

## Directions to PCANJ

### From Chilton Memorial Hospital:

Make right out of parking lot, onto West Parkway. At first light, make right onto Jacksonville Road. Stay on Jacksonville Road until the end (Main Road). Go straight through three lights. Office is on left, make left onto Schneider Lane and quick left into parking lot, approx 2 miles.

### From Route 287 Going South:


Exit 47 (Montville-Lincoln Park). Make right at light. Go under Route 287, through light. Office is just on your right. make right onto Schneider Lane and quick left into parking lot.

### From Rout 287 Going Norh:

Exit 47 (Montville-Lincoln Park). Make right at light. Go under Route 287, through light. Office is just on your left.

### From Route 46 West:

Make right onto Hook Mountain Road. At first light make left, then make first right onto Changebridge Road. Take Changebridge Road to the end. Make a left onto Main Road (Route 202). Office is on left, make left onto Schneider Lane and quick left into parking lot.



**PRIMARY CARE  
ASSOCIATES OF NJ, PA**

Complete healthcare for the entire family

# Baby Handbook

329 Main Road  
Montville, New Jersey 07045  
(973) 334-9404  
[www.PCANJ.com](http://www.PCANJ.com)

Baby's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

The graphic is a purple-bordered box containing the logo, company name, tagline, title, address, phone number, website, and a form for baby's name and date of birth. The border is decorated with colorful handprints in white, green, orange, and purple.



# Important Phone Numbers:

911 - Police, Fire & Ambulance

1-800-222-1222 - Poison Control

973-334-9404 - PCANJ Office Phone

1-866-251-7966 - PCANJ Ans Svc



A copy of the appropriate Centers for Disease Control and Prevention Vaccine Information Material(s) has been provided on this date \_\_\_\_\_  
 I/We have read, or have had explained, the information about the diseases and the vaccines listed below. There was an opportunity to ask questions and any questions were answered satisfactorily. I/We believe that I/we understand the benefits and risks of the vaccine cited, and ask that the vaccine(s) listed below be given to me/us or to the person named above (for whom I/we are authorized to make this request)."

Vaccine (circle one)	Date Given m/d/y	Age	Site*	Source of Vaccine (F, S, P) <sup>1</sup>	Vaccine Manufacturer	Vaccine Expiration Date and Vaccine Lot Number	Vaccine Information Materials Publ. Date	Initials <sup>1</sup>	Parent/ Guardian Initials <sup>1</sup>
DT DTaP 1 DTP									
DT DTaP 2 DTP									
DT DTaP 3 DTP									
DT DTaP 4 DTP									
DT DTaP 5 DTP									
DTP-Hib 1									
DTP-Hib 2									
DTP-Hib 3									
DTP-Hib 4									
DTaP-Hib <sup>1</sup>									
Hib 1									
Hib 2									
Hib 3									
Hib 4									
Hib 1 - Hep B 1									
Hib 2 - Hep B 2									
Hib 3 - Hep B 3									
Hep B 1									
Hep B 2									
Hep B 3									
IPV 1 OPV 1									
IPV 2 OPV 2									
IPV 3 OPV 3									
IPV 4 OPV 4									
MMR 1									
MMR 2									
Rv1									
Rv2									
Rv3									
Td 1									
Td 2									
Varicella 1									
Varicella 2									

Influenza - Annually for patients at high risk:

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*Site Given Legend RA = Right Arm LA = Left Arm RT = Right Thigh LT = Left Thigh O = Oral	<sup>1</sup> Initials _____	Signature of Vaccine Administrator or Parent/Guardian(s) _____ _____ _____
	(Use reverse side if more signatures are needed)	

<sup>1</sup> F = Federal, S = State, P = Private  
<sup>1</sup> Licensed by the FDA for the 4th dose only.





## **OFFICE VISITS**

All visits are made by appointment. In the case of an emergency, call the office and an appointment will be made as soon as possible. Office hours are generous and flexible to accommodate everyone. When the office is closed a doctor can be reached through the answering service, providing access to a physician at all times.

Please call the office to make an appointment for your new baby's check-up when you leave the hospital. If you are breast-feeding, the baby will be seen at about one week of age. If you are bottle-feeding, the baby will be seen at about two weeks of age. If you have any concerns about the baby during these first few weeks please call our office. A doctor is available to reassure you regarding your infant's behavior and to answer any questions you may have.

