



Care Guide for Your Newborn

A general guide to baby care from the providers
at Virginia Mason Franciscan Health



Congratulations on your new baby!



This booklet provides information about our clinic. It also is a general guide to the care of your baby and will answer some common questions parents ask about infant care.

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Appointments

Appointments can be made by phone or online through your child's *MyVirginiaMason.org* patient portal access.

Phone: **206-223-6881** or toll-free at **888-862-2737**

If you are unsure if your child needs to be seen, one of our pediatric nurses can consult with you during clinic hours by phone and if needed, schedule an appointment.

On line: On line scheduling is accessed through your child's secure *MyVirginiaMason.org* portal app on your phone or computer. Sign up for access at your first appointment.

We make every effort to stay on time with our appointment schedule, but delays may occur because of an emergency or unexpected event. We ask for your patience when this happens. Arriving on time for your appointment helps us to avoid delays. Please allow enough time to check in prior to the appointment time.

If you are unable to keep an appointment, please notify us as soon as possible. A missed appointment fee may apply when we do not receive at least 24 hours' notice of cancellation.

Immunization-Only Appointments

Vaccinations are important in preventing some serious diseases in infants and children. Sometimes your child may just need an appointment for a vaccination when a visit with a provider isn't necessary. These appointments are available Monday through Friday. Please call **206-223-6881** and ask for an immunization-only appointment.



Medical Questions

During clinic hours, nurses are available for telephone consultation at **206-223-6881**.

After-Hours Care

For an urgent problem that cannot wait until the office opens, call our regular phone number **206-223-6881**, and a Virginia Mason Hospital operator will arrange for a pediatric consulting nurse to call you back. The after-hours nurses answer calls for many pediatric practices. They do not have your child's chart or lab results available.

If the after-hours nurse needs further consultation, one of our providers is on-call 24 hours a day.

Hospital Care

Should your child need medical care beyond what we can provide in the office we will discuss the options with you. We admit children requiring hospital care to Seattle Children's Hospital and Swedish Hospital.

Medication Refills

Please contact your pharmacist and they will request any needed refills from us. If you feel you need a change in a current medication or have other questions about your medication, please contact our office.

Referral/Billing

A staff member can help you with referrals Monday through Friday during the clinic hours. Virginia Mason will bill most insurance companies but we need your accurate insurance information. Thank you for keeping your records up to date and informing us of any changes in your insurance, address and phone number.

Newborn Care

Well Baby Care Visits in the First Year

Your baby's first appointment in our office should be at 3–5 days of age. A second visit will be at 10–14 days of age. The first two weeks is a time of transition for your newborn and we want to ensure that this goes well.

- ✓ 3–5 days
- ✓ 10–14 days
- ✓ 1 month
- ✓ 2 months
- ✓ 4 months
- ✓ 6 months
- ✓ 9 months
- ✓ 12 months

After Delivery of Your Baby

We use the hospital's pediatric care physicians to examine babies after delivery. When you register at the hospital for your delivery, please inform them that your baby will follow-up at Virginia Mason Franciscan Health. They will send us the discharge paperwork. After the birth of your child, we look forward to your call to schedule the first appointment.

During the baby's hospital stay, certain screenings will be done including oxygen levels to screen for certain heart conditions, state provided screening for certain newborn metabolic diseases and a hearing test. If these screenings were not done during your newborn's hospital stay, we can do those tests in our office. There is no need to schedule follow-ups at the hospital.

Lactation/Breastfeeding Services

Our team has nurses that are specially trained in lactation and assisting with breast feeding. They can help you with any breastfeeding issues. Breastfeeding will be assessed during the first two visits to ensure that you are comfortable with breastfeeding and that your newborn is receiving adequate nutrition for good growth.

The First Days

The first few days of life require many adjustments. Your baby will probably be drowsy, waking for only a few minutes at a time. This drowsiness can add to the challenge of feeding a newborn. Most babies feed poorly at first. Your baby may spit, gag or choke during feedings and independent of

feeding time. These events are very common. When they occur, hold your baby upright until your baby is comfortable. The bulb syringe can also be used to aid in suctioning secretions. In the first few days, your baby may lose up to 10 percent of his or her birth weight. Most babies will regain their birth weight by their two week check-up.

Breastfeeding

Breastfeeding is one way to provide nutrition and establish a warm bond between mother and infant. With adequate support and information, almost every birth mother is capable of breastfeeding. We have nurses trained in lactation available in the clinic and encourage you to use this resource, especially if this is your first time breastfeeding. Bottle feeding is perfectly satisfactory for parents who do not breastfeed.



