

Newborn  
Information  
Packet

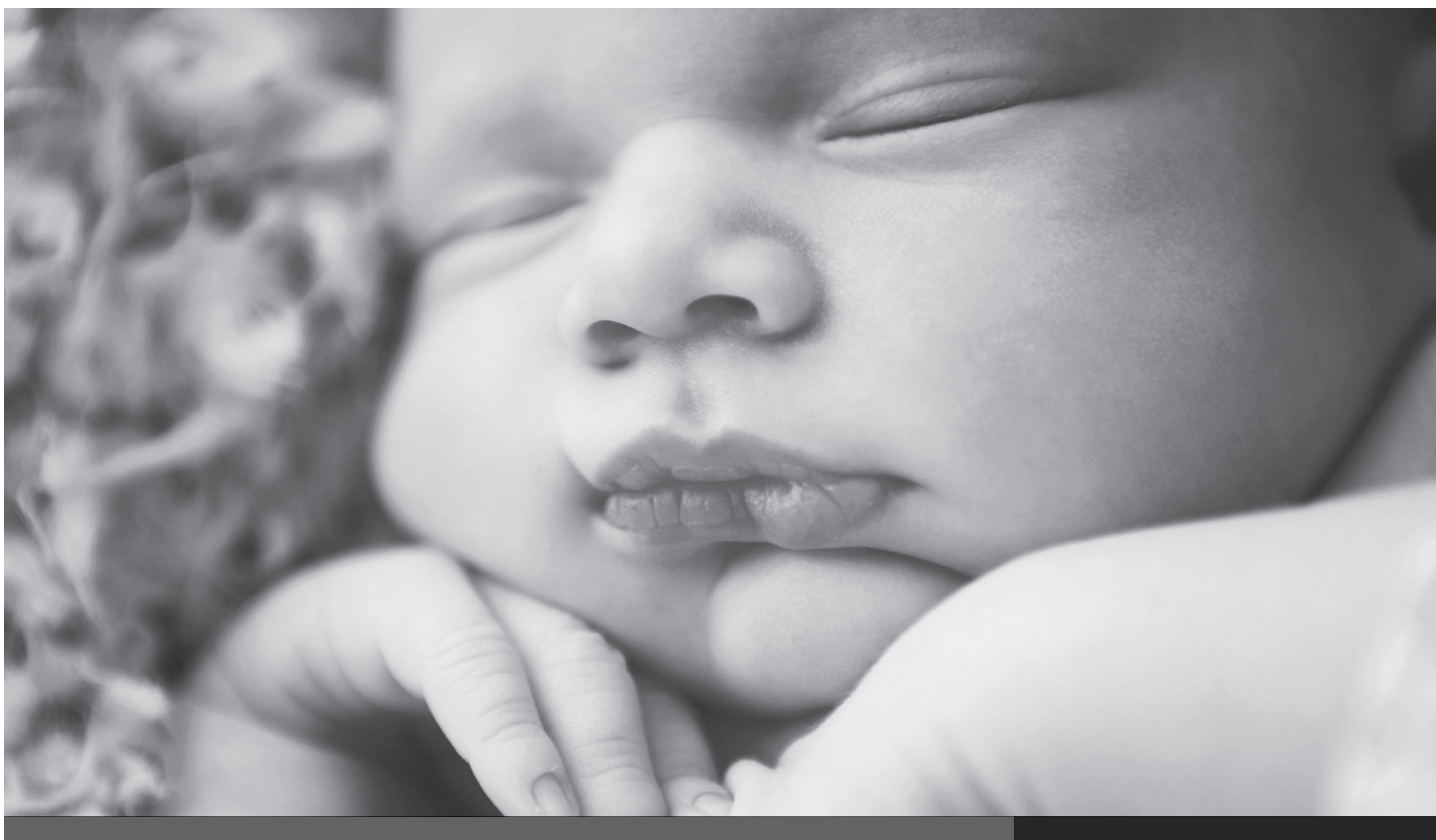




# Contents

<b>Clinic Information</b>	<b>4</b>
• Emergencies	
• Pediatric Urgent Care	
• Choosing your baby's doctor	
• Messaging your baby's doctor	
<b>General Information about Your Baby</b>	<b>5</b>
• When to contact your baby's doctor	
• Hiccups	
• Sneezing	
• Gas	
• Spitting up	
• Diarrhea	
• Crying/fussing	
• Cluster feeding	
• Holding/cuddling	
• Burping	
• Formula	
• Night and day reversal	
<b>Newborn Care</b>	<b>7</b>
• Caring for the umbilical cord	
• Care after circumcision	
• Care of the uncircumcised penis	
• Diapering your son	
• Cleaning/bathing	
<b>Breastfeeding</b>	<b>8</b>
• How to contact a PAMF lactation consultant	
• Answers to common questions	
• If you need to give a bottle to your breastfeeding newborn	
• Storing your pumped milk	
<b>Reducing the Risk of SIDS</b>	<b>11</b>
<b>New Mother Emotions</b>	<b>11</b>
<b>For Fathers</b>	<b>11</b>





# Clinic Information

## Emergency

In any life-threatening situation, call 911. For all other concerns, our clinic phones are answered 24 hours a day and the operator can reach your care team. Just call the number for the clinic at which your baby is registered.

## Pediatric Urgent Care (PUC)

Our electronic medical record system will allow our pediatric urgent care physicians to see your baby's medical history. After your visit, the urgent care physician will update your baby's doctor as to your baby's condition. Please check here for PUC locations and hours:  
[pamf.org/pediatrics/urgentcare/](http://pamf.org/pediatrics/urgentcare/)

## Choosing your baby's doctor

Find out which doctors have open practices and browse their online profiles by selecting the "Find a Doctor" tab at [pamf.org](http://pamf.org). The Palo Alto Medical Foundation has a network of conveniently located clinics from San Francisco to Los Gatos, Fremont to Dublin, and in Santa Cruz. For detailed information, click the center name at:  
[pamf.org/clinics/](http://pamf.org/clinics/)

## Messaging your baby's doctor

My Health Online is a secure way to reach your care team. To enroll in My Health Online, visit [pamf.org](http://pamf.org) and click on the My Health Online sign-up link.

Once you have enrolled, you can add access to your registered baby by clicking on Profile then My Family's Records then Add New.

**Tip:** *your address and your baby's address must match exactly. Mention this when registering your baby.*

Expect to have a lot of questions, especially if this is your first baby. Don't hesitate to use My Health Online to ask questions and share your concerns. There are no silly questions!

