

1st Visit Packet: Did they really let me leave the hospital with my new baby?



Development:

Babies at this age often:

- Raise their head a bit when placed on their tummy
- Focus on your face about 8-12 inches away
- Follow your face a bit from side to side
- Notice your voice
- Enjoy contrasts of light and dark things

Let's Play!

- Young infants enjoy rocking and cuddling
- Talking, singing and reading to your baby begins language and social development
- Offer bright colored objects to look at and touch

Vitamin D 400IU once daily is recommended daily for good bone development. Liquid Vitamin D drops can be found at your pharmacy or supermarket.

When can I take my baby out?

- Avoid going out for the first 2 weeks and be careful when you take your baby out for the first 2 months.
- Avoid exposing your newborn to crowded places which could expose him to illnesses such as the flu.
- Keeping your infant carrier covered helps discourage anyone from getting too close.
- Do get outside with your infant or take a walk in the mall on a weekday morning.
- Encourage everyone (including family) to wash their hands before touching your new baby.
- Kindly ask visitors to stay home if they are sick.

Feeding:

Feeding is a large part of your day right now. Take the time to relax and enjoy it. Move slowly and gently when offering breast or bottle and allow your baby to set the pace for feeding.

So Sleepy!

Right now you may need to keep your baby awake during feedings: undress and talk to him/her quietly.

How Much?

Breastfeeding: about every 2-3 hours and no more than 4 hours between feeds at nighttime. Typically 10-12 minutes per side of productive nursing provides enough nutrition.

Bottle Feeding:

Approximately 1-2 oz of formula every 2-4 hours. Try another 1/2 oz if your baby still seems hungry.

Expect 6-8 wet diapers and 2-4 (sometimes more) bowel movements per day. This lets you know if your baby is getting enough to eat.

Breastfeeding Advice and Support:

Please Call our office or your hospital Lactation Consultant if you have questions.



Always looking for more?

Most babies still need to suck even though they are full. Offer a pinky finger, pad side up or a pacifier to suck on.

Sleeping:

- Expect 12-20 hours of sleep per day with waking about every 2-3 hours for breastfed babies and about every 2-4 hours for bottle fed babies
- Try waking her every 2-3 hours during the day. This encourages more daytime eating and more nighttime sleeping.

Newborns do some very strange things...**My baby's hands and feet are peeling!**

The peeling skin is normal and the skin will usually be peeling less by 3 weeks of age. No moisturizer is needed.

My baby breathes in a weird way!

Breathing fast and then breathing slowly for newborns is called periodic breathing and is normal. Call the office if you count your baby's breaths and they are consistently more than 50 per minute.

My baby hiccups a lot!

This is very common for newborns and usually gets better within 1-2 months.

My baby's hands and feet look purple!

This color change can be normal for most newborns and will go away once they extend their hands or feet. If it doesn't get better, call the office.

My baby's arms extend quickly like she is surprised!

This is called the moro reflex and is a normal newborn reflex. It usually goes away by 4-5 months of age.

My baby's eyes look in different directions!

This is normal and usually resolves by 2 months old.

Sleeping Safety! - "Back to Sleep"

- Always place your baby on their back to sleep
- Sleeping surface should be firm.
- Nothing in the crib - no blankets, stuffed animals, pillows, no soft bumpers.
- We encourage sleeping in the same room for the first few weeks.
- DO NOT sleep with your baby in your bed. This greatly increases the risk of injury to your baby and SIDS (Sudden Infant Death Syndrome).
- Exposure to cigarette smoke - in the house, in the car and on your clothes increases the risk of SIDS, ear infections and asthma.
- Swaddling for sleep: Babies like to be swaddled until 8-12 weeks of age but **once they start to roll or close to it, stop swaddling with arms in.**
- Stop swaddling altogether if blanket loosens during sleep

**What else should I know?**

- Tummy time, 3 times per day while awake
- Tub bath 1-2x/week, sponge bath until umbilical cord comes off
- Call for fever >100.4 (rectally)
- Call if increasing jaundice, you cannot wake your baby up or poor feeding
- Close contacts should have the flu, pertussis and COVID vaccines

A Few Basics:

Fever:

Check for a fever:

- if your baby feels hot
- is acting very sleepy or very irritable
- does not look well to you

How to check an infant's temperature:

- 1) Use a digital thermometer
- 2) Cover with disposable plastic cover
- 3) Put some Vaseline or Petroleum jelly on the tip
- 4) Insert thermometer into baby's rectum about 1/2 inch

Circumcision Care:

Keep the area clean. Gently clean it with a wipe or wet wash cloth. The tip of your son's penis may look quite red and have a yellow secretion for a few days. These are both normal. This should gradually disappear after a week or so. Some types of circumcisions have a plastic bell or Plastibell. This cannot come off too early.

