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## Your Itinerary—Schedule of Visits and Vaccines

### **Congratulations!**

Welcome to parenthood. Up until now, every new item you have purchased has come with an owner's manual. Ironically, you likely received little to no instruction on what to expect and how to care for your newborn. This manual was designed to help fill that gap and guide you through the first few months of your child's life. Perhaps the most challenging days lie ahead of you, but unarguably the most exciting.

### **Recommended Visit Schedule**

Since these recommendations are frequently revised by the American Academy of Pediatrics and the Center of Disease Control, we recommend that you double check with us regarding any new changes in well-baby or immunization schedules.

2 - 3 Days	First newborn visit
2 - 4 Weeks	Second newborn visit
2 months	DTaP, HiB, Hepatitis B, Prevnar, Polio, Rotovirus
4 Months	DTaP, Hib, Hepatitis B, Prevnar, Polio, Rotovirus
6 Months	DTaP, Hib, Hepatitis B, Prevnar, Polio, Rotovirus
9 Months	Anemia screen
12 Months	Hib, Prevnar, Varicella, Hep A
15 Months	MMR
18 Months	HepA
2 Years	Well child check-up,
3 Years	Well child check-up
4 Years	Well child check-up
5 Years	DTaP, Polio, MMR, Anemia Screen, Varicella, Hearing test, Vision Screen, Urine screen
11-18 Years	Menactra, TDAP, HPV

After the age of 5 years, ALL children should have annual checkups as well as biannual dental examinations. PPD and Lead Screening are provided on request and as clinically indicated by a risk assessment performed by the pediatrician.

### **Vaccinations**

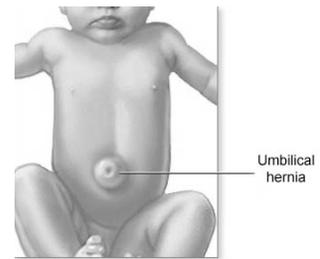
Likely you have heard and read a great deal about the benefits and more commonly, the risks of vaccinations. There is a great deal of false information circulating and we encourage you to contact us with your questions so that we may adequately address your concerns. Immunizations are a very important part of what pediatricians do to protect and keep children healthy. We want your child to share in these benefits and we welcome your questions!

## Physical Characteristics of Your Newborn

On pictures of diapers, baby food jars, and parent magazines you will find the holy grail of babies—clean, quiet, happy, and well groomed. Do not be misled! There is no such baby. Your infant will have rashes, spit up, and may even cry once or twice (per hour, sorry!). When your baby achieves these tasks, it should be reassuring, not anxiety provoking as these are normal occurrences.

### **Belly Button**

The umbilical cord stump should contract and fall off after one to three weeks. Often a small amount of bloody drainage may accompany the loss of the stump. This should last less than a week. A depression at the navel or a bulging soft mass may suggest a small hernia. These hernias are common and correct themselves when the baby's stomach muscles are stronger. There is no correlation between umbilical hernias and the cutting of the umbilical cord. The use of alcohol to dry the stump is unnecessary.



### **Body Hair**

Fine, soft body hair called lanugo is often present over the shoulders, back, forehead and ears of newborns. Premature infants often have large amounts of lanugo. It will gradually rub off during the first months of life.

### **Breasts**

Swollen breasts are normal in male and female newborns. Discharge of a small amount of milk may also be seen. These phenomena are due to the passing of hormones through the placenta to the baby. The breast swelling will slowly subside over a few months. Redness or tenderness of the baby's breasts could suggest infection and require evaluation by a physician.

### **Eyes**

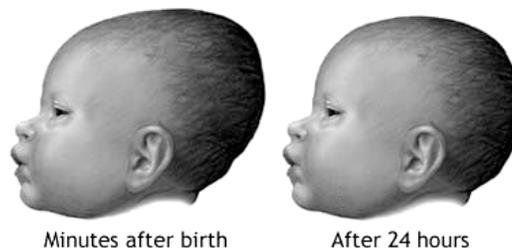
The eyelids of the newborn will likely become puffy following a difficult delivery. Some infants' eyelids swell as a reaction to the antibiotic ointment applied just after birth. The swelling may appear uneven due to gravity and the positioning of the head with one side down against the bed. Frequently, the small blood vessels of the eye burst during delivery, causing flame-shaped hemorrhages over the whites of the eyes. They should gradually reabsorb over a few days without interference with vision. Your baby's ultimate eye color will not be certain for quite a while, maybe not until 18 months of age. Sometimes your baby's tear ducts do not open well until several months of age and this results in frequent watery discharge from the eyes. This usually requires no treatment, but if much yellow matter collects in the eyes, an antibiotic eye drop may be necessary and you should contact your physician.

