, the average 2 week old would take ~ 3 ½ oz per feeding and a 2-month-old would take ~ 5 oz per feeding. This rule of thumb does not work for the first few days of life or after about 4 months of age.

Wet and Dirty Diapers

It is normal to urinate only once or twice on the first day, but as your baby's appetite increases the number of wet diapers should increase also. **Most formula fed babies are wetting 3 to 5 or more times a day by day 3 of life.**

Your baby's stools (meconium) will be dark and tar-like for first 2 to 3 days. After a few days the stools start to change color and by the end of the first week most formula fed infants have yellow, somewhat pasty, but slightly loose stools. Three to five stools a day are common. Many infants slow down on stool frequency around a month of age. In fact, at a month of age, it is normal for babies to have a stool every few days.

Crying

All babies cry each day. Crying is your baby's way of saying "I'm hungry," "I have a bellyache," "I'm wet or dirty," "I'm hot," or "pick me up, I'm bored." And sometimes babies cry for no apparent reason or to get rid of excess energy. Pay attention to your baby's cries. You will soon learn what your baby's cries mean.

Take a deep breath if you feel yourself getting frustrated or mad. These feelings are normal. Call a friend or relative to talk about it.

IMPORTANT:
If you think your baby is crying more than normal, call your baby's doctor or APC and have your baby seen.

Sneezing, Hiccups, Eye Crossing

All newborns sneeze. Sneezing at this early age does not mean allergies. Sneezing is the only way a baby can clear their nose of mucus, lint, or milk. All babies hiccup. Hiccups are normal and usually go away within 5–10 minutes. Many newborns briefly cross their eyes. This is normal in the first month or two, but should resolve by 2–3 months of age. If eye crossing continues to be noticed after 3 months of age, let your baby's doctor or APC know.

Pacifiers

Babies have a need to suck in addition to what is needed for feeding or nutrition. This need to suck for self-comfort is referred to as non-nutritive sucking. Pacifiers help satisfy this need in many babies. **Research also indicates an association between pacifier use and a reduced risk of Sudden Infant Death Syndrome (SIDS).**

A pacifier should be offered when placing the infant down for sleep, but should not be reinserted when the infant falls asleep and the pacifier falls out of the mouth. However, it is recommended that pacifier introduction for breast-fed infants be delayed until one month of age to ensure that breastfeeding is well established. In addition, if the infant refuses a pacifier, it should not be forced.

The American Academy of Pediatrics now recommends pacifier use at naptime and bedtime throughout the first year.

Burping

Burping your baby helps remove swallowed air and decreases spitting up. There are several different possible burping positions for your baby, such as over your shoulder, across your lap, or even seated leaning forward on your lap. Once your baby is in a comfortable burping position, simply pat or rub their back gently until you hear the burp. Burping two times a feeding for a minute or two is generally plenty. **More burping may be needed if your baby is a "spitter." Some babies do not swallow much air during feedings and may need very little burping.**

Bathing and Other Basics

Bathing

Most infants need a bath only 2–3 times a week. Withhold regular tub baths until the cord has dried up and fallen off. Until then, sponge bathe and keep the cord dry. The face, neck, and diaper area may need daily cleaning. Use mainly water for the first few weeks. **Soaps are very drying to newborn's skin.** Mild soaps can be used in small amounts as needed. Use soap daily to clean the diaper area. If your baby's skin seems excessively dry, feel free to use an unscented moisturizer. You may shampoo your baby's hair with a baby shampoo or liquid baby soap. Use a soft brush to scrub the scalp.

Nails

Keep nails clean and short. You may use an emery board to file the nails or you may cut the nails with scissors or clippers. If you cut the nails have someone help you. One of you holds the baby and the hand or foot, while the other clips the nails.