Call the office if:

- The plastic bell does not fall off in 14 days
- If redness or yellow pus does not gradually go away

Jaundice:

Jaundice happens to many babies. Babies turn yellow on the face, eyes and on the body.

Call if your baby looks yellow and is:

- Sleeping more and hard to wake up
- Eating less
- Having fewer wet diapers and bowel movements

Help, My Baby is Crying!

Swaddling: Swaddling infants helps them fall asleep and stay asleep. Keeping arms swaddled discourages little fists from bopping themselves in the nose. It also settles those baby reflexes that can wake them up. Babies are often more calm if swaddled 12-20 hours a day

If not a regular feeding time try:

- Changing diaper and then swaddle
- Offer a pacifier for a few moments to settle her down
- Take a break with your baby in a dark, quiet room
- Try white noise machine/running the dryer
- Loudly say "shhh" into your swaddled baby's ear
- While holding your baby gently and slowly jiggle or "shiver", do not shake, moving back and forth no more than an inch

Umbilical Cord:

The umbilical cord is likely to come off within the first 2 weeks.

- Keep the cord dry
- There is no need to put rubbing alcohol on the cord
- As the cord comes off there is often a grey/green discharge or some bleeding

Call the office if:

- The skin around the cord is red and swollen
- Belly button is oozing 7 days after the cord comes off

Some Helpful and Trusted Websites:

Healthychildren.org (American Academy of Pediatrics)
Genesispediatrics.com for our Genesis Advice Packet (GAP)
vec.chop.edu/service/vaccine-education-center/home.html
(Children's Hospital of Philadelphia for vaccine information)

Next Visit
See you in 1-2 weeks
for the 2 week visit!



Until further notice:
Enjoy from the comforts
of your home via Zoom!

SUPPORT GROUP FOR NEW PARENTS

A Morning Coffee Chat

The first weeks and months of parenthood can be beautiful but exhausting and challenging at the same time. Join Dr. Jennifer Radi, a Genesis Pediatrician and mother of 3, to share triumphs, struggles, and experiences as a new parent.



**One Friday
morning of every
month**

**Enjoy coffee and a
chat!**

**All caregivers are
welcome!**

**Meet other new
parents!**

**Newborn babies
are most
welcome!**

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Car seat safety: Avoid 9 common mistakes

[By Mayo Clinic Staff](https://www.mayoclinic.org/healthy-lifestyle/infant-and-toddler-health/in-depth/car-seat-safety/art-20043939) <https://www.mayoclinic.org/healthy-lifestyle/infant-and-toddler-health/in-depth/car-seat-safety/art-20043939>

1. Getting a used car seat without doing your homework

If you're considering a used car seat for your child, make sure the car seat:

- Comes with instructions and a label showing the manufacture date and model number
- Hasn't been recalled
- Isn't expired or more than 6 years old
- Has no visible damage or missing parts
- Has never been in a moderate or severe crash

If you don't know the car seat's history, don't use it.

2. Placing the car seat in the wrong spot

The safest place for your child's car seat is in the back seat, away from active air bags. If the car seat is placed in the front seat and the air bag inflates, it could hit the back of a rear-facing car seat — right where the child's head is — and cause a serious or fatal injury. An air bag could also hit and harm a child riding in a forward-facing car seat.

Vehicles that have only one row of seats, such as certain pickup trucks, should only be used if the air bag can be turned off with a key.

If you're placing only one car seat in the back seat, install it in the center of the seat — if a good fit is possible. Placing the car seat in the center minimizes the risk of injury during a crash.

3. Incorrectly installing the car seat or buckling up your child

Before you install a car seat, read the manufacturer's instructions and the section on car seats in the vehicle's manual. Make sure the seat is tightly secured — allowing no more than 1 inch (2.5 centimeters) of movement from side to side or front to back when grasped at the bottom near the attachment points — and facing the correct direction.

If you're using an infant-only seat or a convertible seat in the rear-facing position, keep these tips in mind:

- Use the harness slots described in the car seat's instruction manual, usually those at or below the child's shoulders. Place the harness straps over your child's shoulders.
- Buckle the harness straps and chest clip, ensuring a snug fit. The chest clip should be even with your child's armpits. Make sure the straps and clip lie flat against your child's chest and over his or her hips with no slack. If necessary, place tightly rolled small blankets alongside your baby to provide head and neck support. If the car seat manufacturer allows, place a rolled washcloth between the crotch strap and your baby to create a more secure fit.

