

Big Help *for* Little Ones

Guidebook for New Parents



Provided by: **Kelsey-Seybold Clinic**

For 24-hour scheduling or to speak with a nurse after regular office hours,
call **713-442-0000**.

Congratulations

on the Birth of Your New Baby!

No other baby is quite like yours, though all have some common needs. We have provided this guidebook to help you feel more confident in caring for your newborn.

Parents can feel closer to their newborns by spending time with their babies. Your baby sees human faces almost immediately after birth and recognizes your individual voice by 3 days old. Cuddling, soothing, rocking, and personally caring for your baby are enjoyable to the infant and promote your baby's mental and physical development.

It is best to keep your baby near you, instead of in the hospital nursery, so that you can learn her feeding cues and feed her as soon as she wakes. Studies show that moms are able to get as much sleep with baby in the room as when baby is kept in the nursery and their sleep is more restful with baby nearby. Babies sent to the nursery may be crying before they are returned to you, because early feeding cues are quiet. It is harder to latch an upset baby than one who is just beginning to cue.

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Kelsey-Seybold Pediatric Locations

All Locations Accept New Patients!

Baytown Clinic

713.442.1240
6300 Garth Rd., Suite 200
Baytown, Texas 77521

Berthelsen Main Campus

713.442.0000
2727 W. Holcombe Blvd., Houston, TX 77025

Clear Lake Clinic

713.442.4300
1010 South Ponds Dr., Webster, TX 77598

Conroe Family Medicine

713.442.6661
690 South Loop 336 West, Suite 222
Conroe, Texas 77304

Cypress Clinic

713.442.4000
13105 Wortham Center Dr.
Houston, TX 77065

Fort Bend Medical and Diagnostic Center

713.442.9100
11555 University Blvd., Sugar Land, TX 77478

Katy Clinic

713.442.4100
22121 FM 1093, Richmond, TX 77407

Kingwood Clinic

713.442.0427
25553 U.S. Highway 59, Porter, TX 77365

Meyerland Plaza Clinic

713.442.3222
560 Meyerland Plaza Mall
Houston, TX 77096

Pasadena Clinic

713.442.7100
5001 E. Sam Houston Pkwy.
Pasadena, TX 77505

Pearland Clinic

713.442.7200
2515 Business Center Dr., Pearland, TX 77584

Sienna Plantation

713.442.6700
7010 Highway 6, Missouri City, Texas 77459

Spring Medical and Diagnostic Center

713.442.1700
15655 Cypress Woods Medical Dr., Suite 100
Houston, TX 77014

Summer Creek Clinic

713.442.2000
8484 Will Clayton Pkwy., Humble, TX 77338

Tanglewood Clinic

713.442.2400
1111 Augusta Dr., Houston, TX 77057

The Vintage Clinic

713.442.1500
10701 Vintage Preserve Pkwy., Houston, TX 77070

West Grand Parkway Clinic

713.442.4222
2510 West Grand Parkway North
Katy, Texas 77449

The Woodlands Clinic

713.442.1800
106 Vision Park Blvd., Shenandoah, Texas 77384

Hospital Pediatricians

713.442.4850

Important Facts

- Feeding is not only for nutrition, but also for cuddling and loving. Hold baby skin to skin!
- Washing your hands with soap and water before handling your newborn will help reduce the number of infections your baby encounters in the first few months of life.
- In general, you should not give extra water to your baby; breast milk and formula contain adequate water.
- “Wet burps” or spitting up after feeding is often normal. This will decrease as babies get older. Babies who spit up a lot may be eating too rapidly, might be overfed, or both. Frequent spitting up during the first two days is common.
- Sucking is one of the strongest reflexes in infancy. Babies suck not only from hunger, but also to calm themselves. This is normal. If you choose to use a pacifier to satisfy the baby’s need to suck, please use a one-piece pacifier for safety reasons and postpone use until after your milk supply is well established (around one month of life). Nursing often in the first few days helps you make a good milk supply and helps baby get more nutrition.
- Hiccups are normal and often occur multiple times per day, frequently after a feeding.
- Babies normally sneeze frequently in the newborn period either to clear their noses of dust, lint, or mucus or as a normal infant reflex to bright light or a breeze.
- In the first few days of life, many babies have little red spots that often have a slightly raised center (they resemble flea bites). These spots disappear and reappear elsewhere. This rash (erythema toxicum) resolves itself on its own but worsens with warmth or friction.
- Many babies’ skin will peel, especially on their hands and feet. Sometimes the skin is so dry cracks will develop. Moisturize your baby’s skin with a dye-free and perfume-free lotion or one that is made specifically for babies with sensitive skin.
- Many newborns’ hands and/or feet are often bluish or purplish in cooler environments for several weeks (acrocyanosis). If the baby is warm but keeps blue hands and feet, check with your doctor.

For a complete list of pediatricians and their bios, go to **kelsey.seybold.com**.

Kelsey-Seybold accepts most major insurance plans.



Breastfeeding

Breastfeeding provides ideal nutrition for newborns and fosters a close relationship between mother and baby. After delivery, nursing stimulates contraction of the uterus and helps it return to its normal size quicker. Other advantages of breastfeeding are that it is convenient, economical, and always the right temperature. Breastfeeding also reduces infections and illnesses in infants. Studies have shown breastfeeding decreases allergies, Type 1 diabetes, high cholesterol and obesity and promotes the best development of your baby, leading to higher IQs. Breastfeeding also is healthier for mom, helping with postpartum weight loss and reducing heart disease and diabetes risks.



Getting Started

Usually, the best time to begin nursing is while you are still in the delivery room. A nurse will assist you with positioning the baby. Gently stroking the baby's cheek closest to your breast will stimulate the rooting reflex and help him or her latch onto the breast. For efficient sucking, the baby needs to grasp both the nipple and the areola (the pigmented area around the nipple). To take your baby off the breast, insert your finger into the baby's mouth to break the suction. Simply drawing the nipple away will irritate the nipple.

Hold your baby skin to skin (with mom's covers pulled up over baby's shoulders and a hat on the baby) as much as possible in the first few days after birth. When babies are sleepy, this allows more frequent practice in latching, increases mom's hormone levels for better milk production, and keeps babies warm. During the first several days, your breasts will secrete yellowish fluid called colostrum, which is high in protein and contains antibodies and white blood cells to prevent infection, prebiotics and probiotics, and other substances that mature the baby's intestines and get them ready for food. **The first two days are important for practicing the latch, not for infant nutrition. Painful latches should be addressed and corrected during these two days.**

Go to firstdroplets.com for additional resources on getting started with breastfeeding.

Supplemental Feedings

During this time, you may wonder about giving formula to your baby after nursing. **Supplemental feedings in the first few days can interfere with developing good latching skills in mother and in baby. In addition, regular nursing at the breast is critical to ensure adequate milk production.** Supplementation with formula usually isn't needed unless the infant is losing too much weight or your milk production is delayed or unusually limited (see below). Supplemental feedings, if medically necessary, should be limited to 15 mL (1/2 oz). This amount is sufficient in the first two days after birth, even for babies fed in the nursery, as larger feedings will discourage frequent practice of latching. It is best to offer supplements by spoon or syringe rather than a bottle and nipple.

Infant Feeding Frequency

Keep your baby at the bedside as much as possible so you can latch the baby at the first sign of interest. It is much harder to latch on a frustrated, crying baby than one who is just waking up and sucking on his or her hands. Healthy term infants (over 37 weeks and at least 5 lb 8 oz) are not at risk of low blood sugar, starvation, or dehydration in the first 72 hours after birth. (This does not apply to infants of insulin-dependent diabetic mothers or infants over 4 days old.) Babies are born waterlogged, with sugar stored in their livers and a special kind of fat to last until the milk comes in.