### **Genitals**

The newborn infant will probably have swollen genitals for the first week. Female infants may have white or slightly bloody vaginal discharge. Small tags of a girl's hymen may protrude for a few weeks. A male infant may have extra fluid in the scrotal sack, called a hydrocele. It resolves over several months. Occasionally it may enlarge, or represent a hernia. At each well-baby visit we will examine your baby's genitals to check for hernias.

### **Head**

Following vaginal delivery, your baby may appear to have a cone-shaped head, called molding. This molding is due to pressure against the birth canal, and it is a normal phenomenon. The head will become rounded after a day or two. The scalp may also be swollen for the first day or two. Occasionally blood collects between the skull and scalp causing a soft lump on either side of the head. These blood collections, termed hematomas, may enlarge during the first week. They subside gradually over one or two months.



### **Jaundice**

The yellowing of the skin and whites of the eyes is called jaundice. It is caused by the normal breakdown and recycling of the oxygen carrying red blood cells. Approximately 2/3 of newborns experience some degree of jaundice. It normally peaks at 3-5 days of life and spontaneously resolves. If your baby looks very yellow or is much less active for more than 4 hours during normal awake time, please contact our office. It may be necessary to check the level of jaundice (called bilirubin) in the blood.

### **Legs and Feet**

Due to limited space within the uterus, the unborn infant's legs and feet are folded upon each other. This can cause, after delivery, the appearance of bowed legs and turned-in feet. As long as the feet can gently be brought into a neutral position, these conditions will correct on their own. Medical intervention is rarely needed to encourage proper leg or foot position.

### **Mouth**

The taste buds of the tongue may give the appearance of a whitish colored coating. If white plaque appears on the baby's inner cheeks, gums, or palate and they cannot be wiped off, they most likely represent thrush. This is a yeast infection that is easily treated. Blisters on the central parts of the lips can be due to strong sucking, and these require no treatment.

### **Nose**

Flattening of the nose often occurs during delivery. It is temporary. Congestion may be the result of vigorous nasal suctioning at delivery, and should resolve within one to two days. Small white bumps over the nose are called milia. These will either resolve or become less prominent.

### **Skin**

Reddened, wrinkled skin is common in newborns. Over the first day or so this will fade, and the skin may become dry and cracked. This normal process does not require special creams or ointments unless the cracks are deep. Emollients are oil based products that trap the moisture in skin. Eucerin, Vaseline, and Aquaphor are all examples that work well in these circumstances. Rashes or facial acne will most likely occur for the first six weeks of life. This is generally due to maternal hormones that pass through the placenta to the infant. These rashes do not require any treatment, and will not leave any permanent marks on your baby's skin.

## Normal Behavior—When Not to Worry

Contrary to common belief, infants and children are not "little people." You will be confronting a myriad of questions and many will concern normal infant behavior. Even more confounding is the fact that each infant has his or her own idiosyncrasies. Fret not! While you have a lot to learn, much of parenting comes naturally. For thousands of years people have successfully raised children on instinct alone, without a reference like this handbook. You have the benefit of both!

### **Bowel Movements**

You have not experienced parenthood, until you have changed a diaper. During the first few days of life, your baby's bowel movements will be dark greenish-black and sticky. These first stools are called meconium and gradually yield to seedy or soft, yellow or light green stools. At first, infants pass stools with almost every feeding. Over the next few months, breast-fed babies may stool as infrequently as once a week, or as often as with each feeding. Formula-fed babies usually pass stool between a few times per day, to every third day.

### **Colic**

Between 2 and 12 weeks of age, most babies experience a fussy period toward the end of the day. The crying may be almost clock-like in predictability. Colic differs from ordinary crying. In colic, the baby's cries turn into screams, the baby pulls his or her knees up to the chest, clenches his or her fists, closes the eyes tightly, or opens them wide. Bowel activity increases and gas may be passed. The crying upsets eating and sleeping patterns - the

baby may frantically suck a nipple, only to reject it and start crying again moments later. The baby will often doze for a few minutes and awaken screaming. The cause of colic remains a mystery. Sometimes if the mother is breast-feeding, a particular food, such as milk/dairy, may be eliminated in her diet, or a change is made in a formula fed infant. It may take 5-7 days to evaluate if the change was effective. Try feeding the baby first. If he or she does not eat, check the diaper, swaddle, and give 10 to 15 minutes for crying and "letting off steam". Sometimes rocking the baby or a ride in your automobile does the trick. While scientific evidence demonstrates no benefit, Mylicon drops, herbal tea, or gripe water can be tried, (do not add any sweeteners, especially honey, to any of these items). When all else fails, check in with your pediatrician.