4. Reclining your child at the incorrect angle

In the rear-facing position, recline the car seat according to the manufacturer's instructions so that your child's head doesn't flop forward. Babies must ride semireclined to keep their airways open. Many seats include angle indicators or adjusters to guide you. Keep in mind that as your child grows, you might need to adjust the angle. Check the manufacturer's instructions for details.

5. Moving to a forward-facing car seat too soon

Resist the urge to place your child's car seat in the forward-facing position just so that you can see him or her in your rearview mirror. Riding rear facing is now recommended for as long as possible, until a child reaches the highest weight or height allowed by the car seat manufacturer. You can start with a convertible seat, which can be used rear facing and, later, forward facing and typically has a higher rear-facing weight and height limit than does an infant-only seat. Or you can switch from an infant-only seat to a convertible car seat as your baby grows.

When your child reaches the weight or height limit of the convertible seat, you can face the seat forward. When you make the switch:

- Install the car seat in the back seat according to the manufacturer's instructions, using either the seat belt or Lower Anchors and Tethers for Children (LATCH) system.
- Use the tether strap — a strap that hooks to the top of the seat and attaches to an anchor in the vehicle — for extra stability.
- Adjust the harness straps so that they're at or above your child's shoulder level and fit snugly.

6. Not removing your child's heavy outerwear

Bulky outerwear and blankets can prevent harness straps from snugly securing your child. Buckle the harness, and then place a coat or blanket over the harness to keep your baby warm.

7. Moving to a booster seat too soon

Older children need booster seats to help an adult seat belt fit correctly. You can switch from a car seat to a booster seat when your child has topped the highest weight or height allowed by the car seat manufacturer. Remember, however, that your child is safest remaining in a car seat with a harness for as long as possible.

8. Incorrectly using a booster seat

Booster seats must be used with a lap and shoulder belt — never a lap-only belt. Make sure the lap belt lies low across your child's thighs and that the shoulder belt crosses the middle of your child's chest and shoulder.

9. Transitioning to a seat belt too soon

Most kids can safely use an adult seat belt sometime between ages 8 and 12. Here's how you'll know that your child is ready:

- Your child reaches a height of 4 feet 9 inches (nearly 1.5 meters).
- Your child sits against the back of the seat with his or her knees bent comfortably at the edge of the seat — and can remain that way for the entire trip.
- The lap belt lies low across your child's upper thighs — not the stomach. The shoulder belt rests on the middle of your child's chest and shoulder — not on the neck or face.

Remember, the back seat is the safest place for children younger than age 13.

If you have questions about child passenger safety laws or need help installing a car seat, participate in a local car seat clinic or inspection event. You can also check with the National Highway Traffic Safety Administration for help finding a car seat inspection station.

The DUDU wrap

There are as many ways to swaddle babies as there are ways to fold napkins for a dinner party, but one method is clearly the best. It's called the "DUDU" wrap. (DUDU, pronounced "doo doo", stands for Down-Up-Down-Up.)

Getting prepared to start swaddling

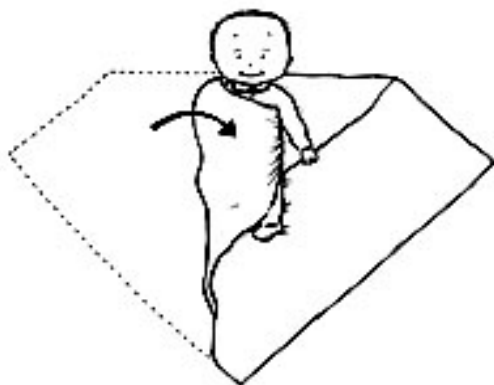


(When learning to wrap practice on a doll or on your baby when she's calm.)

- 1) Place the blanket on your bed and position it like a diamond.
- 2) Fold the top corner down so the top point touches the center of the blanket.
- 3) Place your baby on the blanket so her neck lays on the top edge.
- 4) Hold your baby's right arm down straight at her side. If she resists, be patient. The arm will straighten after just a moment or two of gentle pressure.

The DUDU wrap begins

1) DOWN



Just as swaddling is the cornerstone of calming, this first DOWN is the cornerstone of swaddling. This must be done well or the wrap will unravel.

Hold your baby's right arm straight against her side, grab the blanket 3-4 inches from her right shoulder and pull it very tightly down and across her body. (It should look like one side of a V-neck sweater).

