

Welcome to Fresno Children's Medical Group

The physicians and staff of Fresno Children's Medical Group would like to take this opportunity to congratulate you on the birth of your baby. This newborn informational guide has three sections: 1. General Office Policies, 2. What to Expect in the First Few Days of Life, and 3. Characteristics of Newborns.

General Office Policies

Baby's First Visit and Well Infant Care: Please call our office while you are still in the hospital to set up your baby's first few appointments at (559) 438-2300. Usually, your newborn's first exam will be between 48 to 72 hours from discharge. Subsequent visits are called well exams. Recommendations for your infant's first year will follow this basic pattern: 1 week of age, 1 month, 2 months, 4 months, 6 months, 9 months and 12 months. Usually the 6 and 12 month well visits are provided by pediatric nurse practitioners. Infants with special needs may require more frequent visits. This decision will be made by your child's pediatrician.

Insurance: Remember to call your medical insurance to add your baby to your policy. If you have HMO insurance, you will also need to add one of our physicians as your baby's primary care physician. Be familiar with your health insurance coverage, such as co-pays, coverage for well exams and immunizations, deductibles, etc. Many insurance companies will only pay for your newborn's healthcare if added within the first 30 days of life. Bring your medical insurance card with you at the time of your visit.

Telephone Advice: We have an advice nurse available Monday through Friday to help with newborn health questions.

What to Expect in the First Few Days of Life

The following are some helpful tips in the care of your newborn:

Breast-Feeding: Breast-feeding is the ideal and preferred method of

feeding. In the beginning, your baby will receive colostrum, a thin, clear to yellow liquid. However, in three to four days your milk production will increase and breast-feeding will get easier. Start breast-feeding for a few minutes (5 min. or so) on each side during the first few days, and then gradually increase the time. Be sure to alternate sides, beginning with the left breast for one feeding and with the right the next. Generally, feed the baby when he's hungry. Supplements are rarely needed for breast-fed babies, the less the better. If a problem arises with breast-feeding after leaving the hospital, you may call us or contact the breast-feeding clinic at the hospital where your baby was born.

Formula Feeding: If you are formula feeding, always feed your baby in your arms with his head slightly elevated. This will decrease the chance of choking and gagging. Consider using bottles that allow less air to enter your baby's stomach. This will decrease problems related to gas. For the first few days, he may eat a small amount, 2 to 3 ounces each feeding, on average. He will drink enough to satisfy his appetite. Do not use low-iron formula.

Stools: Ordinarily, infant stools are soft and yellow, and vary from 0 to 10 per day. Breast milk has very little waste; therefore after 4 weeks of age your infant may only have one stool every few days. Constipated stools are hard and marble-like. Therefore, if the stool is soft, does not cause fussiness and your infant is urinating and growing appropriately, do not treat it as constipation.

Cord Care: Clean the cord once or twice a day with alcohol if needed. After the cord falls off continue to wipe the navel with alcohol until it is dry and clean. The cord usually falls off within two weeks, but occasionally not until six weeks. It is normal to have occasional small bleeding, but call us if there is active bleeding, odor, swelling, pus drainage, or redness.

Bathing: Sponge bathe your baby with plain warm water and use a mild unscented soap sparingly. Keep the navel dry until the cord is off and the navel is healed. Then tub baths may be given. Only clean the outside of the ear canal. Removal of wax is not necessary.

Clothing: Dress the baby comfortably; usually a diaper and shirt are sufficient. The same room temperature that is comfortable for you is comfortable for your baby. Plastic pants, while convenient for going out,

should be used with caution. They can aggravate diaper rashes by keeping in the moisture and warmth and not allowing the diaper area to breathe.

Fever: During the first three months of life, call our office for any fever, temperature above 100 degrees F, taken rectally.

Jaundice: Most newborns will develop mild jaundice (yellowish skin) in the first few days of life. If your baby's skin (or whites of eyes) is mildly yellow, exposing your baby to indirect sunlight can make jaundice go away faster. Direct sunlight will cause sunburn. If the jaundice is quite noticeable, please call us for an appointment so we can determine if it needs to be treated aggressively. A blood test may be performed.