Umbilical Cord Care

Care of the umbilical cord is important since umbilical cords can be a source of serious infection. Keep the cord dry and exposed to air or covered loosely with clean clothing, with the diaper folded below the umbilical cord. If the cord becomes soiled with urine or feces, then cleansing the cord with water is believed to be adequate, although some pediatricians prefer cleaning the cord with alcohol rather than water. **Most cords fall off within 2–3 weeks.** A small amount of bleeding before and after the cord falls off is normal. If the cord looks dirty or smells foul, clean it with water or alcohol and dry it well. If the foul smell persists or the surrounding skin is red, then your baby needs to be checked by a doctor or APC. **Once the cord falls off, your baby may begin to have tub baths.**

Vaginal Mucus

Little girls may have white mucus in their vagina with occasional streaks or blobs of blood during the first few weeks of life. This is caused by hormone changes following birth. Simply wipe away front to back while cleaning and bathing. The mucus may take a month to resolve completely.

Circumcision

Circumcision is an elective surgical procedure to remove penile foreskin. While the American Academy of Pediatrics does not believe that the health benefits of routine newborn circumcision are great enough to recommend circumcision for all male newborns, evaluation of the current evidence indicates that the health benefits of newborn circumcision outweighs the risks and that the procedure's benefits justify access to the procedure for families who choose it. Specific benefits of circumcision include prevention of urinary tract infections, penile cancer, and transmission of some sexually transmitted infections, like HIV. Complications from the procedure are infrequent and generally minor; severe complications are rare.

When parents make decisions about circumcision, medical information needs to be considered in the context of the family's religious, ethical, and cultural beliefs and practices. **Don't hesitate to ask questions to your child's physician or APC as you make this decision.**

If your baby boy has been circumcised, your ARC care team will give you specific care instructions depending on the type of circumcision performed. *See list of ARC doctors or APCs who perform circumcisions in their offices on our website services page.*

Uncircumcised Baby Boys

Clean the outside of the uncircumcised penis as you would any other part of the baby's body. The foreskin of the uncircumcised penis is normally attached to the tip of the penis in layers of tissue. As the baby grows, the skin will eventually separate and allow the foreskin to slide back naturally.

You should never try to force the skin back as this could cause bleeding and possible infections. In some boys, the skin retracts by one year of age; in others, full foreskin retraction may occur as late as adolescence. As long as your baby can urinate normally, you should not be too concerned about whether the foreskin retracts yet.

Care of Diaper Area

Change your baby's diaper as soon as possible after each bowel movement or urination and keep baby's bottom as dry as possible. If your baby's diaper area gets sore and red easily, rinse all urine off with water at each diaper change, pat dry and apply a barrier diaper ointment or cream.

The Home Environment

Room Temperature

Room temperature should be kept fairly stable. After the first few days, your infant's temperature control is just as effective as your own, so you may keep the room as cool or as warm as you like. If it is warm in your house and you're walking around in light clothing, then all your infant needs is a diaper and a shirt. If you would be uncomfortable, then your baby probably would be also. It is normal for babies' hands and feet to feel slightly cool and be splotchy colored. If you are concerned about your baby's temperature, take the temperature with a thermometer rectally (see signs of Illness on the next page).

Friends and Relatives

Friends and relatives will want to hold and hug your baby. **Anyone who is ill, even with minor illnesses, should stay away from your newborn.** Have each person wash their hands before holding the baby. Don't take your baby shopping or around large groups of people for at least the first two months. You may blame this policy on your baby's doctor or APC to avoid hurt feelings.

Smoking

If you or another family member is a smoker, one of the best ways to protect your newborn's health is to quit smoking. Smoking in the household increases the number of your baby's respiratory illnesses and ear infections, your baby's chance of dying from SIDS (crib death), and may even increase your baby's long-term cancer risk. We encourage you to discuss smoking cessation with your ARC care team or call the **Texas Tobacco Quit Line 1-800-QUIT-NOW** (1-800-784-8669).

Signs of Illness in a Newborn

Sometimes, it is difficult to tell when a newborn is really ill.

