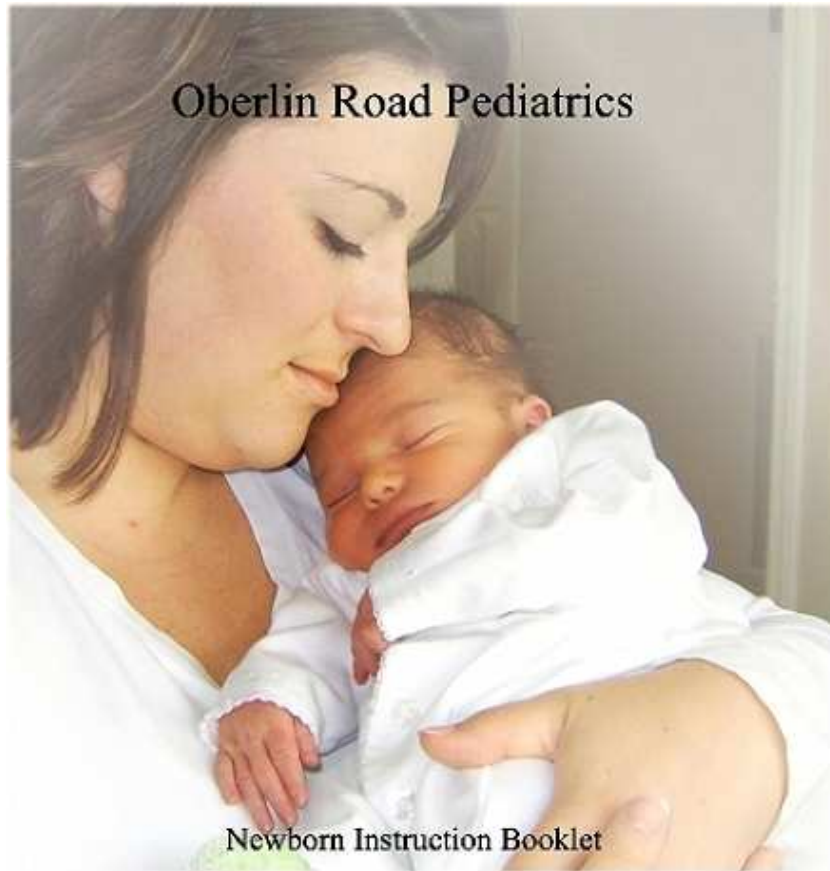


Oberlin Road Pediatrics

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Congratulations on the birth of your new baby! Parenthood can be one of the truly joyous and satisfying experiences of life and we consider it a privilege to share in the care and marvel with you at the growth and development of your child. As you care for your child you will learn to recognize those traits and characteristics that make him or her an individual. Don't judge the infant or child by a fixed set of standards or by other children, and remember to let the child know that you love him or her immensely. In baby care, loving and common sense are the magic ingredients. Even with good food and health care, a baby won't thrive without love.

Your baby is now resting comfortably and warm in his or her bassinet and has had a thorough physical. The baby will be examined daily, and unless the physician tells you otherwise, is a normal, healthy newborn infant. In addition, a nurse from our office will visit with first-time parents to summarize the important points of this book and to review the salient points of newborn care. There is no additional charge for this visit.

Please read and follow these instructions for your child and do not solely depend on your friends and relatives. We will be happy to give you guidance and answer your questions while you are in the hospital, and later by phone and during your visits to our office. Relax, have confidence in yourself, and enjoy your child.

We sincerely hope this booklet will be a big help to you in the management of your child but encourage you to make use of many other printed sources of information. We particularly recommend books available by the American Academy of Pediatrics such as Caring for Your Baby and Young Child, Birth to Age 5. Most of the contents of this booklet pertain to the care of your infant, but many points will still be useful and relevant to the care of your older child and your interactions with our office and staff.

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Office Visits

You should make your first weight-check appointment before you leave the hospital at 828-4747. This usually should be scheduled one to two days after discharge (your physician in the hospital will help you decide). We generally like to see young infants after the lunch hour to avoid having you linger for any length of time in the waiting room.

