

1st Week Newsletter



Well Child appointments can be made online at [ARCPediatrics.com](https://www.arcpediatrics.com).

Your baby's length, weight, head size, along with health screens and immunizations performed will be in the **After Visit Summary**.

Click on the Visit icon in MyChart to see the After Visit Summary related to this visit.



Quick Tips for Parents

- The box on the top left of each handout will tell you when it's time for your baby's next checkup. Checkups help you keep your baby protected. It is also a time for you to ask questions about the care of your baby.
- Feed your baby until they are full. You will know they are full because they will stop sucking and/or turn their head away. Feed your baby as often as they want to be fed.
- Lie your baby down on their back to sleep. It is safest for them if they sleep in a place that is separate from you.
- Use the car seat every time you drive your baby.

WHAT IS A WELL BABY CHECK-UP?



Well-child care is an important part of keeping your baby healthy. At regular intervals throughout childhood, you will have visits with

your child's doctor during which growth and development are assessed and planned procedures (immunizations, blood tests, and other screens) will take place. There are many well baby visits over the first two years. The recommended well-child schedule is in our newborn book.

Well-child visits are an opportunity to discuss concerns and ask questions.

- **Growth:** Various measurements will be taken at well-child visits including length, weight, and head circumference in order to assess your baby's growth. Your child's growth is monitored to assess nutrition and screen for disease related to abnormal growth. Growth charts are the standard tool for interpreting growth.
- **Nutrition:** A discussion of feeding, or nutrition/diet, is an important part of each well-baby or well-child visit.
- **Development:** Various developmental milestones are reviewed to make sure that your infant is developing appropriately.

- **Physical Exam:** Your infant receives a head to toe physical exam by his or her provider.
- **Health Screens/Immunizations:** At some visits, health screens like blood tests and developmental questionnaires are needed. Most visits during the first two years include immunizations. **The development of immunizations has vastly reduced the incidences of many serious childhood diseases and has prevented millions of deaths worldwide.**

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.

COCOONING PROTECTS BABIES

Everyone in a baby's life needs to get vaccinated against whooping cough (pertussis), covid, and flu! Babies less than six months of age are more susceptible to certain infectious diseases like whooping cough, covid, and flu than older children.

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

- For those children around your newborn, make sure they are 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.
- Everyone age 6 months and older needs to receive a flu vaccine every year.

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

NUTRITION

Good nutrition is important beginning at birth. Whether your baby is breastfeeding or bottle feeding, below are some tips to help guide you. If you have any concerns about how your baby is feeding, especially if you see excessive vomiting, choking, or other difficulties, please schedule an appointment as soon as possible.

During the first two weeks your baby will go through many changes. By three days of age most babies have lost six to eight ounces of weight. By two weeks most babies will exceed their birth weight.

Breastfeeding

Human milk is the best possible food for your baby. **Breastfeeding can be hard, so if you are having difficulty, don't be discouraged. You are not alone.**

If you choose to breastfeed, your ARC pediatrician and 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 can refer you to the services you need.

Your pediatrician is available to answer questions and help you find additional support, such as a lactation consultant, if necessary. If you are having difficulty with breastfeeding, some suggestions your physician may recommend include limiting pacifier use for the first few weeks or using a nipple shield. Your baby's doctor will monitor your baby's weight closely.

If formula supplementation is needed, your doctor will discuss this with you. Many women do not need to provide anything but breast milk in the first few days of life to their baby.



During the first 3–5 days of your baby's life, nursing mothers will notice many changes.

- Breasts become fuller as milk supply increases. The more an infant suckles at the breast, the more breast milk the mother's body will make.
- Wet diapers increase from 1–3 a day to 5–7 or more a day.
- Stools change from dark and tar-like meconium to looser transition stools of variable color. By 7 days the stools are usually yellow, seedy, and fairly loose. Babies initially average 3 or more stools a day. Some breastfed infants stool with almost every feeding.
- Most breastfed infants are nursing 10–12 times a day. Rigid feeding schedules are not recommended for breastfed infants. Instead, watch for signs that your baby is hungry and full as a guide. Clues from your baby that may indicate they are hungry include becoming more alert, putting a hand or finger in their mouth, making

sucking motions, sticking out their tongue, smacking their lips, kicking or squirming, fussing or rooting (moving their jaw and mouth or head in search of your breast). On the other hand, your baby turning their head away or falling asleep may be signs that your baby is full.

- By 7–10 days of age many infants have a growth spurt. These are fussy periods of several days when your infant may want to feed every 1 to 1.5 hours. Be patient, try to get some rest, this will pass.
- If you feel that your infant is not satisfied and “always at the breast,” you may need to see his/her pediatrician or a lactation consultant to check that your baby is growing properly. To find a lactation consultant near you, visit: www.ilca.org

Do not limit the number of feedings.

Bottle Feeding

If you cannot breastfeed or decide to feed your baby formula, you should not feel guilty. Formula will provide your baby with all the needed nutrients including fat, protein, and sugar, as well as vitamins (such as vitamins A, C, and D) and minerals (calcium and iron). Only iron-fortified infant formulas are recommended for you to use.

