

DR. SCOTT GREER'S NEWBORN DISCHARGE INSTRUCTIONS

Congratulations on your new baby! We hope your coming weeks are wonderful and that you have a smooth transition into caring for your baby at home. You will receive advice from so many people who sincerely want to help, and usually the advice is excellent. However, some advice may conflict with current recommendations about baby care, since recommendations change from time to time. So take people's advice thankfully, and put together a cohesive plan for caring for your newborn. Every baby and every family is different.

The following list attempts to summarize some of the current recommendations for questions and problems other mothers have had as they began caring for their new babies.

Breast feeding: Breast-fed newborns often nurse every 1-3 hours at first. Nurse from each breast at first, alternating the side on which you begin. Introduce as much of the nipple and areola (dark area around the nipple) into your baby's mouth as possible to promote proper latching. Suckling stimulates both milk production and the "let down" of milk—the more you nurse, the more milk you will produce and the faster it will "come in." A mother's breast milk begins as thin, watery milk called colostrum—this provides substances that help your baby fight infections, and is a proper blend of nutrients for the newborn's stomach. Within a few days, your milk will "come in" and breast feeding will be more filling for your newborn. Most babies do not need to supplement with formula during these days, but we may recommend supplementing in certain circumstances. The most important marker that feedings are going well is good growth. Breast-fed babies can lose up to 10% of their birth weight during the first week of life, but should regain their birth weight during the second week of life. Breast-fed babies should be seen by their pediatrician at 1 week of age for a weight check. If you intend to breast feed, do not give up during the first few weeks—these are the hardest times, and things will get easier. Discuss problems with me, your lactation consultant, or friends and family who have experience breast-feeding. Remember, your baby eats what you eat. Some babies are sensitive to caffeine, broccoli, tomato sauces, spicy foods, cabbage, beans, cow's milk products, etc...

Formula feeding: Your baby should feed every 2-3 hours at first, but may be able to go 3-4 hours between feeds within a few weeks of life. Typically newborns take ½ -2 ounces per feeding at birth, and can often take 2-3 ounces per feeding within a few weeks of life. Some babies take more and some take less. The most important question about feeding regards growth—feedings are likely going fine if your baby is growing well. This is one reason why the 2 week well baby exam is so critical (1 week well baby exam for breast-fed newborns). Your baby will let you know they are ready for more milk by crying, acting fretful, rooting or chewing on fists—but sometimes babies overeat and begin spitting up. Avoid the urge to change formula without discussing it with me. It is normal for your baby to have gas, a variety of stool changes, and mild intermittent spit-ups. Do not warm formula in the microwave. Always swirl the formula around after warming it and check its temperature on your wrist before giving it to your baby. Do not "bottle prop!"

Give nothing but formula or breast milk for the first 4 months of life. You do not need to give additional water. Do not give "regular" milk (whole milk, skim milk or 2% milk) or evaporated or condensed milk.

Vitamins: It is now (Nov 2008) recommended that all infants receive 400 IU vitamin D once daily. A daily vitamin supplement is recommended, especially for exclusively breastfed infants.

Spit ups & vomiting: It is common for newborns to occasionally spit up small amounts of milk. If your baby spits up more than usual, or has "projectile" vomiting discuss this with me. Choking, gagging and turning blue after spitting up is also abnormal and should be discussed with me immediately. You should be comfortable using the bulb suction syringe before you go home from the hospital—it is used to help clear the mouth, throat and nose of secretions or vomit.

Burping: Babies should be gently burped after feedings, and occasionally during feedings. If your baby is spitting up whenever you burp him, consider not burping him any longer or changing the way you burp him. Avoid pressure on the belly or laying your baby flat after feedings.

Urine and poops: Your baby should have at least 5-6 wet diapers in 24 hours. Let me know if the urine output is less or substantially more. Newborn stools can take a variety of colors, textures, odors, and amounts. The first few stools are often dark black, tarry and sticky—these are called meconium. Typically breast-fed babies have loose, yellow, seedy stools with almost every feeding. Formula fed babies often have “transitional stools:” episodes of frequent, loose stools alternating with episodes of less frequent, more formed stools. The normal stool frequency for newborns varies from once with every feeding to once every other day. Many moms worry about their baby’s stools because it seems like bowel movements hurt them—but there is no reason to think that bowel movements hurt babies any more than they hurt adults. Some babies have difficulty coordinating their bowel movements—they squeeze their bottom closed while they push instead of relaxing their bottom. Gentle rectal stimulation with a thermometer, or Q-tip, with petroleum jelly can often help them relax their bottom and assist them with their bowel movement. Avoid suppositories or formula additives unless recommended by us. Hard balls of stool, blood in the stool, and mucus diarrhea are abnormal and should be discussed with me.

Sleeping: Always lay your newborn on its back (facing up) or side to sleep! The “Back to Sleep” campaign has reduced the rate of Sudden Infant Death Syndrome (“crib death”) dramatically. Vary the sleep position to avoid flattening of the skull. Newborns usually sleep 16-20 hours a day at first, waking frequently to feed—parents should take the opportunity to sleep whenever their baby sleeps.

Skin color: Your baby’s hands and feet may occasionally turn purple and cool to touch, with mottling of the skin on the arms and legs. This does not necessarily mean your baby is cold. This will likely go away after a few days or weeks of life. If your newborn turns blue on the chest or around the nose and mouth it is an emergency—you need to call 911 and come to the ER.

Jaundice: If your baby’s skin and eyes begin to look yellow, the baby could have jaundice. This typically is the worst on the third day of life, and therefore might not be noticed before the baby is discharged from the nursery. Discuss this with your baby’s pediatrician immediately.