After the first visit, regularly scheduled appointments will be made beginning two weeks to one month after birth. Appointments will then be at two, four, and six months, then every three months through 18 months, then every six months through three years, then yearly after that. We see children through 22 years of age.

Immunizations are a very important part of these visits and a schedule will be provided to those interested. Thorough information is also available and distributed at the time the immunization is given. We will also want to discuss your child's growth and development and the many interesting things you can expect your child to do in the ensuing months.

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Telephone Calls

We want you to know you will always have someone available for questions concerning the health of your child (despite how trivial the questions may seem to you). The following suggestions will make these services and our communications more efficient:

1. Call during office hours whenever possible (828-4747) for general questions and appointments (the phones can be extremely busy before 10:00 am). It is much easier to manage a problem when the records are immediately available. Please call at night only if your concern is urgent.
2. Make the call yourself if at all possible.
3. Identify yourself and give your child's full name and date of birth and a number you can be reached at. Describe the conditions in specific terms and be sure to state if the child was recently seen for the same condition.
4. Don't hold a crying baby while trying to talk. It makes conversation difficult and it will be impossible for you to write down instructions.
5. Have a pencil and paper handy when you call. Do not rely on remembering instructions, especially when you may be upset
6. Please be brief. Others may be waiting. If the staff is unable to solve a problem that is **not** urgent, your phone number will be taken and we will call you back at a convenient time for both of us.
7. Call us, if at all possible, before rushing to the emergency room so the necessary arrangements can be made. When the office is closed, our answering service will help you reach the physician on call. Please inform the service if your call is an emergency.
8. If your child may have an infection that is particularly contagious such as chicken pox, strep throat, influenza and gastroenteritis (stomach flu), please tell the nurse at the time of your call.
9. Don't apologize for calling. We are here to help you!

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Signs of Illness

If you are unsure about what to do with a sick child, the best advice is to call our office. If your child is under two months, please call our office without hesitation. Indications of illness include:

1. Jaundice (yellow color) extending below the face or involving the eyes.
2. Poor appetite (in a newborn).
3. Fever above 102 degrees (or above 100 in a newborn to two months). We recommend rectal temperatures until your child is six months of age and your nurse can instruct you in taking a temperature in this manner (also see below).
4. Vomiting (not just spitting up) or refusal of food several times in a row.
5. Excessive crying – remember that four or five hours a day is typical for newborns.
6. Listlessness or weakness.
7. Loose running bowel movements especially with mucous, blood or a particularly foul odor. This is usually not as urgent in the older child.
8. Any unusual rash.
9. Rapid or difficult breathing especially if accompanied by wheezing.
10. Drooling excessively or inability to swallow.
11. Seizure activity with or without fever.
12. Severe fall or injury with loss of consciousness.
13. Cuts that require stitches (most can be seen within twelve hours if bleeding is controlled).
14. Cough lasting more than ten days.
15. Congestion lasting more than ten days – or congestion that seems to make feeding difficult in the infant.
16. Suspected ear infection (wait until morning if you discover symptoms at night).
17. Inability to walk after your child has begun walking.

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Temperatures

Fever (defined as a rectal temperature over 100.4 F or 38.0 C) can be a frightening occurrence for the parents that are probably doing everything they can to keep the baby healthy. Eventually, most babies will get sick, and one way of determining the degree of illness is by taking the temperature. If your baby is sick, check the temperature several times each day and write this down. If the young infant up to two months old has any fever at all, please notify our office without delay. Beyond this period, fevers are more frequent and may or may not be associated with serious illness.

Thermometers may be digital or mercury, but be sure you have a rectal thermometer to use during the baby's first six months of life. Wash the thermometer with warm soapy water and if you have a mercury thermometer, make sure to shake the tip until it reads below 96 degrees. Place a small amount of Vaseline on the tip and place about one inch into your baby's rectum while lying on his or her tummy. Mercury thermometers should be held in place for two minutes before an accurate reading can be obtained.