At delivery, mother's breasts are secreting colostrum, which is the perfect food for the newborn in the first few days of life. Frequent feedings will help you to avoid engorgement and will stimulate the production of breast milk, which usually "comes in" by the third day. Stroking your baby's mouth with your nipple will stimulate the baby to open their mouth. You will need to guide your nipple into the baby's

mouth so the baby has as much of the areola (the dark part of the breast) in her mouth as possible. The baby's tongue should be under your nipple and you should not hear any clicking noises. Properly latching the baby in this way will help avoid nipple pain as allowing the baby to obtain the maximum amount of colostrum or breast milk.

Do not become alarmed if the baby does not nurse well the first few days. This is a learning process for mother and baby. Many babies are quite sleepy in the first two days of life and need to be awakened and encouraged to feed. A baby generally feeds between 8–12 times per 24 hours. Attempt to feed your baby every three hours at least (from the start of one feeding to the start of the next feed) unless they have demanded feeding in less than three hours. At night, your baby will probably wake and demand feeding

While you are breastfeeding, you will need to eat a well-balanced diet, drink plenty of fluids and continue your prenatal vitamins.

after the first few days so you may not need to set an alarm during the night for feedings. If not, then set an alarm for 3 hours from the last feeding. The duration of feeding varies greatly and may range from 15–45 minutes. If your nipples become very painful, please call us so we can help you with latch and positioning.

Try to nurse your baby on both breasts at each feeding until nursing is well established.

During the first two weeks many babies are too sleepy to take the second breast. If this is your experience, try a short 5–10 minute feeding on the first breast and transfer to the second breast while your baby is still awake. In this manner, both breasts will be stimulated in improve your breastmilk supply.

If breast engorgement occurs, the breast may be so full and tight that your baby cannot latch onto the nipple. Expressing milk, whether by hand or with a pump, may be necessary to soften the breast so the baby can latch well.

Painful nipples may occur if your baby improperly latches to the tip of your nipple instead of the entire areola. Varying positions in which you hold the baby to nurse and expose your nipples to air after a feeding will help prevent nipple pain. Many mothers experience some nipple tenderness and breast fullness, which may extend to the armpits. However, if breastfeeding is painful, or if you are experiencing severe nipple soreness, please call and talk with one of our nurses as we may want to see your baby sooner than scheduled.

While you are breastfeeding, you will need to eat a well-balanced diet, drink plenty of fluids and continue your prenatal vitamins. Do not use nonprescription drugs (unless discussed with your doctor) or recreational drugs, tobacco or alcohol. If you have any questions about breastfeeding and prescription medications, please check with us.

In the first few days prior to breast milk production, some babies become agitated and cry when detached from mom's breast. If this occurs with your baby, you may want to offer your baby half to one ounce of formula. The formula will not interfere with any benefits of the colostrum/breastmilk. This small amount of formula can be very helpful until breastmilk production increases.

Once breast milk is in, during the first two weeks try not to offer formula unless your pediatrician recommends supplemental formula for other reasons. We want your baby to directly nurse from your breast to establish a good milk supply.

It is important to know that newborns have sucking needs beyond their need to eat. They will suck a bottle or breastfeed even if they are not hungry.

Urine and stool output are a good way of monitoring how well a newborn is feeding. In the first few days when your baby is only drinking small amounts, it is common on the third or fourth day to see an orange-red stain in the urine. These are urate crystals, which occur as a result of dehydration. Once breast milk is available to your baby, these urate crystals should disappear. Your baby should have at least six wet diapers and one or more stools per day.

Bottle Feeding

Bottle feeding with formula allows for complete nutrition for your baby. Any of the commercial milk-based or soy-based formulas are perfectly acceptable. Warm tap water or filtered water can be used to mix powdered formula. There is no need to boil the water unless well water is used. Always use a clean bottle and nipple for feeding. In the first two weeks, offer your baby one to three ounces of formula at least every three hours during the day and every four hours at night if they haven't demanded to eat at an earlier time. Babies will usually want to eat between one to three hours during the day. Feedings typically become more regular and spaced out after the first few weeks.

Burping

Burping your baby helps remove swallowed air. Both bottle and breastfed babies usually swallow some air. Burp your baby between breasts and after each feeding. Your baby may not need to burp. Do not persist for more than five minutes. Burping usually gets easier after the first two weeks.

