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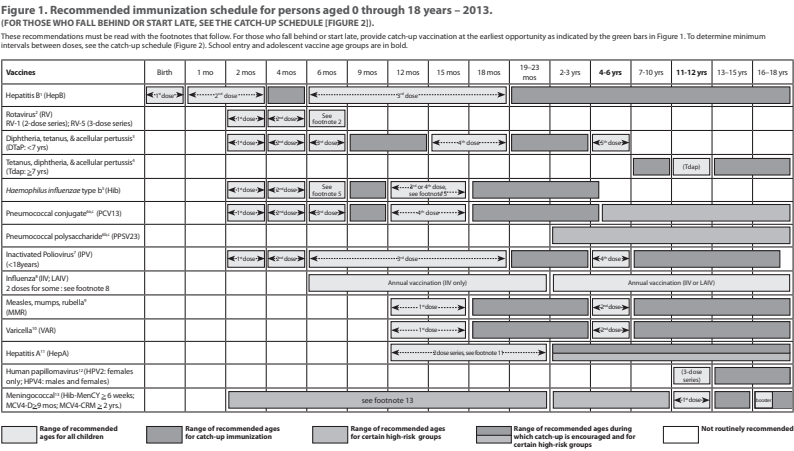
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Getting Started

When babies go home from the hospital nursery, everyone wants to see them. A new baby generally gets lots of callers. For a few weeks, limit your baby’s visitors, especially children. The baby needs a little time to build resistance to common infections. You don’t know who might have a sore throat, cough or other infectious conditions. We also suggest that you keep the baby out of large crowds for a few weeks.

We ask that our newborn patients come for their first check-ups by 3 or 4 days of age. Should a problem arise before then, we’ll see your baby, of course. Please call our office as soon as your baby goes home from the hospital to schedule your first appointment.

The American Academy of Pediatrics has a recommended schedule of well-child visits that we’d like you to follow during your child’s first two years.



Recommended Office Visits

Age	Reason for Visit	Age	Reason for Visit
3-4 days	Physical Exam	9 mo	Hemoglobin Test, Physical Exam
2 wks-1 mo	Recheck	12 mo	Physical Exam
2 mo	Physical Exam, Vaccinations	15 mo	Physical Exam, Vaccinations
4 mo	Physical Exam, Vaccinations	18 mo	Physical Exam, Vaccinations
6 mo	Physical Exam, Vaccinations	24 mo	Physical Exam
		30 mo	Physical Exam
		3 yrs	Then Yearly Physical Exams

Feeding Your Newborn

Breast milk is the best food for babies during the first year of life. Breast milk provides just the right balance and amounts of nutrients that babies need for good growth and development. And it contains substances that may help protect babies against certain illnesses and allergies. If you choose not to breastfeed or if you stop nursing before your baby's first birthday, infant formula provides the best alternative to breast milk. We recommend one of the following:

Infant Formulas for Baby's First Year and Beyond

- Similac Early Shield
- Enfamil Premium Newborn
- * *Never use low Iron Formula*

Fat is an important source of energy and nutrition for your baby. In fact, breast milk is about 50% fat. Specific fats have specific roles as your baby's eyes, brain and central nervous system develop. The blend of fats in Similac Early Shield and Enfamil Premium Newborn is very similar to the blend of fats in breast milk.

No Cow's Milk

The American Academy of Pediatrics advises that you keep your baby on breast milk or formula until his or her first birthday. Cow's milk in any form - whole, 2 percent or skim - should not be given until your child is one year old. Cow's milk doesn't supply the balanced nutrition your baby needs, and it's often hard on baby's sensitive digestive systems.

Feeding Times

Babies differ in their feeding needs and preferences, but most breast-fed babies need to be fed every 2 to 3 hours and nurse 10 to 20 minutes on each breast. Formula-fed babies usually feed every 3 to 4 hours and finish a bottle in 30 minutes or fewer. Bottle-fed infants drink about 2 to 4 ounces at first; by the time they're a few weeks old, their formula consumption has generally doubled.

Your new baby may cry as though asking to be fed as often as every 2 hours. Keep in mind, though, that babies don't need to be fed every time they cry. When a baby cries for a short time on a regular basis, he may just need more milk at each feeding. Or he may be protesting that his diaper is wet or that he's too hot. It's best not to get into the habit of offering frequent small feedings to please a fussy baby. So, before you offer the breast or bottle, be sure your baby's not crying for some reason unrelated to hunger.

Let your newborn set his own feeding schedule. Don't watch the clock for him. He knows how much and how often he needs to eat. And don't wake him up for a feeding unless it's been at least 5 hours since the last one.

How Much Is Enough?

How can you tell whether your baby's getting enough breast milk or formula? The best gauge of good nourishment is growth. This is measured by weight and length. Each time your baby comes in for a check-up, we'll weigh and measure him. It's one reason your baby needs regular check-ups during the first two years.

