Pediatrics at Stapleton Plaza

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Congratulations! The commercials are right...having a baby changes everything. Pediatrics at Stapleton Plaza is here to help you through the difficult, exhausting, amazing first few weeks of parenthood.

BREASTFEEDING

Breast milk is the ideal food for babies. Establishing breastfeeding, however, often takes a little work. When you bring your baby home, try to feed him at least every 3 hours during the day. Often this will mean waking her up for feedings - easier said than done for many newborns. Undressing your baby and changing her diaper sometimes work. At night you can let your baby go a 4 or 5 hour stretch once. Wait until your baby opens his mouth widely to latch her on; a deep latch helps your baby get more milk and reduces nipple pain. Don't settle for a so-so latch - break the suction with your finger and try again if you have to. Shallow latches hurt! Some nipple pain when your baby first latches on is common early on and gets better quickly, but pain persisting through a feeding is a sign of problems - call us or the hospital lactation counselor for help. Although breastfeeding is more work in the first few weeks, it quickly becomes easier than formula feeding as your baby gets better at it - no bottles to wash or warm up at 2 am! After breastfeeding, you can let your nipples air-dry or use a soft cloth and some nipple cream. At around 3 to 5 days your milk will come in. You'll know it when it happens because you will suddenly feel like you have boulders on your chest. Feeding your baby is the best relief for engorgement. If she has trouble latching because your breasts are too hard, try pumping for just a minute or a warm shower or cloth before feedings. After feedings, a cold pack or cold cabbage leaf in the bra (seriously!) helps with discomfort. In a few days engorgement normally settles down and they'll feel much better.

There are a few medical reasons to give formula; weight loss more than 10%, severe jaundice, low blood sugar, or no urine. The other valid reason is if you darn well want to! An occasional bottle of formula after breastfeeding is established so you can get some sleep is fine. Until your milk comes in, your baby is getting a little colostrum when he feeds. Colostrum is very nutritious and full of antibodies to protect against infection, but the volume is only about 1-2 teaspoons. Most babies are sleepy in the first few days anyway and don't care that they're not getting much, but a few get really hungry. If you need to supplement with formula, put your baby to the breast first for about 20 minutes, then offer up to an ounce of formula. You can use a syringe or a supplemental nursing system (available from lactation programs) if you're concerned about nipple confusion - most babies can go between breast and bottle without problems, but some will have difficulty after trying the easier bottle feeding. Pumping while dad feeds the baby will help stimulate your milk supply. In most cases, once your milk comes in supplementing will no longer be necessary. We follow the weight of breastfed babies closely, as this is the best sign of adequate intake, and we are happy to do free "weight check" nurse visits as often as you want. Other signs of getting enough milk include at least 6 wet diapers a day and stools becoming less tarry. Usually within 24 hours of your milk coming in stools will become yellow and very loose and frequent.

Breast milk has all sorts of known and unknown substances that are good for your baby. The one thing it doesn't have enough of is vitamin D, unless you're getting megadoses. Light-skinned people in Colorado in the summer are usually getting megadoses from the sun, but in the winter when the sun's at a lower angle it doesn't work. Babies of darker-skinned breastfeeding moms need vitamin D supplementation year round. Vitamin D deficiency is known as rickets, and it causes bone problems. You can buy infant vitamins over the counter, typically near the kid's chewables. Anything with vitamin D is ok - the most common brands are Tri-vi-sol, Poly-vi-sol, and Gerber. Start them at about 2 weeks. None of these taste good, and your baby is going to make terrible faces. Sometimes you can get away with mixing it with a little breast milk in a bottle. Otherwise, just feed right away afterwards to wash it down. You should take prenatal vitamins, but those are more for your health than the baby's.

FORMULA FEEDING

Milk-based formulas supplemented with iron and the fatty acids DHA and ARA are good first choices for most babies. Differences between brands within a given type of formula (milk, soy, partially hydrolyzed, or hypoallergenic) are fairly minor. If you are using powder or concentrate formula be sure to follow the mixing directions exactly. Tap water is fine for mixing formula - Denver water is clean and the fluoride levels are more closely regulated than bottled water. The only exception is if you live in area using untreated well water. Bottles and nipples should be clean but do not need to be sterilized. The safest way to

warm formula or pumped breastmilk is to place the bottle in a cup of warm water. The microwave can create hot spots by overheating fats.

