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CARING FOR YOUR BABY

Getting to Know Your Baby

Sometimes, new parents are unsure of themselves. But as long as your baby is loved, well fed, and comfortable, you need not worry that you are inexperienced parents.

Your baby is an individual from the day he or she is born. As the parents, the people most closely involved, you will come to know your baby best. Trust yourself. Don't take too seriously all the advice of well-meaning friends and relatives.

All babies sneeze, yawn, belch, have hiccups, pass gas, cough, cry, and get fussy. These are normal behaviors. Sneezing is the only way that babies can clean their noses. Hiccups are just little muscle spasms, and they often can be stopped by giving the baby a few swallows of lukewarm water. Crying is a baby's way of saying, "I'm wet." "I want to be held." "I'm too hot." "I'm too cold." "I'm bored." "I'm hungry." You will gradually learn to know what your baby means when he or she cries.

Because your baby has not had time to build up resistance to infection, try to limit visitors during the first few weeks at home. Discourage friends and relatives from handling the baby. There will be lots of time for that later.

GENERAL CARE

Medical Care

Your baby should have regular medical examinations, even though he or she appears well. These visits will give me a chance to check on your baby's growth and development and to talk with you about baby care. I will also give the baby "shots" (or immunizations, or injections) to protect against some childhood diseases. An immunization schedule and record appear at the end of this booklet.

Your baby's first medical checkup should be 1 week of age unless, of course, my attention is needed sooner. Please call my office for an appointment.

Phone me during office hours when you feel you need advice. I will be happy to give you guidance and answer your questions. You will find it helpful to have paper and pencil ready for writing down any instructions I may give.

If an emergency occurs, call me immediately.

These are some signs of illness that should be reported to me:

1. Fever, with rectal temperature of 101°F or higher (in infants under 2 months of age report temperature of 100.4° or higher)
2. Refusal of feedings or repeated vomiting (not just spitting up)
3. Excessive crying without obvious cause
4. Listlessness
5. Frequent fluid bowel movements (with mucus, blood, or foul odor)
6. Any unusual rash (not just prickly heat rash) or jaundice (yellow) color of skin

Safety

You want to do everything possible to assure a safe environment for your baby. Beginning with the first car trip home from the hospital, you should always use an infant car seat whenever you take the baby for rides. A baby can be seriously injured in a sudden stop if held in a passenger's arms rather than secured safely in an infant car seat. I will be glad to help you choose a good infant car seat.

There are many simple ways to assure your baby's safety at home. For example, never leave the baby alone on a table or other high place, where he or she could roll off.

Be sure the slats on the crib and playpen are no more than 2 3/8 inches apart, so the baby's head cannot possibly get caught between them. The mattress should be firm, flat, and fit the crib snugly on all four sides. Keep the crib free of clutter. This means no pillow and no toys that the baby could become entangled in.

Babies are attracted to colorful and shiny objects. Keep small objects like buttons and pins away from the baby's reach so he or she is not tempted to pick them up and swallow them.

A baby's delicate skin can be burned easily. When you take the baby outside, protect him or her from hot rays of the sun. Always test the water before your baby's bath to be sure it is not too hot. Smoking cigarettes while feeding or playing with the baby could be dangerous, because hot ashes could fall on the baby. Also, don't hold the baby while cooking. Hot fat could splatter on the baby, or he or she could touch hot pans or their contents.

Comfort

Room temperature. Try to keep an even, comfortable temperature in your baby's room. Windows may be opened in warm weather, provided the baby is not in a draft and the room temperature does not fall below 68°F.

Crib. Cover the mattress with a waterproof cover, quilted pad, and soft baby sheet. Do not use a pillow. Cover the baby with one or two cotton blankets. Do not wrap your baby in a blanket, because this limits free movement. Babies should be placed down to sleep on their backs.

Clothing. A baby does not require any more clothing than an adult. Dress your baby according to the temperature. Some babies are allergic to certain materials, so watch for rashes in areas in contact with clothing.

