

PARKSIDE PEDIATRICS, S.C.

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Hours: Mon. and Tues. 9-5
Thurs. 12-8
Fri. and Sat. 9-1
Phone: 847-823-8000

NURSERY DISCHARGE INSTRUCTIONS

Birth Weight: _____ Height: _____ Head: _____

APGAR Scores: 1 minute _____ 5 minute _____

INTRODUCTION

Congratulations on the birth of your baby! Our goal is to help you enjoy and properly care for your infant. Raising your child should be fun. Do not worry so much over minor details that you lose sight of that fact. No two babies are alike, therefore, don't let well-meaning friends and relatives upset you if your child is a little different than the ones they raised. We are always available to answer your questions. If possible, the ideal time to call is during office hours so that your child's clinical record is available. For urgent issues that can not wait until the next scheduled office hours, you can reach us through our answering service which answers our line when we are not in the office. Reasons to call include: a rectal temperature greater than 100.4° (axillary is not an accurate method of determining body temperature), poor feeding, vomiting (not just spitting up), an unusual rash, frequent cough, listlessness, excessive irritability, or yellow jaundice. We welcome any suggestions you may have that will improve our ability to help you with the ongoing process of nurturing your special child.

OFFICE VISITS

We would like you to call us the next day we are in the office after your child goes home so that we may answer any questions and to make sure things are going smoothly. Your child's first visit should be 5 – 7 days after discharge from the newborn nursery, unless our attention is needed before that time or you prefer an earlier visit. When calling for this first appointment, ask for a "nursery discharge"

appointment. Thereafter, the monthly routine visits are important and allow us to clearly assess your child's physical and developmental growth. In addition, we can detect any problems that are not obvious and that may have developed since the last visit. Much of our advice is preventive and therefore intended to help your child live a long healthy life.

GENERAL

1. Fresh air is generally much less dangerous than people. You may take your child out if properly clothed, however, you need to avoid large crowds for at least 4 weeks. Definitely avoid anyone who is ill.
2. Anyone handling the child, including the parents, should wash their hands first so as to minimize the risk of infection.
3. All babies yawn, sneeze, pass gas, have frequent hiccups, and occasionally look cross-eyed.
4. Due to small nasal passages, a small amount of mucus makes many babies sound congested. If your child is feeling well and appears comfortable, there is no significant obstruction. If it is necessary to clear the passages, a bulb syringe with a long, rather than a blunted, snout is more effective. Salt water drops may be used to loosen mucus if the infant is very congested. These are readily available without a prescription (i.e. Ocean[®] nose drops). Three or four drops in each nostril while the infant lies flat on its back for 30 seconds or so will loosen the mucus so as to make suctioning more productive.
5. There are many rashes that appear and fade on a baby's skin. If the rash disappears fairly quickly, and your child does not appear ill, there is no reason for concern.
6. Frequently, reddish birth marks will be seen on the upper eyelids, forehead, back of the neck, and other areas. These are of no concern and will usually eventually fade away.
7. White, pinhead sized pimples (milia) may appear on the nose, chin, and cheeks. These are normal and no extra treatment is usually required. Continue to bathe daily with soap applied to the face. Do not apply oils to the face, try to "pop" the pimples, or scrub vigorously. These will resolve within 4 months.
8. Occasionally, small red spots will be seen on the whites of the eyes due to ruptured blood vessels. These will resolve in 1 to 4 weeks and are not a threat to your child's eyesight.

1. Only heat to room temperature (as a rough starting point: 15 seconds for every 2 ounces).
2. Shake the bottle well.
3. Test the liquid on your wrist prior to feeding the baby.
4. Heat only with the bottle unsealed (no nipple or cap) to avoid an explosion.

– The phone number of the Illinois Poison Control Center downtown is 800-222-1222. This number should be readily available at all times, including in your cell phone, along with the number for the nearest emergency room and our office.

IMMUNIZATION

Prior to discharge from the nursery your child may receive an immunization to help prevent Hepatitis B, a common viral cause of liver cancer and cirrhosis. This vaccine will be given as a series of three shots over a six to twelve month period. The most frequent side effect is minor local soreness at the injection site. No serious adverse effects have been associated with the Hepatitis B vaccine that your child will receive.

