
Attention New Parents

Placing Your Children
in Only the
**BEST
HANDS**



WATSON CLINIC LLP

Pediatrics

*W*elcome to parenthood



Taking care of a new baby can be quite an adventure and extremely challenging in the first few weeks. You and your baby are both adjusting to entirely new lives. You may feel sleep deprived and unsure of yourself. However, raising your baby will be one of the most rewarding experiences in your life.

Please do not hesitate to ask for our assistance and advice.

Your Baby's Appearance

Newborn Rashes: Your baby will have a variety of newborn rashes in the first two months including neonatal acne, milia (small white dots on the nose) and erythema toxicum (red blotches all over the face and body). These rashes will go away without any intervention.

Stork Bites: These are pink areas found at the back of the head/neck, forehead and upper eyelid. The pink areas are a collection of tiny blood vessels that usually disappear by one year of age.

Sucking Blisters: A blister may form on your baby's upper lip or fingers from sucking. You do not need to do anything for this.

Epstein's Pearls: Your baby may also have small white cyst on the roof of the mouth, which is of no consequence.

Head Shape: Your baby may have some molding of the head due to passage through the birth canal. This will improve in appearance after a few days.

Breast Enlargement: Male and female babies may have enlargement of one or both breasts. They may also have some milky discharge from the breasts. Some female babies may also have a bloody vaginal discharge. These all are influences from maternal hormones and will clear up on their own.

Extremities: Your baby's hands and feet may appear blue when they are cold. Warm them and the color will resume to be the normal pink color.



*F*eeding your Baby

Feeding your baby satisfies two needs of your baby: the need for food and the need for love, comfort and warmth. The maternal-child bond deepens through this intimate contact with your child. Breastfeeding ensures the best possible physical, emotional and developmental health for your child.

Breastfeeding: Breastfeeding is the most nutritious way to feed your baby. Breast milk has all the vitamins and minerals your baby needs as well as maternal antibodies to prevent illness. There are many resources to help you get adjusted to breastfeeding.

These include:

- Lactation consultant at the hospital and in the community
- Prenatal or breastfeeding classes
- Your obstetrician and pediatrician
- La Leche League – a worldwide organization dedicated to helping mothers with breastfeeding
- Friends and family members who have breastfed – they can give helpful advice about what worked for them
- Books on breastfeeding – read as much as you can to prepare

Latching On: This is when the baby gets a good grip on the areola and starts to suck. The baby should do this instinctively as soon as they feel the breast against their cheek. You can help by positioning the baby so that he faces the breast and then stroking his lips with the nipple. This stimulates the rooting reflex that causes the baby to search for the nipple with his mouth. As the baby takes the breast into his mouth, his lips should close around the areola, not the nipple. The baby's lips will form a circular seal, creating a suction effect. His tongue will stroke upward, pressing the nipple up against his palate and emptying the milk ducts.

Sometimes, an infant will have trouble latching on. This usually occurs in infants that have been given a bottle or pacifier. They may lick or nibble at the nipple instead of using his tongue. But, these motions do not stimulate the breast to make more milk. Your infant may need to be taught how to latch on and suck properly. Your delivery nurse, pediatrician or lactation consultant can help you with this.

Letting Down: Once your baby is sucking efficiently, the movements stimulate the nerve fibers in the nipple. This will prompt the breasts to make more milk and increase its flow. This process that starts milk flowing through the milk ducts is called the “letdown reflex”. The way the milk flows varies widely from woman to woman. It may spray, trickle or flow. This is due to slight differences in the ducts on either side and is no cause for concern.

The hormone that stimulates milk flow also causes the muscles of the uterus to contract. In the first week after delivery, you may also feel “after pains” or cramping of the uterus every time you nurse. It helps the uterus to return quickly to its normal size and condition.



Feeding: The first milk that is produced is called colostrum. It is rich in protein, fat-soluble vitamins, minerals and antibodies. Within the first 3-7 days, mature milk comes in and the breasts will start to feel engorged. Each feeding should start with a 10-15 minute feed on one breast, followed by burping and a shift to the other breast. Sometimes, the baby will fall asleep after feeding on the first breast. Try to wake the baby by changing the diaper or playing with them. Since the baby will feed more efficiently on the first breast, alternate the one he feeds first. Initially your newborn will feed every two hours and with time the interval between feedings will increase. In the first two weeks, do not allow the baby to go more than four hours without a feed. Also, try not to allow your newborn to use your breast as a pacifier. Otherwise, your baby will get into the habit of grazing instead of feeding efficiently. Your doctor will give you further instruction on feeding.

