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## INSTRUCTIONS IN THE CARE OF THE NEWBORN INFANT

### I. INTRODUCTION

These instructions are written as an aid to you in caring for your newborn during the first several weeks. They are general guides only: use them where they are helpful; disregard them where they do not apply to your baby or your situation. Your baby is a distinct individual. He will do some things by the rules but will do others for which no rules have been written. You must, then, avoid being overly rigid; he cannot be raised strictly “by the book”.

Listen carefully but cautiously to the advice of well-meaning family and friends. While a helpful but not overbearing family member or close friend is of great assistance during the first few days at home, remember that your child is different from theirs and their experiences will not be totally applicable to your situation. In addition, there is a large body of “folk” advice available which is often more colorful than factual. So collect suggestions from a variety of sources, but temper them with your own judgement and your own special knowledge of your baby.

### II. IN THE HOSPITAL

A. DOCTOR VISITS – After your baby is born, the hospital nursery will notify our office. If the infant appears normal to your obstetrician and to the nurses in the newborn nursery, we will first see your baby on our regular hospital rounds. Should the baby experience any difficulty during labor or delivery, or is a sick newborn, he will be followed by a Neonatologist until his problem has resolved. Your infant will be seen by the doctor each morning and you will be advised of his daily progress. Nursery visits will be made on a rotational basis by members of our group; you will probably meet one or two members of our practice during your hospital stay. We hope that you will ask us to discuss with you any questions which you may have concerning your baby.

B. BABY VISITS – After your baby is delivered, your newborn will usually be placed under special warming lamps to help him regain body heat lost during delivery. After several hours of warming, he will be bathed. The baby can remain in your room throughout the hospital stay or may go back to the nursery for periods of time. Techniques for infant feeding are discussed in another section of these instructions. Help with specific problems can be obtained from the nurse who helps care for your baby. These nurses are experts in feeding techniques, each having the experience of feeding many babies before. Use them; ask their assistance in



helping you develop a suitable feeding technique for your baby. Do not be overly concerned with minor feeding problems during the first several days. New babies often show little interest in feeding initially; some have frequent spitting; others are difficult to “bubble” or “burp”. We will follow your infant closely and will investigate fully if his behavior is truly abnormal.

C. **NEWBORN FEATURES** – Certain normal features of newborns often cause concern to parents during the hospital stay. Seldom are they of importance to the infant’s health and should cause no worry.

These features include:

- (1) Misshapen Head (Molding) – The skull of the newborn is not firm as in older children and adults. It is often abnormally shaped immediately after birth due to the pressures exerted on it during passage through the birth canal. It will assume a more normal shape within 24 to 48 hours.
- (2) Curved Legs and Feet - Part of baby’s adaptation to the uterus is having legs and feet that curve and bend to help them fit inside. Most often, lower legs curve inward, and the feet fold and curve inward to some degree. These should straighten with time. We check the feet by noting whether they will assume a normal position with gentle pressure.
- (3) Rashes – Newborns have a variety of skin problems. Should your child have an abnormal rash, we will notify you.
- (4) Birth Marks – Most areas of redness or pigmentation present at birth will disappear within several months. Red splotches are almost always present on the upper eyelids and the back of the neck. These are prominent collections of small blood vessels and will gradually fade.
- (5) Jaundice – The amount of yellow pigment (bilirubin) in the blood rises in all infants soon after birth due to the inability of the baby’s liver to change the pigment to a substance that can be eliminated by the body. In some babies, the concentration of this pigment reaches a level at which a slightly yellowish-orange color (jaundice) may be noticed in the skin. It causes no problems in the baby unless it rises to an extremely high level. Once a baby becomes jaundiced, we will take the necessary measures to prevent it from rising extremely high. Usually this pigmentation is a normal condition and should cause no concern. If there are more serious reasons for the jaundice, we will notify you promptly; otherwise, you need not worry.

Above all, enjoy your baby during the hospital stay. You will have plenty of assistance in caring for him. Use this time to get acquainted. Attempt to learn correct techniques of infant care but avoid being rigid or overly concerned. It is most important to the total well-being of the child that your initial contact with him be a pleasant, relaxed experience. We are more interested in the warmth of relationship that develops between the baby and his family than in what he eats, whether or not he wears an undershirt, or what type of soap he uses. Your first duty is to love him; specific methods of daily care are much less important.

### III. NUTRITION

A. GENERAL – Nutrition is the most important aspect of the care given to your new baby. The most common cause of poor growth is improper nutrition. Proper feeding should begin during the newborn period.

