

Congratulations!

You are starting one of life's greatest adventures - parenthood. I appreciate your choosing me to be your baby's physician. I'll do my best to help your baby enjoy a healthy childhood. This resource is intended to help you care for your baby when you go home from the hospital. It is an interactive guide that will be updated as new recommendations and developments occur in the world of pediatrics and therefore is more useful than any one book I could suggest. Hopefully, this will serve as an informative parenting guide through your child's first years. I am looking forward to enjoying this time with you and your family.

Parenting

Any relationship worth having takes time, patience, and understanding, and baby care is no exception. There can be a noticeable difference in the behavior and personality of your baby and others you have known (even in the same family). Some "easy" babies just seem to slip into an already established family routine, while other perfectly normal babies appear more assertive from the very beginning. Either way, trying to satisfy them, and your own need to be a "perfect" parent, can be quite a challenge. These early "problems" do resolve as you learn to read your baby's expressions of want or need - "I'm hungry! I'm tired! I'm awake now!" Each develops its own special sound. Trust your judgment and your knowledge and, by all means, keep your sense of humor! If this is your first child, you'll probably have lots of questions. If you have other children, your memories of baby days may have faded. Some infant care practices have changed, and you'll want to have up-to-date information. Of course, the parents of new babies don't have to look far to get advice. Friends, neighbors, and relatives are eager to share their knowledge of baby care. But what worked for them may not work for you. Not all of their advice will be correct. So, I hope you'll ask me any questions that come to mind while your baby is still in the hospital and afterward - either by phone or during office visits. Most parents of children in my practice have many questions about baby care, but they

often forget them during the office visit. For this reason, I suggest that you keep a running list of questions at home, even if they seem silly or trivial. Anything that concerns you in enabling you to understand and care for your baby is important for us to discuss.

Prior to Leaving the Hospital

In the 48 hours after birth your child will receive Ilotycin Eye Ointment, an injection of Vitamin K, a Hepatitis B vaccination, a Congenital Heart Disease Screening, a Hearing Test, a Newborn Metabolic Screening, and a bilirubin screening. Many parents ask, “Why give my baby eye ointment. I do not have a STD (sexually transmitted disease).” Ilotycin is an antibiotic ointment is routinely put in the eyes of all newborns to prevent neonatal conjunctivitis (pink eye). While Chlamydia and Gonorrhea are the most serious pathogens that are treated with Ilotycin, this treatment also prevents less severe infection with other common bacteria such as e. coli. These common bacteria are found in everyone’s genital/rectal area. The medical term for newborn eye infections is “ophthalmia neonatorum.” These infections are obtained during passage through the vagina. Neonatal conjunctivitis can cause blindness, yet is easily prevented by antibiotic eye medications shortly after birth. Babies born by c-section are still at risk for neonatal conjunctivitis if there was any vaginal rupture of membranes prior to delivery. If you are certain that your membranes were intact at the time of your C-Section, you can consider refusing the eye ointment for your child but the risks are so low that it not worth the change that you might have had a small leak. As parents it is safe to request that the nurses hold off on administering the eye ointment for a couple of hours after birth so that you can bond with you baby. Your baby should also be given an injection of Vitamin K. All babies are born with low levels of vitamin K, an important factor in helping a baby's blood clot. We give all healthy newborns a vitamin K shot shortly after delivery to prevent a rare type of bleeding called Vitamin K deficiency bleeding (VKDB), formally known as hemorrhagic disease of the newborn. A Hepatitis B vaccine should be given to the baby in the first day of life. The main benefit of the vaccine is its effectiveness. The American Academy of Pediatrics note that

if doctors give the first dose of the hepatitis B vaccine within 24 hours of the baby's delivery, it is 75 to 95 percent effective in preventing the passage of hepatitis B from the birth mother to the baby. Note that studies show that up to 4% of mothers who test negative for Hepatitis B during their pregnancy may still have the disease. The Newborn Metabolic Screening Test is a blood test that is obtained by pricking your baby's heel and obtaining 5 drops of blood on what looks like filter paper. This is sent to the state lab to test for some inborn errors of metabolism that if left untreated could affect brain development and growth. This test cannot be performed prior to the baby being at least 24 hours old. Your infant will also be screened for jaundice either by a blood test or a transcutaneous device. This is a measurement of your baby's bilirubin level. Most babies get some mild degree of jaundice which is normal. However, the rate and severity of increase in bilirubin level should be monitored by your pediatrician. In a small percentage of cases if left unchecked it can cause neurologic problems. This is one of the reasons that I ask you to return to the office for reevaluation 2 to 3 days after hospital discharge.

Getting Started

When babies go home from the hospital nursery, everyone wants to see them. A new baby generally gets lots of callers. For a few weeks, limit your baby's visitors, especially children. The baby needs a little time to build resistance to common infections. You don't know who might have a sore throat, cough or other infectious condition. I also suggest that you keep the baby out of large crowds for a few weeks. I ask that my newborn patients come for a hospital followup visit, usually 2 to 3 days after hospital discharge, especially if mom is nursing the baby. Their first well baby checkup will be at approximately 2 weeks of age. Should a problem arise before then, of course I'll see your baby. If the hospital staff does not make an appointment for your baby's first visit, please call my office on or before the day of discharge from the hospital so that my office can ensure that your visit is scheduled in a timely manner.