Bisphenol-A is a chemical widely used in plastics, including almost all baby bottles made before 2008. The chemical has been banned in baby bottles in Canada because of health concerns and is currently under review by the FDA. New products are labeled BPA-free but if you're buying or borrowing older bottles check the bottom - bottles with BPA are usually marked with recycling number 7. If you use glass, use a cover over the bottle to keep it from shattering everywhere if (when!) it's dropped.

Always hold your baby during feedings - a partly upright position is best. Most babies will only take 1/2 to 1 oz in the first few days, increasing to 2 to 3 oz in the first few weeks. Try to burp your baby after every 1 to 2 oz of formula. Air-releasing bottles like Avent or Dr. Brown's may help your baby swallow less air. Don't try to make your baby finish bottles - most babies are good at self-regulating and will take as much as they need.

Putting rice cereal in bottles is a grandma's cure for not sleeping. Unfortunately, studies don't support that it actually helps with sleep. We'll try this occasionally for severe reflux, but otherwise it's not helpful. Your baby doesn't need any solids until 4 to 6 months, and then it's best done with a spoon. Never give babies honey before a year - it can cause infant botulism.

SPITTING UP

Most babies will spit up occasionally, and some will spit up at every feeding without any ill effects. Spitting up is technically reflux, but it's not necessarily because anything's wrong. The sphincter at the top of a baby's stomach is loose and floppy relative to an adult's, and the amount of liquid they drink relative to body size is enormous. Imagine drinking 2 quarts of milk every few hours - that's the equivalent of a 4 oz bottle for a 10 lb baby! As long as your baby is not fussy after feedings and is gaining weight well, reflux is okay. Frequent burping and upright positioning often help. You can use a front-pack baby carrier, swing or bouncy seat to help keep him upright for 20 to 30 minutes after feedings. This works best if his torso is as straight as possible to decrease pressure on the stomach - a folded blanket behind her bottom sometimes helps. Call us immediately if your baby vomits green, bright yellow, or bloody material or projectile vomits 2 feedings in a row. A "curdled" appearance is normal - that's just what stomach acid does to milk. If your baby is fussy after feedings and with spitting up and arches her back with feedings, she may be having pain due to acid reflux - bring her in for an appointment. The difference between spitting up and vomiting is that spitting up is effortless, like a burp, and vomiting involves retching and gagging and is more unpleasant for everyone. Vomiting is generally a sign of illness - call us if it happens more than once.

PEE AND POOP

Because of their liquid diet, most babies pee with every feeding and poop with most. Breastfed babies have very liquid stools, about yogurt consistency. Any soft stool with some seedy/solid material is normal - call if stools are so liquid that they soak into the diaper completely. Formula fed babies usually have thicker stools, pudding to toothpaste consistency, and are more prone to constipation. Straining and turning red with stools are normal as long as stools are soft - babies can't control their body well yet and are still learning which muscles to use. In the first month of life, bring your baby in if he doesn't stool at least once a day if bottle fed or at least twice a day if breastfed - sometimes in the first few weeks constipation happens because babies aren't getting enough milk. Breastfed babies will sometimes stool very infrequently after the first month, sometimes only every 4 or 5 days. As long as stools are still soft, this is normal. If you see hard or playdoh-like stools you can give 1 ounce of water or 1/2 to 1 oz prune or pear juice. Babies under 4 months shouldn't have more than 2 to 3 oz of water a day because of the risk of water intoxication. Other than for constipation, you don't generally need to give extra water - there's enough in breast milk or formula.

In the first week of life, breastfed babies will sometimes have red crystals in their urine that look like brick dust. This is sometimes a sign of dehydration, although it often happens after the milk comes in and the baby is rehydrating and producing more urine. If there's any question about whether the baby is getting enough milk, bring him in for a weight check.