- Trust your baby to set the pace.
- Some babies require 2–3 ounces. By two weeks most are up to 3 to 3 ½ ounces per feeding. A helpful rule of thumb for infants up to about 4 months of age is that if you take the age in months and add 3 -- that is the number of ounces most infants will take per feeding. For example, a 1 month old will usually take about 4 ounces per bottle feeding. The most helpful guide for how much to feed your baby, however, is following clues that your baby shows when they are hungry and full. Clues from your baby that may indicate they are hungry include becoming more alert, putting a hand or finger in their mouth, making sucking motions, sticking out their tongue, smacking their lips, kicking or squirming, or rooting (moving their jaw and mouth or head in search of your breast). On the other hand, your baby turning their head away or falling asleep may be signs that your baby is full.
- If your baby is growing at a normal rate, then your baby is getting enough formula.
- **Do not microwave formula.** Warm formula bottles in a larger cup/bowl of warm water. This prevents burns from uneven heating.

- **Always hold the bottle while your baby is feeding.** If you prop the bottle with a towel, then your baby may overeat. It also ensures that you are right there with your baby to assist if they are choking.
- When preparing your baby's formula from a powder, boil the water and mix the measured powdered with the boiling water. Then leave the bottle on the counter until it has cooled to room temperature. You should do this until your baby is 3 months past their due date.

Caution: Some automatic formula machines have been found to create formula that is mixed improperly. This could lead to your baby gaining too little weight.

Vitamin D Supplement

By 2 weeks of age breastfed and partially breastfed infants should start receiving a daily supplement of 400 IU (International Units)/day of vitamin D.

Vitamin D is needed to develop and maintain strong bones as well as fight infections.

There are a number of over-the-counter vitamin D containing multivitamin products or vitamin D only products that you may choose from. Make sure you follow the manufacturer's dosing recommendations.

SLEEP

Newborns are often drowsy for the first day or two. By three to five days of age most parents notice that their babies have more alert periods.

Unfortunately, these wide-awake periods are often during the middle of the night.

Day-night reversal during the first week or so is very common.

You may try to keep the lights low and stimulation to a minimum, but at this age patience is the key. Take a nap in the afternoon while your baby is sleeping.

Most newborns sleep at least 16–17 hours a day. **Babies are safest sleeping on their backs.** Side sleeping and belly sleeping are not safe and not advised (see Sudden Infant Death Syndrome section on page 3).



SKIN CARE

Jaundice in Newborns

Jaundice is the word to describe the yellow skin color and yellowish sclera (whites of eyes) that is often seen in newborns.

Jaundice occurs in a newborn because your baby's liver is not able to process a red blood cell product called bilirubin (the yellow pigment that causes the jaundiced appearance). Sixty percent of all newborns develop jaundice and the peak of jaundice is generally from three to five days of age.

Within a week a newborn's liver should be able to break down the bilirubin more effectively.

Nasolacrimal duct stenosis (blocked tear duct)

Infants commonly have light eye mucous accumulation on the inside part of the eye. This is often associated with more water coming out of your child's eye. Clean this mucous with a cotton ball dampened with warm water. Place the cotton ball at the inner corner of the eyelid area close to the nose. Then move it to the outer corner of the eyelids away from the nose.

Please call us if you see that the mucous comes back frequently (eg. You clean the eyes more than a few times a day) or if you see any redness to the eyes themselves.

Bathing

Most infants need a bath only 2–3 times a week. Clean the face, chin, neck, and diaper area daily. Withhold regular tub baths until the cord is healed. Sponge bathe and keep the cord dry. Use mainly water for the first weeks. Soaps are drying to the newborn's already dry skin. Use mild soaps (Dove or fragrance-free baby soaps) in small amounts.

Use soap daily to clean the diaper skin. Take care to wash and dry the skin folds at the neck, arms, groin, vagina, or scrotum. Keep the skin clean and dry.

To clean the eyes, use a clean cloth or cotton balls dipped in water. You may shampoo the baby's hair with baby shampoos or liquid baby soaps. Use a soft brush to scrub the scalp. Never leave your baby unattended in the bath. You should always be in touching distance while your baby is in water and remember no phone calls or texting while your baby is bathing.

Cradle Cap

This harmless skin condition often appears by a month or two of age as a scaly area

SUDDEN INFANT DEATH SYNDROME (SIDS)

Reducing the Risk

SIDS is the leading cause of death in infants older than one month of age. SIDS frequency peaks in babies two to three months of age and is less common after six months of age. Highlights from the American Academy of Pediatrics recommendations for a safe sleeping environment are listed below. More information is available in the Health Topics section of the AAP website, healthychildren.org.