The following signs and symptoms should be reported as soon as possible in an infant less than 3 months of age:

- A rectal temperature of 100.4°F (38.0°C) or higher
- Vomiting (not just spitting up) or refusal to feed
- Listlessness

Fluoride

Fluoride supplementation starting at 6 months of age until about age 13 years reduces cavities by about half. Austin and many surrounding communities have the proper amount of fluoride added to city water. However, if you live in San Marcos or you drink well water, you should discuss this with your doctor or APC.

Baby Medicine Cabinet Must-Haves

- Rectal thermometer and petroleum jelly
- Saline drops
- Nasal bulb
- Diaper cream
- Small nail clippers

Sudden Infant Death Syndrome (SIDS)

SIDS is the leading cause of death in infants older than one month of age, is most common in babies 2–3 months of age and is less common after six months of age.

Highlights from the American Academy of Pediatrics recommendations:

1. **Back to Sleep: Placing babies to sleep on their backs is the most effective way to prevent SIDS.** Since the "Back to Sleep" campaign began in 1992, the incidence of SIDS has decreased by over 50%. All newborns, full term and premature, should be placed on their backs to sleep as soon as possible after birth. Side sleeping is not safe and not recommended. **Babies who sleep on their backs are less likely to vomit and choke than babies who sleep on their stomachs.** Only once your baby can roll back to belly and belly to back (at 5–6 months of age) is he or she allowed to remain in the sleep position that he or she assumes.
2. **Infants should sleep in a safety-approved crib, portable crib, play yard, or bassinet.** Car seats and other sitting devices are not recommended for routine sleep. Also wedges and positional products that claim to keep your baby on their back are not recommended.
3. **Bumper pads are not recommended.** Bumper pads have been shown to increase the likelihood of suffocation, strangulation from the bumper ties, and becoming entrapped between the mattress and the bumper pads.
4. **Room-sharing WITHOUT bed-sharing is recommended.** Devices promoted to make bed-sharing "safe" are NOT recommended. It is recommended that infants sleep in the parents' room but on a separate sleep surface. Infants may be brought into the bed for feeding or comfort, but should be returned to their own crib or bassinet when the parent is ready to return to sleep.
5. **Provide separate sleep areas and avoid co-bedding for twins and other multiples.**
6. **Avoid pillows, quilts, comforters, sheepskins, stuffed toys, and other soft objects in the infants sleep area.** These items increase the risk of your baby suffocating.
7. **Smoking: Any smoking in a baby's environment, but especially smoking by an infant's mother, increases the risk of SIDS.**
8. **Breastfeeding helps protect against SIDS.**
9. **Consider offering a pacifier at bed and nap times. Pacifier use has been found to protect infants from SIDS.** It is recommended that infants be put to sleep with a pacifier, beginning at 1 month of age.
10. **Do not let your baby get too hot.** Keep the room where your baby sleeps a comfortable temperature. In general dress our baby in no more than one extra layer than what you would wear.

Tummy Time: Back to Sleep, Tummy to Play

Now that babies are sleeping on their backs, the incidence of SIDS is going down, but the frequency of head-shape and neck mobility problems is going up. Some experts say that close to 10 percent of all babies now have some flattening on the back or side of the head and/or neck mobility problems due to spending a prolonged amount of time lying on their backs. **Having your baby spend time every day lying on their tummy is the best way to prevent or treat these head and neck problems.** Tummy time will also help strengthen your baby's neck and back muscles and help develop skills needed for rolling over, sitting, and crawling. **By two weeks of age, tummy time should be an important part of your baby's daily routine, starting with just a few minutes at a time, 2–3 times a day.**

Tummy Time Tips:

1. Place your baby on a firm but comfortable surface, like a blanket or quilt on the floor. **Always watch your little one while they are on their stomach. Tummy time must always be supervised.** Placing your hand on the baby's bottom may help shift weight from the upper body.
2. If your baby is still unable to lift their head, place a rolled towel or small pillow under the chest and armpits, with arms out in front.
3. You may need to lie or sit in front of your baby and entertain them so that your baby learns to enjoy this time.
4. Gradually increase tummy time as your baby gets stronger and more comfortable with being on their stomach. **Thirty to sixty minutes a day of tummy time will prevent most head flattening and neck mobility problems**, although it may take a couple of months to increase tummy time to this duration.

