



Simple Checklist for the Full-Term Healthy Newborn Visit

Stan L. Block, MD, FAAP

When I am in the nursery discussing routine newborn care with postpartum mothers, I run through a list of pertinent advice that I have developed over the years. The clinician may find the entire article of my essential tips helpful to use or distribute in their own practice.

TIPS FOR MOMS OF NEWBORNS

'Back' to Sleep/Preventing Crib Death

A newborn should sleep on his back only; no side or prone sleeping. Never let your baby sleep in your bed, especially during the first 4 months of life when the risk for sudden infant death syndrome (SIDS) is many-fold higher. Cosleeping with an older infant/child is also fraught with repercussions, such as poor sleep for all, and in my clinical experience, inevitable marital discord. Additionally, as early as 2 weeks, cosleeping babies are at significant risk for falling out of your bed at night (particularly if you get up to use the bathroom, even for just a few minutes) and fracturing a major long bone or skull, just the

kind of event for which child protective services have been known to remove babies from households. Also, creating the baby "pillow fortress" is too risky, as I recently explained to my daughters, both of whom were new mothers. Likewise, I would advise to never leave a baby alone high up on a changing table, bed, sofa, etc., at any age.

To help condition your baby, lay her down while she's still partially awake.

Bottle-fed and breast-fed babies only require small volumes of milk the first 3 days of life.

This will help her learn that being held is not essential to fall sleep. Rocking the baby completely to sleep will usually become a nightly ritual that is traumatic to break. Sleep comes much easier for all, if the baby eventually learns to "self-soothe" at night.

Your baby's crib mattress should be somewhat firm with a touch of cushioning. Avoid blankets and pillows inside the basinet or crib, etc., as these may increase the risk for crib death.

Typically, the room temperature for a sleeping baby should be less than 77°F. Another way to gauge it is that the room should be comfortable enough for a parent wearing light-weight clothing.

Pacifiers

Although controversial, these can actually be a soothing tool, as most babies want more nonnutritive sucking than the typical 7 to 10 minutes they get per feeding. Pacifiers sure make life easier if you have a temperamental baby (personal experience). Early pacifier use may reduce the risk for SIDS and likely improves rates of breast-feeding.¹

Breast-feeding

Breast-feeding is the best for your baby, but pace yourself — too much too soon can create unnecessary discomfort. By gradually increasing the feeding duration during the first week, then somewhat more during the next few weeks, your breasts will have a better chance to acclimate to the increasing vigorousness of nursing. Bottle-fed babies only eat 1 to 1 1/2 ounces per each feeding over the first few days. A breast-fed baby only eats about 1/2 to 3/4 of an ounce per breast per each feeding for the first few days.^{2,3} Thus, both the bottle-fed and breast-fed baby only require small volumes of milk the first 3 days of life.

During the first 3 to 5 days of your baby's life, the milk you are producing is called "colostrum." The "pins and needles" feeling of the breast "letdown reflex" usually occurs after 3 to 5 days. Not every mother experiences it, but if you do, it is a very reassuring sign that your milk production will be adequate.

After the fifth day, your full milk sup-

Stan L. Block, MD, FAAP, is Professor of Clinical Pediatrics, University of Louisville, and University of Kentucky, Lexington, KY; President, Kentucky Pediatric and Adult Research Inc.; and general pediatrician, Bardstown, KY. Address correspondence to Stan L. Block, MD, FAAP, via email: slblock@pol.net.

Dr. Block has disclosed no relevant financial relationships.

doi: 10.3928/00904481-20120625-04



Figure 1. Be aware of the need to increase the bottle nipple size as the baby grows.

ply comes in. At each feeding, about 80% of the milk you produce in the first 5 minutes is the “fore milk,” which is lower in calories than the nutrient- and fat-enriched “hind milk” that is delivered in the next 4 to 5 minutes. Thus, allowing your baby to nurse for more than 8 to 10 minutes on a single breast during the first week is probably unnecessary, since you will not actually produce any additional milk for the baby, but might cause yourself unnecessary nipple pain.⁴ To avoid this, the most common reason for breast-feeding discontinuation, try to limit nursing during the first week to feeding intervals of 2.5 to 4 hours for 8 to 10 minutes on each breast.