Axillary (under the arm) temperatures may be used after the first six months of life, but oral temperatures should not be taken until your child is four or five years of age.

Infant Care and Characteristics

An excellent review of newborn characteristics by Barton Schmitt is included at the end of this booklet. It is important to realize the dynamic nature of these and other characteristics and traits in your baby. The most important aspects of newborn care are reviewed below.

You may feel that your newborn looks a bit odd during the first several days of life. The head may appear "lop-sided" due to molding that occurs during the birthing process (this usually resolves within two days). You may note an excessive amount of mucous in the nose and throat. This can be cleared with a bulb syringe and your nurse can help you feel more comfortable with this process. You also may notice one or more of the common newborn rashes or birthmarks, but the nurse or your physician will point these out to put you at ease.

Studies have shown that it is virtually impossible to "spoil" a baby during the first several months of life so go ahead and take advantage of the opportunity to rock and play and enjoy your new little one. Crying may be a response to hunger or a dirty diaper, but it also may be only a request to be held and comforted. Normal babies may spend as many as four hours of the day crying for one reason or another and you will soon learn to differentiate your baby's cries. They also will sleep anywhere from twelve to twenty-one hours of each day.

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Friends and Relatives

The newborn is best kept to himself or herself as much as possible and should not be taken into crowded shopping areas. We know that people are interested in your baby and will want to hold him or her, but you may not know who has a cold, sore throat or dirty hands. Please encourage people to wash their hands thoroughly before handling your baby. It is reasonable to take the baby out for brief trips after about four weeks of age, but try to avoid peak shopping hours. Childcare centers, crowded church services, and shopping malls should be avoided until eight weeks of age. These guidelines are devised to avoid exposure to common viruses that lead to fever requiring lab tests and possible hospitalization during the first two months of life.

Infant Nutrition

Feeding is one of the baby's first pleasant experiences. The baby's first love for its parent arises primarily from the feeding situation and helps the all important "bonding" between parent and child. The proper feeding helps the baby grow healthy and strong.

The cornerstone of infant nutrition during the first year is milk. There are two excellent methods of supplying the basic nutritional requirements. They are breast feeding and bottle feeding of breast milk or formula. If you want to breast feed, we strongly recommend it and will work with you or direct you to appropriate resources when needed. We do not have a certified lactation consultant at our office but work closely with those at Wake Medical Center and Rex Hospital. In addition, local La Leche League members and Nursing Mothers of Raleigh are excellent resources for information, pump rentals, and support.

We recommend a relaxed and casual approach to feeding – not necessarily on a precise schedule. While the baby is in the hospital, the nursery lights are on all the time and, of course, there are always people there to take care of your needs. During the first week at home, only during the day, it is a good idea to awaken the baby and feed rather than letting him or her sleep longer than four or five hours at a stretch – chances are that they won't. After the first week, if there still seems to be some confusion to your baby's day/night schedule, more regular feedings or a change in the baby's bath time may prove to be useful. In general:

1. During the first month - the breast-fed baby will feed every two to three hours on average while the bottle-fed baby may feed every three to four hours taking two to four ounces by the end of the month.
2. During the second through third months – breast feeding occurs every three to four hours while bottle feeding occurs approximately every four hours with infants taking up to six ounces in general. Most, but not all, infants are sleeping through the night by three months of age.

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3. During the fourth month – breast- and bottle-fed infants feed every four to five hours or so and generally sleep at least eight hours through the night. Most infants are getting at least 32 ounces of milk each day (and they generally will not require more through the first year).

Burping

Babies swallow a variable amount of air while feeding (and more during fretful spells). Holding bottles at an angle (or using angled bottles) may decrease the amount of air that a bottle-fed baby will swallow. Give the baby a chance to burp during the feeding (between breasts for example). Hold him or her upright on your shoulder and pat or rub the baby gently. The baby may prefer to be burped by being placed face down across your lap and using the same patting and rubbing maneuvers. Most babies will spit up in varying amounts (“wet burps”). Generally, these are more of a mess than anything serious, unless they are consistently spitting up entire feedings. Let us know if spitting up seems to be a problem or the spitting up is causing prolonged periods of respiratory distress or pain.