**Constipation**

- Your baby may normally grunt, strain, and get red in the face every time having a bowel movement. Some babies normally have four to six movements a day, others have only two per week. Regardless of how often a baby has a bowel movement, if the stools are not too hard and the baby has no discomfort in passing them, it is not constipation. True constipation occurs when the stools are hard and large and can be passed only with difficulty, discomfort, or bleeding. If your baby shows such symptoms, he is constipated and may need help. Please call our office for advice.

**Hiccups**

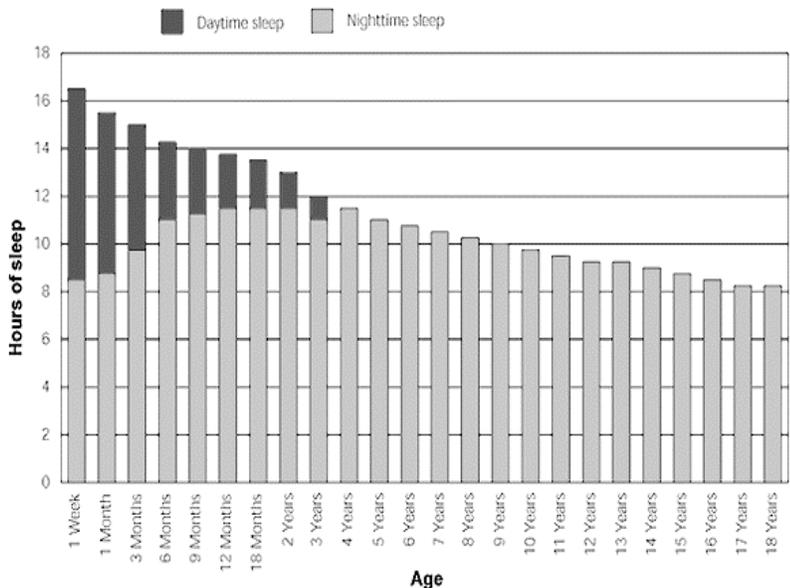
Hiccups are due to spasmodic contractions of the diaphragm. Feeding, burping, spitting, or no apparent cause can trigger them. They are not harmful to the baby, and require no treatment.

**Respiratory Rate**

Infants' patterns of breathing can vary widely from short and rapid to long and deep, depending on their levels of activity or degree of sleep. Mucus in the throat can create noisy breaths or even vibrations of the chest. Some infants will grunt or sigh intermittently. Very rapid breathing, marked sucking in of the diaphragm, and audible grunting are abnormal. Notify your physician if these occur.

**Sleep**

The first two weeks of life are perhaps the most challenging. While infants sleep on the order of 16 to 18 hours per day, they wake as often as every 2-2.5 hours for feeding. By 4-6 weeks this pattern changes and infants can sleep for longer periods.

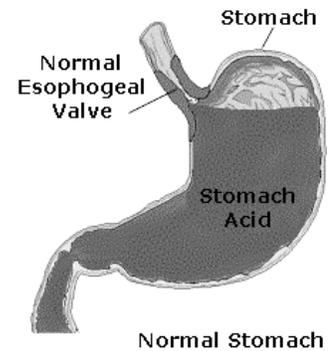


### **Sneezing & Coughing**

These behaviors will help the baby clear his or her nose and throat. They do not indicate the baby has a cold, unless they are persistent, or associated with increased fussiness or fever.

