

Well Child Care in the First Month

Feeding

Your baby is growing! At this age, a baby only needs breast milk or infant formula. Most babies take 2 to 3 ounces of formula every 2 to 3 hours now. Breast-fed babies should usually feed about 10 minutes at each breast during each feeding. Breast-fed babies may want to nurse as often as every 2 hours. Babies usually wake up at night to feed. This is normal. Cereal or baby food is not needed yet. Babies can have food allergies if solids are started too early. Babies will not sleep through the night sooner if fed solids earlier. If your baby wants to feed more often, try a pacifier. Your baby may need to suck but not feed.

It is important to hold your baby during feeding. This is a good time to talk and play. Hold a bottle and not do prop it up.

Mixing formula: If you use concentrated liquid formula, always mix 1 can of formula with 1 can of tap water. Keep the mixture in the refrigerator. If you get powdered formula, mix 2 ounces of water per 1 scoop of formula.

Sleep

Babies usually sleep 16 or more hours a day. Healthy babies should be placed in bed on their backs. The recommendation is based on information that shows that sleeping on the back reduces the risk of sudden infant death syndrome (SIDS).

Bowel and Bladder

Most babies will strain to pass bowel movements. As long as the bowel movement is soft, there is no need to worry. Ask us about bowel movements that are hard (constipation). Babies usually wet the diaper at least 6 times each day.

Stuffy Noses

Many parents are concerned that their babies are suffering from stuffy noses. Babies often have noisy breathing at first. This is due to many causes. Baby noses are tiny and a little bit of obstruction makes a whole lot of noise. The cartilage in your child's nose is loose and floppy just like in his ears. This can make a sound that mimics mucus. And your baby cannot blow his nose or clear it himself. If you see mucous in the nasal passage, you can use your bulb syringe to remove it. If your baby seems to be having difficulty sleeping or feeding due to obstruction you should use nasal saline to clear the nose. If the breathing difficulty is more severe call our office.

Call Our Office If:

- Your baby develops a fever.
- Your child is very irritable and you cannot calm him.

Safety Tips

Did you know that hundreds of children younger than 1 year die every year in the United States because of injuries — most of which could be prevented?

Often, accidents happen because parents are not aware of what their children can do. Children *learn fast*, and before you know it, your child will be *wiggling* off a bed or *reaching* for your cup of hot coffee.

Car Injuries

Car crashes are a great threat to your child's life and health. Most injuries and deaths from car crashes can be prevented by the use of car safety seats. Your child, besides being much safer in a car safety seat, will behave better, so you can pay attention to your driving. Make your newborn's first ride home from the hospital a safe one — in a car safety seat. Your infant should ride in the back seat in a rear-facing car seat.

Make certain that your baby's car seat is installed correctly. You can check with your local fire department. Often times they have programs to check and ensure that your car seat is installed correctly. Read and follow the instructions that come with the car safety seat and the sections in the owners' manual of your car on using car safety seats correctly. Use the car safety seat **EVERY** time your child is in a car. **NEVER** put an infant in the front seat of a car with a passenger air bag.

Falls

Babies *wiggle* and *move* and *push* against things with their feet soon after they are born. Even these very first movements can result in a fall. As your baby grows and is able to roll over, he or she may fall off of things unless protected. Do not leave your baby alone on changing tables, beds, sofas, or chairs. Put your baby in a safe place such as a crib or playpen when you cannot hold him.

If your child has a serious fall or does not act normally, loses consciousness or vomits after a fall, call our office.

Burns

NEVER carry your baby and hot liquids, such as coffee, or foods at the same time. Your baby can get burned. You can't handle both! To protect your child from tap water scalds, reduce the maximum temperature of your hot water heater to 120°F.

If your baby gets burned, immediately put the burned area in cold water. Keep the burned area in cold water until he or she stops crying. Then cover the burn loosely with a bandage or clean cloth and call us.

To protect your baby from house fires, be sure you have a working smoke alarm in your home. Test the batteries in your smoke alarm every month to be sure that they work. Change the batteries once a year on a date you'll remember, such as daylight savings time.

Choking/Suffocation

To prevent possible suffocation and reduce the risk of sudden infant death syndrome (SIDS), your baby should always sleep on his or her back. **NEVER** put your baby on a water bed, bean bag, or anything that is soft enough to cover the face and block air to the nose and mouth.

Normal Development: 1st Month

Here's what you might see your baby doing between the ages of 2 weeks and 2 months.