# General Information About Your Baby

Contact your baby's doctor or seek medical care any time you are worried about your baby, or if your baby –

- is not feeding well – won't latch or is not waking to feed
- has not had a wet diaper in over 12 hours
- appears more yellow or jaundiced after going home
- has a temperature greater than 100.4 degrees Fahrenheit, or 38 degrees Celsius.

It is best to take your baby's temperature rectally using a digital thermometer.

## Hiccups

Hiccups are absolutely normal. Expect your baby to hiccup frequently, especially after eating. Hiccups do not mean you have failed to burp your baby adequately.

## Sneezing

Newborns can sneeze many times in the first few weeks of life. This is how a baby clears his or her nose. It is not a sign of a cold or illness.

## Gas

Expect your newborn to pass a lot of smelly gas in the first week. It is normal and not related to foods mother may be eating. You may worry that gas is causing your baby to fuss as it is common for babies to pass gas when fussing. Crying causes them to tense their abdominal muscles resulting in passage of gas. In other words, gas may be the result of fussing and not the cause.

## Spitting up

This does not mean you have overfed your baby or failed to burp adequately! It is normal and related to digestive immaturity. Occasional vomit is OK too, but report frequent vomiting or any green color in the spit-up to your doctor.

## Diarrhea

Your baby will start by having dark, sticky stools (called meconium) then transition to lighter color, looser stools. Once your breast milk supply is in, your breastfed baby will have very liquid yellow stools that may soak into the diaper. This is not diarrhea, and there's no cause for concern. Babies will often have a stool after each feeding.

## Crying/fussing

There is a wide range of normal crying in newborns. Your baby may be wakeful and fussy one day, sleepy and content the next. Most newborn fussing in the first few days of life is due to hunger. Offer food as your first step and until your newborn loses all interest in sucking. A full tummy will help your newborn settle in your arms.

Don't be surprised if fussing increases over the first two weeks, especially towards the end of the day. The amount of fussing is likely to increase through the first six weeks before steadily declining. The more you hold your newborn, the less he or she will fuss.