Postpartum Care

After delivering your baby, you will continue to be watched and get pain relief, if needed. You and your baby usually stay at the hospital for a couple of days to recover.

What Does Recovering From Childbirth Involve?

As you recover, the following symptoms are not uncommon:

- Breast engorgement as you begin to produce breast milk
- Bloody vaginal discharge that changes to brown, then whitish over the next few weeks after delivery
- A tender vaginal area
- Painful contractions that may continue after delivery. These happen as the uterus returns to its original size.
- Fatigue and soreness, these are common in the first few weeks

It is generally recommended that you schedule an appointment with your Ob/Gyn 6 weeks after delivery to make sure of proper healing.

The First Few Weeks As a Mother

During the first few weeks, you need to take good care of yourself to rebuild your strength. The following steps can help:

- Take naps when your baby naps, to make up for lost sleep at night from getting up to feed your baby.
- Wear a supportive bra. Cold packs may help relieve breast engorgement and swelling. Warm compresses can be used to help stimulate the letdown of milk. Letdown is a reflex that triggers the release of breast milk. If you choose not to breastfeed, use ice packs and bind your breasts for several days to help ease engorgement.
- If stitches were needed during a vaginal delivery, take warm, shallow baths (sitz baths) twice a day to ease soreness and speed healing.
- After a cesarean section, keep the incision clean and dry.

What are "Baby Blues"?

It is not uncommon to have "baby blues" during the first days or weeks after delivery. They most often happen suddenly on the third or fourth day after delivery. The "baby blues" have the following symptoms, although each woman may have slightly different symptoms:

- Feelings of disappointment
- Crying with no known reason
- Irritability
- Impatience
- Anxiety
- Restlessness

It is common for these "baby blues" feelings to go away soon after they start and usually without treatment.

What is Postpartum Depression?

The following are the most common symptoms of postpartum depression. But each woman may have slightly different symptoms. Symptoms may include:

- Sadness
- Anxiety
- Hopelessness
- Fatigue or exhaustion
- Poor concentration
- A fear of harming your newborn or yourself
- Mood swings with exaggerated highs, lows, or both
- Feelings of guilt
- Uncontrolled crying and with no known cause
- Appetite changes
- Overconcern for or overattentiveness of your newborn, or a lack of interest in your newborn
- Memory loss

Treatment for Postpartum Depression

It is important to get proper treatment early. This is not only to make sure that the newborn remains safe and properly cared for, but also so that you can resolve these symptoms and experience all the joys of motherhood.

Contact your obstetrician as soon as possible if you feel you are experiencing postpartum depression.

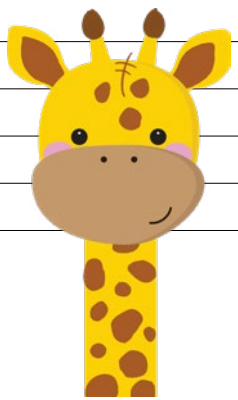
Well-Child Checks and Immunizations Schedule

Immunization Schedule

The keystone to pediatric care is preventive medicine. During each checkup, your child will receive a complete physical examination, growth measurements, necessary immunizations and/or screening tests appropriate for age. **Your doctor or APC will also discuss nutrition and development with you. Please feel free to ask questions during these visits.** Many parents bring a list.

The ARC well visit and immunization schedule, based on AAP guidelines, is listed over the next few pages.

Key:	
DTaP	Diphtheria, Tetanus, acellular Pertussis
Tdap	Tetanus, diphtheria (reduced amount), acellular pertussis (reduced amount) for ages 11 years and older.
Hib	Hemophilus influenza type B
IPV	Inactivated Polio Vaccine (not a live vaccine)
Hep B	Hepatitis type B
Rotavirus	Rotavirus
MMR	Measles, Mumps, Rubella
Var	Varivax (vaccine for varicella or "chicken pox")
PCV	Pneumococcal Conjugate Vaccine
Hep A	Hepatitis type A
MCV	Meningococcal Conjugate Vaccine
HPV	Human Papilloma Virus
Flu	Influenza
MenB	Meningococcal, strain B Vaccine
COVID-19	SARS Coronavirus 19
RSV	Respiratory Syncytial Virus



ARC's Immunization and Well-Child Visit Schedule

Some of these vaccines are given in combination forms.

