

2nd 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

- Feed your baby until they are full. Feed your baby as often and as much as they want to be fed.
- All babies will have some milk that comes back out of their mouth. Let us know if it seems to be too much or it hurts your baby.
- Many babies start to fuss in the evenings around this age. Soothe them with the tips in this newsletter. Thank goodness this is only for a little bit of your baby's life.
- Change how you hold your baby and have them play on their tummy to prevent a flat head from developing.

NUTRITION

Responsive feeding is best. This means that you watch for your baby's hunger and fullness cues, responding warmly and promptly to their needs.



Babies frequently eat different amounts at different times of the day and night. Clues that your baby may be hungry include becoming more alert, putting hands or fingers in their mouth, making sucking motions, sticking out their tongue, smacking their lips, kicking or squirming, or rooting (moving their mouth or head in search of the breast or bottle).

On the other hand, signs your baby may be full include spontaneously releasing the nipple, moving their head away from the nipple, closing their lips when the nipple is reinserted, slowing sucking, and falling asleep. We recommend responsive feeding, giving them just what they need for that moment, rather than feeding a set amount. Rigid feeding schedules are not recommended for

infants at this age and have even caused poor weight gain. Most infants will fall into their own daily feeding pattern.

Breastfeeding Your Infant

Nursing patterns will vary from baby to baby and at times from day to day. During the first two months, most breastfed babies need 8–12 feedings a day. By two to three months of age, many babies will drop a night feeding and have one 4–5 hour stretch between feedings during the night.

Almost all new parents worry they might not be providing enough breastmilk to their baby. We want to reassure you that if your baby is gaining weight (they are now at or above their birth weight and gaining about 1 ounce per day), passing 6 or more wet diapers a day, and seems quiet and satisfied for 1–3 hours between feedings, they are getting what they need. We are always happy to see you for an appointment if you have concerns.

Eating healthy while you are breastfeeding gives your baby a good start. When you eat fruits and vegetables, your breastfed infant will get a taste for those foods even at this age. It's also important for breastfeeding moms to get enough protein (meats, eggs, cheese, beans, nuts) and calcium (milk, tofu, soy, yogurt). We recommend breastfeeding moms continue their prenatal vitamins they took in pregnancy while they are breastfeeding.

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.

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

Cluster Feeding & Growth Spurts

A baby who is cluster feeding nurses 5–10 times in a 2–3 hour period and will sleep deeply for a while longer than usual after this time. Cluster feeding tends to happen in the late night or early morning in the first few weeks. After 2–3 weeks of age, cluster feeding may occur during the late afternoon or early evening hours.

Growth spurts typically happen around 7–10 days, 3 weeks, 6 weeks, 3 months, and 6 months of age. These are usually fussy periods of several days when your infant may want to feed every 1–1 ½ hours. Be patient and try to get some rest. This period will pass. These patterns are normal.

However, if you feel that your infant is “always at the breast” and unable to be satisfied, you need to see your child’s provider or a lactation consultant to make sure that proper growth is occurring.

Breastfeeding & Introducing a Bottle

If you will be returning to work or would like your baby to be able to take a bottle in the future, 4–5 weeks old is a good time to introduce a bottle of pumped breastmilk. Once breastfeeding has been well established, giving a bottle of expressed breast milk once a day or every other day will help your baby accept both the bottle and the breast for feedings. If you plan to return to work and someone else will be caring for your infant, building a supply of breastmilk in your freezer 3–4 weeks before returning to work is a good idea. There is no need to fill the freezer; prepare by having about 4–5 feeds worth of milk in storage.

Vitamin D Supplementation for Breastfed babies

Vitamin D is needed to develop and maintain strong bones as well as fight infections and help prevent serious conditions like cancer and diabetes. Breastfed 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 made naturally in the body with exposure of skin to sunlight; however, infants should not have significant exposure to direct sunlight. We recommend you give your infant a daily dose of 400 IU (International Units) of vitamin D from birth to 12 months. This is available as a liquid vitamin at your local store. Follow the directions on the box.

Iron Supplementation for Premature Infants

Breastfed premature infants need iron supplementation until they are 12 months old. Ask your baby’s doctor about the possible need for iron drops if your baby was born before 37 weeks of gestational age.

Formula-Fed Infants

In general, formula-fed infants feed slightly less often than breastfed infants. Most need 6–8 feedings a day for the first month and

5–6 feedings a day from 1–3 months of age.

A good rule of thumb for the number of ounces per formula feeding is to use the age of the baby in months and add 3. For the first 3 or 4 months, this total will give you the average number of ounces per feeding for that age infant. For example, a 1 month old infant will take 4 ounces of formula and a 2 month old will take 5 ounces per feeding on average.

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.