### **Spitting and Burping**

Not only are these normal behaviors for newborns, you will experience them many times EVERY day. Spitting up milk, formula, or mucus may occur with feedings or between feedings. Spitting small volumes, such as 1-2 teaspoons is normal. Why is that you ask? Babies tend to take longer than adults to empty their stomach and also are unable to effectively close off the junction of the stomach and esophagus, called the esophageal valve. Therefore food is almost always in the stomach at any given moment and can easily spill back into the esophagus (and out the mouth if you are the lucky parent). Burping the baby once or twice during a feeding may diminish episodes of spitting. As long as your baby demonstrates good weight gain without serious colicky pains, we do not consider spitting abnormal. It usually resolves when the baby spends most of his or her time in an upright position. Spitting is abnormal if it is forceful, consists of a large volume (greater than half the feed), occurs with every feeding, consists of yellow bile, or is associated with wheezing. Notify your physician if these occur.



### **Sucking**

Some infants have strong desires to suck for comfort. Pacifiers are helpful in this circumstance. Your baby's sucking instinct will likely diminish with age, as will his or her desire to use the pacifier

### **Urination**

After the third day of life, your newborn should void six to eight times per day with soaking diapers. This is your most valuable source of information on how well your infant is feeding, especially breastfeeding. During the first few days, an orange colored spot may appear in the urine-stained diaper. This may indicate dehydration. If your baby is jaundiced, the urine will appear dark yellow or orange. Male infants may experience an erection before urinating. This normal phenomenon is due to stimulation of nerves by the distended bladder.

## The Routine and Not So Routine Care of Your Child

The number of daily tasks you will need to learn to do to take care of your infant are too many to discuss here. The good news is that infants will not notice all of the mistakes you are going to make, and you will make many! The best part is that they will love you no matter what. Below are some of the more common topics parents ask us about and should get you started.

### **Bathing**

Until the umbilical stump falls off, your baby should receive sponge baths. After that time, he or she can be bathed in a baby tub with warm water and a mild soap. The ears should be cleansed only with a washcloth. Q-tips should never be used on the inner portion of the ear canal in any child, regardless of age as it may cause earwax to be pushed in and ultimately impacted. Use of lotions and powders are not necessary. In fact, baby powders can potentially be damaging to the lungs when inhaled.

### **Circumcision for Males**

Scientific studies show few medical benefits of circumcision. These benefits, however, are small and only apply to a small number of boys and therefore are not sufficient for most physicians and the American Academy of Pediatrics to routinely recommend circumcision. There are many reasons to circumcise boys including religious, social, and cultural reasons. For approximately the first 2-4 days following circumcision, the head of the penis should be protected with Vaseline to prevent sticking to the diaper. If your baby was circumcised using the Plastibell, the vaseline is not necessary. The plastic ring will fall off by itself in 5-10 days. While the penis is healing, gently cleanse it with warm water at diaper changes.

### **Clothing**

In general, infants should be dressed in the same number of clothing layers as adults plus one additional layer. Overdressing your infant could result in overheating, and should be avoided. The temperature in your home should likewise be kept at a level you prefer for your own comfort.

### **Positioning for Sleep**

For many years, experts felt that infants should sleep on their stomachs to avoid the risk of spitting up and choking. Recent studies have suggested that there is little evidence of aspirating vomit, but that there was an increase of SIDS (Sudden Infant Death Syndrome) when babies were placed on their stomachs. This information has prompted the American Academy of Pediatrics to recommend that infants should SLEEP ON THEIR BACKS, in a separate bed from the parents, but in the parents' room.

### **Umbilical Cord**

It is not necessary to apply alcohol to the navel as the cord falls off equally well by simply keeping it dry. A small amount of bleeding or oozing from the stump is normal while it is falling off. Prolonged discharge, foul odor, or redness of the skin around the umbilical cord is not normal, and should be checked by your pediatrician. Try to avoid friction between the diaper and the umbilical cord stump by folding down the top of the diaper.

### **Visitation Rights**

Initially you may wish to limit visitors to your home to aid your recovery process. Individuals should wash their hands under a faucet with soap for 30-45 seconds or use alcohol based hand sanitizer before holding the baby. Those with colds should avoid contact with your new baby. You may bring the baby outdoors dressed appropriately. Visits to stores or malls are not prohibited, as casual contact with others is unlikely to cause spread of illnesses.

### **Feeding—All Day and All Night**

By now you have heard the arguments for breastfeeding—the benefits of fewer infections, allergies, rashes, vomiting, and diarrhea on top of the obvious bonding that occurs. Despite all of these benefits, breastfeeding is occasionally not easy and in order to be successful you need to be committed to the task. Do we recommend you breastfeed? Absolutely! Are you a bad mother if you decide to feed your child formula? No! A lot goes into this personal decision including lifestyle issues. In order to be successful no matter what decision you make, it is important to weigh the options prior to delivering your baby. Talk to your pediatrician if you have questions, read books, and most importantly, talk to experienced mothers who have breastfed before.