Collection and Storage of Milk: If you are unable to breastfeed and want your child to have the benefits of breast milk, you can pump and feed your child the breast milk. Many hospitals, pharmacies and local rental companies have electric pumps for rent. These are generally more time-efficient than manual pumps. Most insurance companies now cover breast pumps at no or low cost.

Breast milk can be stored in glass or plastic containers. Once you express breast milk, it can be safely used for 4 hours at room temperature. It can be stored in the refrigerator for 5 days without bacterial contamination. It can be stored in a freezer for 3 months and 12 months in a freezer only unit. The milk can be thawed in the refrigerator and used within 24 hours. Do not thaw milk in the microwave because it will destroy the nutrients in the breast milk.

You will know if your baby is getting enough if he is wetting six to eight diapers a day and several bowel movements daily in the first month. Later they may have less frequent bowel movements, with even days in between them.



Formula Feeding: You may choose to formula feed your child for a variety of reasons. There are many formulas to choose from. Formulas are broken down into a few major categories:

- **Cow's Milk Formula:** This is the formula we recommend that you start with. It is the most similar to breast milk.

- **Soy Formula:** This formula is for babies who are allergic or intolerant of cow's milk.
- **Protein Hydrolysate Formula:** This formula is the most expensive of the 3 categories and is for babies who are allergic to both cow's milk and soy formula. It is a formula that is broken down so that the baby can more easily digest it.

It is important to give the baby formula with iron until they are 12 months old. The baby will become anemic if you feed him a low iron formula.

Start with a Cow's milk formula. Formula should be prepared with sterilized water until 4 months of age. Prepare a bottle using instructions on the container. The baby should feed every 2-3 hours in the first week of life. The baby may only take ½ to 1 ounce initially. They will gradually increase the amount per feeding by the end of the first week and over time the baby will take more. The baby will indicate when they are full and stop feeding. We usually recommend feeding every 2-3 hours in the daytime and then every 3-4 hours at nighttime. Do not allow your baby to go more than 4 hours at night without a feeding. This usually gets the baby into a proper feeding schedule and allows you to get some rest at night. By the time the baby is 3-4 months old, they may sleep through the night.



Burping: Feed your baby 1-2 ounces and then attempt to burp your baby before feeding the remainder. The baby may not burp every time and occasionally may spit up with burping. Spitting up a little formula is very common and nothing to be concerned about.

Until the baby is four to six months old, they will only need breast milk and/or formula. It has all the nutrients that the baby requires. Once the baby turns four months we will talk about starting solid foods. In the meantime:

- No cereal in the baby's formula or breast milk.
(It does not improve sleep.)
- No water until the baby is 2 months old.
- No honey is to be fed to the baby until they are 1 year old.
(Honey carries botulinum spores that can cause severe illness in the baby.)
- No egg whites, peanuts or citrus until at least 1 year of age or directed by your doctor.

Storage of formula: Formula, once prepared should be fed immediately or covered and stored in the refrigerator for no longer than 48 hours. Do not use opened can or prepared formula if they have been unrefrigerated for more than 2 hours. After a feeding begins, do not refrigerate bottle. Use the bottle within one hour or discard it.

Cleaning bottles: The baby's bottles, pacifier and nipples can be cleaned in hot soapy water or in the dishwasher. There is no need to sterilize the bottles or put them in a double boiler, unless you have well water. If you have well water, sterilize the bottles and nipples in a double boiler for 25 minutes.

*C*aring for your Baby

Bathing: Until your baby's umbilical cord falls off, sponge bathe your baby. Once the umbilical cord falls off, you may give your baby a bath in baby tub. Use very gentle soaps such as Johnson's, Aveeno, Dove or Cetaphil. Keep the suds out of the baby's eyes and avoid using too much soap since it is very drying. The water heater thermostat should be placed at less than 120°F to prevent burns while bathing your child. Do not ever leave your child unattended in any amount of water while bathing.

Eyes: In the hospital, antibiotic ointment was placed in your baby's eyes. This is to prevent any eye infections that can be acquired when passing through the birth canal. For routine care, remove any mucous from the eyelids and eyelashes using a moist cotton ball. If any eye discharge develops or the eyes become

swollen and red, bring the baby into the doctor's office to be seen. Your baby may appear cross-eyed in the first few months. This is because the baby has difficulty focusing on objects that are in front of him. Please let your pediatrician know if it persists beyond four months.