An excellent book (or DVD) on soothing techniques is "The Happiest Baby on the Block," by Harvey Karp, M.D.

## Cluster feeding

Cluster feeding is when your baby wants to eat very frequently. This is common in the newborn stage and helps bring in your milk. It often occurs at night (see night and day reversal below).

## Holding/cuddling

Your newborn has to make an enormous adjustment to his or her new world and his or her favorite new habitat will be in your arms. Don't worry. You cannot create bad habits at this age. In fact, holding and cuddling is the very best investment in your infant.

## Burping

How important is it to get a burp out after every feed? Just like us, babies do not burp at every feed. Give your baby an opportunity to burp by keeping him or her upright for a few minutes at the end of a feed. Even so your baby may still spit up as soon as you lay him or her down. This is due to immaturity, not a failure to burp.

## Formula

If you are choosing to use formula, or if you are breastfeeding and need to supplement, the American Academy of Pediatrics recommends you choose a ready-to-feed formula for the first two months of life. The reason for this is that powder formulas are not sterile and there have been some rare incidents of bacterial contamination.

Ready-to-feed formula can be purchased in a range of container sizes. Some parents buy the single-serving bottles. Others buy large containers. Pour what you need into your baby's bottle and store the rest in the fridge for up to 48 hours. Any formula left over in your baby's bottle at the end of the feed is good only for an hour and then must be tossed (it contains bacteria from the baby's mouth).

In general, we recommend you use a cow's milk-based formula rather than a soy-based formula. Each formula company has additives, which they claim make their formula the best. There is no good evidence that any of these make a difference.

## Night and day reversal

It is very common for your newborn to sleep better during the day and be hungrier, fussier and less likely to sleep easily at night. This is because he or she is continuing the pattern developed before delivery: sleeping while mother moved around during the day and waking up when mother slept at night.

How do we know night from day? We have light-sensing cells in our retinas that do this job. If your baby sleeps all day, his or her brain will not get the message that this is daytime so it is important to expose your baby to daylight.

### To encourage your baby to sleep more at night, you can:

- Swaddle your baby securely. You can buy blankets specifically for swaddling to make this easier.
- Try to avoid overhead lights. Use a nightlight or dimmer to keep the room dark during feedings and diaper changes.
- Minimize talking or social interactions at night that might encourage your baby to stay awake. Playtime should take place during daytime hours only.
- Play music or other steady white noise, especially simulated in-utero sounds.
- If your baby typically poops just after falling asleep use generous quantities of diaper cream to prevent irritation.
- Be prepared for your baby to be hungrier at night. Toward the end of the feed, swaddle your baby so that he or she will fall asleep ready for bed.

For more extensive information on these and other newborn issues, please visit [babies.sutterhealth.org/afterthebirth/newborn/](https://babies.sutterhealth.org/afterthebirth/newborn/)

We strongly recommend reviewing the information on newborn safety at [babies.sutterhealth.org/afterthebirth/newborn/nb\\_safety.html](https://babies.sutterhealth.org/afterthebirth/newborn/nb_safety.html)



# Newborn Care

## Caring for the umbilical cord

Usually there's no need to do anything as you wait for the stump to fall off. We'll check this each time you come to the clinic. Parents used to be told to clean the area with alcohol regularly but research has shown this is unnecessary. If you notice a discharge or unpleasant odor, or the skin is red around the base of the stump, let us know. You can give your baby a bath once the stump is off and the navel is healed.

## Care after circumcision

After circumcision, the doctor will give you instructions on how to care for the newly circumcised penis. Usually this involves covering the penis tip with petroleum jelly, applied thickly on a gauze pad, for three to five days. You will notice the penis looks red and swollen initially and you may see some soft, yellow scabs in a few days. This is normal. It takes about seven to 10 days to heal completely.

## Care of the uncircumcised penis

No special care is needed. Clean, without pulling back the foreskin, with warm water. Your baby's doctor will talk to you about changes as your baby grows. You may notice some whitish lumps under the foreskin. This is called smegma and is normal.

## Diapering your son

Point his penis downward when you close the diaper. If his penis is pointing toward his belly button you may notice his urine stream crosses his belly and drips around his back, soaking clothes and bedding.