Breast Feeding

In our experience, mothers who want to breast feed and who have been thoroughly counseled on what to expect during the initial adjustment period have ultimately found nursing to be a uniquely enjoyable and satisfying experience which they treasure. Breast feeding mothers should continue taking their prenatal vitamins and get plenty of fluids to meet their own metabolic demands.

Initially, your baby will be getting colostrum, a yellowish fluid that is rich in antibodies which protect your baby from a variety of illnesses (most notably ear infections and stomach viruses). You will begin making milk two to four days after delivery. It is not unusual for newborns to lose a little weight during the first few days (up to ten percent of the birth weight is common). They quickly regain this once your milk has come in – averaging four to seven ounces of weight gain per week for the first several months.

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You may expect your baby to nurse eight to twelve times a day for at least ten to twenty minutes at each breast – longer or more frequent breastfeeding may lead to unnecessary tenderness of the breast. This frequency will probably decrease to eight feedings a day after the first two weeks. Whether the baby is getting enough to eat is often a concern of new parents during the first several weeks. If your baby seems satisfied after feeds and is having six or more wet diapers a day, then these are reassuring signs that your baby is receiving adequate milk from you. Generally, a breast-fed baby does not need supplemental formula or water – we may instruct you otherwise. If you plan to combine breast and bottle feeding, you should try to wait two to four weeks before introducing the bottle to avoid nipple confusion. This time is also necessary for your body to adjust to the demands of nursing.

All babies (breast- and bottle-fed) go through growth spurts periodically through the first year of life. The first one occurs between two to three weeks of age and during this time your body may take one or two days to adjust to the demands of your baby (often wanting to feed approximately every two hours). Other growth spurts occur at approximately six weeks, three months, and six months of age.

If you experience difficulty with latching on, pain with or without engorgement, or have other questions regarding breast feeding, please call our office for help. Our physicians and nurses can address many problems, but we are happy to arrange other intervention if it will make you more comfortable.

Some women choose to pump their breasts and give breast milk from a bottle. We will be happy to discuss this more with you if these are your plans.

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Bottle Feeding

Some families prefer to use formula to feed their baby. We recommend using one of the prepared infant formulas with iron such as Enfamil LIPIL with Iron. Most of the prepared formulas come in three forms.

1. Powdered Enfamil LIPIL with Iron is mixed like instant coffee. One scoop of Enfamil is added to two ounces of water. If you have city water (which is chemically treated and tested regularly), you may use the water straight from the tap, but bottled spring or distilled water is also fine. Well water should be boiled for five minutes prior to use.
2. Ready-to-use Enfamil LIPIL comes in small recyclable glass bottles, eight ounce cans and 32 ounce cans. It is very convenient for traveling.
3. Concentrated Enfamil LIPIL formula comes in thirteen ounce cans and is prepared by adding equal quantities of water and concentrated formula.

A convenient way to use the concentrated formula is to open one can daily (after shaking well and washing the top of the can with hot soapy water), filling each of six clean bottles with two ounces of concentrated liquid and after capping them, placing them in the refrigerator. When the baby is ready for a bottle, run two ounces of warm tap water into one of the six bottles.

Prepared formula should always be refrigerated (it will keep for approximately three days). Do not re-refrigerate a previously used bottle or one that has been out for more than one hour. Formula may be fed at room temperature or can be warmed in a pan full of hot water. Shaking a few drops onto your wrist is the best way to determine if the milk is too hot. Do not heat bottles in a microwave as microwaves can heat unevenly, causing the formula to burn your baby. Sterilizing bottles is not necessary if you have city water. Handwashing with hot soapy water and thoroughly drying the bottles and nipples (not air drying) or cleaning through a full dishwasher cycle is all that is required.

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Vitamins and Minerals

Breast milk and infant formula contain most of the nutrition your infant will need for the first several months of life. Vitamin supplements will be recommended for the breast-fed child at two months of age and will continue as long as the majority of baby's milk intake is from the breast. The vitamins with iron can be stopped at one year of age when the baby transitions to whole milk.