Outdoors. You can take your baby outside whenever the weather is pleasant. Babies born during warm weather may be taken outside after they are about 2 weeks old. If you use a carriage or stroller, be sure the wind blows over the top and not into it, directly on your baby. You should avoid taking your baby to crowded places in the first 2 months of life.

Care of Navel and Circumcision

The umbilical cord will fall off within a few weeks. Each time you change your baby's diaper, use a cotton ball to apply alcohol/water on the navel. Sometimes, a few drops of blood may appear when the cord falls off; this is no cause for worry.

If your baby boy was circumcised, watch for swelling or bleeding. Telephone me if this happens.

Bathing

It's a good idea to have a fairly regular time for bathing your baby. The room should be warm, with no drafts. Keep bathing supplies together to save yourself steps.

Wash your baby by sponging until the navel (and penis, if circumcision was performed) is healed. Then, you can bathe your baby in a small tub containing 3 inches of comfortably warm water. Check the temperature of the water with your elbow.

Wash the baby's face with plain, warm water and a soft cloth; do not use soap. To clean around the eyes, use cotton dipped in cool water wipe from the bridge of the nose toward the ear. Do not try to clean the inside of either the nose or ears, but clean outer areas with a moist washcloth or cotton ball.

Wash your baby's head with a mild shampoo. Work from front to back to keep suds out of the baby's eyes. Clean carefully over the soft spots on a young baby's head. If you notice a greasy scaling (cradle cap), call me.

Use a mild soap and warm water to wash the baby's body. Be sure to wash in the folds of skin. Rinse well. Pat the baby dry. Do not use powder after the bath, because the baby could inhale the powder and have trouble breathing. If the skin is very dry, you may use baby lotion sparingly after the bath.

Trim your baby's nails with a nail clipper. This may be necessary several times a week.

Stools

Stools of newborn babies vary considerably in size, color consistency, and frequency. A baby may have several bowel movements daily, or none for a few days. Stools may be yellow, brown, or green and may be firm, loose, or pasty. Soft, loose, pasty stools are typical for breast-fed infants.

Change your baby's diaper area and wipe it gently with a cotton ball moistened with water or baby lotion.

One of the most common illnesses among infants and young children is diarrhea. Usually, diarrhea lasts only a few days and can be managed at home. During bouts of diarrhea, regular feedings, especially milk, sometimes should be replaced with special fluids containing important nutrients (electrolytes) in amounts similar to those lost in stools. I suggest you buy a few cans of Infalyte so you have them on hand if you need them. But call me for instructions if your baby has diarrhea for more than a day, especially if accompanied by vomiting or fever.

FEEDING

At Feeding Time

Feeding is one of your baby's most pleasant experiences. At feeding time, the baby receives nourishment from food and a feeling of security from parents' loving care. The food helps your baby to grow healthy and strong. Parental love starts your baby in the development of a secure and stable personality.

Both you and the baby should be comfortable at feeding time. Choose a position that will help you to relax as you feed your baby. For your baby's comfort, be sure he or she is warm and dry.

Whether breast-feeding or bottle-feeding, hold your baby close. The baby's head should be slightly raised and rest in the bend of your elbow.

A Schedule With Flexibility

A feeding schedule usually is most satisfactory if it is flexible, allowing the baby to eat when he or she becomes hungry. Very young babies usually want to be fed every 2 to 4 hours, but older babies may wait for 5 hours between feedings. Although crying is the only way a young baby can complain of hunger, crying may mean other things as well. If your baby occasionally cries within 2 hours after a feeding, hunger probably is not the problem.

Type of Feeding

Breast milk is the best feeding for a baby. If you do not choose to breast-feed, I will recommend Enfamil, fortified with iron.

Technique of Breast-Feeding

Before feeding your baby, rinse your breasts with plain water, and pat them dry.