Normal infant feeding issues in the first 48 hours that do NOT indicate a need for formula feedings include:

- Sleepiness and/or failure to wake to feed up to six hours since last latch, especially in the first 24 to 48 hours after birth.
- Failure to sustain latch or stay awake once latched. There is no minimum feeding duration in the first 48 hours; at least four successful latches should occur daily. Keep baby on until he falls off.
- Feeding frequently and increasing duration of the feedings before mom's milk is in (especially 24 to 72 hours after birth).

As the baby and you improve in latching skills, and the baby becomes hungrier, nursing will become more frequent and more prolonged. This increased nursing time increases your hormone levels and helps to bring in your milk. The baby's hunger and frequent or prolonged nursing will also help prevent you from becoming engorged once your milk comes in. **Supplemental feedings on the third day of life increase the chance that baby will be asleep and too full to feed when your milk comes in, and your breasts will become engorged – making it harder for the baby to latch onto the breast. Keep supplemental feedings, if needed, to 25 ml or less and after day three.**

Dehydration rarely occurs before 72 hours and is defined as a weight loss from birth of more than about 10% for vaginal births and 12% for sectioned babies. A 3 kg (6 lb 10 oz) baby can safely lose up to 300 g or 10 oz. A sign that a baby may not be getting enough calories is the strong presence of ketones, which smell like fingernail polish remover, in the baby's breath. Babies with 10% – 12% weight loss or ketones in their breath and dry lips need supplementation if mother's milk is not already in or if they are not transferring milk from the breast well. These babies may need to be supplemented 30 ml (1 oz) or more of expressed breast milk or formula after every breastfeeding until mom's milk is in. These babies also need close follow-up to determine when to stop or increase supplementation. Supplements can be given by a non-nipple method to preserve a good latch.

Sometimes breastfed babies develop a painless sucking blister in the center of their upper lips. This will resolve itself without treatment. If mom's nipples are raw or blistered, she needs help assessing and improving the latch urgently.

Individual help and classes on breastfeeding are available at many hospitals and through your Kelsey-Seybold pediatrician. You can call the **U.S. Heath and Human Services Breastfeeding Helpline** at **800-994-9662** (for the hearing impaired, the TDD number is 888-220-5446) or your local La Leche League. You can also find a lactation consultant at **halcea.org** or **ilca.org**. Low-cost consultation is available at the Lactation Foundation as well: **713-500-2800**, option 1.

Feeding Patterns

Offer both breasts at each feeding, alternating the breast you offer first. Most newborns need to be fed eight to 12 feedings per 24 hours. Make sure the baby drains the first breast well before switching to the other side. The fat content of breast milk is lower at the beginning of the feeding (foremilk) and is much higher at the end (hindmilk). Spoon feed or syringe feed breastmilk early on.

Babies often “cluster feed” – feeding constantly for a few hours, then sleeping three to four hours. As a general rule, feed your baby when he or she seems hungry. While you are in the hospital, it will be easier to do this if you keep the baby in your room as much as possible. By 4 to 6 weeks old, most babies will settle into a more regular feeding pattern and may sleep longer stretches at night.

Many mothers choose to combine breastfeeding and bottle feeding of expressed milk.

Exclusive breastfeeding for the first two weeks will help establish nursing. A baby must learn how to breastfeed, which takes practice. The baby needs to suck for approximately two minutes before the “let down” of milk occurs. Introducing the bottle too soon interferes with the baby's learning to wait for the “let down” and may cause the baby to refuse to take the breast. Your baby's doctor can discuss with you when you can introduce supplemental expressed breast milk. Watch the excellent videos at **firstdroplets.com** on how to best express your milk and increase your supply.

A healthy, full-term baby who is breastfeeding well at least eight times a day should not need any feedings other than the mother's milk. Breast milk is the complete food for your baby through 6 months old, and breastfeeding should continue ideally into the second year of life. Although most infants are unaffected by their mother's diet, in some cases, ingredients or foods such as caffeine, spices, and sometimes dairy products may make a baby colicky (gas pain accompanied by crying and fussiness). If you notice your baby is repeatedly colicky after a particular food, then remove it from your diet.

Signs Your Baby Is Getting Enough Breast Milk

- Your milk “comes in” between the second and fourth days of breastfeeding (your breasts feel firm and full).
- Your breasts feel full before a feeding and softer after the feeding.
- Your baby latches on well and the latch tugs but doesn't pinch or damage your nipples.
- You are breastfeeding your baby every two to three hours (at least eight times in a 24-hour period).
- You can hear or see your infant swallowing during feedings.
- Your baby seems satisfied and is no longer hungry after breastfeedings.
- Your baby has at least one wet diaper on the first day of life, two on day two, three on day three, and at least six diapers by day six.
- By day four, your baby's stools become yellow, seedy, and somewhat runny or mucoid.



Breast Care

Although some nipple soreness is to be expected initially, if the baby is properly latched on, pain should be limited to the first few tugs at the breast and then subside. Proper breast care will help minimize problems. Allow nipples to air dry when possible. Replace damp bra pads promptly. If your nipples become cracked or raw, or if your breast becomes inflamed, contact a lactation consultant or your obstetrician.

After several days, you may notice your breasts have become full and uncomfortable. This means your milk supply is becoming plentiful. If your breasts are too engorged, it is difficult for the baby to latch on. A warm shower followed by manual expression or brief pumping of some milk to soften the breast before feeding usually helps the baby latch on more easily.

Expressing Your Breast Milk

Depending on your situation, you may need to express your breast milk. If your baby is unable to breastfeed due to prematurity or illness, or if you work outside the home or go to school, a hospital-grade electric breast pump is recommended. If you only need to pump occasionally, a hand pump or small battery pump may suffice.

Successful pumping requires patience. It's important to relax. Visualize your baby breastfeeding well and don't keep checking how much you've made.

Placing warm compresses on your breasts for a few minutes before expressing or pumping can help your breast milk let down, as can massaging, stroking, or gently shaking your breasts before expressing. Combining hand expression with pumping is the most effective. Watch instructional videos at firstdroplets.com to guide you.

Storing and Handling Breast Milk

Pumped/expressed breast milk is best stored in glass or special containers/bags that are made for collecting and storing milk. Regular baggies or disposable bottle liners should not be used. Make sure your hands are clean and dry before handling expressed breast milk. Avoid touching the insides of the storage container. It is often better to store milk in smaller amounts (2 – 4 oz). If needed, you can always warm up or thaw additional milk. Label all containers with the date and number of ounces prior to storing.

Expressed breast milk can be safely kept at room temperature for four hours if it's in a clean, covered container. If not fed to the baby, this milk should be refrigerated or frozen. Pumped or expressed breast milk can be safely stored in the refrigerator for up to four days.

For optimal quality of frozen breast milk, experts recommend chilling the milk in a refrigerator for one to two hours prior to putting it in the freezer. However, breast milk should not be left in the refrigerator for more than six hours prior to freezing. If one to two hours of chilling is not possible, breast milk can be frozen right after expression. Frozen breast milk can be stored in a regular freezer (bottom, top mount, side-by-side, or stand-alone freezer) for six months as long as the milk is stored away from the door. Milk can be stored in a deep freezer with a consistent temperature of 0°F for 12 months. However, breast milk kept in a freezer compartment inside a refrigerator can only be stored for two weeks.

Thaw frozen breast milk in the refrigerator or under cool, running water. Heat refrigerated or thawed milk under warm, running water or in a bottle warmer. If warm, running water isn't available, milk can be warmed in a pan of water that was heated on the stove. Milk shouldn't be warmed in boiling water or directly on a stove. NEVER microwave breast milk because that can destroy some of the beneficial components of breast milk and create hot pockets of milk that could potentially burn your baby. Use the milk within two hours after starting a feeding and then discard the unused portion.