During this important first year your baby will have regular medical examinations even though the baby is apparently well. These visits give the doctor both an opportunity to check your baby's growth and development and to talk with you about your baby's care and the many interesting things you can expect as the baby grows.

Many serious childhood illnesses can be prevented through modern immunizations. Your baby will receive immunizations during regularly scheduled well-child appointments. A recommended immunization schedule and record appear later in this booklet.

## **TELEPHONE INSTRUCTIONS**

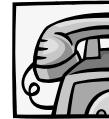
Please call the office if you need advice and would like to speak with a provider. If they are with a patient, leave your phone number and they will return your call when they are available. Have a pencil and paper ready for writing down instructions. Please call during office hours unless you have a true medical emergency. If you have

# Notes

a true medical emergency during office hours please call the office immediately so that you can speak with a provider. If you have a true medical emergency after office hours please call the office for instructions.

## **GETTING TO KNOW YOUR BABY**

Sometimes the new parent is a little unsure of himself or herself at first. As long as the baby is well fed, warm, comfortable and well loved your baby won't mind that you are not an expert. The few simple infant care instructions that follow should help you to relax and to enjoy your baby. The most valuable thing parents can do for their child is to love and enjoy them.



Your baby is an individual from the day he is born. Although you will be receiving advice from well-meaning relatives and friends, as the baby's parents you are the people most intimately involved with your baby and will come to know your baby best ... trust yourself.

Your baby will do some things all babies do just because he or she is a baby. All babies sneeze, yawn, belch, hiccup, pass gas, cough and cry. A baby may occasionally look cross-eyed. Sneezing is the only way your baby can clear his nose.



Hiccups are little spasms of the abdominal muscles. Giving a few swallows of room temperature water often stops hiccups. Coughing is your baby's way of clearing his or her throat. Crying or fussy behavior is a baby's way of communicating to you. The baby may be crying to tell you, "I'm wet, I'm hungry, I'm too hot or too cold, I have a stomach ache, I'm bored or tired." You will soon know what your baby means.

Almost all infants have a fussy period. This may occur regularly, perhaps in the late afternoon or evening—hopefully not at night. This is not colic, but a normal response for which there is, as yet, no explanation.

# Notes

## **CALL THE OFFICE IMMEDIATELY IF:**

1. Your baby's rectal temperature is greater than 101.5.
2. If you baby is extremely irritable.
3. If you baby is extremely sleepy.
4. If you baby is vomiting with significant force.
5. If you think there is something wrong... You know your baby the best!

## **CARE OF THE NEWBORN**

**HOME COMING** - Prior to leaving the hospital you must have a car seat for the baby. New Jersey State law requires all children to have the proper car restraints. Once home, every new baby must adapt to new surroundings. The baby will need time to adjust to his new environment and to you. Do the best you can to limit visitors during the early weeks because your newborn is susceptible to respiratory as well as other types of infections.

**COMFORT** - The house should be kept the same temperature you would normally have it. Windows may be opened in cool weather, provided the baby is not in a draft. A baby does not require any more clothing than an adult. Dress your baby according to the temperature and how you yourself are dressed. Overdressing and overheating have been associated with Sudden Infant Death Syndrome also known as Crib Death (see below).

**SLEEP** - Make sure your crib is approved by the US Consumer Product Safety Commission. The legal space between the vertical bars around the crib must not exceed 2 3/8 inches. Make sure the bedding is not too soft. Never let your baby sleep on sheepskins, comforters or soft pillows. Remove all toys and decorative items from the sleeping area of the crib, as well as any items that may pose a risk. Make sure no loose objects or curtain strings are hanging inside or near the crib. Avoid smoking around the baby. Smoke

# Notes

has been implicated in many childhood illnesses, including asthma, ear infections, crib death and other lung ailments. The American Academy of Pediatrics recommends that healthy infants sleep on their backs or sides. For safety, parents commonly use a rolled towel or positioning wedges to prop their babies to sleep on their sides or backs. These recommendations are for sleeping infants. A certain amount of "tummy time", while the baby is awake and observed, is recommended.