You may need to help a newborn baby start nursing. Do not push the baby toward the breast. Instead, as you hold the baby, gently stroke the cheek nearer the breast. The baby will respond by turning his or her head to the breast and seeking the nipple.

The nipple and the dark area around it (the areola) should be in the baby's mouth. Pressure of the baby's mouth on the areola releases milk from your breast. You may need to place a finger or two on your breast to keep it away from the baby's nose. Otherwise, the baby may have trouble breathing.

Use both breasts during each feeding. When you begin to nurse, put the baby to each breast for about 5 minutes. Gradually build up to 10 to 15 minutes at the first breast. Continue at the second breast until your baby is satisfied. Many babies will suck for a long time. However, the milk is usually emptied from each breast in 10 or 15 minutes. Prolonged nursing can be exhausting for you and your baby.

Begin each feeding at the breast you finished with the previous time, especially if the baby did not feed long at the breast. I suggest you put a diaper pin on your bra strap to remind yourself which breast to begin with at the next feeding.

If you need to be separated from your baby at feeding time, you can leave either a bottle of milk that you "expressed" (squeezed) from your breasts or a bottle of prepared infant formula. If you use supplemental formula, I recommend the one checked below.

Suggested Supplementary Feeding

(See Formula Preparation Instructions on the next page)

- Enfamil® LIPIL with Iron Lactofree LIPIL ProSobee LIPIL
- Enfamil® AR LIPIL Nutramigen LIPIL
- Concentrated Liquid, _____ ounces (oz), plus _____ ounces (oz) of water
- Powder, _____ level scoops*, plus _____ ounces (oz) of water
- Ready-To-Use, _____ ounces (oz)

Technique of Bottle Feeding

Hold the bottle so that the neck of the bottle and the nipple are always filled with formula. This helps your baby receive formula instead of air. Air in the baby's stomach may give a false sense of being full and may also cause discomfort.

Sucking is part of the baby's pleasure at feeding time. A baby may continue to suck on a nipple even after it has collapsed. So take the nipple out of your baby's mouth occasionally to be sure it hasn't collapsed.

Never prop a bottle and leave your baby alone to feed. The bottle could slip and make the baby gag. Also, drinking from a propped bottle may be related to tooth decay (cavities) in older infants. Remember, too, your baby needs the security and pleasure of being held at feeding time. Face to face contact is very important for your baby.

Most babies feed for 15 to 20 minutes. Sometimes your baby will take all the formula in the bottle and sometimes not. Don't worry; this is normal. You should never force your baby to eat or to finish every bottle. Throw out any formula left in the bottle.

When your baby regularly finishes the entire bottle at each feeding - and sometimes cries for more - it may be time to increase the amount of formula. Your baby will need larger amounts of formula as he or she grows.

After feeding time, rinse the bottle with cool water and squeeze water through the nipple hole. Although you will wash the equipment thoroughly later, nipple holes may clog if they are not rinsed right after use.

Test nipples regularly to be sure the holes are the right size. If the nipple holes are too small, the baby may tire of sucking before getting all the formula he or she needs. If the holes are too large, the baby will get too much formula too fast. The baby may also get so much air that he or she spits up all or part of the feeding.

When the nipple holes are the right size, warm infant formula should drip smoothly with forming a stream. To enlarge holes that are too small, use a white-hot needle. An easy way to heat the needle is to put the blunt end in a cork and heat the point in the flame of a match or cigarette lighter.

* Use the scoop that comes with the formula. Do not use any other kind of spoon or measure. Powder is also available in packets. If you buy packets, follow the preparation instructions carefully.

Burping

Burping your baby helps remove swallowed air. To burp your baby, hold him or her upright over your shoulder, and gently pat or rub the back. Another way is to place the baby face down across your lap and gently rub the back. Or you can sit the baby on your lap, leaning slightly forward, with your hand support in the chest.

Burp your baby several times during as well as after each feeding. Sometimes a baby will not be able to burp. Do not force the baby to burp if the first few attempts are not successful. Don't be alarmed if your baby spits up a few drops when being burped.