## Cleaning/bathing

Your baby's bottom will need gentle cleaning with diaper wipes or a wet soft cloth after each bowel movement. Your baby's skin is very delicate and only requires bathing twice per week. Use a gentle soap designed for babies. You can give your baby a bath in a tub after the belly button (and circumcision) has healed. You can wipe down his or her face and neck more often, especially if milk has spilled there.

# Breastfeeding

If you are struggling in any way with breastfeeding please contact one of our lactation consultants:

**Fremont Center**

*Gail Fiock, R.N., IBCLC*

**Appointments:**

510-498-2800

**Advice:** 510-498-2146

**Palo Alto Center**

*Joanna Koch, IBCLC*

**Appointments:**

650-853-2992

**Advice:** 650-967-8715

**Sunnyvale Center**

*Jennifer Scales, IBCLC*

**Appointments and**

**advice:** 408-730-4251

**Dublin Center**

*Cheryl Dronkers,  
RN, IBCLC*

**Appointments:**

925-875-6100

**Advice:** 925-875-6429

For more information please go to [pamf.org/breastfeeding/](http://pamf.org/breastfeeding/)

---

## Answers to common breastfeeding concerns

### When will my milk arrive?

Late on day two (approximately) your breasts will grow larger/warmer/heavier. Within 24 hours of this change you'll see your breasts contain white milk, signaling the switch from colostrum to mature milk. This shift is regulated by a change in hormones after the placenta is delivered.

### How can I make sure I have a good milk supply?

An empty breast makes milk at a faster rate than a breast with milk sitting in it. Want more milk? Keep your breasts drained by breastfeeding often or (if your baby is sleepy, or a bit early, or having some latch issues) with regular pumping sessions.

### What causes low supply?

Poor breast emptying in the first week is a leading cause of low supply – a major frustration. If you're in doubt, pump in addition to breastfeeding. It's easier to deal with an oversupply than struggle with undersupply. For a good explanation about milk production go to [lowmilksupply.org](http://lowmilksupply.org) and click on Milk Production Overview.

### Does what I eat help me make more milk?

A nutritious diet will help you feel strong and stay healthy, but the amount of milk you make is driven by demand – what is taken out. There are many traditions about foods and milk production, and these are fine to follow. But most important is regular and effective breastfeeding (or pumping). You should continue to take your prenatal vitamins and avoid foods that are high in mercury.

### Is nipple pain normal?

Sensitivity is normal in the first week but actual pain and visible nipple damage is definitely not.

### Why does my baby fall asleep (though still hungry) at my breast?

An early or small baby may lack enough energy to complete a feed without some help. If your full-term, average birth-weight baby is falling asleep too soon, take a close look at his or her swallowing pattern. It is the flow of milk that keeps your baby active at the breast.

### How can I tell when my baby is swallowing versus suckling?

Please go to [globalhealthmedia.org](http://globalhealthmedia.org) and click on the breastfeeding video "Is Your Baby Getting Enough Milk."

### Is my baby sucking just for comfort and using me as a pacifier?

Your baby has a job to do and that job is to bring in a lovely milk supply. The more often he or she is at your breast the faster your milk will arrive and the better your long-term production may be. Breastfeeding is about more than food, however, and certainly your newborn feels secure, comforted and loved when cuddled at your breast. Offer your breast as often as your baby is interested, but please get help if all this activity is causing nipple pain.



## My milk is coming in and my breasts are really painful and hard. What can I do?

When breasts switch from colostrum to mature milk they should feel heavy and likely quite uncomfortable. However, they should not be rock hard, painful, and so tight that your baby can no longer latch. Contact one of our lactation consultants if this has happened to you. In the meantime please go to [kellymom.com](http://kellymom.com) and search for “engorgement.” If your baby is having trouble latching due to the firmness of your areola (the dark part behind the nipple) follow the link on “reverse pressure softening.” You may also find the breast massage video at [bfmedneo.com](http://bfmedneo.com) very helpful.

## There so much conflicting advice – how do I know what to do?

This is the most common complaint nationwide for new parents. How can you easily sort out good from not-so-good ideas? Picture yourself living thousands of years ago and ask yourself whether the advice would be relevant in that environment. Your baby is just the same as that Stone Age infant. Rules and clocks tend to undermine breastfeeding in our high tech culture. Trust your instincts. If you go online to look up questions, make sure you utilize a reliable web site such as one run by a health care organization or [pamf.org](http://pamf.org). [Kellymom.com](http://kellymom.com) has a good reputation.