Whether you choose to breastfeed, bottle feed, or both in the first 4-6 months of life, one fact remains true: no other liquids or food need to be supplemented. This includes supplementing with water. Giving water can actually be very dangerous in excess quantities.

### **Breastfeeding**

Human milk is the most natural and complete food that you can give to your baby. Breast milk is digested more quickly than infant formula so breast-fed babies are generally fed more frequently than a formula-fed infant. In the first few days after delivery, your breast will begin secreting colostrum, which precedes the production of breast milk. Colostrum is high in protein and low in fat and sugar, making it very easy to digest, and the ideal first food. It is rich in antibodies, thus offering protection from illness and is beneficial in stimulating the baby's first bowel movement, called meconium.

Breast-feeding your baby may not feel so natural at first. It is a learned skill for both the mother and the infant. It takes a little practice and maybe some assistance. We are happy to offer help. The Women's Health Center is also a great resource for breastfeeding questions: [http://www.johnmuirhealth.com/index.php/womens\\_resources.html](http://www.johnmuirhealth.com/index.php/womens_resources.html)

If you are taking any medications (both prescription drugs or over the counter medication), please let us know. A few medications can pass through your milk and may cause problems for the baby.

### **Feeding on Cue**

Most new mothers are taught to feed their baby on demand. During the first few days, many babies are not very demanding. The hospital staff will advise you to feed your baby "on cue". Your baby's hunger signals may include opening the mouth or moving the tongue rhythmically, sucking a fist or clothing, awakening from sleep, and crying or licking the lips. Watching for these cues will help you to identify when to feed. Newborns need to breast-feed at least every 2-3 hours in the beginning. If your baby has slept more than 3 hours, you will need to awaken your baby to nurse. To wake up your baby, try unwrapping the blankets or placing you baby in a sitting position.

### **Before You Nurse**

Wash your hands, and get into a comfortable position. Hold your baby's body facing your body. Place the baby's mouth directly in front of your nipple. Support your breast with your free hand. Your fingers should form a "C" under the breast and be placed back away from the areola. Tickle your baby's cheek with your nipple until your baby's mouth opens wide, then gently pull your baby to you so that the mouth is over the nipple and over a large portion of the areola. Your baby's lips should be curved up onto the areola, taking in about an inch of the nipple and areola. The chin should be touching your breast. Do not worry if the baby's nose presses against you. Avoid pinching or squeezing the breast into your baby's mouth. Also, pushing down on the breast from above can cause problems, including sore nipples. As sucking begins, be sure your baby's lips are opened widely onto the areola and the nipple is far back into the baby's mouth. If your baby is not sucking correctly, insert your finger into the baby's mouth to release the incorrect latch and try again. Remember, it may take practice.

### **How Long Should Your Baby Nurse**

You should offer both breasts and try to nurse the baby for at least 10 minutes on each breast. When the milk is first coming in, your baby may not nurse at both breasts at every feeding, but remember to rotate sides. Increase nursing time as your baby desires - usually up to 15 minutes on each side during the first week.

### **Caring For Your Breasts**

Most women experience some tenderness during the first few weeks. Most problems can be prevented early by good positioning, frequent feedings and air-drying. The following should be done on a daily basis:

- Rinse nipples with warm water daily while bathing or showering. Do not use soap on your nipples.
- A hair dryer on warm setting is very healing to sore nipples.
- Let a small amount of breast milk dry on your nipples after each feeding. Just express a few drops of milk and dab onto the nipples. This provides protection for your skin and does not need to be wiped off.
- Air-dry nipples after each feeding with bra flaps down for 15-20 minutes. (You may also blow dry them with a hair dryer- holding the dryer a few inches from nipples.)
- Avoid using any over-the-counter creams or lotions. They may need to be wiped off before feeding and can clog the body's natural lubrication system.
- If using breast pads, use ones that do not have plastic backing. Plastic will trap moisture and ultimately lead to bacterial growth and infection.

### **Preventing Sore Nipples**

- Assist your baby in creating proper suction and maintain the baby's body in correct position.
- Keep nipples dry between feedings.
- Avoid using soap on nipples.
- Try not to allow breasts to become engorged. Awaken the baby to nurse if you need to.
- Break the baby's suction by inserting your fingers into your baby's mouth and between the gums.
- Use a variety of positions and alternate positions at each feeding.

