



GOING HOME WITH YOUR BABY GIRL

Going home from the hospital with a new baby is exciting and scary. After all the planning and waiting the big day has arrived. However, the awesome responsibility for this precious little person, who is completely dependent on you, is frightening. Fortunately, there is a long parental learning curve. You do not need to know all the answers to life's burning questions immediately. The following tips should help you make the transition a smooth one.

BREAST FEEDING

It is normal for newborns to lose weight. They can drop ten percent from birth weight over the first few days. This is fine as long as mother's milk is 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 in the daytime and every three to four hours at night.

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. It also helps keep the baby's internal clock on Pacific Standard Time. She is only going to sleep four hours straight once in 24 hours. You want that to be from midnight to 4 a.m., not noon to 4 p.m.

Eat a well balanced diet, drink plenty of fluids and take your prenatal vitamins. It is ok to have some coffee in the morning, but avoid caffeine in the fluids you drink the rest of the day. It increases the amount of water you lose in your urine and prevents you from napping.

SHOULD I GIVE THE BABY A BOTTLE?

It is best if you can avoid giving a bottle to a baby who is learning to breast feed. There is always a worry that she will find the bottle easier, so she will not want to nurse. Of course, the problem is babies can get

quite hungry, fussy and even dangerously dehydrated while learning to nurse. IV fluids are very helpful in certain situations, but are not practical. 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 to the baby from a special nipple called a Haberman Feeder.

This nipple requires a sucking pattern more like breast feeding. We hope it is less likely to confuse the baby. If a mother is not able to express some milk, formula can be used from the Haberman Feeder. Once the baby is gaining weight and her breast feeding has improved you can decrease the volume you give from the Haberman Feeder and solely breast feed. Of course, this requires close follow up in our office to make sure she is gaining weight. Babies should gain at least one ounce per day when mother's milk is in and they are nursing well.

BE GOOD TO YOURSELF

Get tunnel vision on your baby. If you try to add a baby to your previous life's routine you will be "fried" quickly. Instead, just take care of the baby and yourself. Once you feel that things are going well, add back duties as you are able.

You are only going to get a few hours of sleep at night; use the baby's nap time as your nap time. Turn the phone's ringer off and the answering machine's volume off and go to sleep. If you drink extra coffee at 10 a.m. in an effort to be super mom your sanity and your milk supply will both suffer. If you find you are doing too much, consider staying dressed in your night gown, robe and slippers. That sends a message to everyone that you are not going to be cooking, cleaning and shopping for groceries.

You do not need to stay inside all day. Go for a walk with your baby. The sunlight and fresh air are good for your brain and a walk is good sensible post partum exercise. Take the baby's temperature when you get home so you can see if you dressed her well enough.

Have your friends bring you food. You need big vats of hearty soups, casseroles and stews; simple things to heat up in the microwave and enjoy for several meals. If anyone asks you what they can do for you say, "LASAGNA!"

PEE

As your baby loses weight she will pee less. If the urine gets concentrated you will 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 need to see at least three diapers with urine each day. When she is eating well she will have a wet diaper as often as you feed her.

POOP

Once your baby has pooped out all that dark tarry meconium, she will poop much less frequently. When your milk comes in, you will see lots of breast fed stool that looks like yellow runny cottage cheese. The more of this you see the better. It means she is getting lots of breast milk.

UMBILICAL CORD CARE

Clean around the sides of the cord with each diaper change. It is best to use a cotton swab dipped in rubbing alcohol. With this you can dig in around the base of the cord. There are no nerves in the umbilical cord, so don't worry that you are hurting her. It usually takes fourteen days for the cord to fall off. You will see some blood on your cotton swab when the cord is breaking up and getting close to falling off. Fasten the diaper below the umbilical cord or roll the diaper down so the hard cord is not being pushed into the soft skin of her abdomen. If the umbilical cord has a foul odor we should see the baby in the office the next day. If the skin around the cord is red, call us immediately.

GENITAL CARE

Baby girls can have periods. They have all the right anatomy and hormones. Plus they get estrogen from breast milk. If you see a dime size spot of blood in the diaper do not worry, it is normal. Clean between her labia when you change her diaper. Wipe her from front to back with a clean moist cloth or baby wipe. A blow dryer on a low heat setting will quickly dry her fanny. Then you can put on your favorite

barrier ointment.