Bottlefeeding

Mothers who choose not to breastfeed may feed expressed breast milk by bottle. Infant formula, while providing good nutrition for babies, does not have hundreds of other components found in breast milk and does not support the baby's immune system to prevent infection and allergies the way that breast milk does. Diabetes, obesity, and several other chronic diseases are more common in formula-fed babies. Formula-fed babies, in general, also test lower on intelligence and development tests by three to five percentage points.

Breast pumps are usually covered by insurance and may be rented or purchased to make the feeding of breast milk possible for your baby. If you choose to feed formula, particularly if your family has a history of allergies, eczema, or other health conditions, discuss your options with your pediatrician.

Formula, if necessary, must be prepared correctly for your infant. Be sure to follow the mixing instructions exactly.

Sterilization of bottles isn't essential if a dishwasher is used (hot rinse or heat dried) and the bottle and nipples are thoroughly washed. Otherwise, sterilize bottles and nipples until the baby is 3 months old. Powdered infant formula should be reconstituted with hot water only (>158°F). The powder itself can contain germs that are not killed unless the water is hot. Ready-to-feed formula is sterilized and safer for preterm infants and those under 3 months.

Prepared formula from powder should be refrigerated and used within 24 hours. It may be served at room temperature. **NEVER WARM A BOTTLE IN THE MICROWAVE!** Babies have been burned by formula that was accidentally overheated in a microwave. Bottles that have been refrigerated can be warmed by placing them in a bowl and running warm water over them. Do not prepare formula on counters where meat or eggs are prepared unless the counters have been thoroughly disinfected.

Always hold your baby when you bottle feed him or her, preferably at a 45-degree angle. **Never prop a bottle so that your baby can drink from the bottle lying down.** Keep the bottle almost horizontal so milk does not drip and baby can control how fast the flow comes. Do not hurry the feeding. Burp your baby in the middle and at the end of the feeding. In general,

your baby will let you know when he or she is hungry and when he or she has had enough to eat. You do not need to adhere to a rigid feeding schedule or force a baby to finish a bottle if he or she has lost interest.

Solid foods, including cereal, are usually not recommended until a baby is 6 months old, has doubled in birth weight, and is taking at least 32 oz. of breast milk or formula per day. Earlier introduction of solid foods may reduce the amount of milk the baby consumes, which may in turn cause a dietary deficiency of calcium and protein. Babies should be fed solids from a spoon, not from the bottle or an "infant feeder."

Vitamins & Minerals

All infants should receive vitamin D supplementation starting within the first two weeks of life. The usual recommended daily dose is 400 IU/10 mcg of D3 daily (D-Vi-Sol or generic infant multivitamins, not adult drops). Infant vitamins may be mixed with milk or placed directly into the baby's mouth. Breastfeeding mothers should continue to take prenatal vitamins and supplemental calcium and iron and can take 6000 IU/150 mcg of vitamin D3 daily themselves, instead of supplementing baby, if preferred.

Fluoride supplementation isn't recommended for babies under 6 months old, based on guidelines from the American Academy of Pediatrics, American Academy of Pediatric Dentistry, and the American Dental Association. Bottled water with supplemental fluoride isn't recommended for preparing powdered or concentrated formula. After 6 months old, fluoride supplementation depends on whether the baby or child is solely drinking nonfluoridated bottled water or whether there is too low a level of naturally occurring fluoride in the drinking water.

Stools

Your baby will have his or her first few stools in the hospital. These are meconium stools, which are usually black or dark green and sticky. After several days, your baby will start having yellow to light green, slightly watery stools. A “seedy” appearance with a consistency of mustard or cottage cheese is common.



Newborns may stool with every feeding or once every few days. Most babies grunt, turn red, and make faces when they have a bowel movement or pass gas. Unless this seems excessive or is associated with hard stools, there is no cause for alarm.

Irregular stools do not mean your baby is constipated. Call your baby's doctor if your baby is still passing meconium on day four, is not passing any stools, is passing hard stools, appears to be having pain when stooling, or if there is any blood in your baby's stool (this may be a sign of allergy or an anal fissure). Your pediatrician will discuss any needed treatment options with you. Please do not give your baby enemas, laxatives, or suppositories without first speaking with your baby's doctor.

Crying

Newborn babies usually cry for a reason, not because they are spoiled. The baby may be hungry, too full, too warm, too cold, wet, or sick. Your baby may just need to be held. Often, just holding your infant will decrease or stop the crying. All babies desire and need a lot of love. Don't be afraid of spoiling your baby, especially in the first few months.

It is normal for babies to cry up to five hours per day. This is not cause for alarm, but be sure to check and see what she or he needs. Gradually, you will learn your baby's different cries. Colicky crying peaks at 2 months old and continues in some babies up to 5 months old!

Ways to Calm a Crying Baby

- Change the baby's diaper.
- Feed or burp the baby.
- Check every part of the baby to see if something is hurting: Are the baby's clothes too tight? Is a diaper pin or velcro corner poking the baby? Is there a hair wrapped around one of the baby's toes or fingers?

Go to purplecrying.info for more resources about crying.

- Check to see if the baby may be sick: Does the baby have a fever? Does the baby have a stuffy nose?
- Make sure the baby isn't too hot or too cold.
- Try to settle the baby for a nap and bedtime on a regular schedule.
- Give the baby a pacifier or a teething ring.
- Take the baby for a walk or a car ride or put the carrier on a running dryer or washer.
- Try vacuum cleaner noise or a radio dialed between the stations.
- Talk or sing to the baby or play music. Holding the baby against your chest and gently bouncing up and down while talking or singing can help calm the baby.
- Give the baby a bath.
- Take the baby outside for a few minutes. A change of scenery can help you both calm down.
- Show the baby some toys or a mirror. Young babies often like black-and-white toys or patterns.
- Change the way you are carrying the baby (have the baby face forward or face the floor). Sway or jiggle or rock — but don't shake!
- Gently rub the baby's back or tummy.
- Try a baby swing.
- Call someone else — sometimes a new face or voice can calm the baby.
- If nothing else works and you're becoming frustrated, put the baby in a safe place such as a crib or bassinet and take a break. Check on your baby every 5 to 10 minutes until you are able to resume trying to calm him or her. Crying won't hurt your baby.

Endless Crying & Colic

If your baby cries for a very long time or repeatedly, you may want to consult your pediatrician. Your baby may have a health problem or colic. Colic occurs when a baby cries for more than three hours every day for more than three days a week. With some babies, colic can sound like screaming, instead of crying. Colic will not hurt the baby, but it can be very stressful and hard for the parents or caretakers. Sometimes, your healthcare provider can help by making changes in the baby's diet or provide other recommendations. Check out purplecrying.info for more tips on caring for a baby with colic.



Shaken Baby Syndrome

A baby's brain is more delicate than an adult brain. Shaking the baby or treating him or her roughly can cause brain damage, blindness, hearing loss, and even death.

Shaken Baby Syndrome is the medical name for all the different problems that can happen when a baby is shaken.

If your baby is crying and you feel you're losing control, put your baby in a safe place and walk away. Take deep breaths and try to calm yourself.

If you don't think you can calm down, call a friend, neighbor, or family member to care for your baby. Calling 911 is another option.

If someone else is caring for your baby, talk to him or her to be sure they know about Shaken Baby Syndrome and ways to calm a baby.

If you have any concerns about anyone who is caring for your baby, find a different person. If your baby is in day care, talk to the director. Do not leave your baby with someone you don't know well.