### **Engorgement**

Engorgement is uncomfortable swelling and fullness of the breasts that occurs three to five days after delivery. Increased blood circulation, breast tissue swelling and presence of milk in the breast can cause engorgement. You can help prevent your breasts from becoming engorged by:

- Feeding frequently, on demand and at least every 2 \_ to 3 hours.
- Avoid postponing or skipping a feeding.
- Avoid supplemental feedings.
- Offer both breasts at each feeding.

If your breasts become engorged:

- Breast-feed at least every two hours.
- Take acetaminophen or ibuprofen for discomfort.
- Apply warm, moist compresses to breast 10-15 minutes before feeding or take shower and hand express the milk.
- Soften areola before nursing by expressing a little milk.
- Gently massage the entire breast before feeding.
- If still uncomfortable, express or pump only enough milk to relieve discomfort. Expressing a large volume of milk will signal the body to produce at a higher level than needed.

### **Getting Off To a Good Start**

- Your supply of breast milk continually adjusts to your baby's demands. The more your baby nurses, the more you will produce. You need to feed or express at least 8-10 times in a 24-hour period to build and maintain a good milk supply.
- By day four, your baby should be wetting six to eight diapers in each 24-hour period. Your baby's bowel movements will decrease in size but may increase in frequency. The initial stools are black and sticky (meconium) and by day 5 or 6 will be yellow, soft and seedy. Call our office if you notice less than five wet diapers per day or a problem with stools.
- Eat healthy and nutritious foods as well as plenty of fluids.
- Express a few drops of milk at the beginning of the feeding as it may encourage your baby to nurse correctly.
- Start each feeding with the breast your baby took last.
- Burp your baby after each breast.
- Sleep whenever your baby sleeps.

### **Formula Feeding**

Most babies have little difficulty learning to suck from a bottle. There are multiple types of bottles and nipple units on the market. Use whichever combination works best for you and your baby.

### **Selecting A Formula**

We recommend using a standard 20 calorie per ounce formula with iron. If you have public water, and you use powder or liquid concentrate, you do not need any vitamin, mineral or fluoride supplements. If you have well water, or plan to use only ready-to-use formula, please mention this so that we can prescribe a fluoride supplement if needed. Iron-fortified infant formula will be your baby's main source of nutrition during the first year. While some infants may have allergies to formula, it is important to contact your pediatrician when making changes to formula types because of such problems.

### **Formula Preparation**

Bottles and nipples should be rinsed well after each use and placed in the top rack of your dishwasher. Small baskets or mesh bags are available at baby supply stores to hold nipples, collars, caps and pacifiers. Wash all the

items you will need for formula preparation – such as a punch-type can opener, a glass measuring cup, and a spoon.

### **Preparing Ready-To-Use Formula**

Check the expiration date and wash the top of the can with hot water and soap and towel dry. Shake can well. Pour desired amount into multiple bottles, seal and refrigerate. You can also fill only one bottle if desired and store the remaining formula in the original can. Use formula within 48 hours of opening and do not freeze it. Ready-To-Use formula is nice for travel such as to the beach.

### **Preparing Liquid Concentrate**

Check the expiration date and wash the top of the can with hot water and soap and towel dry. Shake can well. If you have city water, you may use water from the tap. If you have well water, you will need to boil the water for five minutes or use bottled water.

Open can with a clean punch-type can opener. Pour in desired amount of concentrate and add equal amount of water. For 4 oz of prepared formula mix 2 ounces of concentrate and 2 ounces of water. You can also pour the entire can into a clean pitcher, refill the can with water or add 13 oz. of water from a measuring cup. Stir, fill bottles, seal and refrigerate. You will have 26 oz. of prepared infant formula. Prepared formula or opened concentrate stored in the can in the refrigerator should be used or discarded after 48 hours.

### **Preparing Powder**

Check the expiration date on the can. Open the can and use the enclosed scoop. Measure one level scoop of powder for each two fluid oz. of warm water. Attach nipples, test temperature and feed. A can of powder should be stored in a cool, dry place (not in refrigerator) for up to one month. Prepared, refrigerated bottles should be used within 48 hours.