Nose: Sneezing is very normal for the baby to do in the first month of life. It is the baby's way of clearing away the mucous. If the baby seems to be congested and unable to clear the mucous, then you can instill some saline drops into one nostril. Wait 15-30 seconds and then aspirate with a bulb syringe. Repeat on the other side. This can be repeated every 2-3 hours as needed, preferable before feeding so the baby can breathe through the nose.

Ears: Clean only the outside of the ears with a wet washcloth. Do not use any Q-tips because you may only push the wax further in and may damage the eardrum.

Mouth: Sometimes the baby may develop a white coating on the tongue after feeding. You may clean the mouth and tongue with a wet washcloth. If you are unable to clean the tongue and there are

also white spots on the roof of the mouth and inside the cheeks, your baby may have thrush. Thrush is a very common yeast infection in the mouth that can be treated with medication. Please bring your child in to see the doctor if you suspect that they have thrush.

Umbilical Cord: Keep the umbilical cord clean and dry. Please call the doctor's office if you notice a foul smelling odor from the cord or red streaks on the skin around the umbilical cord.



Circumcision: The decision to circumcise is entirely up to you. If your newborn boy is not circumcised, do not attempt to retract the foreskin. It will retract back on its own when he is older. If your newborn boy is circumcised, apply Vaseline to the head of the penis with every diaper change for the first week. Please observe the urinary stream of your baby boy. It should be forceful and should shoot out. If your baby's urine dribbles, please notify us.

Diaper Rash: Diaper rashes are caused by irritation from prolonged contact with urine and stool in the diaper or overly aggressive wiping. Wash the diaper area with a soft cloth and warm water. Avoid diaper wipes for the first couple weeks because they can cause irritation. If a rash develops, apply Desitin or A/D ointment. If the rash is persistent or consists of pus blisters, please bring the baby into the office.

Fingernails: Newborn fingernails can be quite long and scratch their faces. You may trim the fingernails with baby scissors or nail clippers or file them with a nail file. It is best to do this while they are sleeping.



*M*iscellaneous Information

Sleep: The American Academy of Pediatrics recommends that healthy infants should be positioned on their back when being put down for sleep until at least 6 months of age for prevention of sudden infant death syndrome (SIDS). This is when most infants can lift their heads on their own. Crib slats should be less than 2 $\frac{3}{8}$ inches apart. Do not use pillows or stuffed toys in the crib until the baby is able to turn fully to avoid suffocation. Do not allow baby to sleep in your bed.

Car Seats: A rear-facing infant or convertible car seat should be used in the back seat of the car until the baby is 24 months old. After that you can use a forward-facing car seat in the back seat. Never place a child in a rear-facing car seat in the front passenger seat of a vehicle with an airbag.

Clothing: The baby should be kept comfortable. A good rule of thumb is: Dress the baby in one layer more than you dress yourself. Keep the thermostat at home between 70 and 80 degrees.

Outdoors: You may take the baby outdoors after the first week. We recommend that you do not take the baby to large public places/gatherings for the first 6-8 weeks of life.

Visitors: For the first few weeks, try to expose your baby to as few people as possible outside the immediate family. Children, other than brothers and sisters, should not have close contact with the baby at first. This is to minimize exposure to infectious diseases.

Breathing: Babies sometimes have erratic breathing. They may have periods of rapid breathing followed by short pauses of breathing. Babies often sound congested after laying down for a few hours. This should clear after sitting your baby up. Hiccups are also very common and nothing of concern.

Stools: During the first few days, your baby will have sticky dark green-black stools called meconium. The stools will then transition into looser yellow-brown stools. In breast-fed babies the stools will be frequent, almost 6-8 times a day. Bottle-fed babies tend to stool less and their stools have more of a formed consistency. Notify your doctor if the stools are red, black or clear.

Weight Loss: During the first few days, newborn babies may lose up to 10% of their birth weight. They usually gain the weight back by the end of the second week. We will check the baby's weight at the end of the second week to make sure the weight has been regained.

Jaundice: Many healthy newborn babies develop a yellowish color to their skin called "jaundice." Jaundice is due to elevation of a substance called bilirubin, a chemical formed during the breakdown of old red blood cells. Usually bilirubin passes through the liver and then is excreted in the bowel movements. In most cases, the baby's liver is not mature enough to process the bilirubin fast enough. In other cases, more bilirubin than normal is being made for the liver to handle. If the bilirubin level in the blood becomes too high, the baby may need phototherapy "bili lights" to help reduce level of the bilirubin.



