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## **Newborn**

So, you have been through a lot, one way or another, to be a parent. We are here to ensure the best for him or her.

In the hospital, many things are observed and looked for to assure you about your child. The breathing, heart rate and temperature have been checked. The skin color, level of alertness and the strength of your child have all been normal and allows us to reassure you as to the health of your child. Because of the appearance of health, the nurses have been the healthcare providers from the first moments of birth. The doctor is involved if there are concerns, however unless you have been told otherwise, all has been well to date. So far so good. I will, as the doctor, take all the information from the nursing staff and I further evaluate. The vital signs (heart rate, breathing rate temperature) of the child, the ability to eat and have urine and stools are followed closely. I look to be sure there has been 1 wet diaper in the first 48 hours and 1 stool in the first 24 hours. Sometimes this is encouraged by working with mom and baby to nurse (this is a natural but a learned skill) or with supplemental formula as a last resort. Initially there is colostrum, a high protein liquid from the breast, that is wonderful however sometimes there is a need for more fluids and the SNS allows the child to get more while latching to the breast via a small tube. The colostrum is the breast nutrition until approximately 3-5 days after delivery at which time the full breast milk is in and there is no more need for supplementation.

After the breast milk is in or right from the first bottle, if you have chosen bottle feeding, the number of stools should be 1-8 daily. The stool starts as a black, thick substance called meconium. The stool then “transitions” to a greenish stool. If the child is formula fed, the stool could remain green and sticky. Breast fed infants have from 1 to 8 yellowish to greenish liquid “seedy” stools daily. Your child might not stool every day but if the child’s stool is soft and the child is well, this is normal.

Jaundice is when your child’s skin is yellow. It is normal for a newborn to be yellow on the face and the chest however if the yellow has extended to the belly button then your child should be evaluated. This yellow appearance usually is the worst about 4-5 days after delivery when most infants have already left the hospital. If this is the situation with your infant, call the office and speak with the medical assistant or the “On Call” doctor because your child might need to be checked. Sometimes a blood test is done to determine how bad the jaundice really is. Treatment might consist of extra feedings or special lights to be brought to your home to help with the yellow skin. It could be that treatment in the hospital with the lights may be required but only if other options have been exhausted.

The umbilical cord is something the child used in the womb for nutrition but as the child is being fed by mouth, it is not needed and will dry up and fall off over 1-3 weeks. Care for the umbilical cord consists of watching for signs of spreading redness onto the skin of the abdomen and

keeping the site dry. Simply wiping with water on a cloth or cotton ball to remove the normal bit of yellow discharge that can accumulate from the belly button cord is all you must do to clean the area. No alcohol is used on the cord.

Cleaning your infant is necessary sparingly in the first months of life. Until the cord has fallen off, I recommend sponge baths trying to keep the cord dry. Lotion for the obligate dry skin in the first weeks of life is fine. I recommend Eucerin lotion or Aveeno, not the pink scented types (sorry). I would choose a soap like Cetaphil Cleanser or Dove soap, sparingly. After the cord is off you may bathe your child in water, either a small or a regular size tub is fine. You might find too frequent baths might dry out your child's skin, 2 times weekly baths should be plenty. Massage with the lotion is a nice way for your child to be touched and you might find this helps with the common nighttime fussing that happens with infants. Calm music or white noise might help this as well.

Care for circumcised males: soak the circumcised penis in clear water 4-5 days after circumcision (avoiding the belly button) and application of Bacitracin for the first 2 days after the procedure is recommended. The ring of the Plastibell will fall off 4 to 16 days from the procedure. Tylenol 40 mg or 1.25 mls at 6 hour intervals may be given if your child is fussy.

#### WARNING SIGNS-CALL IF:

Not waking at least 4-5 hour intervals to eat

Eating less than 10 minutes at the breast or less than 1 oz with bottles

Jaundice that extends onto the lower abdomen

Fewer than 3 wet diapers or than 1 stool in a 24-hour period

Inconsolably crying

Vomit that is frequent or green

Bloody vomit or bloody stools

Very red and swollen belly button area or circumcision area

Grey or white stools

Temperature over 100.3 F. or over 37.9 C.

We welcome calls whenever you are unsure what is going on.

Have lots of fun!

Suzy Holbrook, MD

