

My New Baby: Frequently Asked Questions

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Congratulations! You are embarking on one of life's most wonderful journeys: parenthood. Here are a few quick tips for caring for your newborn. Please note this is not comprehensive, and that we will be happy to answer any questions as they arise.

What should I feed my baby... breast milk or formula?

Breast milk is the best food to give your newborn. Among many other advantages, breast milk allows the baby to receive protection from maternal antibodies and reduces the incidence of infections. We will give you all the help and support possible, including the names of local lactation consultants, if needed. If you are unable to breastfeed for any reason or can't breastfeed for as long as you had planned, there is nothing harmful about using infant formula. You should never feel guilty about supplementing or switching to formula! Recent studies have demonstrated that even a month or so of breastfeeding conveys a benefit to infants compared to a baby who's never received breastmilk. If you need advice on infant formula, we would be happy to discuss the best formula for your newborn. Please consult us for formula changes and any digestive problems.

My baby looks yellow...should I be worried?

Jaundice is a very common newborn problem. It is caused by excess bilirubin, a normal breakdown product of our red blood cells and is usually processed efficiently by the enzymes in our liver. Liver enzymes in newborn babies haven't quite "kicked in" yet, so excess bilirubin can build up and get deposited in areas like the skin, which turns the skin yellow. Making sure the baby is well-hydrated and getting enough calories can help clear the excess bilirubin faster.

If the jaundice is extensive, your doctor will do a blood test to check the total bilirubin level. We use this level along with the baby's age (in terms of hours), mom's blood type, and other pieces of information to determine whether the baby is at risk for a rare, but serious neurological complication of jaundice called kernicterus. Just because a doctor is checking a blood test shouldn't be cause for alarm. This gives us an ability to monitor the jaundice, and if necessary, take steps to help expedite the bilirubin clearance. These may include supplementing with an elemental formula (Nutramigen), or occasionally, using phototherapy or "bili lights." If you're at home and notice increasing jaundice in your baby, you should always give the office a call.

My baby's stools always seem to be changing colors... what's wrong?

Nothing! Newborn stools will make the transition from meconium (tarry black stools in the first few days of life) to a yellowish-brown color, and the consistency will alternate between seedy and soft. Sometimes stools may even have a brown-greenish hue. Any color is normal EXCEPT chalky-white (may represent a rare liver disorder) or red as in the color of blood. Be aware that babies may grunt when stooling, which is completely normal. The frequency can vary widely and doesn't necessarily mean the infant is constipated. Some babies stool several times a day, and some pass a stool every three days.

How should I bathe my baby?

Babies should receive a sponge bath daily for the first few days to weeks, until the umbilical stump falls off. After that, a regular bath with mild soap is recommended every 2-3 days. Circumcised boys should not receive a regular bath until after the circumcision has healed (approximately one week post-circumcision).

When will this umbilical stump fall off?

Your baby's umbilical stump should fall off by about three to four weeks of age. If it's earlier, great, the stump really can't fall off "too early." Some parents like to clean the stump with rubbing alcohol while others prefer to let nature take its course. The one important thing to remember is simply keep the area clean and dry by following the bathing guidelines mentioned above. Omphalitis is a very rare but serious infection of the umbilical stump. If you notice any expanding redness or swelling around the belly button, or a malodorous discharge from the stump, let us know immediately.

My baby is sleeping so much! Is this normal?

Yes, newborns spend most of their time asleep—about 18-20 hours in a 24-hour period during the first two weeks of life! The amount of time spent sleeping gradually declines as the baby gets older. They need this time to grow. Sleep position is very important: babies can alternate sleeping position between their back and both sides during the first 6 months to decrease the risk of SIDS (sudden infant death syndrome). Remember, no sleeping on the belly, but "back to sleep!"

Is my baby getting sick?...he sneezes all the time!

Sneezing is a normal infant "reflex." Babies are what we call obligate nose breathers, meaning that unless they're crying, they must exclusively use their noses to breathe. Sneezing keeps those nasal passages open.

My baby "spits up" all the time...should I be worried?

"Spitting up," or reflux is very common in infants and is due to an immature stomach sphincter which allows breastmilk or formula to come back up. Frequent burping, making sure you don't lay the baby down immediately after feeding, and elevating the head of the crib or bassinette are simple but effective means of dealing with reflux. The most reassuring sign of a baby who has reflux is that he or she is gaining weight appropriately. If the reflux is excessive, your doctor may suggest measures like thickening the formula or temporarily adding a medication like ranitidine (Zantac). If the baby is having reflux after every single feeding or is having forceful "projectile" vomiting, give your doctor a call immediately. Vomiting in a young infant can be a sign of infection, milk protein allergy, or occasionally, a condition called pyloric stenosis which requires surgical intervention.

I think my baby has a fever... what should I do?

A fever is simply the body's natural response to an infection; in a way, the body tries to "turn up the thermostat" to fight it. So, while fevers themselves are not dangerous to your child, they can be a red flag that a more serious infection is present. This is particularly true in young babies who are vulnerable to serious infections. That's why it's important to have a reliable thermometer and to **let us know right away if your newborn has a fever**. Until the baby is two months old, the temperature should be less than 100.3. Any temperature 100.3 or above is a true fever. The most accurate reflection of the temperature is a rectal thermometer, followed by an ear thermometer. If you choose to check an axillary temperature (under the armpit), you

should add about one degree to the temperature (if the temperature you get is 98.4, it's probably closer to 99.4).

How often should I bring my baby in for a check-up?

We will be checking on the baby frequently during the first two years of life to ensure that he or she is growing well and developing appropriately. After age 2 ½, check-ups are typically annually unless the child needs closer routine monitoring. For the first 2 ½ years, visits occur at the following ages: 1-2 weeks, 1 month, 1 months, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 2 ½ years.