CARE OF YOUR BABY

Stools and Diaper Rash

Breastfed infants tend to have quite frequent, fairly watery, and seedy stools. Formula fed infants’ stools tend to be less frequent and less watery. Two stool colors to watch out for would be red (like blood) or chalky white; otherwise, a range of colors from yellow to green to brown is usually normal. True constipation (hard, infrequent stools) is abnormal in the first few weeks of life.

If you think your 2 week old is constipated, let your baby’s doctor know. As a baby gets closer to 1 month of age, the number of stools per day drops for both breastfed and formula fed babies.

In the second month of life, some babies (even breastfed infants) will go 3 or more days without having a bowel movement. This is usually normal as long as stools remain soft.

After a month of age, if your infant is truly constipated, you may:

- Insert a rectal thermometer with Vaseline about half an inch into baby’s rectum.
- Use a 1/4 of a glycerin suppository once.

Rectal stimulation and/or glycerin suppositories are recommended only if your child has been extremely uncomfortable in their attempt to have a bowel movement.

Diaper Rash Care

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. Apply a thick layer of diaper rash ointment (preferably containing zinc oxide) with every change to provide a barrier between the skin and irritating urine/stool content. This will allow the skin time to heal. **Typically diaper rashes get better after 3–4 days of using ointment every change.** Schedule an appointment if you see a rash that isn’t healing.

Spitting Up

All babies have some milk that comes out of their mouth. At 2 weeks of age, it’s typically just a little bit. This grows into a bigger puddle as your baby drinks more. Typically spit up becomes a laundry issue for parents, but it’s not very bothersome to the baby. Burping your baby helps remove swallowed air and decreases spitting up. Holding them upright for at least 20 minutes after feedings also helps. When to worry? Talk to your doctor if:

1. You see that the spit up seems to be a very large amount (for example: a puddle that is 2 dinner plates sizes or larger) happening more than once a day OR occurs every day.
2. Your baby seems to feel pain every time they eat.



Crying

All babies cry daily from being hungry, wet, warm, in an uncomfortable position, and just to let off steam. If you’ve made sure your baby is fed, burped, warm, and wearing a clean diaper, and they are still crying, then it is best to continue to hold and soothe your baby. Try some of the methods below for babies with colic. Most infants have a fussy period each day, commonly between 6 pm and midnight. The fussy period generally lasts less than 3 hours a day. The length of the fussy period normally peaks at about 6 weeks of age. As long as your baby calms within a few hours and is relatively peaceful the rest of the day, there is no cause for alarm. If the crying lasts more than 3 hours a day or if your baby truly appears to be in pain, please make an appointment for your baby to be evaluated.

Colic

The most common cause of excessive crying in early infancy is colic, but other medical reasons should be excluded. No one understands what causes colic. Some experts describe colic as a developmental phase where some infants are more sensitive to outside stimulation. Depending on how colic is defined, about 10–20% of all infants have colic. **Having a colicky baby is NOT your fault!** However, there are things you can do that may help to make it less. Typically changing the baby's milk doesn't help. If you are breastfeeding, consider cutting out anything that might contain caffeine (coffee, tea, soda, energy drinks). Caffeine does travel to your baby through breastmilk. Thankfully, colic usually improves by 2 months of age and goes away by about 3 months. The following may help in the meantime:

- **Movement:** Rocking, walking, and swinging may soothe your baby.
- **Sucking:** A pacifier or feeding sometimes soothes an irritable baby.
- **Swaddling:** Wrap your baby firmly in a blanket, restraining the arms next to their chest. Be careful to allow room for the legs to move freely to reduce the risk of hip injury. Once your baby is wrapped, rock gently to soothe.
- **Soothing Sounds:** Your baby may be soothed by sounds such as white noise or quiet music. Soft and soothing conversation may calm as well.
- **Baby Carrier:** A soft fabric baby carrier worn on the chest allows your baby to experience warmth as well as motion.
- **Chest:** Lie on your back and put your baby on your chest. Body warmth and the rhythm of your breathing may soothe your baby.
- **Change of scenery:** Take a walk outside or visit the patio with your baby.
- **More sleep:** Your baby may need a more regular sleep pattern. Some babies cry when they haven't taken enough naps or are awake for too long. Try to ease your 2 week–2 month old baby into sleep about 1–1.5 hours after they got up from their last sleep.

If your baby is crying excessively and you have tried everything else: place your baby in a safe spot, such as their crib. Then move away, perhaps even stepping outside for 5–10 minutes. This can help give you a break to calm yourself. **Never shake your baby.**

5 Things That Make Parents Worry:

Breathing differences: Infants under 2 months can have differences in the way they breathe. Some babies have “periodic breathing of infancy.” This means that they breathe very quickly for a few seconds to minutes, and then breathe normally or even slower for a few minutes. They can do this while they are awake or asleep.