**BATH** - Until the navel and circumcised penis are healed the baby is not to have a tub bath, but can be sponge-bathed with soap and water. Make sure the water is warm but not too hot. The bath should be short and the baby dried quickly without too vigorous rubbing. Be certain that all folds and creases are patted dry.

**SKIN** - Many infants have skin that scales and peels. This is common and is nothing to be concerned about. Daily application of a baby skin lotion after the bath will usually clear the condition. Many babies develop a slight rash on the face, neck or head. This, too, is normal and should not cause alarm. Should it continue to spread, worsen or have any oozing, call the office.

**SCALP** - The scalp should be cleaned 1 to 2 times a week with baby shampoo, rinsing the scalp thoroughly with water and drying the scalp with a towel. You may brush the baby's hair with a baby brush or fine comb. If the scalp becomes dry and scaly you may apply a few drops of lotion or baby oil-don't be afraid of the "soft spot" and keep it as clean as the rest of the scalp. If "cradle cap" develops apply a small amount of mineral oil or baby oil and massage the scalp with a soft brush, then wash the baby's scalp with baby shampoo. Alternatively, you may apply Vaseline to the baby's scalp at night and the following morning remove the crusts with a soft



brush followed by shampooing the hair with baby shampoo.

**EYE CARE** - The baby's eyes may be puffy for the first few days of life. There may be a blood spot on the white of one or both of the baby's eyes. This is normal after a vaginal delivery and will clear in several weeks. There may be a small amount of yellow drainage from the eyes the first days, which is also normal. Occasionally, white mucus may collect in the corner of the eyes and may be wiped away with a cotton ball moistened with water. Wipe the eyes from the nose outward and use a moistened cotton ball for the other eye. If the baby develops a green discharge or persistent eye irritation the baby should be seen. The baby will not develop tears until 1 to 2 months of age. It is also common for newborn babies to cross their eyes or for one eye to look inward or outward.

**NOSE CARE** - The baby's nose does not ordinarily require attention. All babies breathe noisily for the first month or two, this is normal. If the nose should become stuffy or crusted, clean it with a washcloth dipped in water. Saline (salt-water) nose drops can also be use as directed by a physician. The use of a nasal aspirator, gotten at the time of discharge from the hospital, may be used after the saline drops are placed in the nose.

**EAR CARE** - Clean the outer ear with a washcloth dipped in water. Do not attempt to put cotton swabs into the ear canals to clean wax. Remove only the wax in the ears that is almost ready to fall out.



**NAVEL CARE** - If the cord is attached, clean four times daily with cotton dipped in rubbing alcohol. If skin around the cord becomes red and inflamed or the area develops a discharge or fetid odor, please call our office. After the cord has fallen off, the navel should be cleaned with soap and water at bath time.

## Motrin® & Advil® Dose Chart

Ibuprofen provides temporary reduction of fever and relief of minor aches and pains in patients 6 months and older. Please check for the proper dose for the product listed. If you know the weight use the corresponding dose, if not, use the age for the proper dose. Ibuprofen is given every 6 to 8 hours. Consult physician if fever persists for more than 3 days or if pain continues for more than 5 days

<u>Wt in pounds</u>	<u>Age</u>	<u>Oral Drops</u> (50mg/1.25ml) (one Dropperful)	<u>Susp</u> (100mg/5ml)	<u>Chew-able Tabs</u> (50mg)	<u>Chew-able Tabs</u> (100mg)	<u>Caplets</u> (100mg)
12-17	6-11 mos	1 dppr	1/2 tsp	-	-	-
18-23	12-23 mos	2 dppr	1 tsp	2 tabs	1 tab	-
24-35	2-3 yrs	3 dppr	1 1/2 tsp	3 tabs	1 1/2 tabs	-
36-47	4-5 yrs	-	2 tsp	4 tabs	2 tabs	2 cap
48-59	6-8 yrs	-	2 1/2 tsp	5 tabs	2 1/2 tabs	2 1/2 cap
60-71	9-10 yrs	-	3 tsp	6 tabs	3 tabs	3 cap
72-91	11 yrs	-	4 tsp	8 tabs	4 tabs	3 cap



# Tylenol® Dosing Chart

Acetaminophen provides temporary reduction of fever and relief of minor aches and pains. Please check for the proper dose for the product listed. If you know the weight use the corresponding dose, if not, use the age for the proper dose. All dosages may be repeated every **4 hours**, but not more than 5 times a day. Consult physician if fever persists for more than 3 days or if pain continues for more than 5 days.