Be aware that during the first 24 hours of life, many babies are so sleepy that they may eat very poorly. This common pattern can be extremely stressful, especially for the first-time mother. The mother may think that her breasts are producing inadequately. However, after 24 hours, the baby will become more alert and eat more. So, be patient with the breast-feeding process during the first few days of life.

During the first few weeks, it may also help tremendously to read books about breast-feeding or to talk with any

close relatives or friends who have successfully breast-fed.

Try to avoid all baby bottles until the second week of life at the earliest. Otherwise, your baby may refuse to breast-feed due to the slower flow of your milk.

Breast Care for Nursing Mothers

Some experts suggest that breast pain caused by nursing may be alleviated by applying warm, wet tea bags (due to tea's tannic acid) to the nipples. Some women may also find nipple pain relief by using soft silicone nipple shields. Also, try frequently changing the angle at which you hold your child while he nurses.

Routinely apply medical grade lanolin cream or emollients to your nipples after every feeding. Do not routinely use soap to clean the nipples; just rinse them with warm water. For sore, cracked nipples, consult your doctor.

Ensure that the baby is properly latched on to the areola, and that the baby's suction is removed by your finger, before latching off.

The breast-fed baby needs extra daily vitamin D (preferably the much more palatable “Just D” formulation available at most drug stores or Amazon.com) after the first week. Administer 1 cc daily

as long as you are mostly breast-feeding.

A recent report has documented that breast-feeding mothers may safely ingest some caffeine while nursing, so feel free to enjoy some daily coffee or tea.

Bottle Feeding

Boiling or sterilizing bottles for formula feeding is unnecessary; wash your baby's bottles the same way you would your dinner dishes. Mixing tap water with powder or concentrate formula is acceptable. But if you instead choose to use bottled water products for mixing formula, be sure to specifically purchase the “nursery water” formulations, which have some fluoride supplementation. Introduction of an extra few ounces of water alone after the first week is fine. Be aware of the need to change nipple sizes as the infant grows, as the size of the nipple controls the amount of formula your baby receives with each feeding (See Figure 1).

Growth Spurts

Nearly all full-term infants will experience a growth spurt at about 2, 6, and 12 weeks of life. This can be alarming because it will seem as though your baby's appetite is almost insatiable, as



Figure 2. Newborn with flammeus nevus on the nape of the neck. One third of white newborns will have a flammeus nevus ("stork bite").



Figure 3. Two-day old infant with milia rubra.

he demands more quantity and higher frequency of feedings for nearly a full week. The baby is experiencing a temporary increased need for more calories to grow. No need to start cereal yet.

Bowel Movements and Urination

The baby usually has one or two stools per day in the first 2 days. After that, the infant typically will produce three to eight stools per day, with the breast-fed infant likely having at least one bowel movement per every feeding. This frequency is usually a good indicator of adequate milk intake for the bottle-fed or breast-fed infant. The appearance of healthy stools may range from soft, seedy, to watery; they may be any color — even green — but not red or bloody. If that happens, time to call the pediatrician. By 1 week, more than six wet diapers daily is typical.

Hard balls of stool or bowel movements less frequently than every 48 hours probably indicates constipation. In that case, contact your pediatrician.

Scalp Care

The small "soft spot" on the top of the head, called the "fontanel," is where the boney plates of the baby's head remain open to allow the large amount of brain growth during the first years of life. This is a normal feature. The fontanel usually closes after about 9 to 18 months. Do not be afraid to scrub this area gently with baby shampoo along with the rest of the scalp several times weekly.

If your baby's scalp is scaly or he has developed orange plaques of "cradle cap," I suggest shampooing the scalp daily with baby shampoo, but twice weekly substituting a dandruff shampoo that contains selenium sulfide.