Gas is a common problem with young babies. Before babies are born there is no bacteria in their intestines. At birth they are colonized with normal bacteria, and these bacteria make gas. As with stooling, babies often fuss with gas pains because they don't know how to release it yet. Some parents find gas is worse if a breastfeeding mother has spicy foods, or if babies are sensitive to cow's milk proteins in formula or breast milk. However, no diet will eliminate gas completely, and for many babies mom's diet and formula type make no difference. If you try eliminating some of these things do so for a limited period and keep records of the behaviors you are watching for (ie, crying time.) To help your baby release gas you can try tummy massage or bicycling motions with her legs. If that doesn't work, try gentle rectal stimulation with a lubri-

cated thermometer or q-tip placed just barely inside the anus - this stimulates relaxation of the sphincter. Mylicon and gripe water are safe to use but may or may not be effective. Mylicon tastes good, and will sometimes stop crying immediately just because of the sweetness!

SKIN AND CORD

Adjusting from a water-filled environment to the Colorado desert air causes some changes. Many babies will have peeling and even cracking at the wrists and ankles. Unscented lotions or creams (Aveeno, Aquaphor, Eucerin, Bag Balm, etc.) can help with this. Newborns have very sensitive skin and often react to the "baby perfume" found in many baby lotions, fabric softeners, and scented detergents. Don't immerse your baby in water until after the umbilical cord falls off because of the risk of transferring bacteria to the tissues there. If he needs it, a sponge bath is okay - start at the top and move down, cleaning the diaper area last. Newborns usually hate to be cold and naked, so keeping the room very warm and wrapping the areas you aren't cleaning in a towel might make any bath more pleasant. Most babies only need a bath once or twice a week until they start to have messier activities.

The umbilical cord can fall off as early as the first week or as late as a month. It's normal to have a little blood or mucosy drainage for a few days after it falls off. If the skin around the belly button looks red or swollen, bring the baby in immediately - this could be a serious infection. Profuse drainage is also a cause for concern. Fold the diaper under the cord until it comes off to avoid irritation. You can also trim the dried cord with nail clippers if it seems to be scratching your baby. Many hospitals will instruct you to clean the cord with alcohol. It doesn't hurt to do this, but recent studies haven't shown that it helps with infection rates either. Babies usually have "outies" at first - most will become "innies" after a few months.

Jaundice is a yellow coloration of the skin and eyes because of excess bilirubin. Bilirubin is a chemical made when red blood cells break down. It is processed in the liver and passed in stool. Before birth, the mother's placenta removes bilirubin from the baby. After birth, the baby's liver has to do the work, and it often takes a week or two to get up to speed. Low levels of jaundice are not harmful, but very high levels can be. Babies are usually checked for bilirubin levels before they go home from the hospital. Most babies peak at 3 or 4 days old and then get better, so we like to see babies in the office around this time period. If they look unusually jaundiced we will check the blood test for bilirubin to see if the baby needs treatment. Jaundice always starts in the whites of the eyes and the face and then extends down the body. In full term babies over 2 days old, call if you see jaundice below the upper chest or if your baby looks very yellow. Premature babies are more susceptible to problems from jaundice. If your baby is premature or at home before 2 days old, call if you see any yellow color to their skin. Maximizing feeding is the first step in treatment of jaundice. If you are breastfeeding, consider pumping after feeds and giving the baby any extra milk you get with a bottle or syringe. Whether breastfeeding or bottle feeding, make sure your baby is eating every 2 to 3 hours. The more they eat, the more they poop, and the more bilirubin they get rid of. Occasionally babies need to be treated with a special light that helps to break down bilirubin. This looks like a little tanning bed or a glowing blanket and in most cases can be used at home with daily follow-up in the office until jaundice is improving.

Rashes of one sort or another are very common in newborns, and most are normal. Rashes that look like blisters, blood spots, or new bruises and any rash in a baby acting sick should be seen.

At birth your baby may have several skin markings which fade with time. Pink or purplish marks on the eyelids and forehead are commonly called "angel kisses", while the same marks on the back of the neck are called "stork bites." These will go away in the first one to two years although they tend to reappear in small children with crying. Neck marks fade less than facial marks but they get covered with hair anyway. "Mongolian spots" are bluish marks which look like bruises. They are very common in babies with olive or darker skin tones, and usually appear on the buttocks or lower back but can be on the limbs. They fade gradually over years. Real bruises on the face are common after difficult or fast deliveries and are sometimes associated with a red ring around the iris from broken blood vessels in the eye. Bruises from delivery should be visible shortly after birth. Heavy bruising raises the chance of your baby becoming jaundiced, but heals within a week. Blood in the eye can take a few weeks to go away. Babies have a sucking instinct even before birth, and occasionally are born with a blister on a hand or wrist in an area they have been sucking on in the womb.