<u>Wt in pounds</u>	<u>Age</u>	<u>Infant Oral Drops/ Susp</u> (80mg/0.8ml)	<u>Children's Suspension &amp; Elixir</u>	<u>Chewable Tabs(80mg)</u>	<u>Junior Chewable &amp; Caplets</u> Tabs (160mg)
6-11	0-3 mos	1/2 dppr	-	-	-
12-17	4-11 mos	1 dppr	1/2 tsp	-	-
18-23	12-23 mos	1 1/2 dppr	3/4 tsp	-	-
24-35	2-3 yrs	2 dppr	1 tsp	2 tabs	-
36-47	4-5 yrs	-	1 1/2 tsp	3 tabs	-
48-59	6-8 yrs	-	2 tsp	4 tabs	2 tabs
60-71	9-10 yrs	-	2 1/2 tsp	5 tabs	2 1/2 tabs
72-95	11 yrs	-	3 tsp	6 tabs	3 tabs
> 95	> 12 yrs	-	-	-	4

**NIPPLE CARE** - Occasionally, the breasts of both newborn boys and girls may be slightly enlarged. This is usually due to hormones that the baby received from the mother during pregnancy. This is normal and will decrease over time.

**GENITALS AND URINATION** - No special care is needed for the uncircumcised penis during infancy. Do not attempt to forcibly retract the foreskin of the penis since this may harm the baby. Soap and water can be used externally just as with the rest of the body. After circumcision, wait for the yellow gauze surrounding the head of the penis to fall off. After that, pull the shaft of the penis down and put Bacitracin around the newly cut skin. Do this for another five to seven days, to avoid healing of the cut foreskin to the head of the penis. It is normal for girls to have a creamy white or even bloody discharge for approximately the first week. You may spread the vaginal lips and clean with a wet wipe. ALWAYS front to back, NEVER back to front. Babies should urinate four to six times per day. If it is less then this please call the office.

**BOWEL MOVEMENTS** - This is often a matter of much unnecessary concern. The number of movements is quite variable, especially for breast-fed babies, and unimportant as long as the consistency is good. The young baby's stool is usually like soft scrambled eggs and then later becomes pasty. Sometimes little white seedy particles are seen and are normal. Constipation, although a frequent cause of parental concern, rarely causes any real difficulty in the newborn or young infant. Some straining with reddening of the face is normal just before a bowel movement. Constipation is not based on how often your baby goes, but the stool's appearance and texture. If it comes out hard... "like rabbit pellets", giving ½ ounce of prune juice mixed with ½ ounce of water 1 to 2 times a day can often soften hard stools in young infants. If the baby's stool is hard and bowel movements are accompanied by obvious discomfort a



glycerin suppository or Vaseline on a rectal thermometer may be inserted into the rectum. This should not be repeated frequently.

Extremely loose or watery stools, sometimes explosive, with an increase in frequency, greater than three to five times per day may be diarrhea. If the problem should persist for more than one day consult the doctor.

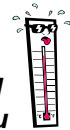
### **FEEDING**

Feeding is one of your baby's most pleasant experiences. At feeding time the baby receives nourishment and a feeling of security from the parents' loving arms. The food, correctly taken, helps your baby to grow healthy and strong. Parental love, generously given, helps your baby in the development of a secure and stable personality.

Both baby and feeder should be comfortable at feeding time. Choose a position that will help you relax as you feed your baby. Make sure the baby is warm and dry and hold your baby close. The baby's head should be slightly raised and rest in the bend of your elbow.

**BREASTFEEDING** - The decision you make to breastfeed your baby or not is entirely up to you. Make it freely and according to your own judgment and feelings. You should, however, be as well informed as possible and you should feel free to discuss it with the doctor. Today, both medical and popular opinion favor breastfeeding because of its benefits to mother and baby. For the baby, breast milk is more easily digested, provides the best nutrition for your child in all the right amounts, and contains antibodies that help fight infection. For the mother, breastfeeding helps speed the uterus to return to its pre-pregnant size, reduces the risk of breast and ovarian cancer, burns more calories and helps you get back to your prepregnancy weight more quickly, builds bone strength to protect against bone fractures in older age, and releases the 'motherly' hormone prolactin, which helps her relax. Breastfeeding

parents present and all discussions during that time are confidential. Serious concerns including depression, substance abuse, and sexuality may be addressed.