Nutrition requirements are supplied during the first few months either by breast feeding or by bottle feeding. This decision is one you will have to make based on your own preferences. Either will be satisfactory as long as you are comfortable with it. Almost every mother will have sufficient milk for her baby; almost every baby will thrive on formula or breast.

B. FEEDING SCHEDULE – Whether breast feeding or bottle feeding, we recommend a demand feeding schedule after a good weight gain is established. Most infants will establish a pattern of feeding every two to four hours. In general, a demand feeding schedule allows the infant to guide you in supplying his actual food needs.

#### C. BREAST FEEDING

(1) Technique – Cleanliness is of utmost importance. The breasts should be washed with soap and water daily.

One of the secrets of breast feeding is relaxation. You should sit and rest several minutes before beginning nursing. Seated comfortably and holding your baby with his head supported place a finger on each side of the nipple and press slightly so that the nipple protrudes. Do not push the baby toward the breast. Instead gently stroke the cheek nearest the breast. He will then turn his head and search (root) for the nipple. If the breast is excessively full or swollen, he may not be able to establish a good hold, and you may have to manually express some of the milk during the first feedings.

We recommend nursing at both breasts each feeding. Your baby will get most of the milk during the first five minutes of each nursing. During the first few days of breast feeding, you may wish to nurse 8 – 10 minutes per breast, extending this time as you and your infant become adjusted to breast feeding.

(2) Supplementary Bottles – After the first four weeks of adjustment are over, you may substitute one nursing per day with a bottle of formula. This will make it easier for you to leave the baby occasionally and will also give father a chance to feed the baby.

(3) Mother's Diet – Your diet while nursing should be a well-balanced one just as you followed during pregnancy. There are no essential foods. Extra milk is usually recommended as it is an excellent source of protein and calcium. You should try to avoid any food that seems to cause stomach upset or loose stools. There are many drugs secreted in breast milk. Always check with us or your obstetrician before taking any medication. Smoking is never helpful and is not recommended.

#### D. BOTTLE FEEDING

(1) Types of Formula – Formulas we recommend may be purchased in three preparations:

- a.) Powdered formula is convenient and the most economical. It is prepared by adding a scoop of formula to each two ounces of water.
  - b.) Concentrated liquid formula is available in 13 oz. cans and is prepared by adding equal amounts of water to the concentrated formula. A 13 oz. can with added water gives 26 oz. of properly mixed formula.
  - c.) Ready-to-feed formula comes in small disposable bottles and in quart cans. No preparation is necessary. It is very convenient but more expensive.
- (2) Types of Bottles – Satisfactory feeding technique can be achieved with either glass, plastic, or the disposable “Playtex” type of bottle. We have no preference in the type you should use.
- (3) Preparation (Please do not heat bottles in the microwave.)

a.) IF YOU HAVE CITY WATER

- 1) Powdered Formula – Into a clean bottle place the desired number of scoops of powder and add two ounces of warm water from the tap for each scoopful. Place clean nipple on bottle and shake vigorously for 30 to 45 seconds.
- 2) Concentrated Formula – Wash top of formula can with soap and water, open, and store in refrigerator with opening covered by aluminum foil. At feeding time, pour equal amounts of concentrated formula and warm water from the tap into a clean bottle and shake briefly. Return opened can to the refrigerator where it may be kept for 24 hours. It must then be discarded.
- 3) Ready-to-feed - This preparation comes in quart cans and no preparation is necessary prior to feeding. Wash can top with soap and water, open, cover with aluminum foil, and store in refrigerator for up to 24 hours. At feeding time, formula is simply poured from the can into a clean bottle. Allow milk to return to room temperature before offering to baby.

- b.) IF YOU HAVE WELL WATER OR SPRING WATER, sterilization is necessary until infant is three months of age.

#### IV. NEWBORN CHARACTERISTICS AND BEHAVIOR

A. CONGESTION – The nose and air passages of infants normally contain small amounts of mucus. During the first several months of life almost all breathing takes place through the nose. The mucus is normally removed from these passages by sneezing and coughing. Within limits these are normal, protective mechanisms which help the baby breathe easier.

B. BOWEL MOVEMENTS – Normal stool frequency in the newborn varies from as many as 8 – 10 stools per day to as few as one every several days. Initially they are often quite loose and usually occur during feedings or soon after. Many babies will strain, hold their breath, cry, and become flushed in the face while having bowel movements; this is completely normal and

does not mean that they are constipated as long as the stool is soft and pasty. If, however, the stool is very hard, you may add 1 teaspoon of Dark Karo Syrup to a maximum of 3 bottles of formula in 24 hours. This will usually soften the stools adequately. Under no circumstances should laxatives be given to small infants. Should stools contain blood please notify us.