GOOD READING MATERIAL

1. Your Baby and Child by Penelope Leach
2. Baby and Child Care by Dr. Benjamin Spock
3. What to Expect the First Year by Arlene Eisenberg.
4. Caring for your Baby and Young Child, Birth to Age 5 by Steven P. Shelov. Published by the American Academy of Pediatrics

9. If you notice an increased yellow color of your child's skin or the whites of the eyes (jaundice), please call us.
10. Infants have a bowel movement as often as every feeding to as infrequently as every fifth day. During the first few days, stools tend to be sticky and dark green. Green, yellow or brown are acceptable stool colors, not red or black. The normal consistency is anywhere from pasty to mustard-like. Babies may strain with a bowel a movement, but unless the stools are hard and pellet-like this is normal. Signs consistent with constipation include: no stool for five days, hard stools, poor feeding, or blood in the stool. Call us for any of these signs during office hours.
11. Crying occurs for many reasons. Crying itself does not harm a healthy baby. Each child has a different temperament and personality. In a child over two weeks of age, crying in the afternoon or evening which resolves with rocking or car rides without other signs of illness is probably colic. There is no specific treatment in most cases and it will resolve by 3 or 4 months of age. If the crying seems excessive, your child appears ill, or you are concerned please call us.
12. Children have only a handful of symptoms to represent numerous different illnesses. In light of this, and the fact that antibiotics have risks as well as benefits, it is not in your child's best interest for us to prescribe medicines over the phone. A thorough examination will help determine the exact cause of the illness and subsequently the appropriate treatment. In fact, many illnesses require no intervention other than frequent communication with us.
13. Keep the temperature of your home at about 70 to 72 degrees to maximize your child's comfort.
14. A true fever is a temperature greater than 100° by rectum and 99.6° by mouth. The temperature tends to be 1/2° higher in the afternoon, so 100.5° by rectum in an otherwise healthy appearing child may be normal. Axillary temperatures tend to underestimate the temperature and are not recommended. For example, if the child's temperature is 100° under the arm, the rectal temperature may be 100° or 101° or 102°. A warm forehead frequently does not represent a true fever and forehead fever strips are very unreliable. We discourage the use of electronic ear thermometers (i.e. Thermoscan®) since they are potentially unreliable especially in children under the age of 3 years old.

FEEDING

Breast: The initial milk supply is a yellowish fluid called colostrum which is gradually replaced by the true breast milk on the 3rd to 5th day. The

initial feedings should be limited to 5 minutes per side. Beginning on the 2nd day, increase the length of each feeding gradually up to 15 minutes per side. Encourage your infant to suck actively while on the breast instead of using the breast as a pacifier. This routine, in addition to air drying the nipples after each feeding and making sure the infant gets as much of the areola (the dark part of the breast) in their mouth as possible, will help to avoid sore nipples which could impair feedings. Another helpful point in avoiding sore, cracked nipples is to rotate your infant's position on the nipple periodically to prevent frequent pressure at only one spot. Alternate breasts, starting with the one you finished with the last feeding. Avoid giving anything by bottle, including water during the first month so as to maximize the possibility of successful breast feeding. In the first 2 to 3 days after birth, the child tends to be sleepy and is still making adjustments to independent living. Do not become discouraged if your baby seems to get little to eat during this period. The first days should be spent as practice feedings getting the baby used to the nipple. For breast feeding to go well, you need to relax, get your rest, eat a balanced diet, and drink plenty of water. Due to a rather rigid schedule and many intrusions, the hospital can be an unnatural place to be. For this reason, breast feeding frequently goes better once you are at home. Also, the lactation consultant from the hospital is a great resource if you are having difficulties with breast feeding.

Formula:

Breast feeding is ideal for infants, however, there are situations where this is not possible nor desired. Fortunately there is an excellent infant formula available, Similac Pro-Advance, that in addition to your love and attention will allow your child to flourish. Prepared bottles should be used within 48 hours and stored in the refrigerator. You may want to use Similac Pro-Advance ready-to-feed formula initially for convenience. After the first few weeks, the use of powder or concentrate will allow you to save money. This cost savings is offset by the increased inconvenience of preparation. Initially start with 2 ounces of Similac Pro-Advance in each bottle. When your child has finished the last drop of 5 bottles in a row, increase the volume by one half ounce the next time you prepare the bottles (from 2 to 2 ½ ounces per bottle). This rule of thumb will allow your infant to be offered enough to eat without wasting a lot of formula.

Expressed breast milk may be frozen in Playtex® nurser bags that may be used up to 6 months later. Formula should not be frozen. Breast milk and formula need only to be heated to room temperature. Although not encouraged, if a microwave is used, shake the bottle well and be sure to test the milk on your arm prior to giving it to your child to avoid burns due to uneven heating.