- 1. Back to Sleep: Placing your baby to sleep on their back 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 53%, but since 2006 the rate of SIDS has remained constant. SIDS remains the leading cause of death for children 28 days to 1 year of age. All newborns, premature and full-term newborns, should be placed on their backs 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.** Once your baby can roll back to belly and belly to back (at 5–6 months of age) then they can remain in the sleep position that they get to themselves.
- 2. Infants should sleep in a safety-approved crib, portable crib, play yard, or bassinet.** New cribs will adhere to current guidelines, but if using an older crib, check that they meet current safety standards, that they are not missing parts, and are correctly assembled. Car seats and other sitting devices are not recommended for routine sleep. Also wedges, pillows, and positional products that claim to keep your baby on their back are not recommended.
- 3. Bumper pads are not recommended.** The recommendation for crib slats to be less than 2 3/8 inches decreases the likelihood of your infant becoming entrapped in the cribs railing. On the other hand, bumpers 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. This arrangement decreases the risk of SIDS by as much as 50%. 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. There are specific circumstances in which bed-sharing is particularly dangerous. These include if one or both parents are smokers, the infant is younger than 3 months, or if the infant is placed on extremely soft surfaces such as waterbeds, sofas or couches, bean bags, futons, arm chairs, or pillows.
- 5. Provide separate sleep areas and avoid cobedding for twin 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. Sheets should be tucked under the mattress to prevent your baby's head or face from being covered.
- 7. Smoking: Any smoking in the babies' environment, but especially smoking by an infant's mother, increases the risk of SIDS.** If you or someone in your household smoke and are considering quitting, talk to your doctor or call 1-800-QUIT-NOW for support. An online resource to help quit smoking is www.quitnow.net/texas
- 8. Breastfeeding. Several studies indicate that breast feeding protects 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. It should not be forced if the infant refuses or be reinserted once the infant is asleep.
- 10. Do not let your baby get too hot.** Keep the room where your baby sleeps a comfortable temperature. In general dress your baby in no more than one extra layer than what you would wear.

on the scalp, behind the ears, and sometimes on the eyebrows. To treat cradle cap, loosen the scaly areas with a soft brush. Brush scales away. If the scalp is very crusty you can put some baby oil or mineral oil on the scalp 5–15 minutes before washing your baby’s hair.

Diaper Rash

Frequent changing, rinsing, and drying of the diaper area reduces the number of diaper rashes. The best treatment is to let the diaper area air out when possible, either by keeping the diaper loosely attached or leaving it off altogether. Clean with water rather than commercial diaper wipes. Treat the area of diaper rash with mild diaper ointment. Some diaper rashes are caused by yeast infections. Yeast infections look moist, red, and sore, and may have bumps on the edges. Clotrimazole (Lotrimin AF) is an over-the-counter medication that works well on diaper rashes caused by yeast.

Infant Acne

Red pimples on the face, neck, and chest can appear during the first months of life. The rash will disappear on its own and is caused by hormone changes from pregnancy. If blisters develop, your baby should see their provider.

NEWBORN SCREENING TESTS

Required Blood Screen

The state of Texas screens all newborns for more than 50 medical disorders. 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 doctor’s office at the two week check-up.**

SAFETY

Car Seat Safety

Use an approved infant car seat. Information on approved car seats and local programs to check your car seat placement can be obtained by calling the Safe Riders Program at 1-800-252-8255 or 1-866-SEAT-CHECK (seatcheck.org).

- Install the car seat according to the directions. Not all infant seats are installed the same way.
- Always secure your baby inside the car seat, even for short trips. When your baby is small you might need to roll up a baby blanket or small towel to place at each side of your infant’s body to make your baby more comfortable.

- **Place infant seat in the center of back seat for maximum safety.**
- **Child safety experts now recommend that infants and toddlers remain in a rear facing car seat until they outgrow it.** Serious injuries are five times more likely to occur if your 12 to 24 month old child is in a forward facing rather than a rear facing car seat.

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 respiratory illnesses, frequency of ear infections, and increases your child’s long-term cancer risk.

Household smoking also increases the risk for Sudden Infant Death Syndrome (SIDS). We encourage you to discuss stopping smoking with your family doctor.



Call **1-800-QUIT-NOW** or visit quitnow.net/texas for support.

Reading Suggestions and Resources

All parents should have a copy of the Austin Regional Clinic Newborn Booklet. We also encourage parents to invest in one or more reference books on care of your child. Below are a few we recommend. The public library or bookstore can be helpful in deciding what book is best for you. Selected websites are also included.

Books

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

Your Baby and Child: From Birth to Age 5

Penelope Leach

Websites and Apps

healthychildren.org

The American Academy of Pediatrics parenting website with online articles covering many topics related to infant care and feeding.

Vaccines on the Go: What You Should Know App

From Children’s Hospital of Philadelphia (chop.edu)

cdc.gov/vaccines/parents/index.html

National Immunization Program

Seatcheck.org

Information about car seats

Babybuffer.org

Parenting website

BFsuccess.com

This is a local lactation consultant company’s page with helpful videos on breastfeeding topics

ilca.org

Website to find lactation consultation