

GOING HOME

Going home from the hospital with a new baby can be exciting but challenging. After all the planning and waiting the big day has arrived. However, the responsibility for this precious little person can be demanding. Fortunately, things come at you slowly and you do not need to know all the answers right now. The following tips can help you make this a smooth journey.

BREASTFEEDING

It is normal for newborns to lose weight. They can drop as much as ten percent from birth over the first few days. This is fine as long as mother's milk comes in and the baby nurses well. It is crucial to have her correctly latched on the breast. If she is sleepy at the breast, stimulate her to wake up, suck and swallow. If she is on the breast a long time, she is probably sleeping and not really eating. To increase your chance of success, it is best to nurse every two to three hours until the milk is in and the stools become a yellow, mustard color. Breast feeding eight to ten times in 24 hours will stimulate mother's milk to come in sooner and provide the baby with more breast milk.

Eat a well balance diet, drink plenty of fluids and take your prenatal vitamins. As far as I am concerned, it is ok to have 1 – 2 cups of coffee each day. Remember that anything you eat could appear in your breast milk. It is difficult to say that you should avoid certain foods, because we don't know how your baby will react. If you think your baby is fussy or having a problem because of something in your diet, eliminate it for two weeks and then reintroduce it later, watching for the effects.



SHOULD I GIVE MY BABY A BOTTLE?

It is best to avoid giving a bottle to a baby who is learning to breastfeed. There is always a worry that she will find the bottle easier and she will not want to nurse. Sometimes babies can get quite hungry, fussy and even significantly dehydrated while learning to breastfeed. If your milk is not in or the baby is not nursing efficiently, and she has lost too much weight, we may have you pump your breasts and feed the expressed breast milk with a bottle. If a mother is not able to express breast milk, formula might be used. Once the baby is gaining weight and his breastfeeding has improved, the plan would be to decrease bottle-feeding and exclusively breastfeed. Of course, this requires close follow up in our office to make sure she is gaining weight. Babies should gain about one ounce per day when mother's milk is in and they are nursing well.



TAKE CARE OF YOURSELF

You have just given birth. That is a significant stress on your body. You have to recover just as much as someone who has had surgery. Indeed about 20% of mothers reading this will have had a C-section, which is of course major surgery! Direct as much of your attention as you can to just you and your baby. Sleep when the baby sleeps. Don't use that time to catch up on the other things that you would normally be doing. One exception is that if you have other children at home things might get difficult, because you should spend some time with them. Perhaps you could nap together or make a point of taking meals together. Staying in your bedclothes is a good way to say to visitors and to yourself that you need to rest. Use your answering machine to screen calls. If you have a phone in your bedroom turn its ringer off.

URINE

As your baby loses weight during those first few days, she will urinate less. When the urine gets concentrated you might see uric acid crystals in the urine. They look like salmon colored dust on the diaper. This is not a problem and will go away once she gets enough breast milk. You should see about three diapers with urine each day. When she is feeding well she will have a wet diaper more often.

STOOLS

Once your baby has passed all that black tarry meconium, the stool will become what is called "transitional". When your milk production is what it should be, the stools will become the yellow-mustard color considered normal. The breastfed stool looks like yellow runny cottage cheese and borders on diarrhea. Often breastfed babies will stool every time they nurse. The formula fed stool is yellow also, but darker, less runny, and not as frequent.



PSEUDOMENSES

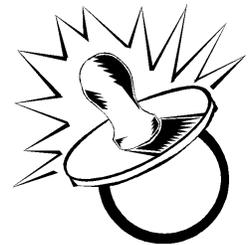
Some baby girls will have a bloody vaginal discharge in the first two weeks of life. This is entirely normal, and although upsetting to some parents, it is nothing to be concerned about. This is thought to be caused by the effects of maternal hormones.

UMBILICAL CORD CARE

There are many ways to care for the umbilical cord stump. The cord gradually falls off as a result of decay. There must be a balance between enough germs to loosen the cord remnant and not so many that the area becomes infected. The more sterile the cord, the longer it will take to separate. I would suggest dousing the area with alcohol using a wet cotton ball or tissue. Then blotting it dry with a clean tissue. Other methods are just as good. There are no nerve endings there so don't worry that you are hurting her, but the baby might protest because of the coolness. Cleaning it more than three times a day is probably not necessary. If the base is too dry and hard, you are probably doing too good a job. If it is too moist and has a foul odor, you are probably not doing a good enough job. If there is redness or tenderness we should be called. It can take two to three weeks for the cord to fall off. Continue the alcohol until the skin has closed.

SHOULD I GIVE HER A PACIFIER?

Some babies have a great need to suck and will derive great comfort from a pacifier. However, a pacifier might interfere with the successful establishment of breastfeeding. If you can avoid it, hold off the pacifier until the baby is a month old. If you do decide to use one, remember that it is not an article of clothing and use it sparingly!