Erythema toxicum ("e. tox") is one of the most common rashes in the first 2 weeks. This looks like pink spots with a central tiny yellow bump. The spots tend to move from one area to another. It needs no treatment, and goes away in a week or so. Newborn acne typically appears at a few weeks old because of hormone changes. Little pink pimples appear on the face and often upper chest. This tends to peak at about 6 weeks and then get better. Although it can look terrible, it doesn't bother your baby at all and you don't need to do anything about it. There seems to be some overlap between eczema, cradle cap, and baby

acne. Cradle cap is a thick yellowish scaling of your baby's scalp and eyebrows. Again, you don't have to do anything about it, but you can soften the scales with some olive oil overnight and brush them out with some baby shampoo in the morning. This isn't a cure, but it reduces the scales some. Eczema is dry, pink, and scaly. It usually responds to unscented moisturizers and a few days of 1% hydrocortisone (sold over the counter). If that's not doing it, come in for an appointment.

Babies' nails are usually long enough at birth to need trimming as soon as you get home. However, they're thin as paper and attached to skin further than you'd expect. Trimming is best done with an emery board - if you try nail clippers they inevitably bleed all over and they cry and you cry. Filing takes a long time but you can often do it while they sleep.

CIRCUMCISION: PROS AND CONS

Circumcision is the surgical removal of the foreskin from the end of the penis. If you want your son circumcised it should be done in the hospital before you go home unless you plan to have a Bris. Circumcision is mandated in some religions and became widespread in this country around WWII, partly as a purported cure for masturbation. Routine nonreligious circumcision is rare in Europe, Asia, Australia, and Central and South America - the US, Middle East, and parts of Africa are the only areas where a majority of boys are circumcised. In Canada and the US rates of circumcision have decreased from 60% and 90% a generation ago to 25% and 60% today (Colorado is also about 60%, although the Denver area is lower.) In support of circumcision, urinary tract infections and HIV transmission are less common with circumcised males, and the procedure is generally safe. On the other hand, this is elective surgery done for primarily cosmetic reasons on a newborn. Local anesthesia is used, but that doesn't guarantee a pain-free procedure, and many babies will have some difficulty with breastfeeding for 24 hours after the procedure. Uncircumcised males will need to be taught to retract their foreskin in the shower or bath when it becomes retractible, typically in elementary school - this is the only hygeine issue. In infancy the foreskin is firmly attached and no special cleaning is required. Wikipedia has an excellent article on circumcision, including methods used. We will support your decision on circumcision either way. If you decide to have your son circumcised this can be done by most OB's (most use a Gomco or Mogen method, in which the foreskin is cut off with a scalpel) or by Dr. England using a Plastibell, which removes the circulation to the foreskin but leaves a plastic ring on until it detaches at 3-7 days. Care of the newly circumcised penis depends on the method used and will be discussed in the hospital.

SLEEP

Remember sleep? Someday you'll get some again. Babies should sleep on their backs because the rate of SIDS (crib death) is much lower that way. They are also safest on a firm surface. The lowest rates of SIDS are in pacifier-using breastfed babies sleeping on their backs on a firm surface with no bumpers, sheepskins, pillows, or loose blankets, lightly dressed, in the same room with their non-smoking parents. No baby is going to sleep in these circumstances all the time, but consider it a goal to aim for. Most SIDS occurs between 2 and 4 months, and 90% occurs before 6 months, so you can relax about the back sleeping and blankets then. Cosleeping as a SIDS risk factor is controversial. Much of the debate centers on whether cosleeping deaths are SIDS or suffocations. My feeling is that the end result is the same - a baby suffocated because an exhausted mother let a pillow fall over her face is no less of a tragedy than a SIDS death - and it's easier to make a cosleeper or bassinet safe for the baby than to make your entire bed safe. If you decide to cosleep, make sure you have a firm mattress that fits the bedframe snugly, don't use any bedding thicker than a sheet (wear warm pajamas), don't smoke, don't drink (much) or take sedating medications, don't let any other kids in bed near the baby, and don't leave the baby unattended in your bed. Never cosleep on a sofa or waterbed, and if you smoke you should really never cosleep. And you should try to quit.