Fluoride supplements are recommended at six months of age for those families with well water or who buy bottled water to prepare formula. An option for these families is to buy bottled nursery water from the store that contains fluoride. Filters at the sink and in water pitchers do not remove fluoride from tap water.

Fluoride supplements were previously recommended at an earlier age (for those with well water), but recent advice from dental and pediatric societies promote starting these types of supplements only after six months of age.

Solid Foods

You may hear a variety of recommendations from your relatives and friends regarding the need for cereals, fruits, and vegetables. From a strictly nutritional point of view, your baby will not require solid foods until five or six months of age. Waiting until this time may also lead to decreased likelihood that your child will develop food allergies. Therefore, we generally recommend waiting to start solids until at least four months of age, but this may vary from one infant to another. Proper instructions and more useful material will be provided to you at the appropriate time.

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Bathing

It is good to have a fairly regular time for bathing your baby, but he or she does not need baths more than two to three times each week. The room should be warm and free from drafts. Keep bathing supplies together to make this more of an enjoyable and safe experience. Sponge baths are recommended until the cord comes off (see below) because it is important to keep this area dry. After this time, you may use a kitchen sink or bathinette.

1. **Scalp:** Use any mild baby shampoo and pour only two or three drops in your hand and apply in a circular massaging manner to the scalp. Don't be afraid of the soft spot. A very soft toothbrush may also be used and washing the scalp daily may help if cradle cap is developing. Continue rinsing and wringing out your bath cloth to remove the shampoo with "picking" motions. Fluff the hair dry with a towel.
2. **Eyes:** Wipe from the nasal corner out with a warm, moistened cotton ball. You may note excessive secretions or crusting during the first several days.
3. **Nose and ears:** Cleanse only the outer areas and never use Q-tips which may merely pack wax out of sight and deep into the ear canals. It is okay and actually advisable to let some water get in the ear canals with baths to help keep them clean.
4. **Face:** Use only water or a cleaning agent such as Cetaphil or Johnson and Johnson Ultra Sensitive.
5. **Body:** Use unscented Dove, Neutrogena, Cetaphil, or other mild non-perfumed soaps sparingly and be sure to wash in the creases and rinse well.

Eucerin or Lubriderm lotion can be used to moisturize your baby after bathing, but babies will normally have dry skin for the first two weeks while adjusting to their new environment.

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Diaper Area

The diaper area should be cleaned with a water-moistened cloth or gauze with each diaper change. Girls should always be cleaned from front to back. Avoid the use of commercial wipes during the first several weeks and use them sparingly (when traveling for example) after this point. Diapers should be changed as soon as possible to avoid irritation.

When a diaper rash is apparent, a barrier cream (Desitin, Balmex or A&D) may be used after cleansing. Be diligent in keeping your baby clean. Powders are generally not recommended. Leaving the bottom exposed to air during naps may be helpful. If rashes persist beyond three or four days or appear to be worsening, please contact us for additional help.

Navel Care

The cord usually comes off in about 2 to 6 weeks. It should be cleaned with a Q-tip and rubbing alcohol 2 to 3 times a day until the cord falls off. When the cord comes off, there may be a few drops of blood, but this is typically of no concern. We will want to be informed if the area around the cord appears tender, swollen, increasingly red, or if any pus is noted.

Bowel Movements (Stooling)

The number of bowel movements in infants varies greatly. Breast-fed infants may have a stool with every feed while some bottle-fed infants may have only one large stool every two or three days. During the first several months, after the meconium is passed, stools typically have a mustard yellow and seedy appearance (they may occasionally be green). By one month of age, many babies (both breast- and bottle-fed) may have only three stools each week and the color will typically darken with time. It is normal for a baby to grunt or strain to some degree while passing a bowel movement.

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Circumcision

Whether or not you circumcise your son is chiefly a personal decision. Uncircumcised boys require minimal care to the penis area (cleaning the tip with warm soapy water). The foreskin should not be retracted. Once your son is older, the foreskin will begin to retract. At that time, the foreskin should be retracted only to wash during bathing.

