Issues faced during Postnatal period / early infancy

* **Neonatal Jaundice**: Yellow discolouration of the skin (JAUNDICE) is a common occurring in a newborn. It is usually evident in the first week of life and gradually settles down with the establishment of the feeding. However in few babies it may be too high to require phototherapy treatment. If the baby continues to look jaundiced after 2 weeks of life then that should be taken seriously and a paediatrician should be consulted.
* **Sleep pattern**: Most of the babies tend to sleep more during the day time and are more alert (awake) during the night time. As a result they demand feeding more at night. This pattern settles down and reverse over a period of 2-3 months. Nursing mothers can cope with this by taking naps along with their baby during day time so that she can nurse them better at night.
* **Vomiting post feed**: Many babies bring up milk after feed. The severity may vary from baby to baby. For some the amount is significant and happens after each feed. That case it needs to be discussed with the paediatrician of the baby. If it is small in amount or infrequent then it is not worrying. Try to burp the baby after each feed. Not to worry if the baby is difficult to burp. Those cases try burping for 10 minutes and if the baby has not burped still, then put the baby to sleep with the head end inclined slightly up.
* **Passage of stool**: Number of passage of stool can be hugely variable in babies. Be aware that baby should pass first motion within 24 hours of birth. Usual number of bowel movement is between 1-4 stools per day. However some babies may take up to 7 days to pass stool again since the last movement. It is normal as long as the baby is comfortable without any abdominal distension or vomiting. On the other hand an exclusively breast fed baby may pass up to 10-12 motions per day, that is passage of one motion after each feed. Stool consistency must be soft even the baby passes stool after a week. In breast fed babies the consistency can be watery. The colour of the stool is usually yellow but it may have greenish tinge at times. At no time it should have blood in it.
* **Passage of urine / nappy rash**: In first week of life babies pass urine about 6 times per day. It increases subsequently and may be up to 15 times per day later on. To avoid nappy rash diapers should be changed as soon as it feels heavy or has a dirty nappy.
* **Crying episodes**: For a baby to cry is absolutely natural. However it is always stressful for the careers. If the crying episode is prolonged or repeated, then parents should try to find out the possible cause behind it. At times the babies cry as soon as he/she is put to bed after a feed. Just by keeping the baby on the lap will settle the issue. Sometimes just change of a wet or dirty nappy does the trick. Sometimes an uncomfortable environment (Too hot/cold or noisy) may make a baby cry excessively. Career should also check that hunger is not the cause of crying by offering him/her a feed. If no obvious cause for crying is identified, then the child should be reviewed by a paediatrician at the earliest convenience.
* **Oil massage and bath**: Oil massage is a traditional custom in our part of the world, however there is no evidence to prove that it is always beneficial. It helps to soothe the baby but the effects of the oil on skin is controversial. In case the baby’s skin is too dry then some emollient or oil can be applied after talking to your paediatrician. Bath should be started after the umbilical cord has fallen off and completely dried up. Water for bathing should be made appropriately sterile. Hair oil should be avoided. Shampoo and body soap should be applied as per advice of your paediatrician. Be aware that use of some oil inadvertently may cause damage to sensitive skin of your baby and produce different types of skin problems including rashes.
* **Skin rashes**: Babies develop different skin rashes especially during the first few weeks of life. Most of them are mild and harmless and do not require any treatment. However if the rashes are angry looking or with blisters or extensive needs a paediatrician review.
* **General behaviour**: Newborn babies sleeps a lot. However they wake up when hungry. This pattern of sleep and wakefulness is not always predictable. Sometimes a baby may wake up every 1-2 hours and demand feeding and may go off to sleep for next 4-5 hours. As the babies grow, they tend to stay awake more and more and as a result the sleeping time decreases. Mother should count that a baby has fed between 8-12 times a day.

Mother may notice that a baby is making different noises while feeding or awake. They are mostly normal unless associated with other stress symptoms in baby. Hiccoughs are common in babies and are not harmful. They may last up to 10 minutes at a time and settles spontaneously. You don’t need to feed or give water to the baby for that reason.

You may also notice few typical behaviour in your baby (Like straining) which does not cause any distress to the baby and should be ignored. Sneezing at times (without any cough or nasal symptoms) can also be noticed in newborns that don’t need any treatment.

* Few **RED FLAG signs** for which you should visit child’s paediatrician:
* Fever
* Poor feeding and or lethargy
* Baby is looking jaundiced significantly
* Worsening cough or respiratory distress
* Rapidly spreading new skin rash
* Repetitive jerky movements of body part(s)
* Excessive loose stool or vomiting
* Poor urine output
* Excessive crying without any obvious reason
* Repeated choking or any serious (Life threatening) episode.

Good practice for every newborn

* Exclusive Breast feeding on demand.
* Follow National / IAP guideline for vaccination.
* Monitor Growth and Development of the child.
* Vitamin D supplementation.