



Wellness Check Informational Handout

1 Week Check-Up

Welcome to your baby's first check-up! During the first 2 weeks, your baby will go through many changes. By three days of age, most babies have lost six to eight ounces of weight. By 2 weeks, most babies will return to or exceed their birth weight.

What is a well baby check-up?:

- Length, Weight, and Head Circumference: Your baby is carefully measured to assess proper nutrition and growth.
- Nutrition: A discussion of feeding is an important part of each well baby or well child visit.
- Development: Various developmental milestones are reviewed to make sure that your infant is developing appropriately.
- Physical Exam: Your infant receives a head to toe physical exam
- Health screens/Immunizations: At some visits, health screens such as blood tests are needed. Most visits during the first 2 years also include immunizations. If you would like to read about your baby's immunizations prior to the well check, read the information on the CDC website, www.cdc.gov/vaccines
- Frequency: There are many well baby visits over the first two years. Each visit's newsletter will have a reminder of when the next visit will be.

Nutrition

Nursing Mother Tips (for the first week):

During the first 3-5 days of your baby's life, nursing mothers will notice many changes.

- Breasts become more full as milk supply increases.
- Wet diapers increase from 1-3 a day to 5-7 or more a day.
- Stools change from the dark and tar-like meconium to looser stools of variable color. By 7 days, the stools are usually yellow, seedy, and fairly loose. Babies initially average 3 or more stools a day.
- Most breast-fed infants are nursing 8-12 times a day and will settle into about 8 feedings a day by 2 weeks of age. Rigid feeding schedules are not recommended for breast-fed infants.
- Some infants cluster feed. A cluster feeding infant will nurse 5-10 times in a 2-3 hours period and will then sleep 4-6 hours. This is normal.
- By 7-10 days of age, many infants have a growth spurt. These are fussy periods of several days when your infant may want to feed every one to 1 ½ hours. Be patient & try to get some rest. This will pass.

- If you feel that your infant is not satisfied and is “always at the breast,” make an appointment with his/her provider or lactation consultant to check that your baby is growing properly.

Vitamin D Supplementation: Starting soon after birth, the American Academy of Pediatrics recommends that 400 IU of Vitamin D supplementation be given to all infants. You can purchase solely Vitamin D drops or Poly-Vi-Sol, which is a multivitamin at grocery or pharmacy stores. Alternatively, mothers who are breastfeeding can take 6000 IU of Vitamin D daily to provide adequate Vitamin D through breast milk for your infant. If your baby is exclusively formula-fed, you do not need Vitamin D supplementation.

Bottle Feeding:

- Baby will set the pace.
- Some babies require 2-3 ounces. By two weeks, most are up to 3 to 3 ½ ounces per feeding. A helpful rule of thumb for infants up to 4 months of age is: age in months + 3 = the number of ounces that most infants will take per feeding. For example a 1 month old usually takes 4 ounces per bottle feeding. These rules do not necessarily apply to breastfed babies as their milk intake stays constant as they get older.
- If your baby is growing at a normal rate, then your baby is getting enough formula.
- Do not microwave formula.
- Do not prop the bottle. This can cause ear infections.
- If your baby has trouble sucking, make sure the nipple hole is big enough.
- If you are also breastfeeding, pacing the bottle feeding with a slow flow nipple can help prevent bottle preference.

Your Diet During Lactation:

It is recommended that breastfeeding mothers continue to take prenatal vitamins daily. It was once recommended for mothers to refrain from consuming highly allergenic foods during pregnancy and lactation. However, recent evidence suggests that it is not necessary to avoid these foods. There is no significant allergy prevention benefit to your baby by avoiding highly allergenic foods during this time. Avoid fish that are high in mercury.

Development

Sleep:

Newborns are often drowsy for the first day or two. By 3 to 5 days of age, most parents notice that their babies have more alert periods. Unfortunately, these wide-awake periods are often during the middle of the night. Day-night reversal during the first week or so is very common. Try to keep the lights low and stimulation to a minimum, but at this age patience is the key. Take naps while your baby is sleeping. Most newborns sleep at least 16-17 hours a day. Babies can see clearly from the moment of birth, but they are very near-sighted. Infants see at best 8 to 10 inches away. Objects further away are fuzzy.

Jaundice:

Jaundice describes the yellow skin color and yellowish sclera (whites of eyes) that is often seen in newborns. Jaundice occurs in a newborn because your baby's liver is not able to process a red blood cell

product called bilirubin (the yellow pigment that causes the jaundiced appearance). Sixty percent of all newborns develop jaundice and the peak of jaundice is generally from three to five days of age. Within a week, a newborn's liver should be able to break down the bilirubin more effectively.

Common Rashes

Cradle Cap:

This harmless skin condition often appears by 1-2 months of age as a scaly area on the top of the scalp, behind the ears, and sometimes on the eyebrows. To treat cradle cap, loosen the scaly areas with a soft brush. Brush scales away. If the scalp is very crusty, you can place baby oil or olive oil on the scalp an hour before washing your baby's hair.