### **Tips For Successful Feeding**

- Start with approximately 2-3 ounces in each bottle, and try several different types of nipples until you discover which type works best for your baby.
- Warm the bottle under warm water and always check the temperature on your forearm before feeding. Avoid the microwave as it may heat the formula unevenly.
- Touch your baby's cheek lightly with your finger or nipple. That will encourage your baby to turn in the direction of the stroke.
- Burp you baby after each 1\_ ounces initially.
- Be sure that the bottle is tilted sufficiently so that the milk always fills the nipple completely. Do not force your baby to finish each bottle. However, if the baby takes it all, add an extra 1/2 to 1 ounce for the next feeding, to accommodate your baby's growing needs. Please be sure to throw out all formula not taken at the end of each feeding.
- Check the nipples periodically to see that the formula is coming through at the right speed. Turn bottle upside down and give it a few shakes. If it pours out, it is too fast. If only a drop or two comes out, it is too slow. You can also get a clue from watching your baby suck. If the baby works very hard to suck and seems frustrated, the hole is probably too small. If your baby seems to gulp and has milk leaking out of the mouth, it is too fast.
- If your baby has taken enough formula, but continues to exhibit the desire to suck, offer a pacifier.

### **Solids**

Breast milk or iron-fortified infant formula is all that a baby really needs for the first 4-6 months. Feeding cereals early will not help babies sleep through the night.

At 4-6 months your baby will be on more of a predictable schedule, and will no longer need to choose his or her own feeding time. At this age your baby will probably have doubled his or her birth weight. Start the introduction of solids with rice cereal which provides a source of iron at a time when infants need it most.

Use about one tablespoon of rice cereal mixed with three or four tablespoons of expressed milk or formula. This mixture will be fluid and milky. The baby may sputter, drool and spit out what you have just put in his mouth. Be patient. Learning to swallow is a new skill that needs to be practiced. It may take a week or two to get used to this new experience.

One general rule about the introduction of new foods is that only one new food should be introduced at a time at intervals of 4 to 5 days. Should an allergy develop during that time it will be much easier to figure out what may have caused it and to eliminate it from the diet.

### **Other Tips For Feeding Solids**

- Solids can be given in the morning or before bedtime. Choose a time that fits both you and your baby.
- An easy schedule to follow is to offer one new food per week.
- When new foods are introduced, such as peas or carrots, they can be seen right away as bright green or orange in the baby's stool. This is normal.
- Babies should not be encouraged to eat beyond their needs. Watch your baby for clues that he has had enough, such as turning away, leaning back or spitting it out. Fat babies are not healthier, and solids can put extra fat on babies.
- Solids in the first year are only a supplement to breast milk or infant formula, not a replacement for it. Your baby needs the nutrients from his milk, though he may demand less milk at this time.

## Reading Recommendations

### **Infant Care**

1. Caring For Your Baby and Young Child: Birth to Age 5. American Academy of Pediatrics.
2. The Happiest Baby on the Block: The New Way to Calm Crying and Help Your Newborn Baby Sleep Longer. Karp.
3. The No-Cry Sleep Solution: Gentle Ways to Help Your Baby Sleep Through the Night. Pantley and Sears.
4. Baby Bargains: Secrets to Saving 20% to 50% on Baby Furniture, Equipment, Clothes, Toys, Maternity Wear and Much, Much More! Fields.
5. Consumer Reports Best Baby Products. Gordon.
6. Healthy Sleep Habits, Happy Child. Weissbluth.
7. Touchpoints. Brazelton

### **Breastfeeding**

1. The American Academy of Pediatrics New Mother's Guide to Breastfeeding. Meek.
2. The Breastfeeding Book: Everything You Need to Know About Nursing Your Child from Birth Through Weaning. Sears.
3. The Nursing Mother's Companion. Huggins.

### **Websites**

1. [www.eaststreetkids.com](http://www.eaststreetkids.com)
2. [www.aap.org/parents.html](http://www.aap.org/parents.html)
  - Vaccination information
  - Safety for children
3. [www.breastfeeding.com](http://www.breastfeeding.com)
4. [www.la lecheleague.org](http://www.la lecheleague.org)
5. [http://www.johnmuirhealth.com/index.php/birth\\_center.html](http://www.johnmuirhealth.com/index.php/birth_center.html)
  - John Muir Birth Center information
6. [http://www.johnmuirhealth.com/index.php/whc\\_search.html](http://www.johnmuirhealth.com/index.php/whc_search.html)
  - John Muir Women's Health Center classes and programs:

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