The circumcised penis will have an angry, bright red appearance for the first week or so. Vaseline or Vaseline gauze should be kept around the tip of the penis until it is well - healed to prevent sticking to the diaper material. After the circumcision has completely healed, the skin on the shaft of the penis should be periodically retracted completely to prevent adhesions from forming, which occasionally (rarely) can require additional operations.

Jaundice

Jaundice (or a yellow coloring to the skin and eyes) is a natural and possibly healthy phenomenon that occurs during the first week of life. The yellow color typically peaks at about three to seven days of life and may require that additional fluids be given or phototherapy be used until it is cleared. This is one reason that we want your baby to be seen shortly after discharge from the hospital. Phototherapy involves special lights that sometimes can be set up in your home by home health agencies. The yellow color usually begins at the face and descends down the body as bilirubin (the yellow pigment in the blood) levels rise. For mild cases, holding your baby for twenty to thirty minutes by a sunny window each day and frequent feedings may be all that is required. If the yellow color appears early (before three days), seems to be involving the baby's tummy, arms or legs, or if you have any other concern about his or her color, we want to hear from you.

Clothing

Newborns are monitored closely while in the hospital to assure they are properly adjusting to the new environment. Common sense should prevail in dressing your baby after leaving the hospital. You will not have to alter an otherwise comfortable temperature in your home, but be sure that the bassinet or crib is free from unusual drafts. A good rule of thumb is that young babies may require one additional layer of clothing (a t-shirt for example) than the rest of the family but should be bundled with hats and extra blankets when out in the cold for brief periods of time.

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Sleeping

For the first month of life, most babies will sleep anywhere from twelve to 21 hours of the day. Unfortunately, they usually do not sleep more than five hours at any time. Your baby's mattress should be firm and flat with no pillow or extra blankets in the crib. Put your baby to bed on his or her back. The following measures may help in teaching your new baby the difference between day and night.

1. Place the baby in bed while still drowsy but not completely asleep. It may be easier to rock them to sleep, but by letting them fall to sleep independently at the beginning of the night, they may learn early on how to comfort themselves when briefly awakened during one of several natural sleep cycles.
2. Don't let your baby sleep all day. They will get enough sleep through any given day and it is best to wake them for feeding during the day while letting them determine when the night time feedings occur.
3. Make night feeds brief and boring. Feed your baby in a dark room without a lot of rocking or talking.
4. Plan on eliminating the middle of the night feed by four months of age. They will certainly make up for this in the morning and you will have more energy and enthusiasm to enjoy them. Most babies will be taking three naps each day by four or five months of age, and if not prolonged should not interfere with their night sleep. Most babies go to two naps around six months of age. Many babies will give up the morning nap by fifteen to eighteen months of age, but children may require and enjoy an afternoon nap until two to six years of age.

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Guidelines For Parents On Characteristics Of Newborn Babies

By Barton D. Schmitt, MD

APPEARANCE

Even after your pediatrician assures you that your new baby is normal, you may find that he looks a bit odd. He does not have the perfect body you have seen in baby books. Be patient. Most newborns look slightly peculiar to their parents. Fortunately the peculiarities are temporary. Your baby will begin to look "normal" by 1 to 2 weeks of age. The list that follows describes some common physical characteristics of newborn babies. Most are temporary; a few are congenital defects that are harmless but permanent. Call our office if you have any questions about your baby's appearance that this list does not address.

Fontanel: This "soft spot" is found in the top front part of the skull. It is diamond shaped and covered by a thick, fibrous layer of tissue. It usually pulsates with each beat of the heart. It is safe to touch this area. The purpose of the fontanel is to allow rapid growth of the brain. It normally closes over with bone when your baby is between 9 and 12 months of age.

Molding of the head: Molding refers to the long, narrow, cone-shaped head that results from passage through a tight birth canal. This compression can temporarily hide the fontanel. The head returns to a normal shape in a few days.

Caput: This swelling on top of the head or throughout the scalp is caused by fluid that is squeezed into the scalp during birth. Caput is present at birth and clears in a few days.