***Remember that the first days of parenthood can be very nerve racking and intimidating. You will be getting advice, good and bad, from many sources. Don't be alarmed or confused, you are not alone. Dr. Golloub and the rest of the Primary Care Associates of New Jersey staff are here for questions and clarification of any and all of your healthcare needs. We view our role as partners with you in ensuring a happy and healthy life for you and your family, for years to come.***

thermometer, either mercury or digital, should be kept at home. If your baby appears ill, his temperature should be taken. If your baby develops a fever of 101° or greater and is less than 3 months old please call the doctor immediately. If the baby is more than 3 months old, you can treat initially with acetaminophen (Tylenol) or ibuprofen (Motrin or Advil). Dosages for acetaminophen and ibuprofen can be found in this booklet.

#### HOW TO TAKE A TEMPERATURE

If you have a mercury rectal thermometer, first shake down the thermometer until it reads 97 degrees. Apply a small amount of petroleum jelly or a water-soluble lubricant like K-Y Jelly to the tip of the thermometer and gently insert the thermometer into the rectum about one inch. Hold the thermometer in place for 3 minutes then remove it. Roll the thermometer between the thumb and forefinger until the column of mercury becomes visible. Read the thermometer and then clean the thermometer with water or alcohol. A temperature of 100.5° degrees or greater is considered a fever.



### **CHILDREN AND ADOLESCENTS**

#### CHILDREN

After the age of two, well-child visits are made annually. At these times particular emphasis will be placed on behavior, growth patterns, nutrition, and school performance. Routine physicals are given annually, continued screening for anemia, hypertension, and cholesterol are performed. Children are encouraged to communicate directly with the doctor and to express their concerns and describe their illnesses.

#### ADOLESCENTS

Adolescents are seen on an annual basis for routine well care. Usually, part of the visit is done without the

is also generally found to be both economical and convenient. Success is directly related to how comfortable the mother is breastfeeding. Many resources are available to help with breastfeeding. You should seek out the hospital lactation consultants during your stay as well as after discharge from the hospital, for telephone and direct consultation.

THE FIRST DAYS OF NURSING - You usually begin nursing your baby during your hospital stay, where you will get support and encouragement from the hospital staff. Remember that a good breastfeeding relationship takes time to establish.



Make yourself as comfortable as possible so you will be relaxed. Hold your baby so his tummy is facing your tummy, with his head a little higher than his tummy. This position will prevent your baby from having to turn her head while nursing. You may prefer to nurse lying down. If you sit up to nurse, a pillow on your lap may help to support the baby. Your first goal is to stimulate the baby to root and then bring them onto the nipple. Touch the baby's cheek/lips to your nipple until he opens very wide, and quickly bring them onto the breast. They will be correctly positioned when her gums are covering the greater part of the areola (the dark area around the nipple). If the baby latches on to the nipple only, you will probably get sore nipples and the baby may not get enough milk. Be patient. Some babies catch on very quickly, others need quite a bit of practice to latch on properly.

Try to use both breasts at each feeding and alternate the breast with which you begin feeding. Your baby will nurse for a shorter time and less vigorously at the second breast. The next time you feed your baby, start on the breast that you ended on the last feeding. Never pull your nipple from the baby's mouth when the baby is firmly latched to your breast. If the baby does not let go of the breast by himself, you can break the suction by gently inserting your finger into their mouth.

The early milk is called colostrum and is yellowish in appearance. Colostrum is very healthy for your newborn and is all the baby requires. After a few days your milk will come in, breasts become fuller and you may experience hardness and engorgement. Once your milk is established it may be thin and watery in appearance, much like skim milk. This is normal.

Eventually, your breasts will get softer and more normal in size. This does not mean that you have lost your ability to produce milk. Rest as much as you can the first few weeks. You will get off to a better start at breastfeeding if you are able to rest and nap during the early weeks.