Other Feeding

When that time is near, I will discuss with you the addition of new foods to the baby's diet.

FORMULA PREPARATION

During the first three months of life, I recommend using nursery water or boiled tap water if you use concentrated liquid or powder formula. Never add water to Ready-To-Use formula.

All items used in preparing your baby's formula must be clean. Scrub bottles, nipples, and caps with hot water and detergent, using a bottle brush. Squeeze water through the nipple holes. The measuring pitcher, can opener, and other articles also should be washed well. Rinse everything thoroughly with hot water.

Just before you mix the formula, wash your hands well. Then wash the top of the formula can with soap, rinse it, and dry it before opening. Be sure you check the expiration date on the can; don't use the formula after that date.

Prepare the formula I indicate here according to the following instructions.

- Enfamil® LIPIL with Iron
- Lactofree LIPIL
- ProSobee LIPIL
- Enfamil® AR LIPIL
- Nutramigen LIPIL

To Warm Formula

If your baby prefers warm formula, remove a bottle from the refrigerator just before feeding and put in a pot of hot (not boiling) water for a few minutes. Or use a bottle warmer. Do not use a microwave oven, because the formula may become scalding hot while the bottle remains cool to the touch.

Before feeding the baby, test the temperature of the formula by shaking a few drops on the inside of your wrist. It should feel warm, but not hot.

VITAMINS

Vitamins are not necessary until after 6-8 weeks in breast-fed infants. They are not necessary in formula fed infants.

**SCHEDULE OF ROUTINE VISITS AND IMMUNIZATIONS
AS RECOMMENDED BY
THE AMERICAN ACADEMY OF PEDIATRICS**

Newborn - physical exam

1 week - physical exam, HBV

1 month - physical exam, HBV

2 months - physical exam, DTaP IPV HIB Pneumococcal, Rotateq

4 months - physical exam, DTaP IPV HIB Pneumococcal, Rotateq

6 months - physical exam, DTaP Pneumococcal, HBV, Rotateq

9 months - physical exam

12 months - physical exam, MMR, Varicella (chicken pox)

15 months - physical exam, HIB Pneumococcal, DTaP, IPV

18 months - physical exam, Hep A

24 months - physical exam Hep A, (2 yrs. and older)

3 years - physical exam

4 years - physical exam

5 to 6 years - Kindergarten physical, UA DTaP MMR IPV, Varicella;

After the Kindergarten physical, we recommend an annual visit.

11 years - 6th Grade physical, UA, TdaP

After 11 years of age, we recommend an annual exam. **We cannot sign any physical forms unless your child has been in our office for a routine physical exam within the past year.**

14 years - High School physical, PPD (tuberculosis skin test),

Menactra is recommended at High School and College level.

Influenza is recommended 6 mos. and older

[Abbreviations: TdaP = diphtheria, tetanus, acellular pertussis (whooping cough)
IPV = inactivated polio vaccine
HepA = Hepatitis A vaccine
HIB = Haemophilus influenza type B
HBV = hepatitis B vaccine
dT = diphtheria, tetanus
UA = urinalysis
MMR= Measles-mumps-rubella vaccine]

IMMUNIZATION RECORD

Vaccine	Date Given m/d/y	Age	Physician Stamp/Initials
DT DTP DTaP 1			
DT DTP DTaP 2			
DT DTP DTaP 3			
DT DTP DTaP 4			
DT DTP DTaP 5			
TdaP			
Menactra			
Pneumococcal 1			
Pneumococcal 2			
Pneumococcal 3			
Pneumococcal 4			
HIB 1			
HIB 2			
HIB 3			
HIB 4			
HepA 1			
HepA 2			
HBV 1			
HBV 2			
HBV 3			
IPV 1			
IPV 2			
IPV 3			
IPV 4			
MMR 1			
MMR 2			
Varicella 1			
Varicella 2			
Rotateq 1			
Rotateq 2			
Rotateq 3			