Sleeping: Babies vary a great deal in their sleeping requirements. Do not worry if he sleeps less than you think he should. We recommend infants sleep on their backs. Most babies have wakeful fussy periods, lasting several hours and occurring at the same time of day (or night). Being held usually relieves them. This is not unusual and will gradually improve. You can gradually guide your baby's sleeping pattern to coincide with your own by stimulating, feeding, and playing with him more often during the day and less at night. As the weeks and months pass, your baby will learn the difference between day and night. Your baby should gradually learn to sleep longer intervals at night while being more awake and doing most feedings during the day.

Circumcision: Baby boys are born with a covering over the end of the penis. A circumcision is a procedure to remove the skin, leaving the end of the penis uncovered. The procedure takes about 15 minutes to perform. Newborn babies can feel pain, so most doctors use local anesthesia. In our practice, we do circumcisions on the baby's one- week visit. Decision to circumcise or not can be very difficult. The American Academy of Pediatrics does not recommend that circumcisions be performed routinely. There is controversy whether circumcision is to be recommended or not. For now, it's your decision. A handout on the benefit and risk of circumcision can be found on our website in the Health Information Tab, and then click on the Informational Handouts tab.

Visitors: Visitors should be kept at a minimum during the first few

months and handling of the baby discouraged. Avoid persons with colds or other contagious illnesses.

Characteristics of Newborns

The following describes some common physical characteristics of newborn babies. Most are temporary; a few are congenital defects that are harmless but permanent.

Fontanel: This "soft spot" is found in the top front part of the skull. It is diamond shaped and covered by a thick, fibrous layer of tissue. It usually pulsates with each beat of the heart. It is safe to touch this area. The purpose of the fontanel is to allow rapid growth of the brain. It normally closes over with bone when the baby is between 9 to 12 months of age.

Molding of the Head: Molding refers to the long, narrow, cone-shaped head that results from passage through a tight birth canal. This compression can temporarily hide the fontanel. The head returns to a normal shape in a few days.

Caput: This swelling on top of the head or throughout the scalp is caused by fluid that is squeezed into the scalp during birth. Caput is present at birth and clears in a few days. If the swelling is large or getting worse, discuss with your pediatrician.

Body Hair (lanugo): Lanugo is the fine downy hair that is sometimes present on the back and shoulders of newborn babies. It is common in premature infants. It rubs off with normal friction by 2 to 4 weeks of age.

Folded Ears: The ears of newborns are commonly soft and floppy. Sometimes the edge of one is folded over. The ear will assume its normal shape as the cartilage becomes firmer over the first few weeks of life.

Ear Pits: About 1% of children have a small pit or dimple in front of the ear, below the temple. This minor congenital defect is not a problem unless it becomes infected.

Blocked Tear Duct: If your baby's eye(s) water continuously, he may have a blocked tear duct. This means that the channel that normally

carries tears from the eye to the nose is blocked. It is a common condition, and more than 90% of blocked tear ducts open up by the time the child is 12 months of age. If your newborn is uncomfortable, discharge is purulent, the eye is red, or the pupils are not equal, talk to your pediatrician.

Swollen Eyelids: Your baby's eyes may be puffy because of pressure during delivery. They may also be puffy and red if silver nitrate eye drops have been used. This irritation should clear up in about three days.

Hemorrhage on the Eye: Some babies have a flame shaped hemorrhage on the white of the eye. It is caused by breaking of blood vessels on the surface of the eye during birth and is harmless. The blood is reabsorbed in two to three weeks.

Eye Color: Your baby's eye color may change during the first six months of age. By 6 months, it is likely; you can tell what your baby's permanent eye color will be.

Flattened Nose: The nose may be flattened or pushed to one side during birth. It will look normal by 1 week of age.

Sucking Callus or Blister: A sucking callus occurs in the center of the upper lip from constant friction at this point during bottle- or breastfeeding. It will disappear when your child begins drinking from a cup. If the baby sucks his thumb or wrist, a callus may develop there too.

Tongue-Tie: In some newborns, the tongue has a short, tight band on the under-side that connects it to the floor of the mouth. This band usually stretches with time, movement, and growth. It usually doesn't cause any symptoms or interfere with sucking or speech development, but if it is tight, consult your pediatrician for more information.

Epithelial Pearls: There may be little cysts containing clear fluid or shallow, white ulcers along the gum line or on the roof of the mouth. They result from blockage of normal mucous glands. They disappear after one to two months.