- 5) Have the baby “give” the older child a big gift (e.g. coloring easel). This should be something that will last and to which you can point to saying “look the baby loves you, remember what he/she gave you” whenever your child is jealous or mean to the baby.
- 6) Continue to point out the advantages of being a big brother/sister (e.g. you can eat corn because you have teeth, but the baby cannot).
- 7) Keep your child involved with the baby's care as much as possible. For example: “Please get me a diaper and help change the baby.”
- 8) Arrange for outings with dad and mom separately with the older child as well as with the whole family together. This will reaffirm old bonds and form new ones.

SAFETY

- Please read the pamphlet on Infant/Child Safety Seats. Car seats can prevent 90% of fatalities and 70% of injuries that occur with car accidents.
- Thinking in advance to hopefully save you some money, we strongly recommend that you never place your child in a walker or Johnny Jumper. This is due to safety as well as developmental concerns. Exersaucers are also not optimum for development.
- Cribs should be free of splinters and cracks. The mattress should be firm and fit snugly in the crib. The side rails should be operated by a locking bar which is secure from accidental release and should be at least 4 inches above the mattress in the lowest position. Never leave the crib rails down when the baby is in the crib.
- Only lead free paint should be used on furniture and toys.
- Mobiles should be out of the child's reach.
- Never leave your child unattended on changing tables or couches.
- Microwave ovens tend to heat from the inside out and the hot center can easily cause burns. Although not recommended, if you are going to use a microwave oven to heat the formula, please observe the following rules:

13. If you are using baby wipes, make sure they are alcohol free and unscented.

DEVELOPMENT

Some of your child's senses are well developed at birth, especially smell and touch. Caress, hold, sooth, and cuddle your child frequently. Talk to your child in a soft voice during daily routines. Your child has fairly poor eyesight which is best at a distance of 12 inches. Your child will smile responsively sometime in the first 2 months of life. Note the strong grip and different cries which you will gradually be able to distinguish. It is important for your child's developmental progress that they spend a lot of time on their belly when they are awake. You need to start this shortly after coming home from the hospital, otherwise your child will not like that position.

PREPARATION FOR NEW SIBLING

This basically involves anticipating the two main periods of jealousy:

- 1) When the new baby first comes home and the older brother/sister realizes the child is actually staying.
- 2) When the infant begins to crawl and will get into the older child's toys. This is when you will see the hoarding of toys in the older child's room and hear the word "mine" more frequently.

The necessary steps involve:

- 1) Allowing your child to express his emotions in a nonviolent way.
- 2) Begin referring to your child as the "big" brother or sister, taking them from the level of number one child to something they feel is even more important.
- 3) Involve your child in preparation for the new sibling (e.g. picking out the crib and sheets).
- 4) Have your child buy the new infant a small present (e.g. pacifier or stuffed animal). This should be given when your child visits the baby in the hospital.

No additional vitamins or foods are necessary at this age. In fact, recent studies suggest that adding solid foods into the diet prior to 4 to 6 months of age is not necessary and may have adverse effects.

You will know if your child is getting enough to eat if the following criteria are met: 1) urinating at least 6 times per day, 2) eyes and mouth are moist, 3) feeding well, and 4) not overly sleepy or irritable, The average infant will consume between 2 to 3 ounces of formula per pound of body weight per day (example: a 7 pound infant takes 14 to 21 ounces per day).

Plastic bottles are preferable over glass due to less risk of injury when they are dropped.

All bottles and nipples should be boiled for 15 minutes prior to use until the child is 7 months old to minimize infection. Test the nipple holes regularly. The hole is the right size if warm milk drips rapidly without forming a stream. Replace the nipples when they appear old, worn, or gummy to the touch.

Supplemental water may be either bottled, filtered or boiled Chicago water. Discuss the use of water sources with us prior to using them for your child's consumption.

If your child is having difficulty obtaining the formula from the bottle, and the nipple hole is clear, contact us during office hours for further instruction.