C. SLEEPING – Except for brief periods surrounding mealtimes, most infants sleep uninterrupted between feedings. With a regular home routine, a sleep pattern is usually established within several days. If at all possible the infant should have his own bed and sleep in a room separate from parents. Do not disturb the child's sleep routine by awakening him for viewing by visitors; this may lead to easy and frequent awakening at other times. Avoid from the beginning the practices of rocking or walking to sleep and the use of night lights. We feel that sleep disturbances and nighttime problems in later infancy and early childhood are usually the result of inappropriate practices begun early by the family. It is not necessary to maintain excessive quietness while the baby sleeps. Normal household noises will not disturb him.

D. CRYING – Infants usually cry several hours per day. Often they establish a regular period each day of excessive irritability and crying, usually in the late afternoon or early evening. These periods are normal and not cause for alarm. If the infant's feeding and general care needs have been met, crying episodes do not require extra feedings or other special care.

E. HICCOUGHS – This is very common in newborns, is of no importance, and requires no treatment.

F. HORMONAL EFFECTS – Hormones received from the mother before delivery may cause transient effects in the baby. Breast enlargement may be present for several days, often with the secretion of a small amount of fluid from the nipples. In female infants a mucoid vaginal discharge is briefly present and may contain small streaks of blood. These changes are normal and disappear within several days.

## V. NEWBORN CARE

You will be asked to bring your infant to our office for a weight and color check during the first few days of life. This may be necessary to assure that the baby is gaining well and that he is not developing jaundice.

A. UMBILICAL CORD – The navel cord dries and usually falls off between five days and four weeks of age. The navel area should be kept clean with cotton swabs moistened in water. It should be left open to air and no band or binder should be worn. Do not let the diaper rub or cover the umbilical area. After the cord falls off, the stump may continue to ooze or bleed; continue to keep the area clean. Any excessive or prolonged drainage should be reported.

B. BATH – A sponge bath should be given until the navel area is well healed and dry. After it heals a tub bath may be given. Sponge or wash the baby with a mild soap. Baby soaps are available and are fine to use. The water should be lukewarm and the room warm. Begin with the face and wash the genitals last. The outer part of the ears may be cleaned with a cotton swab. Do not attempt to clean wax from the ears with a cotton swab as this packs wax in the ear canal. The scalp should be washed daily using baby shampoo. It should be washed from front to back

and the fontanel (soft spots) should be scrubbed as well. Good scalp care will prevent cradle cap. No oils, lotions, or Vaseline should be used on the hair. After bathing, the baby should be patted dry with a soft towel. Oils, creams, and lotions are not recommended for the skin as they cut off the circulation of air and may cause rashes.

C. CIRCUMCISION – The American Academy of pediatrics does not recommend circumcision as there is no medical reason for it. This procedure may be performed for family or religious preference. If requested, circumcision will be done by the pediatrician while the baby is in the nursery. Other than keeping the area clean with soap and water, no special care is required. The end of the penis will be red and tender for several days, and a small amount of blood may ooze. If excessive bleeding occurs, please notify us.

D. DIAPER AREA – The baby's diaper should be changed as soon as possible after soiling. The area should then be washed with a soft cloth and soap and water. Should a rash appear, more frequent changes are indicated. It may also be helpful to keep the baby out of diapers for two or three days. Any of the ointments available for diaper rash may be used after each change.

E. CLOTHING – Your baby does not require any more, if as much, clothing as an adult. Dress your baby according to the temperature. Many parents keep their babies too warm; watch for this as a cause of fever.

F. VISITORS – Avoid excessive handling of your baby by visitors and prevent his exposure to large groups during the first several months. While there is not marked increase in susceptibility to infection during the newborn period, even minor problems such as colds and miserable illnesses in the very young infant.

G. OUTDOORS – After the two week check-up, you may take your baby out whenever the weather is pleasant. Remember not to dress him excessively or expose him to large groups for a while.

H. ROOM TEMPERATURE – Homes should be maintained at an average temperature of 68 – 70 degrees. Provide adequate ventilation during the warmer months. Air conditioning is not harmful.

## VI. WELL-BABY VISITS

A. GENERAL – The primary goal of good pediatric care is the avoidance of health problems. Your infant will be seen on a regular schedule of well-baby visits. On these visits you will be given instructions in the recognition of problems and in preventive measures. The visits will also enable us to identify and correct any abnormalities early. Our primary emphasis will be on growth and development change rapidly. In order to recognize problems early, children are necessarily seen more frequently at first and at gradually longer intervals as they grow older. At each well-baby check, growth measurements will be taken and compared with normals for the child's age. Similarly, a brief developmental examination will be performed to measure learning progress.