If you're worried about someone else's baby, offer to help. You may be able to show some new ways of calming the baby, or may be able to give the parent or caretaker a break. If you think someone is hurting a baby or child, you must report it. You can either call 1-800-252-5400 or use the Texas Department of Family and Protective Services secure website: txabusehotline.org. If it's an emergency, call 911.

Symptoms of Shaken Baby Syndrome

There may be signs a baby or small child has been shaken:

- The baby is very sleepy or very fussy.
- The baby vomits or does not want to eat.
- The baby is not smiling or making noises like usual.
- The baby's arms and legs are rigid or stiff for any period of time – this may indicate a seizure or something worse.
- The baby has difficulty breathing.
- The baby's eyes look different or show signs of injury.

If you see signs like these, contact the baby's healthcare provider or go to the nearest emergency room right away. Be sure to tell them if you think your baby has been shaken — this can save precious time.

At Home

Going home with your new baby is exciting. However, please remember to keep things low key until you and the baby have adjusted. Babies can easily be over stimulated. Mothers do best if they rest whenever the baby sleeps for the first few weeks. A baby who was peaceful and sleepy in the newborn nursery may be more wakeful at home, so late nights and early mornings are common for a few weeks.

If you're exhausted and breastfeeding, your partner can watch you and baby as you doze with the baby in a side-lying position. Co-sleeping in bed is not safe without an observer, but is better than falling asleep on the couch or in a chair as you nurse.

Newborns frequently have their days and nights reversed. Regular sleep patterns develop as your baby gets older. Newborns usually sleep 16 – 20 hours a day. They sleep 2 – 3 hours, wake up, eat, and go to sleep again. At about 6 weeks old, their sleep and wake pattern begins to become more established.

Especially during the first few months, your baby is susceptible to infections of many kinds. You can help prevent many of these infections by washing your hands prior to touching your baby. Wash your hands whenever they become contaminated, after cooking (especially after touching raw meat), after going to the bathroom, after petting animals or cleaning up after pets, and after coming in from activities and errands outside the home. Wash your hands before you have contact with the baby, whenever possible. This is particularly important before a feeding. Unnecessary exposure of the baby to people should also be avoided, especially for the first six weeks of life. Avoid trips to supermarkets, shopping malls, and older siblings' classrooms as much as possible. Limit visitors and keep those with colds or other illnesses away. Make sure the family members and visitors have had their TDap in the past 10 years and flu vaccines this year.



Well-Baby Visits

Preventive medicine is the cornerstone of pediatrics. At well-baby visits, your baby's doctor assesses nutrition, growth, and development, performs a thorough physical examination, gives parents guidance on common problems, and orders immunizations.



Immunizations to prevent many illnesses are available. Some of the baby shots have been available for a generation or more; others are relatively new. Your parents and/or grandparents may be able to relate stories of whooping cough, diphtheria, and polio epidemics of the 1950s. Your baby's doctor has likely seen many causes of vaccine-preventable diseases such as Haemophilus influenza type B (Hib) and pneumococcal meningitis, hepatitis A & B, chickenpox, and rotavirus.

Immunizations are available for all of these diseases and more. The immunization schedule will change as new vaccines and new data are available. Your baby's doctor will help keep you updated. A schedule of immunizations and well-baby visits is inside the back cover of this booklet.

Your baby's first immunization will be a hepatitis B vaccine in the hospital. A well-child visit is often needed at 2 – 4 days old to check for jaundice and weight loss. A second visit is needed at 1 – 2 weeks old to check for proper weight gain (return to birth weight), feeding problems, and to complete the second newborn screening test, among other things.



Safety

Unintentional injury of small infants and children is often preventable.

- Never leave your infant alone on a bed or sofa, as he or she could roll off.
- Brothers and sisters younger than 6 years old require supervision around a new baby.
- Small children should never be left unattended in bath water.
- Childproof your home before your baby begins crawling.
- Remember to post the number for Poison Control near your phone: 1-800-POISON-1.
- Your baby's head needs to be supported at all times. A baby's neck muscles are not strong enough to support the head until 4 months old.

We recommend that parents take an infant-child CPR course to receive proper training to handle choking or any potentially life-threatening problems.

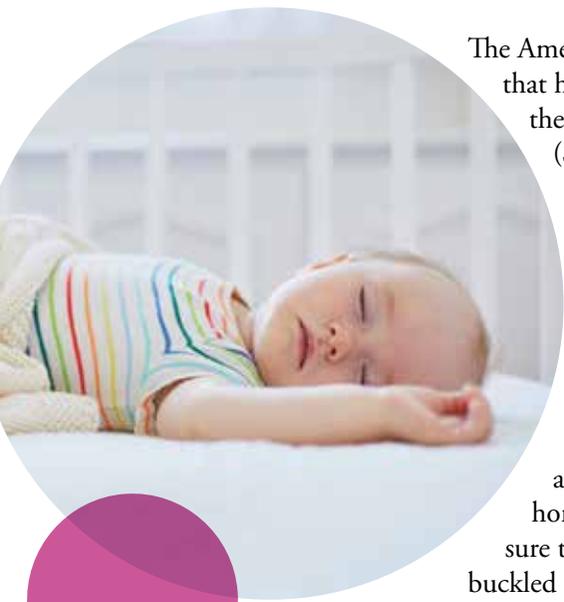
Sleeping Safety

Infants should be placed on their backs to sleep, never on their stomachs or sides.

The bassinet or crib mattress should fit snugly against the sides. Do not use mattress covers in the crib unless covered by a sheet. Be certain that the slats of the crib are close enough to prevent the baby's head from getting caught. New cribs usually have slats no more than 2 inches apart. Antique or hand-me-down cribs may not fit this guideline. Crib sheets should fit well and not pull loose easily. No bumper pads or loose bedding should be used in the crib.

Most babies like tiny places, so start your baby out in a baby basket or bassinet, which will make your infant feel secure. In a large crib, a newborn likes to be near the corner. It is best to keep a newborn in your bedroom at first. Do not put your infant to sleep on beds or sofas, because he or she may roll off or become trapped between the bed and the wall.





The American Academy of Pediatrics recommends that healthy infants sleep on their backs to reduce the risk of sudden infant death syndrome (SIDS). SIDS is the unexpected death of infants during sleep. The cause of death is unknown, but the incidence of SIDS decreased after parents were advised to put babies to sleep on their backs.

Car Seat Safety

Texas law specifies that infants be restrained in an approved car seat whenever they are in a car. You should plan on taking your infant home from the hospital in a car seat. Make sure that both the seat and the baby are properly buckled in. If you are unsure if the seat is properly secure, look for a child passenger safety technician and make an appointment to have it installed.

Six Steps to Reduce the Risk of SIDS

- Put your baby on his or her back in an appropriate, safe, infant crib with a firm mattress.
- Do not put your baby to sleep in a bed with anyone else (including yourself), on a couch, sofa, waterbed, or any soft mattress.
- Do not let your baby sleep on soft items like cushions, pillows, blankets, sheepskins, or foam pads. Keep your baby's crib free of fluffy blankets and stuffed animals.
- Smoking during pregnancy and after delivery has been associated with a higher risk of SIDS. Do not smoke near your baby and do not let others smoke around your baby. Never smoke in the house or in your vehicle.
- If possible, breastfeed your baby. Breastfeeding has been shown to be healthier for your baby and may reduce the risk of SIDS.
- Pacifier use after breastfeeding is established may further reduce the risk of SIDS.



Clothing

All new baby clothing should be washed once before it is worn by your baby. Many babies are fine wearing clothes washed in the regular family detergent. However, some babies have more sensitive skin and require the use of a fragrance-free and dye-free detergent.