FEEDING SCHEDULES

Wake your infant for a feeding when you first awaken in the morning. Subsequent feedings throughout the day should be at 2½ to 3 hour intervals between the beginning of each feeding, awakening the child if necessary. The last evening feeding should be just prior to the parent's going to sleep. Your child should be getting at least 6 feedings in any 24 hour period. If your baby feeds for only a brief period of time, falls asleep, then wakes up an hour or so later apparently hungry, try to put off the feeding using a pacifier or water for at least 2 hours between feedings so as to establish an effective routine. By encouraging feedings at frequent intervals during the day, by the evening your new bundle of joy will be full and tired. Therefore, hopefully, your infant will be more willing to space out the feedings through the night. Once the breast milk supply is established (or the formula feedings stabilized) **and your child is gaining weight**, never wake a sleeping baby in the middle of the night, unless instructed by us to do so. If the child does awaken, it is reasonable to give a feeding if the last feeding was at least 3 to 4 hours earlier. Otherwise, try a bottle of water or a pacifier to help the baby

get back to sleep. Don't encourage middle of the night feedings. However, some infants require an around the clock schedule. If this seems to be the case with your child, or if you are having other feeding difficulties, consult us during office hours. Remember, your child is an individual. Therefore, adapt these instructions to your baby and not your baby to the schedule.

POSITIONING YOUR INFANT DURING FEEDINGS

Hold your infant in as upright a position as possible while feeding. This keeps the gas bubble at the top of the stomach, helping the infant to burp more easily. Burp the infant at the end of each feeding (and while switching breasts if you are breast feeding) and then place your baby down for a nap. Keep in mind that many infants do not burp well and this is not a problem.

SLEEP

The amount of sleep your baby needs varies considerably, but most infants if given the opportunity to sleep will get the amount they need. During the first month of life, the average infant sleeps 16 hours per day. Approximately one half of this time is at night. To avoid the risk of suffocation, there should be no pillows or stuffed toys in the crib with your child. In addition, the child should never sleep on a waterbed or with anyone else including the mother. Due to a proven increased risk of SIDS (Sudden Infant Death Syndrome) and sleeping belly down or on the side, the American Academy of Pediatrics now recommends that all infants sleep on their back. Due to a lack of safety studies, sleep positioning devices such as wedges are not recommended.

HYGIENE

1. Give your child a daily sponge bath, including the face and hair, using a mild soap (unscented Dove®, Tone®, Basis®, Aveeno®) and shampoo until the umbilical cord has been off for 7 days. After that time you may immerse the child in a tub.
2. To clip the nails, use either cuticle scissors or a nail file. We don't recommend nail clippers due to the risk of injury.
3. Do not clean the inside of the ear canal using Q-tips. The wax that is present is normal.
4. Powders should be used sparingly or preferably not at all since they can be irritating to the air passages and vagina. In fact, some brands may be a good

breeding ground for yeast infections.

5. When doing laundry, the last rinse water should be free of soap bubbles. This avoids detergent build-up in your baby's clothes which can cause skin irritation. A double rinse or less detergent may be necessary. Other potential skin irritants include bleach, starch, and sometimes dryer sheets. Powdered detergents are not recommended due to the potential interference with the flame retardants utilized with the clothing.
6. The umbilical cord, including the jelly part, should be cleaned daily with soap and water. The diaper should be folded down below the cord so as to allow it to remain dry. The average cord falls off between day 7 and 16. A small amount of bleeding may be noticed for a few days. Call us for any signs of infection, significant bleeding, drainage, or foul odor.
7. The penis should be washed daily with soap and water. If your son was circumcised, use a gauze pad with Vaseline for 2 days or until it is well healed so as to minimize rubbing on the diaper. The circumcised penis may be red or purple at the head and there may be a small amount of bleeding during the first day or two. Within 24 hours a superficial layer of new skin may cover the tip of the penis (frequently a thin, adherent yellow material). After this time, the amount of discomfort and risk of infection are greatly decreased. Notify us of any excessive redness of the penis, pus, foul odor, or difficulty with urination.
8. A small amount of vaginal bleeding is normal during first week of life. Call us if there is more than a small amount of blood, if you are unsure if the blood is from the vagina, or if the bleeding persists beyond a few days.
9. Frequent diaper changes and the use of zinc oxide paste or Desitin® will minimize the risk of diaper rash.
10. Excellent skin moisturizers that will not irritate your infant's skin include Aveeno®, Cetaphil® or Eucerin® lotions or creams.
11. Small amounts of milky white liquid may leak from the breasts which may actually swell during the first month of life. This is normal as long as there is no redness or pus noted. Do not intentionally express the liquid.
12. When changing the diapers on a female child, you need to gently spread the labia ("vaginal lips") and wipe from front to back so as to completely clean the area of secretions, stools, and urine.