## I’ve been told I need to pump but aren’t babies more effective than pumps?

When there are feeding problems in the early weeks, today’s well-designed pumps can be more effective than the baby at draining your breasts. We often recommend pumping until your milk supply is generous and the latching or milk-transfer problem has been resolved.

## What if I have (or want) to give my baby a bottle? I’m so worried about “nipple confusion.”

Parents often hear that they cannot give a bottle until baby is at least three weeks old, or breastfeeding is well established. In a perfect world this would be fine but there are situations where a bottle makes good clinical sense, for example:

- Your baby loses too much weight and the doctor asks you to supplement with a bottle
- Your nipples are so damaged you need to pump and bottle-feed to allow healing
- Your baby was born a little small or a little early and is having trouble taking full feeds

In these situations, your newborn can be given a bottle in a thoughtful way so that breastfeeding is supported and not undermined. Here is what we’ve learned over many years of working with breastfeeding newborns.

## Technique – how to hold the baby and the bottle

- **Upright approach.** Place your baby comfortably upright in your lap, supported against your chest. This position will encourage active feeding as the milk will flow only when your baby sucks. In contrast a baby who is supine (lying flat) may be overwhelmed by the flow and develop a passive feeding habit which does not work well for breastfeeding. If mother is giving the bottle, she can hold the bottle against her bare breast to provide a positive association.
- **On-side approach.** If you are struggling with the upright feeding position, you may enjoy the “on-side” approach for your little one. Lay your baby on his/her side on a pillow in your lap such that your newborn’s bottom is against your abdomen and head will be on your knees. If you are right-handed you will be holding the bottle in your right hand and your left hand will support your baby’s head. Continue the feed as described below. This position makes it very easy for you to “pace” the bottle by rotating your baby slightly downward or slightly upward to slow down or speed up the flow.
- **Baby’s head position.** If you allow your baby’s head to tip back a little (same position we hold our heads when drinking from a cup) it will be easier for him/her to swallow and will help the next step.
- **Triggering your baby’s breastfeeding reflex (“the gape”).** Touch the bottle nipple to the center of your baby’s upper lip and wait until your baby opens wide, as if yawning, before starting the feed. This way you’re supporting your baby’s gape (open wide) reflex for breastfeeding.
- **Hold the bottle as flat as possible.** A little air in the nipple is okay! If you tip the bottle and cause the milk to flow too fast, this could cause your baby to learn to suck gently – which is not what you want at breast!

## Pacing

This refers to slowing down a bottle to make the flow more closely mimic breastfeeding. If your baby is small or early, and your baby's doctor is worried about his or her weight, or jaundice, you will want to rely on an easy flow of milk until goals have been met. If you still need to give a bottle, you may want to adopt some pacing techniques:

1. Breasts usually don't flow at baby's first suck. Start out with the bottle dipped down so that the nipple is empty for about ten seconds.
2. Breasts may not flow consistently. Instead milk releases in pulses. You may want to dip the bottle down again after a couple of minutes and give your baby a pause of about five seconds. Repeat from time to time so that the feed takes about 20 minutes.

Avoid pacing the feed so much that your baby gives up and falls asleep before a complete feed.

For more information please go to [youtube.com](https://www.youtube.com) and search "Paced Bottle Feeding for the Breastfed Baby" by Jessica Barton.

## Choosing an appropriate bottle

Your baby should take a two- to three-ounce feed (60 to 90 milliliters) in about 20 minutes (not including burping). Ask for help if the feeds take longer than this.

Dr. Brown's standard (not wide-neck) bottle is an example of an excellent starter bottle for most newborns and it comes with the Level 1 slow-flow nipple. The four-ounce size is ideal. This nipple is soft with a gently flaring shape, and the vent system eliminates vacuum problems that might prevent a proper flow of milk. The Preemie nipple is the slowest nipple for the Dr. Brown's bottle. You should switch to this nipple only if your baby is feeding too fast despite your careful technique (holding the bottle flat, doing a little pacing).