It's also a good idea even if you cosleep to try to get your baby used to sleeping different places, because in a few months she'll be taking 3 naps and wanting to go to bed at 7:30, and you may not want quite that much time in bed.

Now, how to get the baby to sleep? In the first few days you'll be working harder on trying to get them to wake up and eat. Then all of a sudden they wake up and you miss the sleepy days. Swaddling is very helpful for sleep. Babies aren't used to being able to move very much - they don't have very much control over their arms and legs, and when they startle their whole bodies jerk and they freak out. You'll see the hospital nurses bundle babies into a tight little burrito, and you can do the same for the first few weeks. At some point they get too strong to stay swaddled with an ordinary blanket. At this point velcro swaddle blankets (Miracle blanket, SwaddleMe) are very helpful. Most babies will sleep better swaddled, even the ones who fuss while you're wrapping them up. White noise also helps - a humidifier or air cleaner. In the first few weeks you're just trying to survive, and to that end a few hours in a vibrating bouncy seat (take anything pillow-like off and recline it as far as possible) or swing is okay, but try not to make a habit of it.

In the first month or two the only goal is for you to get enough sleep to enjoy parenthood and for your baby to get his days and nights straight. That means you should take lots of naps and go to bed at 8. Forget about a clean house and a social life - there'll be time for that later. When your friends ask what they can do to help, ask them to watch the baby for an hour or two so you can take a nap. Everybody loves to hold a newborn they don't have to wake up with at 2 AM. Light exposure and lots of activity during the day help to get the timing on track. Try to work a little playtime in after feedings as your baby gets older, and go for walks outside. At night keep the lights down and don't allow any playtime. You only need to wake her up in the middle of the night to eat until she's above birth weight and gaining well - after that she'll handle it on her own. Frequent evening feedings are a good sign, as babies will often stack feedings before they sleep a longer stretch.

By about two months your baby will be ready for a sleep routine. It's good to develop a pattern of soothing activities you do every night that mean it's bedtime. This could include pajamas, a massage, a feeding, some rocking and singing. Shoot for a similar bedtime every night. Start trying to put him down sleepy but still slightly awake. This won't work every time, and you don't have to let her cry for an hour, but it's good to have some opportunities to fall asleep unassisted. A good general principle is that whatever they need to go to sleep at bedtime, they're going to need again when they go through a sleep cycle and halfway wake up in three hours. The more they can fall asleep on their own at bedtime, the more they'll be able to put themselves back to sleep without involving you in the process. The average sleep pattern is two middle of the night feedings at two months, one at four months, and none by six months. After that, they just tend to be early risers.

NORMAL BUT DISTURBING BABY EVENTS AND SIGNS OF ILLNESS

Prior to birth babies are exposed to just about everything their mothers are exposed to - including those pregancy hormones. Both boys and girls frequently have breast buds at birth, and occasionally even leak a little milk. Boys' genitalia look more mature than they're going to in a month or two. Girls normally have some vaginal discharge, and a few will have a mini-period from withdrawal of all those hormones a few days after birth. Babies hiccup constantly. Usually it doesn't seem to bother them very much. It gets better in a few months as their brainstems mature. Sometimes feeding them can help, or giving 1/2 oz of water in a bottle. As noted above, be careful not to give your baby too much water, but a few sips are okay.

Babies breathe funny - it's that immature brainstem thing again. They will often breathe fast and then pause, breathe slow, then fast again. That's all normal. Two things to worry about; if there's a pause long enough to cause their lips to look blue, call 911. Normal pauses can feel like forever, but are usually less than 10 seconds. The other "funny breathing" problem is labored breathing. In crying and hiccuping babies, you'll see the skin pull in a little between their ribs. In quietly breathing babies, you can see their belly move a little and see the lower border of the rib cage, but the skin shouldn't pull in with breaths ("retractions"). If your baby appears to be working hard to breathe, especially with a cough or other signs of illness, get them seen by a doctor quickly. If it happens during the day, call us and we'll have you come right in. Grunting can also be a sign of difficulty breathing. All babies grunt when they're pooping or gassy, but not persistently. If he's grunting with every breath for more than a minute, come in.