Jaundice

Many babies develop some degree of jaundice. This yellow coloring of the skin is typically most intense at three to four days of age. It is common and not concerning to see some yellow color in the eyes and face. The yellow color is related to the level of bilirubin in your baby's blood. The bilirubin level is typically measured prior to discharge at the hospital. If it is elevated, we may want to measure the bilirubin again until we confirm that the level is not rising to a level that requires treatment. If necessary, home treatment with a bilirubin light can be arranged.

Umbilical Cord

Keep the umbilical cord clean and dry. If the cord seems moist and has a foul odor, clean it with rubbing alcohol or water. If there is any redness on the skin around the cord, please call the office and talk with a nurse as sometimes an umbilical cord can become infected and need prompt treatment. Wait until the umbilical cord has dried up to immerse your baby in a bath. If bathing is needed, then only sponge bathe keeping the cord dry.

Circumcision

If your son is circumcised and goes home with a Vaseline® gauze dressing, leave it in place for 48 hours before removal. If the dressing falls off prior to 48 hours, there is no need to replace it. Apply Vaseline® to the healing tissue to prevent sticking to the diaper. Healing is usually complete by one week. A yellowish crust on the penis is normal healing tissue. The uncircumcised penis requires no special care. Do not retract the foreskin.

Clothing

Do not overdress or over cover your baby. As a general rule, use one more layer of clothing/covering than you are comfortable with at a given temperature. On hot days, provide ventilation. Your baby's chest or stomach should feel as warm as you feel. Newborn hands and feet are typically cool and may look somewhat bluish.

Safe Sleep Practices

Based on American Academy of Pediatrics 2016 "Safe to Sleep" recommendations, always place your baby on their back for sleep. Since changing from tummy sleeping to sleeping on the back, the incidence of Sudden Infant Death Syndrome has significantly decreased. The safest place for your baby to sleep is in a bassinet, crib or portable crib. The safety of in-bed sleepers or bedside sleepers has not been established. The sleep surface should be firm. There should be no loose objects such as pillows, sheets or blankets in the sleep area. Consider offering a pacifier at nap time and bedtime.

Sibling Adjustment

An older sibling may show jealousy toward the new infant. The baby is a rival for the parents' love and attention. If possible spend separate, special time alone with the older child. Do not force the baby on the older child. Wait until the older sibling is interested in the baby.



Safety Recommendations

- Take a CPR course.
- Never leave a toddler or pet alone with your baby.
- It is recommended for children to ride rear-facing as long as possible to the highest weight and height allowed by the manufacturer of their car seat. At a minimum, all children should be rear facing in the car seat until at least two years of age. Visit 800buckleup.org for more information.
- Never leave your baby unattended on above ground surfaces.
- Set your water heater below 120°F.
- Make sure you have operational smoke detectors and fire extinguishers.

Some Signs of When to Seek Immediate Care in the First Six Weeks of Life

- Rectal temperature greater than 100.4° F
- Persistent, rapid, labored breathing
- Poor feeding
- Excessive listlessness or drowsiness
- Persistent vomiting
- Increase in jaundice after first week of life
- Marked jitteriness
- No urine for 24 hours
- Blood in urine or stool

Conversion of Degrees: Fahrenheit to Centigrade

98.6°F = 37.0°C
99.5°F = 37.5°C
100.0°F = 37.8°C
100.4°F = 38.0°C
101.0°F = 38.3°C
102.0°F = 38.9°C
103.0°F = 39.5°C
104.0°F = 40.0°C
105.0°F = 40.6°C

Normal Baby Conditions

- Hiccups are common
- Cracked, peeling skin — no treatment with cream or oils is necessary
- Small red bumps during the first two weeks
- Cold, bluish hands and feet with warm body
- Bloody vaginal discharge during the first week of life in female infants
- Snorting noises
- Nasal congestion
- Eyes crossing intermittently
- Variations in breathing pattern
- Sneezing
- Acne
- Prominent breast tissue in both boys and girls

Well Visits and Recommended Vaccines

Below is a schedule of well visits with recommended vaccines based on Centers for Disease Control Guidelines. This schedule may vary per discussion with your provider. *Influenza vaccine is recommended every year from six months on.*

