

## DISCHARGE GUIDELINES for Newborn Infants

We have prepared these discharge guidelines to help new parents in particular to manage the first few weeks at home with a newborn infant. If you find that your own ideas work better for you and your baby than do our suggestions, follow your instincts.

### FEEDING SCHEDULE

In the hospital, you were probably feeding your baby about every four hours. Once settled at home, most babies eat every 2-3 hours if breast feeding, and every 3-4 hours if bottle feeding. There is rarely a strict feeding schedule in the early weeks, although one will usually develop by 8 weeks or so. Until then, feed whenever the baby seems hungry.

### BREAST FEEDING

The key to successful nursing is short but frequent feedings.

Ideally, in the beginning, an infant will nurse for 10-15 minutes on each breast, about 7-10 times over 24 hours. Your breast milk is usually “in” by the third to fourth day after delivery. If you find that the baby is sleeping a great deal and getting fewer than 7 feedings per day, we do suggest you wake the baby more frequently, particularly during daytime hours. Remember to start each feeding with alternate breasts.

Early on, it is usual for a baby to nurse as often as every 2 hours. (Avoid allowing the baby to ‘snack’ every hour.) Gradually, as the interval between feedings increases to every 3-4 hours, you may increase to 15-20 minutes per breast and find that the baby will nurse less often.

It may take two weeks (occasionally longer) for breastfeeding to become well-established. Please call us to help if you feel that nursing is not going as well as you had expected. If you are a first-time mom, we will check the baby’s weight in the office at one week of age.

Whether you plan to breastfeed for a few weeks or several months, we recommend that you nurse exclusively for the first two weeks. After that, it is fine to begin one bottle daily of expressed breast milk or formula.

### WEANING

At your two week office visit, we will talk over your feeding plans, how long you would like to breastfeed, whether or not you are returning to work, whether formula supplements are needed, and when and how to wean from breast feeding when you are ready to do so.

### FORMULA FEEDING

If you have chosen to bottle feed your baby, we recommend that you start with Similac with Iron (or equivalent), unless there is a family history of milk protein allergy. If that is the case or the baby has trouble tolerating a milk-based formula, we will recommend an alternative. Again, remember that feedings are approximately every 3-4 hours, but without a strict schedule. Generally, a more predictable schedule develops by 8 weeks of age (sometimes later).

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At first, most babies take 1-2 ounces per feeding but will increase fairly quickly to 3-4 ounces at one time. By the seven week visit the baby may take up to 6 ounces per feeding. Remember to burp after each ounce. Once the baby is taking larger amounts, burp every 2-3 ounces after each feeding.

## ELIMINATION

We expect newborns to have at least 6 wet diapers in a 24 hour period. This is one of the ways you can tell if your baby is getting enough to eat. There is great variability in the pattern of bowel movements for newborns. As many as 10 stools in a day or as few as one stool every 10 days can be a normal pattern. Do not be concerned about the frequency of stools, as long as they appear soft and easy for the baby to pass.

The color of a baby's stool is rarely a problem. Any variation of green (even fluorescent), yellow or brown is acceptable. Call only if you see blood in the stool, chalky white, or jet black stools.

## JAUNDICE

Some babies will develop a yellow skin color during the first few days of life. This condition, called jaundice, is due to an accumulation of bilirubin in the baby's bloodstream. A certain amount of jaundice is 'physiologic' or normal. If this occurs in the hospital, we will check the 'bilirubin' level. If the level is higher than we expect, we begin treatment with phototherapy. After discharge, if the baby's color appears to become more yellow each day, call us to check the bilirubin in the office. Usually, the yellow color disappears on its own by the end of the first week.

## INFECTION CONTROL

Everyone who handles a newborn infant should wash hands before touching the baby. This is the single most effective way to lessen exposure to infection. You may take the baby outdoors as soon as mother is ready to be up and about (careful—no direct sun exposure). We recommend that during the first six weeks only close family members handle the baby and that you do not visit families with small children who are sick.

