This information is designed for parents. It provides information about common issues concerning babies.

### **GENERAL INFORMATION**

- 1. New babies sneeze a lot normally. This is to clear the mucus and dust from their noses.
- 2. New babies may breathe noisily at times. They may make peculiar gurgling sounds or snore at night.
- 3. Hiccups are common particularly around feeding time.
- 4. Loud sounds or a sudden change in the baby's position may often produce a startled or crying baby. This reaction will disappear when baby is several months old.
- 5. Trembling of the arms, legs and chin is occasionally seen in new babies. This may be very noticeable when the baby is undressed for the bath.

### **SLEEPING**

- 1. Babies sleep much better if it is possible for them to have their own room.
- 2. Babies DO NOT need pillows. Pillows, soft mattresses and waterbeds are dangerous for the young infant.
- 3. Babies should sleep on their backs.
- 4. The bedroom temperature should be the same as the parents' bedroom temperature preferably cool. Babies should wear the same number of layers of clothing and blankets as adults. In the winter you may wish to add an undershirt.
- 5. Everyday household sounds do not bother the baby. There is no need to turn down the T.V. or tip-toe past the baby's room.
- 6. Newborns sleep a lot when they are young. There is no need to worry if they sleep 1-2 hours past their feeding time. Newborns should have a minimum of 6 good feeds in each 24-hour period.
- 7. A sleeping/eating routine should be convenient for both the mother and the baby.
- 8. Bumper pads should be removed from the crib when the baby starts to roll.

#### **BOWELS**

- 1. Many babies become red in the face and grunt when they have a bowel movement. They are not constipated as long as their stools are soft and contain no blood.
- 2. The colour of the stool in not important. Stools my be green, yellow or brown.
- 3. The number of bowel movements per day varies with each baby. Breast fed babies may have many bowel movements a day or one every several days. The pattern may change, as your baby gets older.

4. Diarrhea stools are different from normal – they are mucousy, frequent and accompanied by tummy pains. If it is persistent or associated with vomiting, poor feeding or bloody bowel movements it should be checked by a doctor.

#### **BURPING**

- 1. Some babies burp easily and others do not burp at all. Don't get upset if you baby is hard to burp or doesn't burp at all.
- 2. Gentle patting or rubbing the baby's back is usually enough. After trying for 3 minutes, if the baby doesn't burp, stop trying.
- 3. Try burping the baby after half the bottle is given and at the end of the feeding. If breast-feeding, burp before going on to the second breast.
- 4. Find a pattern that suits your baby. Do not worry if the baby brings up a mouth full or so of milk with the burp.

### CORD/NAVEL

- 1. The cord will fall off by itself within a week or two. Often there are a few drops of blood when the cord falls off.
- 2. The cord requires no special care except to keep it dry. Some doctors recommend using alcohol to clean the base of the cord with each diaper change, please check with your own doctor before using alcohol.
- 3. Babies may be bathed in the tub before the cord has dropped off. It is important to remember to dry around the cord after each bath.

## **BATHING**

- 1. Most babies are bathed daily in warm water.
- 2. The timing of the bath is not important. It is best to choose a time which is convenient to the mother and when baby is relaxed. Evening is often a good time because the baby usually sleeps well afterwards.
- 3. Let nature keep baby's ears, nose and mouth clean. There is no need for special cleaning with cotton swabs.
- 4. Normal handling cannot damage the soft spot on baby's head.
- 5. The head is best kept clean by washing with a mild soap or shampoo and then rinsing with clean water.
- 6. The face and body may be washed with a soft cloth and washing is also necessary in the crease areas. Be careful to pat dry well in the creases.
- 7. Bathing does not hurt the cord or circumcision, al long as it is dried well after each bath.
- 8. NEVER LEAVE THE BABY ALONE ON THE CHANGE TABLE OR IN THE BATH.
- 9. DO NOT ADD HOT WATER TO THE BATH WHILE THE BABY IS IN THE TUB, THE TEMPERATURE SHOULD BE WARM NOT HOT.

### **NAIL CUTTING**

- 1. Cut both finger and toe nails as required with an emery board, scissors or by biting them off. The toenails should be cut straight across.
- 2. The nails are quite soft and often appear to be ingrowing in the large toes with slight reddening around the bordering skin. This is normal. Seldom do toenails become ingrown. If however, they seem to be markedly tender, or have discharge, call for advice.

#### **FEVER**

- 1. A doctor should check fever in an infant younger than 3 months as soon as possible.
- 2. Fever in older infants with colds or following immunizations need not be treated, but giving acetaminophen drops (Tempra or Tylenol) or ibuprofen (Advil) as directed by your doctor can bring fever down and help your child to be more comfortable.
- 3. Dress your child in light clothing and encourage fluids and rest.
- 4. You may use lukewarm water baths but never cold or ice water and never use alcohol to sponge as it has dangerous vapours.
- 5. Accurate measurement of an infant's temperature is rarely necessary if the child is more than 3 months of age. If you are in doubt as to whether your child actually has a fever, you may take an infant's temperature with a rectal thermometer (the most accurate), or by ear thermometer (the fastest), or under the child's arm. We don't usually recommend treating fevers unless they're above 38.5 degrees C.