Movement

- Movements gradually become smoother and more controlled.
- Lifts chin for a few seconds when lying on tummy.
- Cannot support head without assistance.
- Grasps whatever is placed in hand.

Vision and Hearing

- May follow some moving objects with eyes.
- Explores surroundings with eyes.
- Turns in direction of some sounds.

Interactive Behaviors

- Gives more precise meaning to crying (hunger, discomfort, excitement).
- Cries when left alone; usually stops when picked up.
- Makes variety of gurgling and cooing sounds when happy and content.
- Makes eye contact.
- May quiet down in response to human face.
- Responds positively to being held and comforted.
- May smile socially at familiar faces and voices, especially mother's voice.

Each child is unique. It is therefore difficult to describe exactly what should be expected at each stage of a child's development. While certain behaviors and physical milestones tend to occur at certain ages, a wide spectrum of growth and behavior for each age is normal. These guidelines are offered as a way of showing a general progression through the developmental stages rather than as fixed requirements for normal development at specific ages. It is perfectly natural for a child to attain some milestones earlier and other milestones later than the general trend. Keep this in mind as you review these milestones.

If you have any concerns related to your child's own pattern of development, check with our office.

Vaccinations

Hepatitis B

What is this disease?

Hepatitis B (HBV), or serum hepatitis virus, can cause infection at any age. It may lead to chronic infection of the liver and serious disease, especially if it is acquired during infancy or childhood. However, a child may not show signs of infection until years later when he or she develops liver failure and/or liver cancer.

HBV is transmitted in several ways, including being passed from mother to infant at the time of birth. Young children may be infected by someone living in the same household who is infected, even if that person does not appear to be sick (a carrier of HBV). Finally, HBV can spread through sexual intercourse or through contact with infected blood, such as when drug users share needles.

It is important that your child be protected by the hepatitis B vaccine, because infection acquired during early life is most likely to cause chronic liver disease. More than 95 percent of children who receive all the recommended doses of the hepatitis B vaccine are protected against the illnesses caused by the hepatitis B virus.

When should my child get the hepatitis B vaccine?

According to the American Academy of Pediatrics, your child needs three doses of hepatitis B vaccine to be fully protected against hepatitis B infection. Ordinarily, the first vaccination will be given at birth, the second dose at 1 to 4 months, and a third dose at 6 to 18 months of age.

The first dose of the vaccine is delayed for many premature babies (and those with other illnesses during the first days of life). Newborns who have not received a vaccine dose at birth should receive three hepatitis B vaccine doses by 18 months of age.

However, if the mother tests positive for hepatitis B, the child must receive the first vaccine dose as well as hepatitis B immune globulin (HBIG) at or shortly after birth. The child also requires a second dose at 1 month and the final vaccine dose by 6 months of age.

Talk to our staff if you have questions about this vaccination or about other circumstances when this vaccine is used. We or she can answer any questions you may have about when your child should receive the hepatitis B vaccine.

Are there side effects to hepatitis B vaccine?

No serious reactions have been linked to this vaccine, and most children have no side effects. Those side effects that sometimes occur—fussiness and soreness—are usually mild and temporary. These symptoms may begin within 24 hours after the shot is given and usually go away within 48 to 72 hours.

Immunizations have provided protection for children for years— but the vaccines only work if you make sure your child gets immunized.

Remember, your child's health depends on it!

After the Shots...

What to do if your child has discomfort

Your child may need extra love and care after getting immunized. Many of the shots that protect children from serious diseases can also cause discomfort for a while. Here are answers to questions many parents have about the fussiness, fever, and pain their children may experience after they have been immunized. If you don't find the answer to your questions, call our office.

My child's arm (or leg) is swollen, hot, and red. What should I do?

- A clean, cool washcloth may be applied over the sore area as needed for comfort.
- If there is increasing redness or tenderness after 24 hours, call the clinic.

I think my child has a fever. What should I do?

Check your child's temperature to find out if there is a fever. The most accurate way to do this is by taking a rectal temperature. (Be sure to use a lubricant, such as petroleum jelly, when doing so. Insert it until the entire bulb is just inside the anus.) If your child's fever is 101⁰F or higher by rectum, you need to call the clinic.

Here are some things you can do to reduce fever:

- Give your child plenty to drink.
- Clothe your child lightly. Do *not* cover or wrap your child tightly!
- Sponge your child in a few inches of lukewarm (not cold!) bath water.

My child seems really sick. Should I make an appointment?

If you are worried AT ALL about how your child looks or feels, please call.