First day	Hep B
3-5 days	RSV protection given during some months of the year
2 weeks	Newborn screen (blood test)
2 months	DTaP, Hep B, Hib, IPV, PCV, Rotavirus
4 months	DTaP, Hep B[1], Hib, IPV, PCV, Rotavirus
6 months	DTaP, Hep B, Hib[2], IPV, PCV, Rotavirus[3], (Flu[4]), COVID-19[5]
9 months	Well-child check, (Flu[4])
12 months	Anemia test, MMR, Var, Hep A, (Flu[4])
15 months	DTaP, Hib, PCV, (Flu[4]), IPV[6]
18 months	Hep A, (Flu[4])
2 years	Well-child check, (Flu[4])
2 ½ years	Well-child check, (Flu[4])
3 years	Well-child check, (Flu[4])
4 years	DTaP, IPV, MMR, Var, (Flu[4])
5-10 years	Well-child check is recommended every year during the grade school years, (Flu[4])
11 years	Tdap, MCV, HPV[7], (Flu[4])
12-15 years	Well check annually, catch-up vaccines if needed, (Flu[4])
16-18 years	2nd MCV dose given at 16 years old, (Flu[4]) Meningococcal B vaccine may be recommended between 16-18 years old[8]

[1] Depending on manufacturer, a fourth Hepatitis B vaccine might be required.

[2] Depending on manufacturer, a third Hemophilus influenza type B vaccine might be required.

[3] Depending on manufacturer, a third Rotavirus vaccine might be required.

[4] Flu vaccine is recommended every year for children 6 months and older.

[5] Covid-19 vaccination is recommended for those over 6 months.

[6] IPV may be given at 15 months as part of a combination vaccine product.

[7] HPV is a series of 2-3 vaccines.

[8] Meningococcal B vaccine is a series of 2-3 shots, depending on manufacturer.

Immunizations

Information about each immunization will be provided at the time of your child's appointment.

If you would like to read about each vaccine before the appointment, you may look at the Children's Hospital of Philadelphia information on how vaccines work and the recommended schedule:

- **chop.edu/vaccine-education-center**

Other educational websites you may also look at include:

- **AustinRegionalClinic.com**
- **vaccineinformation.org**

ImmTrac2

ImmTrac2, the Texas Immunization registry, is a free service offered by the Department of State Health Services (DSHS). ImmTrac2 is a secure and confidential registry available to all Texans. ImmTrac2 safely consolidates and stores immunization information electronically in one centralized system.

ImmTrac2 will keep an electronic immunization record on your child. Physicians or APCs authorized to use ImmTrac2 can see what immunizations your child has already had, even if they were given in another city or county, and ImmTrac2 provides your ARC care team a valuable record of your child's immunization should you ever lose their immunization record.

Texas law requires written consent for ImmTrac2 participation and limits access to the registry to only those individuals who have been authorized by law. **You will be asked to register your baby for ImmTrac2 as part of birth certificate registration. Please sign up for ImmTrac2 while in the hospital.**

Other Recommended Screens at Checkups

Newborn Screen

The State of Texas mandates newborn screen tests for over 50 disorders at 2 weeks. Please see page 6 for more details about newborn screening.

Anemia

12 months of age, 2 years of age for some high risk patients.

Lead

As needed for children who are at risk for lead exposure starting at 6 mos of age.

TB (Tuberculosis) Screen

Starting at 12 months, for children at risk of TB exposure.

Maternal Health Screen

A mother's health is very important for the health of her new baby. We will be screening for maternal depression at some of the checkups in the first 6 months of life.