Diaper Rash:

Frequent changing, rinsing, and drying of the diaper area reduces the number of diaper rashes. The best treatment is to let the diaper area air out when possible, either by keeping the diaper loosely attached or leaving it off altogether. Clean with water rather than commercial diaper wipes. Treat the rash with mild diaper ointment. Some diaper rashes are caused by yeast infections. Yeast infections look moist, red and sore, and may have bumps on the edges. Clotrimazole (lotrimin AF) is an over-the-counter medication that works well on diaper rashes caused by yeast.

Heat Rash:

Heat rash typically occurs on the back, neck, or chest and is caused by overheating. The rash looks like tiny pink bumps and is best treated by measures that cool your infant's skin: Dress your baby with fewer clothes, use tepid or cool baths, and make sure your house is not too warm. Do not use ointments on your baby's skin because they block the sweat glands and can make the rash worse.

Infant Acne:

Red pimples on the face, neck, and chest can appear during the 1st few months of life. The rash will disappear on its own. If blisters develop, your baby should see his provider. Infant acne is caused by hormone changes.

Milia:

These are tiny white bumps that occur on the face of newborns. They are blocked skin pores which will open up and usually disappear by 2 months of age. No treatment is necessary.

Newborn Rash: (Erythema Toxicum)

Many babies get a rash called erythema toxicum by the third day of life. The rash looks like multiple ant bites or red spots with white pimples in the center. It can occur anywhere on the body. Although the cause is unknown, this rash is harmless and usually goes away by 4 weeks of age.

Bathing & Skin Care

Infants only need a bath 2-3 times a week. Clean the face, chin, neck, and diaper area daily. Withhold regular tub baths until the umbilical cord area is healed. Sponge bathe and keep the cord dry. Never leave your baby unattended in the bath. Use water for the first weeks. Soaps are drying to the newborn's already dry skin. Mild, fragrance-free soaps may be used in small amounts.

Safety

Safe Sleep Guidelines:

To prevent possible suffocation and to reduce the risk of Sudden Infant Death Syndrome (SIDS), the American Academy of Pediatrics has come out with the following recommendations:

- Until their first birthday, babies should sleep on their backs during naps and nighttime. If your baby falls asleep in a car seat, move him or her to a firm sleep surface on his/her back as soon as possible. If your baby is comfortable rolling both ways (back to tummy, tummy to back) and you find that he/she has rolled onto their tummy, you do not have to return the baby to his/her back.
- Use a firm sleep surface. A crib, bassinet, portable crib or play yard that meets the current safety standards is recommended along with a tight-fitting mattress and fitted sheet designed for that particular product. Nothing else should be in the crib except for the baby. Keep soft, loose bedding out of your baby's bed.
- Room sharing in which baby sleeps in his/her crib in the same room where you sleep is encouraged for the first 6 months of age.
- Co-sleeping/bed sharing is NOT recommended. Only bring your baby into your bed to feed or comfort.
- Never place your baby to sleep on a couch or armchair.
- It is fine to swaddle your baby. Stop swaddling when your baby looks like her or she is trying to roll over.
- Try giving a pacifier at nap time and bedtime. This helps to reduce the risk of SIDS. If the pacifier falls out after the baby is asleep, you don't have to put it back in. If you are breastfeeding, wait until breastfeeding is going well for approximately 2-3 weeks before introducing the pacifier.
- In-bed sleepers and bedside sleepers that attach to your bed have not been fully researched as to their effects on SIDS so the American Academy of Pediatrics has not made recommendations for or against these products.

To prevent the development of a "flat spot on the head" or other positional skull deformities, it is advisable to alternate the infant's head position while sleeping so that he/she is facing the opposite way each time the child is in the crib. This will prevent pressure from consistently being in one region of the skull and also help to maintain long healthy neck muscles. It is not recommended to use a boppy or infant pillow to position your infant's head.

Smoking:

If you or another family member is a smoker, one of the best ways to protect your newborn's health is to quit smoking. Smoking in the household increases respiratory illnesses, frequency of ear infections, and increases your child's long-term cancer risk. Household smoking also increases the risk for Sudden Infant death Syndrome (SIDS). We encourage you to discuss smoking cessation with your family provider.

Newborn Screening

Newborn screening began in the early 1960's and has been expanded to include many types of serious disorders. This testing identifies about 3,000 babies nationwide each year with serious diseases. Most of these infants are diagnosed before symptoms occur and they have improved outcomes because of

the early diagnosis and treatment. Prior to being sent home from the nursery, newborns have blood drawn and placed on a special filter paper that is sent to a central state lab. A second newborn screen will be done at the 2-week checkup.

Required Newborn Screening:

Currently the State of Texas mandates newborn screen tests for 28 disorders including: Hypothyroidism, Phenylketonuria (PKU), Galactosemia, Hemoglobin problems (sickle cell disease is the most common) and Congenital Adrenal Hyperplasia (a disorder of both sex and salt-balance hormones). These disorders are not common, but if the diagnosis is made in the newborn period, the outcome can be significantly improved.

Next Appointment

Your baby's next appointment is at 2 weeks of age unless a weight check is needed sooner. Check out our website for additional resources regarding your child's health.