Umbilical Cord Care

About three to four times daily, use a cotton swab to apply rubbing alcohol under and between the cord and the skin until the cord falls off. This will occur somewhere between 2 and 10 weeks. Do not give your baby a full, immersion bath until the cord falls off. These mea-

sures will usually prevent the wet, putrid cord smell.

Genitalia

Boys

If your male infant is circumcised, apply petroleum jelly to the wound after every diaper change. If uncircumcised, leave it alone; do not try to forcibly retract the foreskin. Circumcision is mostly a personal, social, or religious choice, although much data support its benefits in reducing early urinary tract infections and in later life, some sexually transmitted infections such as HPV, HIV, syphilis, and possibly others. About one-quarter of circumcised infants will develop some form of mild scar tissue at the head of the penis; this is easily removed, but only by your pediatrician when your baby is at least 2 months old.

Girls

A thick, white vaginal discharge is common for several months after birth.

SIDEBAR

Newborn Checklist

- | | | |
|--|--|--|
| <input type="checkbox"/> Car seat
<input type="checkbox"/> Head <ul style="list-style-type: none"> • Cradle cap • Shampoos • Soft spot <input type="checkbox"/> Fingernails <ul style="list-style-type: none"> • Emery board <input type="checkbox"/> Skin <ul style="list-style-type: none"> • Peeling • Lotions to dry spots (avoid lavender/tea tree oil) <input type="checkbox"/> Skin findings <ul style="list-style-type: none"> • Jaundice <input type="checkbox"/> Genitalia <ul style="list-style-type: none"> • Boys: circumcision? (circumcision care) • Girls: hygiene/vaginal discharge and rarely bleeding | <input type="checkbox"/> SIDS prevention <ul style="list-style-type: none"> • Sleep position • No co-sleeping • Falling out of bed • Crib mattress/no blankets • Pacifier <input type="checkbox"/> Breast feeding <ul style="list-style-type: none"> • 1st 24 hours are slow • Pace: 7 to 10 minutes per breast • Lanolin creams • Nipple shield • Medications and caffeine • Stool frequency <input type="checkbox"/> Formula/Bottle <ul style="list-style-type: none"> • No boil • "Nursery" water • Advancing nipple size | <input type="checkbox"/> Constipation <ul style="list-style-type: none"> • Baby laxative (glycerin suppository) <input type="checkbox"/> Parental vaccines <ul style="list-style-type: none"> • Tdap • Flu <input type="checkbox"/> Umbilical cord care <ul style="list-style-type: none"> • Alcohol/cotton swab • Timing • Sponge bath <input type="checkbox"/> Follow-up <ul style="list-style-type: none"> • Post-hospital • Jaundice • Avoid crowds • Extra help <input type="checkbox"/> Periodic breathing
<input type="checkbox"/> Swaddling |
|--|--|--|

Source: Stan L. Block, MD, FAAP. Used with permission.

Gently wipe it off using a tissue, cotton ball, or soft, damp wash cloth. Rarely, a moderate amount of brief, spontaneous vaginal bleeding can occur during the first 2 weeks of life; this is temporary, normal, and due to the maternal passage of hormones across the placenta. Be sure to clean between labial folds after each stool.

Fingernails

Filing your baby's fingernails with an emery board every few days is the preferred way to trim your baby's nails. If you use nail clippers, it's easy to accidentally clip the skin on the fingertips; chewing your baby's nails off with your teeth can transmit staph or herpes infections.

Skin Care

In the first month of life, most babies peel and molt skin, just like snakes. Apply lotion specifically to the trouble spots – usually wrists and ankles – several times daily. Daily application of emollients or skin creams may reduce atopic dermatitis in eczema-prone children. However, avoid the use of "calming creams" or any products containing tea tree oil or lavender because of their possible connection to the development of gynecomastia (breast lumps).