It's easy to overdress a baby. Try to dress the baby in the same amount of clothing you're comfortable wearing or only one extra layer. In the summer, a lightweight T-shirt and diaper are sufficient. Cotton is an ideal fabric for baby clothes. Avoid wool, as it may irritate the baby's skin. A cap will help keep your baby warm if your home is cool.

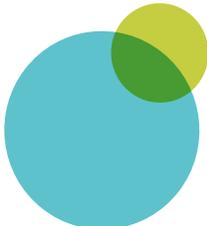
Clothing should be simple for babies, as you will probably be changing the baby's clothes frequently. At night, a lightweight cotton or synthetic swaddling blanket may be used, but avoid covers that might easily twist around your infant. Sleep sacks are safer than blankets.



Emergency & After-Hours Calls

Emergency calls to the clinic after hours are referred to a nurse. You will be asked your name, phone number, the name and age of the child, your baby's doctor's name, and a brief description of the problem. The nurse can often help you with your problem and provide guidance on resolving it. You may be referred to your doctor or another on-call Kelsey-Seybold doctor to discuss the problem further. Please try to minimize the use of your telephone after you place your call and remove the restriction on unknown callers so the doctor on call can reach you in a timely manner. If your child is sick, the doctor or nurse will want to know the child's temperature. If possible, please take your child's temperature before you call.

You should have a pen and paper handy when you call to write down any instructions. You should also know the names and amounts of any medicines that you are giving your baby. The name and number of an open pharmacy may also be needed.



You may live in an area served by the 911 emergency system. If you need the fire department, police, or an ambulance immediately, 911 can connect you to the correct emergency service. Please do not hang up thinking they have put you on hold.

Call your baby's doctor immediately if your baby is younger than 2 months old and has the following symptoms:

- Fever (axillary 100.4°F or 37.8°C or higher)
- Blisters, either pus-filled or clear
- Central cyanosis (a blue color to the face or body)
- Eye discharge
- Discharge or bleeding of the cord (a drop or two of crusted blood is normal as the cord falls off, as is a slight yellowish-brown crust)
- Jaundice (yellow color of the eyes and skin)
- Blood in vomit, stool, or urine
- Refusing two or more feedings or doesn't eat as well as before
- A sudden change in activity (listlessness, weak suck, or high-pitched or strange crying)

Fever



Use of a digital thermometer is recommended for taking your baby's temperature. Thermometers are sold that measure an infant's temperature in the baby's armpit (axilla), rectum or ear or across the temporal artery on the side of the baby's forehead. The type of thermometer can make a significant difference in the reliability of the readings. In infants, a rectal temperature is still the most accurate way to measure temperature but can cause injury if done improperly. Ear thermometers and temporal artery scanners are more expensive but give reliable results when used properly. Ear thermometers can be tricky to use. Temperature strips and pacifier thermometers are also available, but are not considered reliable. An accurate axillary (armpit) temperature is taken by lifting the baby's arm and placing the thermometer deep into the armpit. The thermometer should be left in the axilla for three to four minutes. The thermometer will beep and give an initial reading.

Call your pediatrician for axillary temperatures over 100.4°F (37.8°C) or under 97°F (36.1°C). After use, wipe the thermometer with alcohol. Store it in a safe place and out of reach of children.

Please do not give medication for fever such as acetaminophen (Tylenol®) or ibuprofen (Advil®, Motrin®) to infants under 2 months old without first consulting your doctor. **NEVER** give aspirin to your baby or child.

Jaundice



In the first few days of life, you may notice a slight yellow coloring in your baby's skin and eyes. This coloring is called jaundice, and it occurs in more than half of all new infants. It is important to remember that most jaundice in newborn babies is not obvious and will generally disappear after several days or weeks (often a week or more in breastfed infants). All hospitals now check a newborn's jaundice level at some point prior to discharge to more accurately measure the level of jaundice.

If jaundice appears after you leave the hospital, be sure to let your baby's doctor know. A small number of babies require special treatment for this condition.

Keeping your baby in indirect sunlight and feeding him or her frequently can help the jaundice resolve more quickly. If treatment becomes necessary, your doctor will discuss this with you.

Your Baby from Head to Toe

Skin Care



After arriving home, caring for your baby's skin is very important. Until the umbilical cord falls off, you should sponge bathe your baby. After the umbilical cord falls off and heals, you may bathe him or her in a tub using a mild soap or a head-to-toe product. Remember to dry your baby well after the bath, especially in his or her body creases. Wash your baby's hair at least every three days. You will not hurt your baby by gently washing over the soft spot (fontanelle), which is actually covered with sturdy, fibrous tissue. Use a baby shampoo on the scalp instead of a head-to-toe product. Some head-to-toe products may increase the chance of your baby developing cradle cap (seborrhea).



If your baby develops cradle cap, he or she will have thick, yellow scales on the scalp. If scales appear, gently scrub your baby's scalp with a soft brush while shampooing. If the scales do not improve, call your doctor's office for further advice. You can use baby oil or lotion to loosen the scales, but shampoo afterward because these products promote scale formation. Sometimes seborrhea develops on the face as small, red, slightly greasy-feeling bumps on the cheeks, scaling in the eyebrows, or behind the ears. Often these bumps and scaling will resolve after over-the-counter, 1% hydrocortisone cream is applied twice daily.

Baby acne may develop within the first month of life and is usually confined to the face. No special care is required, but avoid oiling the hair or face. Generally, baby acne clears by six to eight weeks without treatment, except for soap and water cleansing. If the acne doesn't improve, call your doctor's office for further advice.

Tiny white bumps on your baby's nose or face are called milia. They are little inclusion cysts that will resolve without treatment. Remember that your baby's skin is very sensitive to sunlight and can be easily sunburned. Avoid direct and prolonged exposure to the sun.

Eyes, Ears, Nose, & Mouth



Usually, no special care is needed in the eye area. Don't put anything in your baby's eyes. Your baby's eyesight is not fully developed at birth. A newborn sees faces and objects best when they are 8 – 15 inches from his or her face. Babies also prefer to look at images with dark and light contrast (e.g., black and white).

A baby's eyes often cross a little after birth, but this should resolve by 6 months old. If eye crossing or eye turning hasn't resolved by this time, your baby will be referred to a pediatric eye doctor. Some babies have extra skin at the inner corners of their eyes that make the eyes appear to turn in, but the eyes are actually straight (pseudostabismus/pseudoesotropia). Your baby's pediatrician will reassess your baby's eye alignment at each well-baby visit.

Some babies are born with small red spots on the whites of their eyes. These spots are due to pushing or pressure during delivery and are called subconjunctival hemorrhages. They're harmless and will resolve on their own.

Other newborns are born with blockage of one or both of the tear ducts that drain tears from the eye into the nose (lacrimal duct stenosis). The affected eye will usually appear more watery. You may also notice that cream-colored or yellowish mucus builds up in the corner of the eye

after sleeping. Your pediatrician can show you how to properly massage the tear duct. This condition usually resolves without treatment, but if it persists, your baby will be referred to a pediatric eye doctor.

Do not put cotton swabs in the ear canals, as the swabs push wax further into the canal. They can also rupture the ear drum if inserted too far into the canal.



Babies often sound congested or have noisy breathing. This is usually due to mucus in the nose or upper airway. Upper airway mucus can often be felt as "rattling" in the baby's chest. As long as your infant is feeding well, the congestion doesn't require treatment. If he or she is having trouble breathing and eating at the same time, you may need to use nasal saline drops with or without bulb suctioning to clear mucus from the baby's nostrils. However, you should call your baby's doctor if your baby is breathing rapidly, having difficulty breathing, eating poorly, has fever, or is fussy.