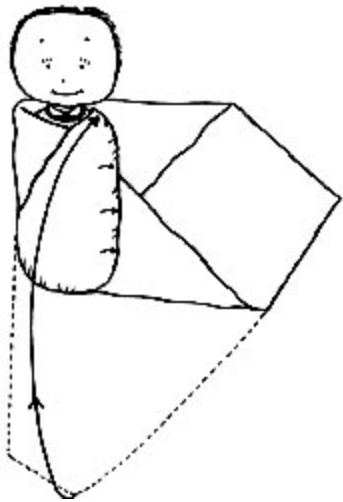
Tuck – Keeping the blanket taut, finish pulling it all the way down and tuck it under her left buttocks and lower back. This anchors the wrap.

Snug – While firmly holding the blanket against her left hip, grab the top edge of the blanket next to her unwrapped shoulder and tug it very snug. Pull the blanket tightly to remove any slack around your baby's right arm.

After this first "DOWN...tuck...snug", her right arm should be held so securely against her side she can't bend her arm up, even if you let go of the blanket.

Please, don't be surprised if your baby suddenly cries louder when you pull the blanket tight. You're not hurting her! Her cry means she's out of control and she's simply not aware she's just seconds away from happiness.

2) UP

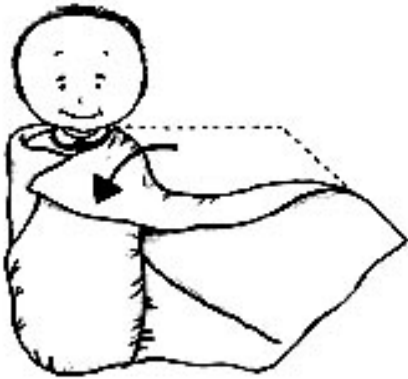


Now, straighten her left arm against her side and bring the bottom straight up to cover the arm. The bottom blanket point should reach up and over her left shoulder. It's OK if her legs are bent, but be sure her arms are straight.

Tuck – Tuck this corner tightly under her whole left arm with your right hand. Her arm should be pressed against her body.

Snug – While your left hand still holds her left arm down, use your right hand to grab the blanket 3" from her left shoulder and snug it with a continuous pull (stretch it as much as possible). This removes any slack.

3) DOWN



Still holding the blanket 3" from her left shoulder, pull the blanket taut and down, but only...a smidge.

A smidge – This DOWN should only bring a smidge of fabric over her left shoulder to her upper chest. Like the 2nd half of the V-neck sweater. (A mistake parents often make with the DUDU wrap is to bring this down fold all the way to their baby's feet... remember, it's just a smidge.)

Hold - Using your left hand, hold that small fold of blanket pressed against her breastbone, like you are holding down a ribbon while making a bow.

4) UP



As your left hand holds that fold, grab the last free blanket corner with your right hand and pull it firmly, straight out to your right. This will get every last bit of stretch and slack out of the wrap you've done so far. And, without releasing the tension, lift that corner in one smooth motion, up and...

Across – Bring it tightly across her waist and wrap it around her body like a belt. The belt should go right over her forearms, holding them down against her sides.

Snug - The finishing touch of the DUDU wrap is to snug the "belt" by giving it one last tight pull to remove any slack and then just tucking it in. This last tight snug and tuck keep the whole swaddle from popping open.

Your Child's First Vaccines:

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

The vaccines included on this statement are likely to be given at the same time during infancy and early childhood. There are separate Vaccine Information Statements for other vaccines that are also routinely recommended for young children (measles, mumps, rubella, varicella, rotavirus, influenza, and hepatitis A).

Your child is getting these vaccines today:

☐ DTaP ☐ Hib ☐ Hepatitis B ☐ Polio ☐ PCV13

(Provider: Check appropriate boxes.)

1 Why get vaccinated?

Vaccines can prevent disease. Most vaccine-preventable diseases are much less common than they used to be, but some of these diseases still occur in the United States. **When fewer babies get vaccinated, more babies get sick.**

Diphtheria, tetanus, and pertussis

- Diphtheria (D) can lead to difficulty breathing, heart failure, paralysis, or death.
- Tetanus (T) causes painful stiffening of the muscles. Tetanus can lead to serious health problems, including being unable to open the mouth, having trouble swallowing and breathing, or death.
- Pertussis (aP), also known as “whooping cough,” can cause uncontrollable, violent coughing which makes it hard to breathe, eat, or drink. Pertussis can be extremely serious in babies and young children, causing pneumonia, convulsions, brain damage, or death. In teens and adults, it can cause weight loss, loss of bladder control, passing out, and rib fractures from severe coughing.