Skin Marks

Frequently, children have coincidental, innocuous skin spots, such as nevi, flammeus nevus ("stork bite"), Mongolian spots, hemangiomas, milia rubra, etc. (see Figures 2 and 3, page 272). The duration and benign nature of these findings can be explained to you by your pediatrician.

lian spots, hemangiomas, milia rubra, etc. (see Figures 2 and 3, page 272). The duration and benign nature of these findings can be explained to you by your pediatrician.

Jaundice

In the uterus, the baby produces extra red blood cells to carry oxygen. After birth, the breakdown of these extra red blood cells may cause an excessive orange skin discoloration. Occasionally, this breakdown can lead to bilirubin (jaundice level) that is too high, requiring treatment with special lights. Some doctors think that exposing the baby to indirect sunlight (never direct sunlight!) from a window may occasionally help

reduce the levels of jaundice. A heel-stick on the day of discharge from the hospital is commonly performed to determine the blood bilirubin level. Call your pediatrician if your baby starts to look like a little bronzed sun-god in the first few weeks.

Preventing Infections

Crowds are best avoided during the first 2 months of your baby's life. A newborn with a fever is a parent's — and pediatrician's — nightmare. Contact your pediatrician immediately if your newborn develops a fever more than 100.5°F.

Parental Vaccines

Both parents should be vaccinated with annual flu vaccines during the season, and with Tdap (especially the mother after 20 weeks of gestation but before delivery to best protect the baby).

Cabin Fever

If allowed by your obstetrician, taking short walks several times a week postpartum can help alleviate the stress of round-the-clock caring for a newborn.

Especially for first-time mothers, having a grandmother stay with you in the first weeks of a newborn's life is usually an excellent way to ensure you can take a break when you need one, and re-

ceive the advice and help of a seasoned mother. Asking the baby's father to help you by changing and holding the baby when you need a break also gives father and child a chance to bond.

Newborn Tests

Heel-stick metabolic testing is performed on all newborns. Your pediatrician will call you with the results within about 2 weeks. A pulse oximeter via a probe is usually performed at 24 to 48 hours of life to screen for some serious lung and heart diseases.

Periodic Breathing

In the first months of life, nearly all babies will have periods when they actually stop breathing for nearly 5 to 10 seconds. The baby will then progress into a pattern of more rapid breathing for 30 or so seconds. This breathing cycle often repeats itself and is totally normal. However, a baby who stops breathing for more than 20 seconds or develops any persistent blue color of the lips is cause for alarm. You should contact your doctor or emergency services immediately.

Spitting Up

Nearly all babies spit up or regurgitate some feedings. Even vomiting an entire feeding once a day is common. Contact

your pediatrician if the problem seems excessive or the baby seems constantly fussy.

Swaddling

Many temperamental babies respond to swaddling, or tight blanket wrapping, of the upper body. However, do not swaddle the legs, as this may be associated with hip dislocation. ■

REFERENCES

1. Kair L, Phillipi C. *Increase in supplemental formula feeds observed following removal of pacifiers from a mother baby unit.* Presented at: Pediatric Academic Society Annual Meeting; April 30, 2012; Chicago, IL.
2. Howie PW, McNeilly AS, McArdle T, et al. The relationship between suckling induced prolactin response and lactogenesis. *J Clin Endocrinol Metab.* 1980;50:670.
3. Lucas A, Lucas PJ, Baum JD. Differences in the pattern of milk intake between breast and bottle fed infants. *Early Human Dev.* 1981;5:195.
4. Neville MC. Determinants of milk volume and composition. In Jensen RG, ed. *Handbook of Milk Composition.* San Diego, CA: Academic Press; 1995.

RECOMMENDED READING

Meek JY, ed. *New Mother's Guide to Breast Feeding*, second edition. Elk Grove Village, IL: American Academy of Pediatrics; 2012.

Shelov SP, ed. *Your Baby's First Year*, third edition. Elk Grove Village, IL: American Academy of Pediatrics; 2010.