Babies are often born with one or a few small white bumps in the center of their palates or on their gums. These bumps are usually benign inclusion cysts and aren't teeth. They will disappear without treatment.

Infrequently, babies are born with real teeth. These teeth should not be removed unless they become loose. These teeth may be extra (supernumerary) teeth but can sometimes be the infant's primary teeth.

Some infants develop a white coating on the tongue from a buildup of formula or breast milk. This can usually be wiped off with a wet wash cloth. However, some babies develop a yeast infection in their mouths called thrush. White patches may appear on the inside of the babies' cheeks, on their gums, inside their lips, and, less often, on their palates. These do not easily wipe off.



Please call your baby's doctor if you think your infant has thrush. Some infants with thrush will have a diaper rash due to yeast at the same time. If a breastfeeding mother's infant has thrush, she may have a yeast infection of her breasts. She may feel a burning sensation on her nipples or have pain that extends into her breasts that occurs even without nursing the baby.

The Body

Breasts on both male and female babies may enlarge after birth due to the mother's hormones. Infrequently, milk may be secreted as a result of these hormones. Both breast enlargement and milk secretion will go away on their own. Don't squeeze the baby's breasts. Please call your baby's doctor if either breast becomes red, warm, or painful when touched.



Touching your baby's umbilical cord will not hurt your baby. If desired, you may gently clean the base of the cord with rubbing alcohol a few times a day. If the skin around the cord starts turning red, if pain or tenderness develops, or if the umbilical area smells foul, call your baby's doctor immediately.

If left alone, the cord will fall off in a few days to a month. A small amount of bleeding from the cord before or just after it separates isn't cause for alarm. It may take three to four weeks for the navel to heal completely. If it continues to ooze clear or bloody fluid after two weeks, call your baby's doctor. Bandages should not be placed on the umbilical area before or after the cord falls off. Likewise, binders or coins taped to the umbilical cord won't help an "outie" go away, although most will become "innies" on their own by age 4.

Feet, Fingers, & Toes

Some babies will have feet that turn in or out depending on their position in the mother's uterus. Parents should feel reassured as long as they can move the feet into a straight position. Feet that turn in or out will usually straighten on their own by 12 – 18 months old. Curved shins are also common.

Trimming a baby's fingernails and toenails is tricky, especially if the baby is squirming. At the beginning, it may take two people to trim nails. The task is easier if you wait for the baby to go to sleep and if you use special baby nail clippers or a baby nail file. Initially, filing the nails is preferred, as nails cut in the first few days of life may bleed. Trim the baby's nails straight across and do not cut them too short. If you accidentally cut the baby's skin, apply pressure until the bleeding stops.

Diaper Area

Almost every baby gets diaper rash, since stool and urine are irritating to the skin. With proper treatment, diaper rash usually improves in a few days. To help heal diaper rash, keep the area as dry as possible, changing diapers frequently and leaving the baby's bottom exposed to air as much as possible. When changing the diaper, rinse the area with plain water, apply a diaper rash cream or ointment such as Desitin[®], Balmex[®], Dr. Smith's[®], Boudreaux's Butt Paste[®], Triple Paste[®], or A&D Ointment[®]. Many of these products contain zinc oxide. Fasten the new diaper loosely to allow some air to circulate. Avoid using products such as cornstarch and talcum powder that can worsen the rash. If using cloth diapers, wash them in a mild detergent such as Dreft[®].

Call your baby's doctor if the diaper rash isn't better in three days, spreads beyond the diaper area, turns bright red, or develops blisters, pustules, or raw areas.

Girls

Newborn girls occasionally have a slightly milky or clear mucoid vaginal discharge. Less commonly, a small amount of vaginal bleeding (a "baby period") may occur within two weeks or a few days after birth as the baby is no longer exposed to mom's hormones. Both the discharge and/or bleeding are natural.

When changing a diaper or bathing the baby's genital area, you should always wipe from front to back. Gentle cleaning of the skin folds with plain water and a cotton ball or a wipe is sufficient. Remove all yellow-tinged material (stool). The white, cheesy material inside the labia should not be vigorously removed, but can be gently wiped away over many diaper changes.

Boys

If your baby is a boy, you may be asked if you want him to be circumcised. This is a matter you should think about very carefully before your baby is born. The majority of circumcisions are performed soon after birth (prior to leaving the birthing hospital). There is a growing belief that boys should have the right to make their own choices about their bodies once they become adults. Parents are encouraged to discuss any questions they have with the baby's pediatrician well in advance so they'll have time to talk together and reach a decision both parents are comfortable with.





Circumcision is an operation where the loose skin of the tip of the penis is removed. Circumcision may be done for cultural or religious reasons but is rarely needed for medical reasons. No national or international medical societies recommend circumcision.

Elective circumcision is declining throughout the world. Worldwide, over 80 percent of boys remain intact. Circumcision rates in the United States are less than 60 percent overall and vary by state, from 20 – 70 percent.

The foreskin protects the tip of the penis, keeping it soft and sensitive. The inner layer of the foreskin contains more sensory nerve endings than the rest of the penis. In infancy and childhood, the inner layer of the foreskin is stuck to the head of the penis and it cannot be pulled back. Circumcision removes this protection and causes significant loss of sensory tissue. The benefits attributed to circumcision, such as fewer urine infections or reduced risk of HIV or penile cancer, are minimal. Urine infections can be treated with antibiotics, and condoms and HPV vaccination are better at preventing HIV and penile cancer.

The intact penis is as clean as the circumcised penis. There are only two rules to follow:

- Clean only what you can see.
- Only the boy should retract his foreskin.

As the boy grows, the inner skin separates from the head of the penis and the opening becomes more elastic. By the time he is fully grown, he should be able to retract it without discomfort. As the foreskin separates, occasional collections of white secretions under the foreskin are normal and will go away by themselves.

There are also risks to circumcision. Bleeding, infection, injury to the penis, need for surgical revision, and reaction to the anesthetic are possible. After circumcision, irritation of the exposed penile tip can cause narrowing of the urine opening that may require further surgery. About 2% – 5% of circumcised boys require further surgery to correct problems it causes.

The foreskin is a normal and functional body part. Loss of this tissue affects sexual functioning for the man as well as his partner.

For more information, watch the documentary “American Circumcision” available on Netflix, Amazon, Vimeo, and other streaming sites.

If You Choose Circumcision

Before you decide to have your son circumcised, it's important you understand what the operation is and possible problems.

Please ask your nurse or doctor any questions you may have before you sign the consent form. Your nurse or doctor will show you how to care for your baby after the operation.

Babies may not feed well for 6 – 8 hours after circumcision. If the circumcision is done via Plastibell, no special care is needed. The ring will fall off on its own. Do not pull the ring even if it's only attached on one side. If your baby was circumcised using a clamp method, Vaseline® gauze will be wrapped around the penis. When this becomes soiled, remove it and coat the area with ointment until the circumcision is healed. (Usually 5 – 7 days).

If the circumcised area begins to bleed, apply pressure for a few minutes. Call your doctor if you are having trouble stopping the bleeding. Also call if the circumcised area becomes very red or swollen or develops a yellow or green pus that can be easily wiped off but then comes back. Yellow-tinged crusting is normal and does not readily wipe off. After the circumcision is healed, bathe the area normally.

Having Fun with Your New Baby

Cognitive Play

- Hang a small nonbreakable mirror inside the crib and/or next to the changing table.
- Soft, stuffed animals provide visual and tactile stimulation.
- Rattles and squeaky toys provide auditory and visual stimulation.
- Choose toys specifically rated for infants under 3 years old.