Teeth: The presence of a tooth at birth is rare. About 10% are extra teeth without a root structure. The other 90% are prematurely erupted normal

teeth. The distinction between the two can be made with an x-ray. Extra teeth must be removed by a dentist because they can fall out unexpectedly and cause choking. Normal teeth need to be removed only if they become loose, because of the danger of choking, or if they cause sores on your baby's tongue.

Swollen Breasts: Many babies, both male and female, develop swollen breasts during the first week of life. The swelling is caused by the passage of the female hormones from the mother across the placenta during pregnancy. It generally persists for four to six months but may last longer in breastfed and female babies. Swelling may go down in one breast a month or more before the other breast. Never squeeze the breast because this can cause infection. Be sure to call our office if a swollen breast develops signs of infection such as general redness, red streaks or tenderness.

Female Genitals: Swollen Labia. The labia minora may be quite swollen in newborn girls because of the passage of female hormones across the placenta. The swelling will go down in two to four weeks.

Hymenal tags: The hymen also may be swollen because of maternal hormones and may have smooth 1/2-inch projections of pink tissue called tags. These tags are harmless. They occur in 10% of newborn girls and slowly shrink over two to four weeks.

Vaginal Discharge: A clear or white discharge may flow from the vagina during the latter part of the first week of life as maternal hormones in the baby's blood decline. Occasionally the discharge will become pink or blood tinged (false menstruation). This normal discharge should not reoccur once it stops.

Male Genitals: Hydrocele: The scrotal sac of newborn boys may be filled with clear fluid that has been squeezed into the scrotum during birth. This common, painless collection of fluid is called a hydrocele. A hydrocele may take 6 to 12 months to clear completely. It is harmless but should be checked during regular visits to the doctor. If the swelling changes size frequently, a hernia may also be present, or if your infant is in pain, consult your pediatrician.

Undescended Testicles: The testicle is not in the scrotum in about 4%

of full term newborn boys. Many of these testicles gradually descend into the normal position during the following months. In 1-year-old boy's only 0.7% of all testicles are undescended and needs to be brought down surgically.

Tight Foreskin: Most uncircumcised infant boys have tight foreskin that doesn't allow you to see the head of the penis. This is normal and should not be retracted. The foreskin separates from the head of the penis naturally by 5 to 10 years of age.

Erections: Erections occur commonly in newborn boys, as they do at all ages. They are usually triggered by a full bladder and demonstrate that the nerves to the penis are normal.

Feet Turned Up, In Or Out: Feet may be turned in any direction inside the cramped quarters of the womb. As long as your child's feet are flexible and can be moved easily to a normal position, they are normal. The direction of the feet will straighten between 6 to 12 months of age.

"Ingrown" Toenails: Many newborns have soft nails that bend and curve easily. The nails are not truly ingrown, because they don't curve into the flesh or cause irritation.

Tibial Torsion: The lower leg bones (tibias) normally curve inward in newborns because the baby was confined to a cross-legged position in the womb. If you stand your baby up, you will also notice that the legs are bowed and the feet are pigeon-toed. Both of these curves are normal and will usually straighten out after your child has been walking for 6 to 12 months.

Behavior: Some things newborn babies do commonly concern parents, but they are not signs of illness. Most are harmless reflexes caused by an immature nervous system and disappear in two or three months. These include:

- Chin trembling, lower lip quivering
- Frequent yawning
- Hiccups
- Passing gas
- Sneezing
- Noises caused by breathing or movement during sleep.

- Spitting up (small amounts) or belching.
- Startle reflex – a brief stiffening of the body in response to noise or movement (also called the Moro reflex or embrace reflex)
- Straining with bowel movements.
- Throat clearing or gurgling sounds caused by secretions in the throat. These are not cause for concern unless your baby is having difficulty breathing.
- Irregular breathing. An irregular breathing pattern is not cause for concern as long as your baby is content, his breathing rate is less than 60 breaths per minute, pauses between breaths are lasting less than 6 seconds, and he doesn't turn blue. Occasionally, infants take rapid, progressively deeper breaths to completely expand the lungs.
- Jitters are common in young infants, sometimes during crying. If your baby is trembling and not crying, give her something to suck on. If the trembling does not stop during sucking, call our office for an appointment.

If you have any questions after reading this informational guide, please schedule an appointment with your pediatrician.