Cephalohematoma: This is a lump on the head – usually confined to one side – that occurs when blood collects on the outer surface of the skull under the skin. It is caused by friction between the infant's skull and the mother's pelvic bones during birth. It first appears on the second day of life and may grow larger for up to five days. It doesn't disappear completely until the baby is 2 or 3 months of age.

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Scalp hair: Most hair is dark at birth. This hair is temporary and begins to fall out by 1 month of age. Some babies lose it gradually while the permanent hair is coming in. Others lose it rapidly and temporarily become bald. The permanent hair generally appears by 6 months. It may be an entirely different color from the newborn hair.

Body hair (lanugo): Lanugo is the fine downy hair that is sometimes present on the back and shoulders of newborn babies. It is more common in premature infants. It rubs off with normal friction by 2 to 4 weeks of age.

Folded ears: The ears of newborns are commonly soft and floppy. Sometimes the edge of one is folded over. The ear will assume its normal shape as the cartilage becomes firmer over the first few weeks of life.

Ear pits: About 1% of normal children have a small pit or dimple in front of the ear below the temple. This minor congenital defect is not a problem unless it becomes infected.

Blocked tear duct: If your baby's eye waters continuously, he may have a blocked tear duct. This means that the channel that normally carries tears from the eyes to the nose is blocked. It is a common condition, and more than 90% of blocked tear ducts open up by the time the child is 12 months old.

Swollen eyelids: Your baby's eyes may be puffy because of pressure on the face during delivery. They may also be puffy and red if silver nitrate eye drops have been used. This irritation should clear up in about three days.

Hemorrhage of the eyes: Some babies have a flame-shaped hemorrhage on the white of the eye. It is caused by breaking of blood vessels on the surface of the eye during birth and is harmless. The blood is reabsorbed in two to three weeks.

Eye color: The permanent color of the eyes – usually blue, green, gray, brown, or some variation of these colors – is often uncertain until your baby reaches 6 months of age. Children who will have dark eyes often change to the permanent eye color by 2 months of age. Children who will have light-colored eyes usually change by 5 to 6 months of age.

Flattened nose: The nose may be flattened or pushed to one side during birth. It will be normal by 1 week of age.

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Sucking callus or blister: A sucking callus occurs in the center of the upper lip from constant friction at this point during bottle or breast feeding. It will disappear when your child begins cup feedings. If the baby sucks his thumb or wrist, a callus may develop there too.

Tongue-tie: The tongue in newborns normally has a short, tight band on the underside that connects it to the floor of the mouth. This band usually stretches with time, movement, and growth. Tongue-tie, or tight tongue, is a rare condition in which the band keeps the tip of the tongue from protruding beyond the teeth or gum line. Tongue-tie doesn't usually cause any symptoms or interfere with sucking or speech development.

Epithelial pearls: There may be little cysts containing clear fluid or shallow, white ulcers along the gum line or on the roof of the mouth. They result from blockage of normal mucous glands. They disappear after one to two months.

Teeth: The presence of a tooth at birth is rare. About 10% are extra teeth without a root structure. The other 90% are prematurely erupted normal teeth. The distinction between the two can be made with an X-ray. Extra teeth must be removed by a dentist because they can fall out unexpectedly and cause choking. Normal teeth need to be removed only if they become loose because of the danger of choking, or if they cause sores on your baby's tongue.

Swollen Breast: Many babies, both male and female, develop swollen breasts during the first week of life. The swelling is caused by the passage of female hormones from the mother across the placenta during pregnancy. It generally persists for four to six months but may last longer in breast-fed male and female babies. Swelling may go down in one breast a month or more before the other breast. Never squeeze the breast because this can cause infection. Be sure to call our office if a swollen breast develops signs of infection such as general redness, red streaks, or tenderness.

Female genitals: The labia minora may be quite swollen in newborn girls because of the passage of female hormones across the placenta. The swelling will go down in two to four weeks.