A healthy diet is important. A varied diet including fruits and vegetables and plenty of water is recommended. Drinking about two quarts of fluid per day and eating 200 to 300 calories extra per day is suggested. Continue your prenatal vitamins. It is not necessary for you to drink milk to make milk. Breastfeeding will not make you gain weight but cake, candy and soda will. Avoid caffeine or at least reduce your intake while you are breastfeeding. Avoid alcohol while you are breastfeeding because it can pass through your milk to your baby. Babies are not allergic to breast milk. It is possible, although not likely, that your baby may be bothered by something you eat. Don't give up any food unless it regularly bothers your baby.

Check with your doctor before taking any medication.

A working mother can breastfeed. If you go back to work you can still nurse your baby during the hours you are home. You can pump your breasts while at work until they have adjusted to your new schedule. Your baby will continue to receive the benefits of breast milk if you continue to nurse him.

Remember that your milk is produced in response to your baby's needs. Once you have established a satisfactory nursing pattern with your baby there may still be times when your baby seems hungrier and less satisfied than usual. This does not mean that your milk supply is drying up but that the baby is growing and is

home. For example, never leave the baby alone on a table or other high place, even in an infant seat.

Babies are attracted to colorful and shiny objects. Keep small objects like buttons and pins away from the baby's reach so they are not tempted to pick them up and swallow them. Also, remember that older siblings' toys may contain parts that are not choke-proof.

Keep all medications and chemicals used in the house out of the reach of crawling and walking children.

Electrical outlets should be covered with protective plastic inserts and cords should be hidden as much as possible to prevent electrical shocks.

Other things to keep in mind are window safety, cords from drapery or blinds, unstable furniture, houseplants that may be poisonous if eaten, ashtrays, stair safety, radiators, heaters, stoves, fireplaces, and scatter rugs, which may cause a toddler to fall. Baby walkers and "bouncy swings" should also be avoided because they are associated with a high incidence of accidents. Baby gates are helpful in keeping babies from falling down the stairs.

## **POISONING**

The number for the Poison Control Center can be found on the front of this booklet. Call the center immediately if you suspect that your child has ingested a poisonous substance.

## **ILLNESS**

### **COLDS**

Newborn babies frequently develop colds characterized by nasal congestion and a mild cough. If your baby develops a cold without fever you can try the following: salt water nose drops and a bulb syringe, elevating the head of the baby's mattress, and a cool-mist vaporizer.

### **FEVER**

Fever a very common sign of childhood illness and is the body's natural reaction to being sick. A rectal

Rice cereal is a good choice to start with since it is easily digested by most infants and is unlikely to trigger an allergic reaction. It can be mixed with breast milk, formula, or water to the desired consistency. Barley or oatmeal cereals can be introduced after the rice cereal.

Vegetables are also a good first food after cereals. They are highly nutritious and not sweet so your baby gets used to these before the more appealing fruits. Good vegetable choices are squash, sweet potatoes, carrots, green beans, and peas. Good fruit choices include applesauce, pears, peaches, apricots, bananas, and prunes. Meats such as chicken, turkey, beef, and lamb are introduced last, usually around six to seven months of age. Egg yolks may also be added at that time. Although baby food can be purchased in convenient single-use jars, you can also make your own baby food with the use of a blender or food processor. Making your own baby food tends to be less expensive and fun to do.

Juices can be given around six months of age but should not be given in excessive amounts. You can dilute juice with water if so desired.

#### VITAMINS

Your baby will be given a vitamin supplement, which contains fluoride, and (sometimes iron) at 6 months of age.

#### **SAFETY**

The following paragraphs are not meant as an all-inclusive discussion of baby/child safety but will serve as an introduction.

You want to do everything possible to ensure a safe environment for your baby. Beginning with the first car trip home from the hospital, you must always use an infant car set whenever you take the baby for rides. A baby can be seriously injured in a sudden stop if held in a passenger's arms rather than safely secured in an infant car seat.

There are many ways to assure your baby's safety at

requiring more milk. In a few days your supply will catch up with their needs.