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## UMBILICAL CORD CARE

During diaper changes, use a cotton swap to apply alcohol to the skin around the belly button. Don't be afraid to pick the cord up and clean right where the cord meets the skin. You can expect the cord to shrivel and fall off within two weeks (occasionally a week or two longer). You can help speed the process by keeping the area dry and exposed to air (fold diaper down below the cord). It is normal to see a small amount of bleeding as the cord separates. You should call us for any of the following: foul odor, red streaky rash or green discharge from the cord. Before the cord separates completely, give the baby sponge baths. Once the cord has come off, you may immerse the baby fully in the bath water.

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## CIRCUMCISION

If your infant son has been circumcised, the tip of the penis may appear swollen and red for a few days after the procedure. You should wash the area with warm water using a cotton ball or soft wash cloth and apply a thin layer of Vaseline® or A&D® ointment to the tip for the first 3-4 days. A layer of yellowish tissue may form on the surface of the tip of the penis as it heals. This is the normal healing process.

If your son is uncircumcised, no special care of the area other than normal cleansing is necessary. It is normal for the foreskin to adhere firmly to the tip of the penis. This will change as the child grows.

Female infants may have a 'period' during the first few days after birth. A small amount of blood may appear in the vagina or on the diaper. This normal occurrence happens because the baby has been separated from her mother's estrogen stores.

## SLEEPING

The proper sleeping position for an infant is on the side or the back, with the head slightly elevated. Babies must never be placed on the stomach to sleep. Between three and four months of age, most babies will begin to roll spontaneously from back to front, and at that point may be allowed to sleep on the stomach.

At first, newborns often sleep during the day and are awake much of the night, i.e. their days and nights are completely reversed! There isn't much to do about this, but realize that the situation is temporary! The baby's body clock will gradually develop a normal wake-sleep cycle, but until then, we advise mothers to sleep during the day whenever the baby sleeps. By 8 weeks of age, most infants will begin to sleep

5-6 hours at night and entirely through the night by four months of age.

## Babies should never be placed on their stomachs to sleep.

Parents often keep a newborn in a cradle or bassinet in their room, particularly if the baby is nursing. By 4-6 weeks of age, most babies are ready to move from the bassinet into a crib (in own room if possible). A bassinet quickly becomes too confining for a baby who has begun to move around at night. This causes more frequent night waking than when sleeping in a larger crib. A baby soon learns to recognize their crib surroundings and to feel quite comfortable there. At age 3 months, we suggest that you begin to develop a sleep routine, which includes putting the baby into the crib, sleepy but still awake, at both nap time and night time.

## NORMAL NEWBORNS

Sneezing and hiccups are normal for newborns. You may also note some 'noisy' breathing caused by nasal congestion. If this occurs before a feeding or prior to sleep, you may use saline nose drops (Ocean or equivalent) and a nasal aspirator/bulb syringe to gently clear the nose.

A creamy white discharge from the eye is common. This is not usually an eye infection, but rather is secondary to tear duct obstruction. Cleanse the eye with a cotton ball moistened in warm water. The discharge gradually disappears over several weeks and occasionally months.

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Babies often have a rash on the face or torso which may resemble mild acne. 'Baby acne' should resolve within a few weeks without treatment.

## WHEN TO CALL THE PEDIATRICIAN

### FIRST VISIT

Once you are settled at home, call our office at 323-1770 to make your two week appointment in Stamford or 972-5232 in New Canaan. If you are a first time mom, we prefer to see you at the end of one week.

For routine baby care questions, you may call our office to speak with one of our nurses between 8:30 a.m. and 4:30 p.m., Monday through Friday. This is a good time to ask about non-urgent problems like rashes, eye discharge, colic, formula changes, sleeping schedules, spitting up, stuffy noses, trouble with bowel movements, and the like.

### URGENT PROBLEMS

Call us for any of the following:

- A rectal temperature of 100.4° or more in a baby six weeks of age or less.
- Persistent vomiting (4-5 times in a row) especially over a short (2-3 hour) period.
- Seizures, or uncontrolled movements of the arms, legs or torso, which cannot be stopped with mild pressure of your hand.
- Severe coughing or trouble breathing.
- A serious accident or injury.

**DON'T FORGET TO CALL YOUR INSURANCE COMPANY TO ADD BABY TO YOUR POLICY AND BRING YOUR CARD TO EACH VISIT**