Babies have tiny little noses and they have to breathe through them unless they're crying. It's common for babies to sound stuffy all the time for the first few months, and as long as they can eat, it doesn't necessarily mean they're sick. Running a cool mist humidifier helps a little - the air is so dry here that the normal mucus tends to turn into little rocks otherwise. If you see mucus, you can squirt in a little saline (Ocean Spray, etc.) and use a nose bulb to suck it back out. They'll give you one in the hospital, although the Little Noses ones sometimes work better. Your baby will hate it when you do this, but will thank you afterwards. If you suddenly see lots of mucus in the first 2 or 3 months or she's coughing, bring your baby in within a day or two for a sick visit.

Babies' skin gets mottled when they're chilly. If you can warm them up and it goes back to normal, it's fine. Otherwise call.

A fever is an emergency in the first three months, because it can be the only sign of a serious infection. A very low temperature is also worrisome. You don't have to check your baby routinely like the nurses in the hospital do, but if your baby feels too warm or too cool to you or is not acting right, check him. Rectal temperatures are the most accurate in this age group, and should be between about 97.5 and 99.6. Call us immediately if your baby is over 100 or under 97.5. Use a little petroleum jelly and put the thermometer into the anus just until the metal part is hidden (about 1/2 inch.) Underarm themometers run a little low, about 1/2 to 1 degree. If you use this as a screen to see if you really need to check a rectal temp, an okay range is 97 to 99. Some books will say to add a degree to an underarm temperature, and it's okay to think about it this way, but if you're calling or coming in for a fever we prefer to hear the actual reading and how you took it. Tem-

poral artery thermometers are accurate but expensive. Ear thermometers don't work well on young babies because their ear canals are too small. If you want to just get one thermometer, get a basic quick-reading axillary/rectal one and a box of covers so you can use it with a cover rectally and without a cover under the arm. Beyond the first three months a rectal temperature is less important because we no longer need to know a very precise temperature - the immune system is more developed. The two days after the two month shots are the one period where it's okay to have a low-grade fever and just treat it with acetaminophen if needed.

ROUTINE VISIT SCHEDULE

We will see your baby within 24 hours of birth at any of the hospitals where we attend (Rose, St. Joseph's, PSL, Swedish.) At other hospitals there are staff neonatologists who will do the initial exams. Please ask them for a copy of the newborn medical record to be either given to you or faxed to us at 303-388-4777 Stapleton or 303-377-9954 Cherry Creek. Call us when you know definitively when you will be discharged to arrange a newborn visit 1 to 3 days after discharge.

Then...

Weight checks as needed in the first 1-2 weeks

10-14 days (with 2nd newborn screen)

1 month (optional)

2 months

4 months

6 months

9 months

1 year

15 months

18 months

2 years

then yearly

Don't forget to contact your insurance shortly after the birth to let them know you have a new family member! They don't seem to figure it out from the hospitalization charge for delivery.

Immunizations do not cause autism. Good information about immunizations is available at www.cdc.gov or www.aap.org. That said, we will work with families who desire an alternative vaccine schedule.

If your child is sick, call us for an appointment. We will see your child the same day if you call in the morning, and usually even if you call in the afternoon. If you call during the day with questions we will try to have a nurse speak with you then. If that isn't feasible, she'll call you back as soon as possible. The doctors return phone calls at lunch and in the evening, so we may take a little longer. Emergencies include but are not limited to fever under two months, true lethargy (inability to interact with parents), difficulty breathing, bilious or projectile vomiting, severe abdominal pain, dehydration, bleeding lacerations, suspected fractures, and concussions. We will work children with these issues into our schedule to try to see them as soon as they can get in.

If you have questions about anything you read or don't see here, please call. It's your job as new parents to worry about everything, and it's our job to be here for you.

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