SHOULD I GIVE HER A PACIFIER?

I think a pacifier is necessary if you have a high need fussy baby. Otherwise, it is nice to avoid a pacifier. Remember it is not an article of clothing, use it sparingly.

I would rather your baby suck on her fingers. A four month old baby who needs her pacifier to fall asleep will not wake up at 2 a.m. and say, "Oh, I have misplaced my binky," and put it back in her mouth.

An infant sucking on her fingers, can calm herself down and go back to sleep without your help. If your baby uses a pacifier you need to decide at what age you are going to take it away. That is not easy when it has been in her mouth so long that her teeth have grown around it. Of course, some preschoolers are closet thumb suckers, but I see more damage to teeth from pacifiers than thumbs.

Try to distinguish between your infant's different cries. Listen for which ones are talking and not a signal that something horrible has happened. Move slowly to comfort her and think what she is telling you. Swaddle her and offer her own hand to suck on. That is what she has been up to the last month. File her nails with an emery board so she will not scratch her face.

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. Everyone is always breaking down and making new red blood cells. Bilirubin is metabolized in the liver and excreted in urine and stool. It peaks when the baby is four or five days old. Common factors that increase bilirubin concentrations are: the baby having an A or B blood type when the mother's blood type is O or if the baby's weight loss is excessive.

Twenty is the blood level we like to avoid. Your nurse will estimate the baby's bilirubin level using a bilimeter touched to her 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. Call us for the results after

your daughter has her bilirubin checked.

To help lessen your baby's jaundice at home, you can give her a sun bath. 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 surface like the mattress in the crib at the hospital. Too soft a surface, like a water bed, down comforter or pillow could lead to suffocation if she were to roll face down.

If you have a gel pillow from the hospital, make sure the baby is only on her back when using it. 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 at a few months of age. Also, the more time she spends laying on her back the flatter the back of her head will be.

TEMPERATURE

You want your baby's rectal temperature between 98.6 and 99.6 degrees. Take her temperature three times each of the first few days you are home. Your home will need to 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 baths, take her temperature to see if she is too hot or 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. Do not give 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 will get sick. An ordinary cold in a toddler can cause a serious lung infection in a newborn. A young infant with a fever of 100.5 requires a lumbar puncture, blood and urine tests, a chest x-ray and three days of IV antibiotics in the hospital. So does your neighbor's two year old with the snotty nose and fever really need to see your baby?

Taking your infant for a walk outside is fine. Catching a "chill" will not make her sick. However, avoid crowded places with your baby, like super markets, shopping centers, childcare centers, parties, etc.

SIBLING RIVALRY

Older siblings might enjoy their new sister 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 their girl friend. Mom needs to set aside some time with them. Big brother or sister will certainly act out and behave poorly at some point in the adjustment process. You need to remind yourself this is one of the reasons you decided to have more than one child; so you did not raise a prince or princess who thought the world revolves around them.

DO NOT EVER SHAKE YOUR BABY

Never shake your baby. Infants and young children can be killed by shaking them. If you have tried everything and she will not stop crying, lay her on her back in a safe place and leave the room. Have a good cry yourself. Turn on some music. Call someone to help you. When you have calmed down go back and see how she is.

HEALTH INSURANCE

There are many people who 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 too.

OUR OFFICE

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 make you an appointment for that day. We do not stop seeing patients at any specific time. We see all ill patients who need to be seen that same day. If you need advice, leave a message for our nurse.

She will call you back and help solve your problem or see to it that you get the appropriate appointment for your child. Calling us earlier in the day makes it easier to serve you. You may leave a message for a physician, but we are busy seeing patients and might not return the call for several hours. We are generally very good at seeing patients on time. If you wait more than fifteen minutes, please tell a member of our office staff.

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 and many national holidays from 9 a.m. to 12 p.m. If you call after hours you will get an out going message from the doctor on call. They will tell you when they are going to be returning messages.

If you think it would be dangerous to wait until they return calls, follow the instructions on the out going message to contact them immediately. Some week nights our practice is covered by local pediatricians outside of our group who are on staff at Community Hospital.

It is sometimes possible for the weekend 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.

- Pierre LaMothe, M.D. 1/06