Umbilical cord: Clean the umbilical cord periodically with alcohol and a cotton ball. The cord itself has no sensation and you will not hurt your baby. Also fold the diaper down so the cord is exposed to air. Your goal is to keep the cord stump dry. It will likely fall off in about 2 weeks. If it stays on longer than 2 weeks or if you see redness, discharge, urine or bleeding from the cord, let me know.

Bathing: Sponge bathe your newborn until the umbilical cord stump has detached and healed; you may then bathe your infant in a tub or basin. Attend to your infant very closely during baths—it only takes a moment for your baby to drown. It is not necessary to bathe your newborn every day.

Penis care: For boys who are circumcised follow your instructions for after-circumcision care. This usually involves giving Tylenol® by mouth and applying triple antibiotic ointment to the circumcision site with diaper changes until it heals well (there are different instructions for boys who are circumcised with the Plastibell® procedure). Notify the doctor who performed the circumcision if there are complications such as swelling, discharge, or bleeding. Later on, if the loose skin around the shaft of the penis begins to creep back over the head of the penis, it may be necessary to gently retract this skin occasionally. Discuss this with us.

For baby boys who are not circumcised, gently clean the tip of the penis. Do not force the foreskin back. You will eventually be able to pull the foreskin back behind the head of the penis, but doing this before the foreskin matures and relaxes can strangle the head of the penis—a medical emergency. Once you are able to retract the foreskin safely, begin periodically cleaning behind the foreskin.

Vagina care: For baby girls, wipe their bottoms from front to back to avoid wiping stool into their vaginal area. You should gently clean any debris from around the vagina with a diaper wipe, once again wiping toward the back. It is common for newborn girls to have a thin milky discharge from the vagina for a few weeks—some even have some mild vaginal bleeding.

Crying: You cannot “spoil” a newborn. Babies thrive on contact with their parents so hold your baby as much as you want, and attend to their cries immediately. Newborns cry because something is wrong—they may be wet, poopy, tired, hot, cold, hurting, scared, lonely, hungry, uncomfortable, overfed, gassy, constipated, tangled, or in some other way bothered. Crying is their only means of communicating. If you are unable to console your infant, there may be something worse going on, like a medical condition—have your baby evaluated immediately. Also if your baby seems lethargic despite attempts to arouse him, have him evaluated immediately.

More normal baby stuff: Newborns do some funny things that might be abnormal in older children. All babies sneeze, yawn, belch, hiccup, pass gas, cough, quiver, and cry. Most newborns move their eyes in funny ways (looking cross-eyes, rolling their eyes back, moving eyes in different directions). Most newborns have episodes of periodic rapid breathing followed by a short pause (often when they sleep). There are a variety of normal newborn rashes including newborn acne. Most newborns have intermittent nasal congestion.

Fever: Fevers are medical emergencies in newborns. The definition of fever is 100.4° F or greater. [Low temperatures (below 97° F) are also urgent.] The correct way to check for fever is by rectal thermometer—the number you see is the actual temperature. You may consider using under-arm temperatures—but you need to add 1 degree to it to estimate the rectal temperature. If the under-arm temperature is abnormal, always confirm it with a rectal temperature.

Diaper rash: Diaper rashes are common, and can be avoided by changing diapers soon after it is soiled, wiping gently to avoid abrading the skin, allowing the skin to dry thoroughly before donning the diaper, and applying diaper rash creams. Some rashes require medicated cream, so consult me if rashes persist.

Car seats: Of course, car seats are required by law. You must have a car seat to take your baby home from the hospital. The best car seats have a 5 point restraint system. The safest place is the middle of the back seat. Newborns need to be in the rear facing position. If you are stopped by the police without your children buckled in properly, you will likely receive a ticket, and may be reported to the Department of Human Services.

Newborn screening and Hepatitis B shot: Your baby underwent hearing screening prior to discharge. State mandated newborn screening tests were also performed; you will be notified if any of these are abnormal. Occasionally the newborn hearing screen or state mandated newborn screening tests must be repeated after a baby is discharged. Your baby received the first hepatitis B immunization in the newborn nursery, a practice that is standard of care in America. If a baby’s mother actually has hepatitis B, then hepatitis B immunoglobulin (HBIG) is also given to the baby. You have the right to refuse the hepatitis B shot, and should discuss this with me and the nursing staff.

Well child visits: The well child visit schedule is as follows: 2-3 days (if jaundiced), 1 week (breast fed), 2 weeks, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, 3 years, 4 years, etc... Immunizations will be provided during some of these well child visits.

To make appointments

Dr. Scott Greer's Office: (334) 887-8707

After hours and weekend calls: The office number will give you an option (currently option 3) to get in touch with me. If I am out of town, or unavailable by phone, Dr. Gary Harrelson will be covering my patient calls. His office number is (334) 826-1121, and he uses an answering service after-hours.

ROUTINE MEDICATIONS (for healthy term newborns):

- Mylicon® (simethicone) 0.3 cc (half dropper) every four hours as needed for gas.
- Neosporin® (triple antibiotic oint.) apply to penis with diaper changes until well healed.
- Poly-Vi-Sol® multivitamin drops 1.0 milliliter (one dropper) every day.
- Infant's Tylenol® (acetaminophen) 0.4 cc (half dropper) every 4 hours as needed for pain.
(I usually wait for Infant's Motrin® (ibuprofen) until babies are 6 months or older.)

(It is O.K. to use generic medications.)

Once again, congratulations! Good luck with your new bundle of joy! Nothing can teach you more about God's unconditional love than becoming a parent. I hope he continues to bless you.

Scott Greer, M.D.