AGE FOR WELL VISIT	RECOMMENDED VACCINE AT VISIT
Birth	HepB in hospital
2 weeks	No vaccinations necessary
1 month	No vaccinations necessary
2 months	DTaP, IPV, HepB, Hib, PCV13, Rotavirus
4 months	DTaP, IPV, [HepB*], Hib, PCV13, Rotavirus
6 months	DTaP, IPV, HepB, Hib, PCV13, Rotavirus
9 months	Well visit. No regularly scheduled vaccines other than influenza (fall/winter).
12 months	MMR, PCV13, HepA
15 months	DTaP, Hib, Varicella (chicken pox)
18 months	HepA
2 years	HepA (if not given at 18 month check)
3 years	No vaccinations necessary
4 years	DTaP, IPV, MMR, Varicella (chicken pox)
5–10 years	Yearly exam. No regularly scheduled vaccines other than influenza (fall/winter).
11 years	Tdap, Meningococcal, HPV (dose 1)
12 years	HPV (dose 2)
13–15 years	Yearly exam. No regularly scheduled vaccines other than influenza (fall/winter).
16 years	Meningococcal
17–18 years	Yearly exam. No regularly scheduled vaccines other than influenza (fall/winter).

*Need for HepB at four months depends on the type of combination vaccine used.

DTaP = Diphtheria/Tetanus/Pertussis
Hep = Hepatitis
Hib = Haemophilus Influenza Type B
HPV = Human Papillomavirus Virus

IPV = Polio
MMR = Measles, Mumps, Rubella
PCV = Pneumococcal
Tdap = Tetanus/Diphtheria/Pertussis

Adult Vaccinations

We strongly recommend both Tdap (tetanus, diphtheria and pertussis) and influenza (flu) vaccine for all parents, caregivers and close contacts of young children. These immunizations are an important way to protect your baby against influenza and pertussis (whooping cough). Please see your health care provider for further information.

Information Resources

NURSING BOOKS

- *Nursing Mother's Companion*, by Kathleen Huggins
- *Womanly Art of Breastfeeding*, by Gwen Gotsch
- *The Breastfeeding Book*, by William and Martha Sears

BREAST PUMPS

- Medela: 800-835-5968 (24 hours)
- Hollister, IN: 800-323-4060 (8 a.m. to 4:30 p.m.)

GENERAL PEDIATRIC BOOKS

- *Caring for Your Baby and Young Child: Birth to Age 5*, by The American Academy of Pediatrics (AAP)
- *Your Baby's First Year*, by The AAP
- *AAP Guide to Your Child's Symptoms*, by Donald Schiff (Editor)
- *What to Expect the First Year*, by Arlene Eisenberg
- *Your Child's Health*, by Barton Schmidt
- *Infants and Mothers: Differences in Development*, by T. Berry Brazelton
- *Healthy Sleep Habits, Happy Child*, by Marc Weissbluth
- *The Happiest Baby on the Block*, by Harvey Carp
- *Solve Your Child's Sleep Problems*, by Richard Ferber
- *My Child Won't Sleep: A Quick Guide for the Sleep-Deprived Parent*, by Sujay Kansagra, MD
- *Heading Home with Your Newborn: From Birth to Reality*, by Laura A Jana and Jennifer Shu

GENERAL WEBSITES

- breastfeeding.com
- breast-friends.org – King Co. Breastfeeding Coalition
- cshcn.org – Center for Children with Special Needs
- lalecheleague.org – LaLeche League
- metrokc.gov/health/breastfeeding – Public Health Seattle & King County
- withinreachwa.org
- healthychildren.org

VACCINATION INFORMATION WEBSITES

- metrokc.gov/health/immunization/childimmunity.htm
- www2.aap.org/immunization
- cdc.gov/vaccines
- vaccineinformation.org

SEATTLE CHILDREN'S RESOURCE LINE

206-987-2500

SEATTLE CHILDREN'S

seattlechildrens.org

WITHIN REACH

800-322-2588

CONSUMER PRODUCT SAFETY COMMISSION

800-638-2772 / cpsc.gov

AMERICAN ACADEMY OF PEDIATRICS

aap.org



Thank you for choosing Virginia Mason Franciscan Health for your newborn's healthcare.

OTHER MEDICAL SPECIALTIES AND SERVICES

- Asthma and Allergy
- Audiology
- Behavioral and Mental Health
- Dermatology
- Down Syndrome Program
- Facial Plastics
- Infectious Disease
- Nutrition Services
- Ophthalmology
- Orthopedics
- Otolaryngology
- Sleep Medicine