## Storing Your Pumped Milk

How long can I:

- **Leave my freshly-expressed milk at room temperature?**
  - Up to four hours at 80 degrees Fahrenheit
  - Up to 10 hours at 70 F
  - Up to 24 hours at 60 F -  
e.g. in a cooler with ice packs

- **Store milk in the refrigerator?**

- Five days at 39 F

- **Store milk in the freezer?**

- Six months in home freezer at 5 to 15 F. Store away from the door.
- Twelve months in a deep freeze at -20 to 0 F
- Two weeks in small interior freezer

*\* In order to make sure your milk is storing well, defrost a bottle after a week and make sure your baby accepts it. See the last paragraph re: lipase problems.*

## Can I combine milk from different pump sessions?

Yes, but cool each batch first and store according to the age of the oldest milk. It is best to freeze your milk in small quantities (two to four ounces depending on the age of your baby) within two days of expressing. Leave room in the container for expansion when freezing, and date each container. As your milk cools, the cream may form a thin layer on the surface. Swirl to redistribute the cream when you warm the milk.

## How do I heat breast milk?

Microwaving destroys some of the anti-infective properties of the breast milk and may create "hot spots" that could burn your baby. Your baby may accept milk straight from the refrigerator, but this can reduce the core body temperature of a small infant. Place the container of milk in a bowl of warm water, or place under the hot water faucet, and bring to room temperature.

## Can I reuse leftover milk?

Many mothers refrigerate milk the baby did not finish and use it at the very next feed. If you have any doubt, discard the milk.

## How do I thaw frozen milk?

Thaw overnight in the fridge, or place the container of breast milk in a cup of warm water. Use the milk immediately or refrigerate for up to 24 hours. Do not refreeze.

## Why does my frozen milk smell unpleasant when I thaw it?

Lipase, the enzyme that digests fats, stays active when milk is frozen. Some mothers have a high level of this enzyme and their milk smells and tastes soapy when thawed. The milk is not harmful but the baby may refuse it. If you have this problem you will need to scald your milk before storage.



# New Mother Emotions

Many mothers experience mood changes after having a baby. About 75 percent of new mothers experience the baby blues (especially with the first baby). This can last two to three weeks before resolving spontaneously. While formal intervention is not needed, close support from family and friends can certainly help. Baby blues cause the mother to feel sad, moody or irritable. Sleep and appetite may be affected. Some women call this time an emotional roller coaster.

If the blues persist or intensify, it is important for you to meet with your OB or primary care provider for advice, as up to 20 percent of mothers can experience postpartum depression (PPD). PPD can occur at any time in the first year but is most common four to eight weeks after delivery.

You should seek medical care if experiencing the following, beyond the period of baby blues:

- Feelings of anger or irritability
- Lack of interest in the baby
- Appetite and sleep disturbance
- Crying and sadness
- Feelings of guilt, shame or hopelessness
- Loss of interest, joy or pleasure in things you used to enjoy
- Thoughts of harming the baby or yourself

To learn more about postpartum depression, go to **postpartum.net**.

# For Fathers

If this is your first child you may enjoy the down-to-earth information at: **dadsadventure.com/articles/**

You may be surprised to know that roughly 10 percent of fathers experience postpartum depression too. Here's a clear explanation as well as practical advice: **babycentre.co.uk/a1046187/postnatal-depression-in-dads**

## What can you do to reduce the risk of SIDS?

- The most important thing you can do is to always place your baby to sleep on his or her back rather than on the stomach or side.
- Don't expose your baby to cigarette smoke.
- For the first six months, have your baby sleep in a crib, cradle or bassinet in the same room where you sleep. The American Academy of Pediatrics recommends that you don't sleep with your baby in the same bed, especially if you smoke or have used alcohol, illegal drugs or medicine that makes you sleep very soundly (sedatives).
- Never sleep with a baby on a couch or armchair. It is not safe to place your baby on a couch to sleep.
- Keep soft items and loose bedding out of the crib. Items such as blankets, stuffed animals, toys and pillows could suffocate or trap your baby. Dress your baby in sleepers instead of using blankets.
- Make sure that your baby's crib has a firm mattress (with a fitted sheet). Don't use bumper pads or other products that attach to crib slats or sides. They could suffocate or trap your baby.
- Keep the room at a comfortable temperature so that your baby can sleep in lightweight clothes without a blanket. Usually, the temperature is about right if an adult can wear a long-sleeved T-shirt and pants without feeling cold. Make sure that your baby doesn't get too warm.
- Breastfeed your baby and have your baby immunized.

For more information please go to **healthychildren.org** and search for Reduce the Risk of SIDS.