JAUNDICE

Babies turn a bit yellow a few days after birth, because of an increasing bilirubin level. This is a breakdown product of red blood cells. Bilirubin is metabolized in the liver and excreted in urine and stool. It peaks when the baby is about five days old. Your nurse will estimate the baby's bilirubin level using a bilimeter touched to his forehead. If the reading is elevated a blood test will be done to get an exact number. If that level is also high, the blood test will be repeated each morning at the outpatient lab until the bilirubin is falling. Twenty is the level we like to avoid. Call us for the results two hours after the bilirubin blood test is drawn.

To help reduce your baby's jaundice at home, you can give her a sunbath. Place her naked on a towel in sunlight filtered through glass for twenty minutes on each side. Try to do this a few times each day. If the bilirubin is rising rapidly or is above twenty, we will admit her to the nursery for phototherapy and IV fluids. This decreases the bilirubin rapidly. This condition is only a problem during the newborn period.



BACK TO SLEEP

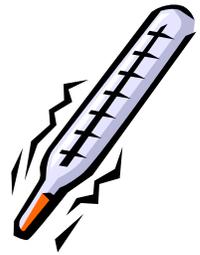
Your baby should sleep on her back. The incidence of crib death or sudden infant death is much higher in infants who sleep on their bellies. Use a firm surface like the mattress in the crib at the hospital. Too soft a surface, like a waterbed, down comforter or pillow could lead to suffocation if she were to roll over face down.

It is good to place your infant on her tummy sometimes when she is awake. It is good exercise for her. She will get better at lifting her head up, turning it side to side and doing baby push ups. Babies who do not spend time on their tummies when they are young get very upset when you introduce this position later. Also, the more time she spends lying on her back the flatter the back of her head will be.



TEMPERATURE

You want your baby's rectal temperature to be 98.6 degrees plus or minus 1 (97.6 - 99.6). Take her temperature three times each of the first few days you are home. I like to suggest that you take her temperature until you have the technique mastered and can do it in the middle of the night when you are worried that your baby could be ill. Your home should be warm enough that you feel comfortable wearing one layer of clothing. If your baby is cool put a hat and another layer of clothing on her. A receiving blanket warmed in the dryer can be wrapped around her as an outer layer. If you are giving her sun bathes, take her temperature to see if she is too hot or too cold.



If she is too warm, unwrap her and let her cool off. If her temperature is still over 100.5 degrees, call us immediately, before giving her any Tylenol.

VISITORS

Everyone loves newborns. Your friends and family will want to come see her. They can, if they bring you dinner, are healthy, wash their hands and do not stay too long. The more people you and your baby are around the more likely you or your baby will get sick. Most illnesses that newborns contract are not dangerous, but it is very difficult to tell whether or not a young infant less than 3-4 months old with a fever is in a risky situation. Therefore a young infant with a fever of 101 requires a lumbar puncture, blood and urine tests a chest x-ray and three days of IV antibiotics in the hospital.

SIBLING RIVALRY

Older siblings might enjoy the new baby at first. It is practical for Dad to care for big sister or brother, while mom nurtures the newborn. However, soon the older sibling will feel like they have lost something significant. Mom needs to set aside some time with them. Big brother or sister might act out and behave poorly at some time during the adjustment process. Just talking with the older sibling while you tend to the new baby is one thing that might be helpful.

DO NOT EVER SHAKE YOUR BABY

Some babies can be more demanding than others. Usually holding or feeding a baby will be all that is needed. Variations of tight wrapping and motion will often be helpful. Call us if you are having trouble. Never shake your baby. Shaking can kill infants and young children. If you have tried everything and she will not stop crying, lay her on his back in her crib and leave the room. Have a good cry yourself. Call someone to help you. When you have calmed down go back and try again. In this situation it is OK to let her cry for a while.

HEALTH INSURANCE

There are many people whom you are eager to tell about the birth of your new baby. Make sure your health insurance company is among them. It is a good time to review your life insurance policy also.

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We are very proud of our office staff and the medical care we provide. If you ever think your child needs to be seen the same day you are calling, tell our receptionist and she will give you an appointment for that day. We do not stop seeing patients at any specific time. We see all patients who need to be seen that same day. If you need advice, leave a message for the nurse or your pediatrician. You will receive a return call to help solve your problem. Calling us earlier in the day makes it easier to serve you.

We answer the phone from 9 a.m. to 5 p.m. Monday through Friday, with a lunch break from 12:30 p.m. to 2 p.m. The office is open for sick visits on Saturday morning and many national holidays from 9 a.m. to 12 p.m. If you call after hours you will get an answering machine telling you who is on-call and how to reach the doctor. Some weeknights our practice is covered by other pediatricians outside of our group who are also on staff at Community Hospital.

Even on weekends it is sometimes possible for the doctor on call to meet patients for an after hours office visit. If you think an urgent visit is necessary, call the office and follow the instructions on the out going message. On weekends, just like weekdays, it is better to contact us early in the day.

I hope this has been helpful. Good luck and may you have many happy healthy years of parenting.

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February 2008