#### HOW TO TELL IF YOUR BREASTFED BABY IS GETTING ENOUGH:

- Have 5-6 wet diapers a day
- Have 2-5 bowel movements a day after the meconium is passed
- Have a weight gain of 4-7 ounces per week or at least 1 pound per month
- Nurse approximately 8 times per day in the beginning
- Looks healthy with good color and be alert and active
- Gains weight and grows in length

**FORMULA FEEDING** - If you elect to bottle feed, we recommend formula with iron. Formulas are packaged as, ready-to-feed, concentrated liquid, and powder. Please remember that newborns may not drink very much formula during the first days of life. We will suggest the appropriate amount to give to your baby when discharged from the hospital.

While seated comfortably, hold the bottle so that the neck of the bottle and nipple are always filled with formula, this helps your baby get the formula instead of air. Air in your baby's stomach may give them a sense of being full and may also make them uncomfortable as well as cause hiccoughs.



Your baby has a strong and natural desire to suck.

Sucking is part of the pleasure of feeding. A baby will keep sucking on a nipple even after it has collapsed. Therefore, occasionally take the nipple out of the baby's mouth to keep it from collapsing. Never prop a bottle and leave your baby to feed himself since the bottle can easily slip into the wrong position. Remember, too, your baby needs the security and pleasure it gives him to be helped at feeding time. This time is ideal for both of you to relax and enjoy being

together.

Bottles and nipples do not have to be sterilized but should be cleaned thoroughly with soap and water.

**BURPING** - Burping your baby helps her to remove any swallowed air. There are different positions by which you can burp your baby: upright over your shoulder, sitting slightly forward on your lap, face down on your lap. Whichever position you choose, simply rub or pat your baby's back. Don't be alarmed if your baby spits up when burped. Finding the best position is best found by trial and error. Be patient. Find the best for the both of you.

It isn't always necessary for you to interrupt a feeding to burp your baby, but always burp your baby after a feeding. Don't worry if your first few attempts are not successful.

**A SCHEDULE WITH FLEXIBILITY** - A feeding schedule is usually most successful if it is flexible and the baby is allowed to eat when the baby is hungry. A newborn baby that is formula fed will usually feed every 3 to 4 hours, but may go up to 5 hours between feedings. It is not necessary to wake a baby to feed unless it has been at least 5 hours between feedings. Should your baby awaken and cry less than 2 to 2 ½ hours after a feeding he is probably is not hungry. If your baby persistently awakens and cries after 2 to 2 ½ hours, you may have to increase the amount of formula given at a feeding.

**HOW MUCH FORMULA** - The amount of formula your baby will take varies. A newborn baby that is formula fed will usually take between 2 to 3 ounces at a feeding. There will be times when your baby is more or less hungry and you cannot make a baby want to eat. Most babies spend 15 to 20 minutes feeding; never spend more than 30 minutes trying to feed your baby.

**WARMING FORMULA** - Formula can be given at room temperature. If a bottle is refrigerated, warm it in a pan of

hot but not boiling water or use a bottle warmer. Test the formula by shaking a few drops onto the inside of your wrist. It should feel warm but not hot. It is recommended that you do not use a microwave oven to warm bottles.

**WATER** - In general, newborn babies do not need water given in addition to formula. You may give your baby small amounts of water in between feedings as long as it does not substitute for formula.

### **BABY'S FIRST FOODS**

Babies grow and develop at different rates and solid foods are introduced when your baby needs nutrients and calories in addition to breast milk or formula, usually between 4 and 6 months of age. You will know when your baby is ready for solid food when they are about four months old and:

Weighs at least 13 pounds (if this is double the birth weight)

Seems hungry after 32 ounces of formula or regular breast feedings

Sits with support and has good head control

Is able to swallow a spoonful of pureed food



### **GETTING STARTED**

Add only one new food at a time. Once a food has been introduced without reactions for three to five days, it can be given anytime. Feed your baby a new food for 3 to 5 days before starting a new food. It is a good idea to give new foods early in the day to see how it agrees with your baby.

Allergic reactions to foods are rare but do sometimes occur. Foods that are considered allergenic are cow's milk products, wheat, egg whites, citrus, nuts and dairy products. If your baby develops a rash after eating a new food please do not feed your baby that same food without first speaking to the doctor. Also, raw honey should not be fed to infants less than one year of age since it may contain bacteria that are harmful to your baby.