Language

- Play music for your baby, especially music he or she seems to like.
- Talk to your baby using adult speech patterns, rather than baby talk.

Gross Motor Skills

- Encourage your baby to kick and cycle legs by tickling and talking to him or her.
- Prop your baby up in an infant seat with adequate support.
- Tummy time while awake is important, on the floor or on your lap. It builds strong neck muscles and helps keep the head round.

Fine Motor Skills

- Hang a mobile over the crib to encourage your infant to reach out for objects. The mobile needs to be raised out of reach or removed once your baby can pull to a standing position.
- Keep your baby's hands free to encourage her or him to use them for discovery. (Don't bundle or glove your baby's hands.)
- Provide lightweight rattles and rings that can be easily grasped.
- Move a brightly colored object around so your baby can practice "tracking" (following the object with his or her eyes).

Creativity

- A baby is too young to actually use many toys as intended, but if the toy is bright, moves, and/or makes a noise, your baby will enjoy it.
- Change the objects and pictures placed within your baby's view every few days for variety.

Self-Soothing

- Help your baby learn self-soothing by holding and talking to her or him.



Interactivity

- Hold your baby or place your baby in a position so he or she can watch your activities.
- Smile at your baby frequently. At 6 weeks old, your baby will start returning your smile.

Simple Toys to Make or Buy

Commercially Made Toys

- Simple pictures of faces or geometric designs
- Black-and-white or brightly colored pictures and objects
- Mobiles (with or without movement and music)
- A stuffed toy with facial features (may also play music)
- A bouncy seat with an activity bar
- Nonbreakable mirror
- Rattle
- Squeaky toys

Homemade Toys & Activities

- Recordings of music, parents talking or reading
- Homemade mobile*
- Visually stimulating cards*, pictures of faces*, and objects* that can attach to the side of the crib
- A variety of textures* (cotton, feathers, wash cloths, water) and sounds (crackling paper or dried leaves, whistling, splashing water)

*Must be childproof when infant begins to grasp.



Start Early to Choose Your Babysitters and Day Care

Many parents find they need to hire a babysitter or use a day care facility to take care of their babies. The following information may help parents in selecting the babysitters and/or day care facilities.

General Guidelines

- Take your time. Remember, it is your baby's health and safety that's at stake.
- Prepare your questions in advance and write them down. *(See page 42)*
- Ask all the questions you want to ask.
- Listen to your intuition to be sure you feel good about the child care provider.
- Listen to your child. Before selecting a provider, do two interviews. Take your child along on one to make sure he or she likes the place and the people. After your child is in day care, take time each day to talk about his or her day care experience. If your child is being mistreated, he or she will usually let you know by their words and/or behavior.



Choosing a Day Care Center

The following checklist provides questions that you may want to include when interviewing a child care provider or facility.

Qualifications & References

- Ask the director to tell you why he/she is qualified to care for your baby.
- Ask for a list of references, including parents whose children are being cared for by the provider/day care. Call the references and talk to them.

The Physical Layout & Emphasis on Safety

- Is it the kind of place where you want your baby to be?
- Is there a safe outside play area?
- Is there a lot of traffic? Will noise be a problem?
- Are there dangerous stairs? Are they equipped with gates?
- Is the place neat and clean?
- Is the lighting adequate?
- Are unused electrical outlets plugged?
- Are poisons stored securely out of the reach of children?
- Are there sharp objects or other hazards?
- Are the toilets and washrooms adequate?
- Is the kitchen set up so children can use it under supervision?
- Can children be kept out of the kitchen when the staff is preparing food?



Play, Toys, Activities, & Naps

- Are there plenty of toys suitable for your baby? Are they broken or dangerous?
- What is the policy on TV? Be sure TV doesn't substitute for personal care.
- Are there places to take walks?
- Are there tricycles and other outside play equipment?
- Are there educational materials and art supplies such as books, puzzles, clay, paint, musical instruments, and a source for music?
- Is there a place for naps?
- Are there cribs for infants?
- Who provides towels, blankets, and mats?
- Is there a regular schedule of activities?

Travel

Will the provider/day care have your permission to take your baby places in a car or van? If so, ask to see the vehicle.

- Is the vehicle in good repair? Are there seat belts?
- Are there car seats or booster seats for babies and younger children?
- Is/are the driver(s) insured?

Emergencies

- Is/are the provider(s) trained in first aid and CPR?
- What are their general emergency procedures?
- Do they have regular fire drills?
- Are emergency numbers clearly posted by the phone?



Hygiene

- Are hand-washing facilities for diapering separate from those for food preparations?
- Do caregivers wear gloves for diaper changes?
- What are the rules for attendance when ill?
- What are the rules for administration of medications? Is there a specific person who gives the medications?
- Does the facility require that all caregivers be up to date on vaccines?
- Does the facility require caregivers to get annual flu shots and to have had at least one dose of whooping cough or pertussis vaccine?

Food

- There should be mid-morning and mid-afternoon snacks and a hot lunch.
- Ask to see a typical meal or menu.
- Agree on what foods you will provide. Discuss any special diet your baby may need.



Number of Children

- In a day care facility, what is the ratio of adult caregivers to infants and children?
- In a home day care, how many children, including her own, will the provider be caring for? In a home day care, the number of children should not exceed six full-time children. There should be no more than two children under the age of 2.

Philosophy of Child Care & Discipline

- Does the provider/day care seem truly interested in children?
- Is the atmosphere positive and loving?
- Is the provider's philosophy close to your own? Will your baby get mixed messages?
- Limits on behavior should be clear, firm, and consistently applied. Discipline should not be enforced through teasing, shaming, scolding, shouting, or physical abuse.
- Discuss methods of discipline with the provider and agree on a policy.

Licensing & Fees

- Is there a current license on display?
- How much does the provider or day care charge? How does this compare with the going rate in your community?
- Have rates been recently increased or do they plan to increase rates in the near future?
- Will you pay in advance or after services are provided?
- How often will you pay?
- Will you be expected to pay if your baby is absent?
- What is the policy about overtime?



Your Responsibilities After You Decide on a Provider

- Give the provider the addresses and phone numbers where you can be reached at all times.
- Leave the number of another person who has agreed to be called if you are not available.
- Leave the number of your doctor or someone else the provider can call in a medical emergency.
- Have your baby's immunization record with you. Make sure your child's immunizations and the shot record are up to date.
- Make your payments promptly.
- Tell the provider about any allergies, physical problems, or other special needs of your baby.
- Follow your provider's policy on illness. Have an alternative plan if your baby is too sick to attend.
- Arrange for regular conferences with the provider. Don't let doubts or problems build up.
- Drop in now and then, especially if your child is very young and can't tell you how he or she is being treated.
- Let the provider know who, besides you, may pick up your baby.
- If you suspect that your baby has been abused by the provider or that the provider is not meeting licensing requirements, report it by calling your nearest Division of Children and Family Services office.



Choosing a Child Care Provider or Nanny

If you work, your baby may spend a big part of his or her day with another adult or teenager. How well do you know that person?

- Ask all your potential nannies for names and phone numbers of families for whom they have provided child care. Call these parents and find out what they think of each nanny. Did they ever have any problems?
- Tell your candidates what your family safety rules are, including your touching safety rules. Tell them if your child has been taught to tell if any of these rules are broken.
- Depending on your child's age, ask if he or she likes each candidate and the reasons why.
- Never leave your child with a caregiver he or she doesn't feel comfortable with.
- Never leave a child in the care of someone who abuses drugs or alcohol. Drugs and alcohol do not cause a person to molest children, but drugs and alcohol can cause a person to lose restraint. Many people who are molesters molest after taking drugs or drinking alcohol.
- Follow these guidelines even if the caregiver is a member of your family – an older brother, uncle, grandfather, cousin, or aunt.
- Your caregiver should be up to date on all routine vaccines, including Tdap and flu vaccines.