Hib (*Haemophilus influenzae* type b) disease

Haemophilus influenzae type b can cause many different kinds of infections. These infections usually affect children under 5 years old. Hib bacteria can cause mild illness, such as ear infections or bronchitis, or they can cause severe illness, such as infections of the bloodstream. Severe Hib infection requires treatment in a hospital and can sometimes be deadly.

Hepatitis B

Hepatitis B is a liver disease. Acute hepatitis B infection is a short-term illness that can lead to fever, fatigue, loss of appetite, nausea, vomiting, jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements), and pain in the muscles, joints, and stomach. Chronic hepatitis B infection is a long-term illness that is very serious and can lead to liver damage (cirrhosis), liver cancer, and death.

Polio

Polio is caused by a poliovirus. Most people infected with a poliovirus have no symptoms, but some people experience sore throat, fever, tiredness, nausea, headache, or stomach pain. A smaller group of people will develop more serious symptoms that affect the brain and spinal cord. In the most severe cases, polio can cause weakness and paralysis (when a person can't move parts of the body) which can lead to permanent disability and, in rare cases, death.

Pneumococcal disease

Pneumococcal disease is any illness caused by pneumococcal bacteria. These bacteria can cause pneumonia (infection of the lungs), ear infections, sinus infections, meningitis (infection of the tissue covering the brain and spinal cord), and bacteremia (bloodstream infection). Most pneumococcal infections are mild, but some can result in long-term problems, such as brain damage or hearing loss. Meningitis, bacteremia, and pneumonia caused by pneumococcal disease can be deadly.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

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DTaP, Hib, hepatitis B, polio, and pneumococcal conjugate vaccines

Infants and children usually need:

- 5 doses of **diphtheria, tetanus, and acellular pertussis vaccine (DTaP)**
- 3 or 4 doses of **Hib vaccine**
- 3 doses of **hepatitis B vaccine**
- 4 doses of **polio vaccine**
- 4 doses of **pneumococcal conjugate vaccine (PCV13)**

Some children might need fewer or more than the usual number of doses of some vaccines to be fully protected because of their age at vaccination or other circumstances.

Older children, adolescents, and adults with certain health conditions or other risk factors might also be recommended to receive 1 or more doses of some of these vaccines.

These vaccines may be given as stand-alone vaccines, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

3

Talk with your health care provider

Tell your vaccine provider if the child getting the vaccine:

For all vaccines:

- Has had an **allergic reaction after a previous dose of the vaccine**, or has any **severe, life-threatening allergies**.

For DTaP:

- Has had an **allergic reaction after a previous dose of any vaccine that protects against tetanus, diphtheria, or pertussis**.
- Has had a **coma, decreased level of consciousness, or prolonged seizures within 7 days after a previous dose of any pertussis vaccine (DTP or DTaP)**.
- Has **seizures or another nervous system problem**.
- Has ever had **Guillain-Barré Syndrome** (also called GBS).
- Has had **severe pain or swelling after a previous dose of any vaccine that protects against tetanus or diphtheria**.

For PCV13:

- Has had an **allergic reaction after a previous dose of PCV13, to an earlier pneumococcal conjugate vaccine known as PCV7, or to any vaccine containing diphtheria toxoid** (for example, DTaP).

In some cases, your child's health care provider may decide to postpone vaccination to a future visit.

Children with minor illnesses, such as a cold, may be vaccinated. Children who are moderately or severely ill should usually wait until they recover before being vaccinated.

Your child's health care provider can give you more information.

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Risks of a vaccine reaction

For DTaP vaccine:

- Soreness or swelling where the shot was given, fever, fussiness, feeling tired, loss of appetite, and vomiting sometimes happen after DTaP vaccination.
- More serious reactions, such as seizures, non-stop crying for 3 hours or more, or high fever (over 105°F) after DTaP vaccination happen much less often. Rarely, the vaccine is followed by swelling of the entire arm or leg, especially in older children when they receive their fourth or fifth dose.
- Very rarely, long-term seizures, coma, lowered consciousness, or permanent brain damage may happen after DTaP vaccination.

For Hib vaccine:

- Redness, warmth, and swelling where the shot was given, and fever can happen after Hib vaccine.

For hepatitis B vaccine:

- Soreness where the shot is given or fever can happen after hepatitis B vaccine.

For polio vaccine:

- A sore spot with redness, swelling, or pain where the shot is given can happen after polio vaccine.

For PCV13:

- Redness, swelling, pain, or tenderness where the shot is given, and fever, loss of appetite, fussiness, feeling tired, headache, and chills can happen after PCV13.
- Young children may be at increased risk for seizures caused by fever after PCV13 if it is administered at the same time as inactivated influenza vaccine. Ask your health care provider for more information.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

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What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

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The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

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How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/vaccines