Fever

Fever means the body temperature is above normal. Your child has a fever if:

- Rectal temperature is over 100.4° F (38° C)
- Oral temperature is over 99.5° F (37.5° C)
- Axillary (armpit) temperature is over 99.0° F (37.2° C)

A rectal thermometer is necessary to take your newborn's temperature. Digital thermometers are easy to read and are preferred by most parents. Tympanic (ear) thermometers are easy to read but are not accurate for your baby.

Do not use aspirin to control your child's fever. Due to the link between aspirin use during a viral illness and later development of Reye's syndrome (an often fatal neurological condition), aspirin is no longer recommended for children. We also do not recommend ibuprofen to control your child's fever in those less than 6 months old.

IMPORTANT:
If your infant is less than 3 months old and they have a temperature of 100.4 degrees Fahrenheit or more taken rectally, call our clinic right away. This can be an emergency.

Acetaminophen Dosage for Children up to 35 lbs

Acetaminophen works well to reduce fever and may be given every 4 hours, but you can only give 5 doses per 24 hours. Acetaminophen is available as Infants' Suspension Liquid (160mg/5mL) or Children's Suspension Liquid (160mg/5mL). Five mL is equal to a teaspoon. The only difference between the infants' suspension and the children's suspension is the infant suspension comes with a dosing syringe and the children's suspension comes with a dosing cup.

Acetaminophen (Tylenol) Dosage Chart

	Infants' Suspension Liquids 160mg/5mL	Children's Suspension Liquid 160mg/5mL
Dosing Device	**5 mL syringe**	**dose cup**
Weight	Use only the syringe provided	Use only the dosing cup provided
6–11 lbs	1.25 mL	
12–17 lbs	2.5 mL	½ tsp (2.5 mL)
18–23 lbs	3.75 mL	¾ tsp (3.75 mL)
24–35 lbs	5.0 mL	1 tsp (5 mL)

Ibuprofen Dosage for Children up to 35lbs

Ibuprofen is not recommended for infants less than 6 months of age. Ibuprofen is also available for fever control and is dosed every 6 to 8 hours. Ibuprofen works longer than acetaminophen but can be irritating to your child's stomach if they are not eating well. For children 6 months to 2 years of age ibuprofen is available as Infants' Drops (50mg/1.25mL) or Children's Suspension (100mg/5mL). **Notice that the Infants' Drops and the Children's Suspension are completely different concentrations.** Use the dosing device provided by the manufacturer to make sure that you are giving the correct dose to your baby.

Ibuprofen (Advil or Motrin) Dosage Chart

Weight	Infants' Concentrated Drops 50mg/1.25mL	Children's Suspension 100mg/5mL
Dosing Device	**1.875 mL syringe**	**Dose Cup**
12–17 lbs	1.25 mL	½ tsp (2.5 mL)
18–23 lbs	1.875 mL	¾ tsp (3.75 mL)
24–35 lbs		1 tsp (5 mL)

Media Alert

Although your child is very young, or perhaps not yet even born, this is a good time for parents to consider the risks and benefits of mass media (television, movies, video and computer games, the internet) exposure and set family rules for media time.

Children younger than 2 years need hands-on exploration and direct social interaction with trusted caregivers to grow. Infants and toddlers cannot learn what they most need from digital media. They learn best while talking and engaging with their caregivers. We, your pediatric doctors and APCs, have health concerns about use of digital media, especially when used a lot.

Recommendations:

1. **The American Academy of Pediatrics recommends that children less than 18–24 months of age avoid all "screen time," including phone, tablet, TV, or video viewing.** This does not include time spent talking with relatives and friends through video-chat, such as Zoom or FaceTime. These interactions help babies grow family connections and responsive language.
2. **We encourage you to read daily with your child starting at birth, to build their language skills.** Avoid using digital media as a way to calm your baby. For many of these times where waiting will be hard for your baby, reading provides a fun distraction. When you do use digital media screens, make sure to watch it with them and talk about what you are seeing.
3. **For children 18–24 months, if you do want to introduce digital media, choose high-quality programming and co-view the shows or apps with your child.** Your toddler learns best from you reteaching the messages discussed.
4. **Children should not have television sets in their bedrooms at any age.** Remove tablets and other portable devices from bedrooms before bed, and start now the family rule that there is no screen time in the hour before your child falls asleep.