Hymenal Tags: The hymen also may be swollen because of maternal hormones and may have smooth 1 ½ inch projections of pink tissue called tags. These tags are harmless. They occur in 10% of newborn girls and slowly shrink over two to four weeks.

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Vaginal Discharge: A clear or white discharge may flow from the vagina during the latter part of the first week of life as maternal hormones in the baby's blood decline. Occasionally, the discharge will become pink or blood tinged (false menstruation). This normal discharge should not recur once it stops.

Male Genitals: The scrotum of newborn boys may be filled with clear fluid that has been squeezed into the scrotum during birth. This common, painless collection of fluid is called a hydrocele. A hydrocele may take six to 12 months to clear completely. It is harmless but should be checked during regular visits to the doctor. If the swelling changes size frequently, a hernia may also be present, and you should call our office during regular hours for an appointment.

Undescended Testicle: The testicle is not in the scrotum in about 4% of full term newborn boys. Many of these testicles gradually descend into the normal position during the following months. In 1 year old boys, only 0.7% of all testicles are undescended and need to be brought down surgically.

Tight foreskin: Most uncircumcised infant boys have a tight foreskin that doesn't allow you to see the head of the penis. This is normal and the foreskin should not be retracted. The foreskin separates from the head of the penis naturally by 5 to 10 years of age.

Erections: Erections occur commonly in newborn boys, as they do at all ages. They are usually triggered by a full bladder and demonstrate that the nerves to the penis are normal.

Feet turned up, in or out: Feet may be turned in any direction inside the cramped quarters of the womb. As long as your child's feet are flexible and can be moved easily to a normal position, they are normal. The direction of the feet will straighten between 6 and 12 months of age.

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Long second toe: The second toe is longer than the great toe as a result of heredity in some ethnic groups, especially those who originated around the Mediterranean Sea.

Ingrown toenails: Many newborns have soft nails that bend and curve easily. The nails are not truly ingrown however because they don't curve into the flesh or cause irritation.

Tight hips: When we examine your child, we will spread the legs apart to make sure the hips are not too tight. Outward bending of the upper legs until the knees touch the surface the baby is lying on is called "90 degrees of spread" (less than 50% of normal newborn hips can be spread this far). As long as the upper legs can be bent outward to 60 degrees and both hips are equally flexible, they are fine. The most common cause of a tight hip is a dislocation.

Tibial torsion: The lower leg bones (tibia) normally curve inward in newborns because the baby was confined to a cross-legged position in the womb. If you stand your baby up, you will notice that the legs are bowed and the feet are pigeon-toed. Both of these curves are normal and will usually straighten out after your child has been walking for six to 12 months.

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BEHAVIOR

Some things newborn babies commonly do concern parents, but they are not signs of illness. Most are harmless reflexes caused by an immature nervous system and disappear in two or three months. They include:

- Chin trembling
- Lower lip quivering
- Frequent yawning
- Hiccups
- Passing gas
- Noises caused by breathing or movement during sleep
- Sneezing
- Spitting up (small amounts) or belching
- Startle reflex – a brief stiffening of the body in responses to noise or movement (also called the Moro reflex or embrace reflex)
- Straining with bowel movements
- Throat clearing or gurgling sounds caused by secretions in the throat. These are not a cause for concern unless your baby is having difficulty breathing.
- Irregular breathing - An irregular breathing pattern is not cause for concern as long as your baby is content, his breathing rate is less than 60 breaths per minute, pauses between breaths last less than six seconds, and he doesn't turn blue. Occasionally, infants take rapid, progressively deeper breaths to completely expand the lungs.
- Trembling or jitteriness of arms and legs during crying. Jitters are common in young infants, and parents sometimes worry that their baby is having a convulsion. Convulsions are rare. During a convulsion, babies also make jerking movements, blink their eyes, suck rhythmically with their mouths, and don't cry. If your baby is trembling and not crying, give him something to suck on. If the trembling doesn't stop during sucking, call our office immediately because he may be having a convulsion.

Adapted from Schmitt BD: Your Child's Health, ed 2. New York, NY, Bantam Books, Inc., 1991
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