Please let your doctor know if you see:

1. breathing fast (more than 60 breaths in a minute) that lasts longer than a few minutes.
2. retracting to your baby's rib cage (sucking in of the muscles of the chest so that you can see each rib).
3. nasal flaring with every breath (opening the side of the nostrils with every breath).
4. OR, eating less than usual.

PROPER USE OF A BULB SYRINGE



Squeeze the bulb Insert tip into baby's nostril Release the bulb

Nasal congestion: Infants under 4 months often sound congested while they sleep. You may hear it most when they are lying down and least when they are awake and vertical on a parent's shoulder. This is caused by a bit of mucus or milk in the back of their throat or nasal passageway. Typically they do not show signs they are bothered by this and continue to sleep. Please let your doctor know if you see clear or cloudy discharge dripping out of your baby's nose, or if you see any signs of breathing troubles listed above.

When babies are sounding congested or have a runny nose, you can put saline drops in the nose and use a bulb suction device.

Eye mucus: Infants commonly have light eye mucus accumulation on the inside part of the eye. You can clean this mucus by wetting a cotton ball dampened with some 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 mucus comes back frequently (e.g. you clean the eyes more than a few times a day) or if you see any redness to the eyes themselves.

Important:

If your infant is less than 3 months old with a rectal temperature of 100.4 degrees Fahrenheit or more, please take them to the emergency room or call our clinic right away.

Infant acne: Many infants will get small, red bumps on the face, neck, and upper chest. This usually appears around a month of age and will continue for about a month. The rash will disappear on its own and is caused by hormone changes from pregnancy. Please see your baby's doctor if blisters develop.

Cradle cap: Cradle cap causes crusty or oily scaly patches on a baby's scalp. It is not painful or itchy, but can cause thick white or yellow scales that are difficult to remove. It usually clears up on its own in weeks or a few months. Home care measures include washing your baby's scalp daily with a mild shampoo. Don't scratch the cradle cap. If the scaling is heavy, apply baby oil or mineral oil to the scalp 5–15 minutes before shampooing. Then wash the hair as usual and brush the scalp lightly with a soft brush to loosen the scales. If it doesn't improve or starts to spread, please follow up with their doctor.

SAFETY

Car Seat

Child safety experts recommend that infants remain in a REAR-FACING car seat until they outgrow the weight and height maximums recommended by the car seat manufacturer (typically 3–4 years of age). The safest location in your vehicle is the back 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).

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. Vaping, smoking weed, or cigarettes are all unsafe around your little one. Smoking in the household increases respiratory



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

illnesses, frequency of ear infections, and increases your child's long-term cancer risk. Household smoking also increases the risk of SIDS. We encourage you to discuss stop smoking with your family doctor.

Postpartum depression

It is not uncommon to have "baby blues" during the first days or weeks after delivery. Any emotional or physical changes you experience will slowly improve. However, if you feel empty, emotionless, or sad all or most of the time for longer than 2 weeks after your pregnancy, you may have postpartum depression. Please reach out for help and speak to your doctor to discuss treatment options to help you and your baby be as healthy as possible in the future.

BACK TO SLEEP, TUMMY TO PLAY

Sleep Position and Head Shape

While placing babies on their backs to sleep has dramatically decreased the incidence of SIDS, the frequency of head-shape and neck mobility problems has gone up.

Some experts say that close to 10 percent of babies now have some degree of head flattening and/or neck mobility problems

The AAP recommends infants less than 12 months old be put to sleep on their backs, on a firm surface separate from parents with no soft bedding of any kind to reduce the risk of Sudden Infant Death Syndrome (SIDS). For more details about preventing SIDS, see the "First Week of Life" handout or the ARC Newborn Booklet. You can find these at ARCpediatrics.com.

due to spending prolonged amounts of time 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 so that they can develop skills needed for rolling over, sitting, and crawling.

Another tip to avoid one-sided head flattening is to alternate the side you lay your baby's head down to sleep. As you put them down on their back, move their head so that they are sometimes looking to their right shoulder and sometimes looking to their left. It also helps to alternate the arm you hold your baby in while you are doing feeds.

Tummy Time

Here are a few tummy time tips:

- Place your baby on a firm but comfortable surface, like a blanket or quilt on the floor.
- Tummy time must always be supervised. Placing your hand on the baby's bottom may help shift weight from the upper body.
- If your baby is still unable to lift their head, place a rolled towel or small pillow under their chest and armpits, with their arms out in front.
- You may need to lie or sit in front of your baby and entertain them so that they learn to enjoy tummy time. Remember, they love looking at your face about 12 inches from them.
- Gradually increase the amount of tummy time every day as your baby gets stronger and more comfortable with lying on their stomach. Aim for a goal of 60 minutes a day of tummy time total by 3 or 4 months of age.



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