Signs of Illness

When to call your pediatrician or seek medical attention:

- Lethargy or listlessness (i.e. sleeping more than usual with or without fever)
- Vomiting repeatedly (not just spitting up), especially if the vomitus is green or projectile (very forceful) vomiting
- Refusal to eat several times in a row
- Extreme irritability
- Fever (of 100.4 rectally or higher) in the first six to eight weeks of life
- Changes of color – if the baby turns blue in the lips and/or face

Office Visits / Immunizations

Newborn	Office follow-up	
2-4 Weeks	Checkup	
2 Months	Checkup	Pediarix*, HIB (Hemophilus Influenza Type B), Prevnar, Rotateq (Rotavirus)
4 Months	Checkup	Pediarix*, HIB (Hemophilus Influenza Type B), Prevnar, Rotateq (Rotavirus)
6 Months	Checkup	Pediarix*, HIB (Hemophilus Influenza Type B), Prevnar, Rotateq (Rotavirus)
9 Months	Checkup	
12 Months	Checkup	HIB, Prevnar, Hepatitis A
15 Months	Checkup	MMR, Varicella, DTaP
18 Months	Checkup	Hepatitis A
24 Months	Checkup	

Note: The Flu vaccine should be given to all infants over the age of 6 months during the flu season every year as per recommendation of the American Academy of Pediatrics.

* *Pediarix contains the DTaP, Hepatitis B and Polio vaccines.*

About Watson Clinic



First established in 1941, Watson Clinic is one of the largest and most respected medical clinics in the southeast. Responding to the medical needs of each community we serve, we offer a team of over 300 physicians and medical providers, more than 40 popular specialties, and multiple convenient locations throughout Polk, Hillsborough and Pasco counties.

Our legacy of healthcare excellence continues in our latest efforts, including the beautiful Watson Clinic Highlands location in south Lakeland, a sprawling, 74,000 square-foot facility that houses obstetrics & gynecology, pediatrics, family medicine, dermatology, orthopaedic surgery, priority care, and a diverse range of additional specialties tailored to serve patients of all ages.

Meanwhile, we're changing the face of cancer care in our community and across the state with our Cancer & Research Center. This esteemed facility is the only local member of the Moffitt Oncology Network, one of a select group of cancer facilities in the nation to receive gold status re-accreditation by the American College of Surgeons Commission on Cancer, and Florida's sole recipient of the 2013 & 2016 Outstanding Achievement Award from that same organization.

North Pediatrics

863-680-7337

1430 Lakeland Hills Blvd.
Lakeland



South

863-647-8012

1033 N. Parkway Frontage Rd.
Lakeland

Highlands

863-607-3346

2300 E. County Road 540A
Lakeland



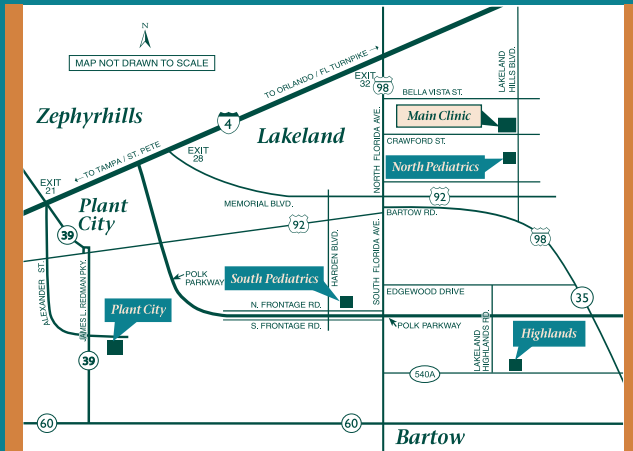
Plant City

813-719-2500

615 E. Alexander Street
Plant City

WATSON CLINIC_{LLP}

Pediatrics



Watson Clinic North Pediatrics

1430 Lakeland Hills Blvd.
Lakeland
863-680-7337



Watson Clinic South

1033 N. Parkway Frontage Rd.
South Lakeland
863-647-8012



Watson Clinic Highlands

2300 E. County Rd. 540A
Lakeland
863-607-3346



Watson Clinic Plant City

615 E. Alexander St.
Plant City
813-719-2500

www.WatsonClinic.com/Pediatrics