### **COMMON SKIN PROBLEMS**

- 1. Diaper rash is best avoided by frequently changing the baby's diapers and cleaning off the skin with clean water, drying thoroughly and then covering with Vaseline.
- 2. If a diaper rash does develop use a zinc oxide ointment (e.g.: Penaten, Zincofax) rather than Vaseline. Babies should be without diapers for a period of time each day. If this does not work, consult your doctor.
- 3. Cloth diapers should be well rinsed before washing and then washed in hot water and mild soap (Ivory). Avoid strong detergents. DO NOT use fabric softeners they often irritate the baby's skin.
- 4. Plastic pants tend to cause rashes. Avoid use, particularly if there is sign of any rash.
- 5. White spots on the bridge of the nose: These are usually pores that have been blocked with secretions. No treatment. They will clear spontaneously.
- 6. Cradle cap is excessive dryness and scaling of the scalp. A simple remedy this: Rub mineral oil or olive oil on the scalp, leave for five minutes and using a soft brush, lift up the scales. If it persists, apply oil at bedtime, leave overnight, reapply in the morning, and leave for at least one hour, then

comb gently with a fine toothcomb. If cradle cap persists try a mild tar shampoo (ask your doctor or druggist) two or three times weekly until the scaling has disappeared. Avoid getting the shampoo into the eyes. Failing this, call for advice.

7. Dry pimply skin patches: These are extremely common especially in the first month or two of life. They usually occur from drooling and irritation when the baby rubs his cheeks on the bed sheets. The rash comes and goes periodically and usually disappears by three to four months of age when the baby can lift his head properly. In the meantime, protect the cheeks with any standard nonperfumed facial cream or Vaseline.

### THRUSH

- 1. This a non-serious yeast infection, which appears as white patches in a child's mouth that cannot be easily wiped away, as milk can.
- 2. It can be itchy and painful; it can interfere with feeding. A doctor should be consulted for the proper treatment.
- 3. It may be associated with a diaper rash.

### **VOMITING**

- 1. Vomiting or spitting up small amounts of milk after feeds is common and rarely serious.
- 2. Consult your doctor for severe, prolonged or frequent vomiting or if your baby appears sick or has diarrhea or a fever.

### COLDS

- 1. Colds are caused by viruses. There is no effective cure for a cold, although your doctor should be contacted if it is complicated by a fever. Babies with colds need frequent feedings because they can't suck well when their noses are congested. Consult you doctor about nasal aspirators or salinex which can be purchased from a pharmacy and may be useful.
- 2. Sneezing is normal; this is how babies clear their noses. Avoid over-the-counter cold remedies.

# CRYING AND COLIC

- 1. It is normal for babies to cry. There is a wide variation between children.
  - 2. Colic in unexplained and prolonged crying in a healthy infant. It usually occurs shortly after feeding and is often accompanied by gas. Colic usually starts at about 2-3 weeks of age.
  - 3. Babies usually outgrow this by 6 months of age.

#### CLOTHING AND WEATHER

- 1. Most babies are over dressed by their parents. A good general rule is that a baby should have the same number of layers of clothing on as his parents do for that day. You may wish to add an undershirt in the winter.
- 2. Cotton is best next to the skin.
- 3. Sun exposure should avoided.
- 4. Babies should wear hats and be covered with light cotton in the summer. Over 6 months of age it is safe to use a non-irritating sunscreen. This should be discussed with your doctor.
- 5. The baby can go outside 2-3 days after birth in the summer and 5-7 days after birth in the winter.

#### **EYES**

- 1. Occasionally babies have some crusting in the corners of their eyes. This is not unusual.
- 2. If there is a large amount of sticky discharge, consult your doctor.

#### **FEEDING**

- 1. Breast milk is best. However, breast milk or formula provides all the necessary nutrition until age 6 months. Breast milk does not usually come in until the 3<sup>rd</sup> or 4<sup>th</sup> day after delivery.
- 2. Demand feeding is best.
- 3. Approximately two weeks after delivery babies seem to want to feed more frequently. This is normal and in breast-fed babies, stimulates the breast to produce extra milk to satisfy the baby. With the extra milk produced the baby's feeding pattern soon returns to normal.
- 4. Formula is already vitamin zed.
- 5. Sterilizing bottles is NOT necessary. Rinse bottles well with boiling hot water.
- 6. Untreated well water should be boiled.
- 7. Sucking a pacifier or thumb is fine for the newborn.

### **FORMULA**

- 1. Do not reheat or store partially used bottles of milk. Use this guideline for maintaining sterility:
  - Store prepared formula in the fridge immediately.
  - Allow bottle to stand at room temperature for 30 minutes before feeding.
  - Formula can stay at room temperature for three hours (including feeding time).
  - Once a can of formula is opened, it can be left covered in the fridge for no more than 48 hours.
  - Frozen breast milk should be discarded after 2 weeks.

#### JUICE

- 1. Babies DO NOT require juice at all.
- 2. If they are thirsty breast milk, formula or water are the best choices. Juices tend to contain too much sugar and minimal nutrients causing babies to feel full but not get full nutrition.

### **DENTAL CARE**

- 1. We advise that you don't use any teething gels. Teething gels are not effective and can actually be dangerous for your child if used to excess.
- 2. Do not let you baby fall asleep sucking on a bottle of milk or juice, as this will damage their teeth; if necessary you may use water in the bottle.
- 3. As soon as any teeth appear you can start to care for them by using a gauze or washcloth to clean them off. At about a year and a half you can use a toothbrush with a pea size amount of toothpaste on it. At age 3 you should take your child to a dentist for a routine check-up.

If you have any further concerns call the office at 416-785-8412. You will reach one of our secretary's during office hours. After hours you will reach our answering machine with a number to call to page a doctor if your call is urgent. At least one of the doctors from the office is always available for phone calls.

We recommend keeping this information for ready reference.

Revised and updated from a pamphlet by the Mount Sinai Hospital Family Practice Unit 1989.