B. SCHEDULE OF WELL CHILD VISITS WILL BE AS RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS.

### **APPOINTMENTS**

The office will be open seven days per week and on all holidays (except New Years Day, Easter Sunday, July 4<sup>th</sup>, Thanksgiving Day and Christmas Day.) Weekday hours are 8:00 a.m. to 5:00 p.m. Holiday and Weekend hours begin at 8:00 a.m. and continue as long as there are patients to be seen. Well-child visits will be scheduled Monday through Friday with sick children being seen each day of the week including weekends. We try to see patients by appointment to reduce waiting time and help run the office more efficiently. Even if your child needs to be seen immediately, please call for instructions before coming to the office. As a courtesy to you, "drop-in" patients without appointments will only be seen after all children with appointments have been served. For those times when emergencies make waiting inevitable we apologize. Should you find you are unable to keep an appointment, please notify our office in time for someone else to have your place.

### **TELEPHONE NUMBERS**

Hickory Switchboard	828-322-2550
Evenings (8p-8a)	828-322-2550

### **TELEPHONE INSTRUCTIONS**

A pediatric registered nurse will be available to discuss problems by phone. She has been instructed in specific information to give about the common pediatric illnesses. Unusual problems will be discussed with the physician before giving advice by phone. It is difficult for individual physicians to receive calls and maintain an appointment schedule without creating long waits for patients in the office. In addition, it is not possible to provide an adequate evaluation of an ill child by telephone. If you are concerned about your child or do not feel comfortable with instructions received by phone, please schedule an appointment.

### **NIGHT CALLS**

When the office is closed, your calls will be answered by a nurse triage service developed by CALL-A-NURSE in Winston-Salem, NC. These nurses are provided with specialized information about pediatric illnesses to assist you in making decisions concerning ill children. Please call our regular switchboard number 828-322-2550 to access the evening nurse. One of

our physicians is always available to the triage nurse for questions. Should your child need to be seen before the office reopens, the nurse will suggest that you take him to one of our local emergency rooms or urgent cares. The emergency room physician also has access to one of our physicians to assist with management of your child's illness and to arrange follow-up care. Written records of all phone calls, emergency room visits and hospitalizations are forwarded to our office for your child's records. Should your child require additional care in the emergency room or admission to the hospital, Catawba Pediatrics has an arrangement with Dr. Sam Wellman and Dr. David Berry to provide that service. Both are board certified pediatricians and board certified neonatologists who provide a special level of expertise for hospitalized pediatric patients.

### **WAITING ROOM**

We request that, when possible, you limit the number of children, friends, and relatives accompanying your child to the office. We understand, of course, that on occasion babysitting or transportation problems may leave you no choice.

Out of consideration for our other patients, we appreciate your not smoking while in the office. We request that there be no food or drinks in the waiting room except for infants. We ask that cell phones be turned off in the office.

### **INSURANCE**

Please notify the receptionist on arrival if you plan to file a claim for reimbursement from your health insurance carrier. A special itemized list of services and charges will be provided for you to submit to your insurance company. If your employer or insurance company is contracted with Catawba Pediatrics, we will file your visits with your insurance carrier. While we are pleased to provide all medical information necessary for you to file for reimbursement, our office cannot assume responsibility for collecting your insurance claim or for negotiating a settlement on a disputed claim. Regardless of any claim pending, the patient is responsible for payment to this office within the usual terms of our policy. Copays/deductibles/coinsurance must be paid at time of visit.

### **FEES**

A complete list of charges for services and laboratory tests may be seen at the receptionist's desk. Payment is due at the time of the visit. Payment may be made by cash, check, Discover, Visa, MasterCard, or American Express. Office visit copays will not be billed. Should you have



unusual financial burdens, please explain the circumstances to the receptionist. She will assist you in making arrangements for payment.

### **OFFICE HOURS**

#### Hickory Office

Monday - Friday 8:00 a.m.-5:00 p.m. (Sick and well children)

Saturday, Sunday, & Holidays – 8:00 a.m. until all Sick and Emergencies seen.

Closed New Years Day, Easter Sunday, July 4<sup>th</sup>, Thanksgiving Day and Christmas Day

### **EPILOGUE**

It is our desire to provide high quality, comprehensive, pediatric care to your child as completely and economically as possible. Please feel free to discuss with us any problem potentially affecting your child's physical or mental health and make suggestions to us for better delivery of health care.