Notes

Important Numbers and Websites

LIFE-THREATENING EMERGENCIES Dial **911**.

BOOK AN APPOINTMENT
We know you can't schedule when you child is ill or injured, so we make ourselves available to you everyday, 24/7.

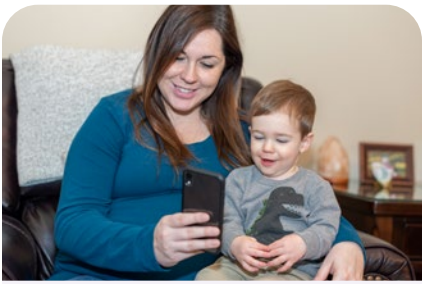
- **By Phone**
  Call your clinic and press "1" any time 24/7 and book your appointment with a pediatrician.
- **Online**
  New and established patients can visit **ARCbooknow.com** or click the [Book Now] button on your doctor or APC's bio page to book directly into the pediatrician's schedule. Login to your **MyChart** account to book an appointment via the patient portal.

AFTER HOURS APPOINTMENTS
Call any clinic and press "1" to book an appointment. *See back cover for more details.*

24/7 PHONE NURSE
Call your clinic and press "4" to speak with a nurse anytime, day or night.

POISON CONTROL
Add the Universal Poison Control Number (1-800-222-1222) to your cell phone contacts or download the app from American Association of Poison Control Centers called WebPoisonControl.

TEXAS TOBACCO CESSATION PROGRAM
1-800-QUIT-NOW (1-800-784-8669) or visit **quitnow.net/texas**.



A·R·C MyChart

Access your children's health records online anytime!

New parents have a lot to think about already. With MyChart, you can keep track of your little one's medical records, view test results, easily book appointments, and more!

ASK YOUR NURSE HOW YOU CAN SIGN UP FOR MYCHART AND REQUEST PROXY ACCESS

A·R·C Pediatrics

Is my child's development on track?

Learn the answer to this & other questions

Download your child's well-check newsletter

WellcheckNewsletter.ARC.clinic

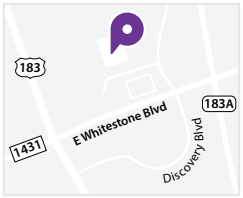
A·R·C After Hours Clinic

Available nights, weekends & holidays*

Mon–Fri 5pm–9pm | Sat–Sun 8am–5pm

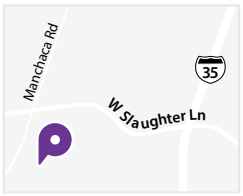
ARCafterhours.com

or call any clinic & press "1"



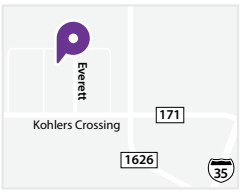
ARC Cedar Park

801 E Whitestone Blvd
Building C
Cedar Park, TX 78613
512-259-3467



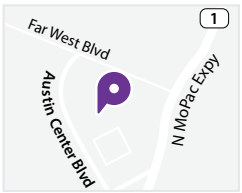
ARC Southwest

1807 W Slaughter Ln
Suite 490
Austin, TX 78748
512-282-8967



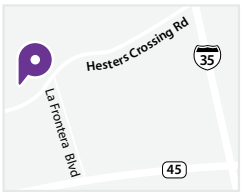
ARC Kyle Plum Creek

4100 Everett
Suite 400
Kyle, TX 78640
512-295-1333



ARC Far West

6835 Austin Center Blvd
Austin, TX 78731
512-346-6611



ARC Round Rock

940 Hesters Crossing Rd
Round Rock, TX 78681
512-244-9024

** Daytime hours also available at after hours locations.*