References for Infant Care & Parenting

You can search the web for the following helpful resources:

Baby 411: Clear Answers & Smart Advice For Your Baby's First Year,

7th Edition, Denise Fields and Ari Brown, M.D., 2015

Caring for Your Baby and Young Child: Birth to Age 5,

7th Edition American Academy of Pediatrics, Steven Shelov, Ed., 2018

Love and Logic Magic for Early Childhood: Practical Parenting from Birth to Six Years,

2nd Edition, Jim Fay and Charles Fay, 2015

New Mother's Guide to Breastfeeding,

American Academy of Pediatrics, Joan Younger Meek, M.D. and Sherill Tippens, Third Edition, 2017

The Womanly Art of Breastfeeding,

9th Revised Edition, La Leche League International

Touchpoints: Birth to Three & Touchpoints: Three to Six,

T. Berry Brazelton, M.D., revised with Joshua Sparrow, M.D., 2006

Your Baby's First Year,

4th Edition, American Academy of Pediatrics, Bantam Books, 2015

Your Child's Health: The Parents' One Stop Reference Guide to Symptoms,

Emergencies, Common Illnesses, Behavior and Healthy Development, Barton Schmitt, 2005



Websites and Apps

aap.org (American Academy of Pediatrics)

aapd.org/parents (American Academy of Pediatric Dentistry)

bestforbabes.org (Breastfeeding support)

thebump.com (Pregnancy and Breastfeeding support)

cdc.org (Centers for Disease Control and Prevention)

cdc.gov/vaccines (advice about immunizations)

cdc.gov/travel (advice about travel abroad)

centerforparentingeducation.org

purplecrying.info (information on colic)

kellymoms.com

kelsey-seybold.com

kidshealth.org

onetoughjob.org

safekids.com

webmd.com

womanshospital.com

(breastfeeding education online)

texaschildrenshospital.org

firstdroplets.com

Breastfeeding Solutions app by Nancy Mohrbacher

LactMed app for medications

Breast Beginnings app for breastfeeding

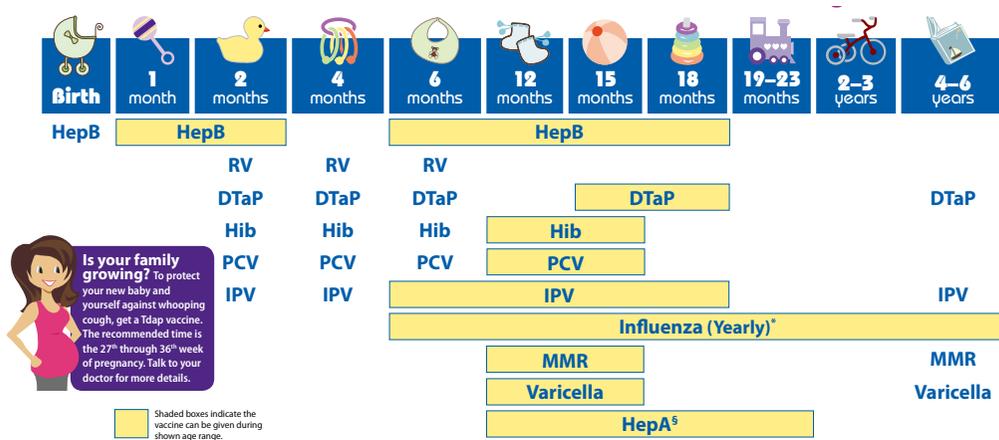


Schedule of Immunizations & Well Visits

Immunization requirements may change periodically. Please consult your baby's doctor for the latest immunization recommendations.



Recommended Immunizations for Children From Birth Through 6 Years Old



NOTE: If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES:

* Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.

¹ Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.

⁵ If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.

For more information, call toll free 1-800-CDC-INFO (1-800-232-4636) or visit www.cdc.gov/vaccines/parents



U.S. Department of Health and Human Services Centers for Disease Control and Prevention



American Academy of Pediatrics DEDICATED TO THE HEALTH OF ALL CHILDREN

Vaccine Descriptions

HepB: protects against hepatitis B

DTaP: a combined vaccine that protects against diphtheria, tetanus, and pertussis (whooping cough)

Hib: protects against Haemophilus influenzae type B

PCV: protects against pneumococcal disease

Polio: protects against polio; the vaccine is also known as IPV

RV: protects against infections caused by rotavirus

Influenza: protects against influenza (flu)

MMR: protects against measles, mumps, and rubella (German measles)

Varicella: protects against varicella, also known as chickenpox

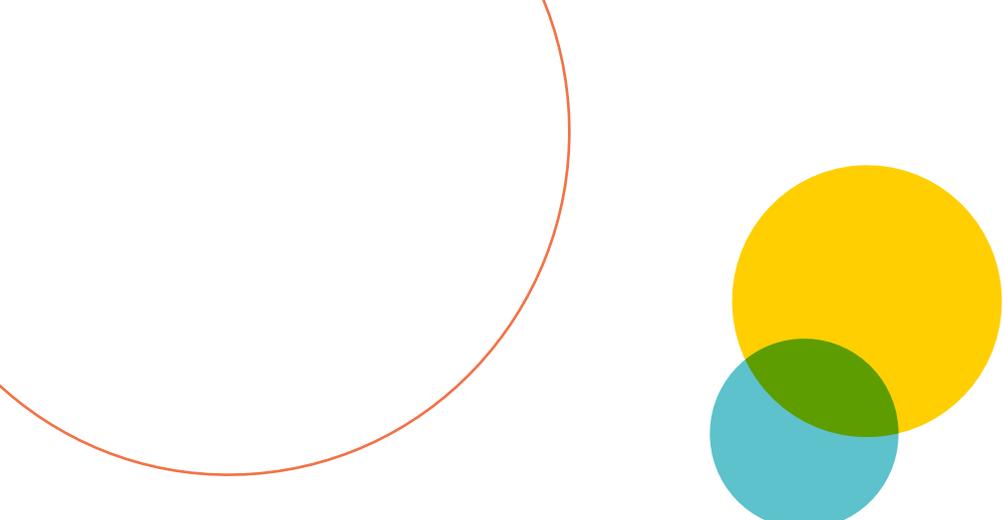
HepA: protects against hepatitis A

The vaccine information above was provided by the U.S. Department of Health and Human Services Centers for Disease Control and Prevention.

Important Reminders

Protect your infant: Everyone at home should get a flu vaccine, and all teens and adults need a Tdap (pertussis) booster if they haven't yet had one.

- Babies usually need to go to the doctor for weight or jaundice checks one to three days after discharge and again at one to two weeks for an examination. Before being discharged from the hospital, make sure you know when the baby is due in the office. It is helpful for you to take birth information to your first visit.
- Call your doctor's office soon after birth to schedule the first office visits at one to two days after discharge from the hospital and 7 – 14 days of life. Repeat of the newborn screen blood test is state law. Your doctor will have it performed in the clinic.
- You can call the Kelsey-Seybold Clinic Contact Center 24/7 at **713-442-0000**, or go to **kelsey-seybold.com** to schedule an appointment at any clinic. The After-Hours Nurse Hotline is available 365 days a year.
- Health insurance companies may require you to enroll your baby before a certain age (often 30 days). Check with your employer or insurance company.
- Sign up for ImmTrac, the Texas Immunization Registry, either during birth registration or at your first visit.



Accepting **New Patients** and
More Than **50** Health Insurance Plans

Schedule a complimentary **Get Acquainted Visit**.

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713-442-6667.

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Pediatrics