Signs of a Well Fed Baby

- Looks and acts satisfied after feedings
- Wets six or more diapers daily (after 4-5 days of age)
- Has yellow stools or frequent dark stools (after 4-5 days of age)

Most new babies weigh between 5½ and 10 pounds. The average is about 7½ pounds. During the first days of life, infants generally lose 4 to 10 ounces; breast-fed babies may lose a little more. This is no cause for concern. It's all part of your baby's adjustment to the outside world, and most of the weight loss is water. By 10 days of age, most babies gain back what they lost.

Healthy, well-fed babies usually double their birth weight by 5 months and triple it by 1 year.

Burping

Burping your baby helps remove air swallowed during feeding. You can wait until the end of the feeding or burp at intervals during the feeding. You'll soon be able to tell if your baby needs frequent burping. Here are three good methods:

- Hold your baby so his head rests on your shoulder and his chest is against yours. Pat his back or rub it upward with your hand.
- Lay your baby face down on your lap. Rub or pat his back.
- Hold your baby in a sitting position on your lap, with his side toward you. Support his head and back with one hand, chin and chest with the other. Then gently rock him back and forth as if helping him “take a bow”.

Your baby may spit up small amounts of formula or breast milk, too. No cause for alarm. It happens to all babies. You may be able to reduce the spitting up by burping your baby more often or longer during and after feedings.

Sharing Mealtimes

Mealtime is more than an opportunity to get nutrients into your baby. It's a time for closeness and sharing. Your baby's meals are as much for his emotional pleasure as his physical well-being. So, maintain eye contact with your baby while you feed him. Hold him comfortably close to you, seating him in your lap with his head resting in the bend of your elbow and slightly raised. Talk to him softly during the feeding.

Breastfeeding

Human milk is made especially for human babies. There are many advantages to breastfeeding your newborn, including less colic, a lower rate of ear infections, fewer allergies and some believe a lower risk of SIDS. There is also the convenience factor and of course, the savings. This brief outline is intended to get you started on that special path that nursing mothers share with their babies. The first few days of nursing will be a time of learning for you and your baby. Neither of you may accomplish a lot on your first few tries, but that's alright. A clear or yellowish fluid called colostrum that's extra rich in nutrients will come from your breasts. Although the amount will be small, it's close to what your infant's stomach can hold.

To begin, find a comfortable position that gives you good support of your back and arms - using pillows can help this. There are three main nursing positions; sitting with the baby in your lap, lying on your side, and the football-hold position. In each of these positions, it is very important that the baby's face and chest are facing your body, tummy to tummy. Hold your breast with four fingers underneath and your thumb on top; this helps you direct your nipple and areola into the baby's mouth. Do not use the scissor hold as this flattens the nipple and makes it difficult to latch on.

Latching on is one of the most important parts of breastfeeding. The infant must have your nipple and about an inch of breast in the mouth. Tickle the baby's lips with your nipple, or express a little breast milk to interest him in latching on. Keep his head tucked in rather than tipped back.

Nurse for a total of 20 minutes during each feeding by the end of the first week. Sometimes five minutes on the first side and the remainder on the other breast is a good way to nurse. This method prevents the baby from becoming too sleepy on the first side and taking nothing from the other breast, causing it to become engorged. Don't forget to drink two cups of water each time you

nurse. Remember you're still eating and drinking for two. If your breasts become engorged, apply warm compresses and manually express or pump some milk before putting the baby to nurse. Your breasts will feel normal again between the third and fourth weeks. Don't think that you're losing your milk supply and start supplementing with formula - the baby won't nurse as vigorously and your supply will dwindle.

This is only a guide. If you are having problems with nursing, there are many resources available. Please call during office hours and we will be happy to assist you.

Eat a Balanced Diet

As a nursing mother, you'll need to eat a balanced diet that contains 500 to 600 calories more per day than the diet you needed before pregnancy. Your daily food intake should contain a lot of protein foods and at least one quart of milk; these foods provide you with enough calcium for both you and your baby. If you're unable to drink milk or eat high calcium foods, ask your doctor to recommend a calcium supplement.

Foods in mothers' diets rarely have a disturbing effect on their babies. It does happen, though, with certain foods such as tomatoes, onions, cabbage, chocolate and spicy foods. If your baby has loose stools, colic or excess gas for no reason that you can think of, review your diet for the previous 24 hours. Try eliminating foods on the above list and see if it helps.

Beware of Medications

Medications taken by a mother can pass into her breast milk. This applies to both prescription and over-the-counter drugs. Examples are sedatives taken for sleep, tranquilizing agents, other mood-altering drugs, laxatives and antibiotics. If you're breastfeeding, please check with us before taking any medication - even seemingly harmless nonprescription drugs. We will want to discuss with you whether a medication will reach your baby through your milk.

When You Need to Supplement

Sometimes breastfeeding mothers need or choose to give their babies some bottle-feedings of infant formula. It's quite possible to balance breast feedings and bottle-feedings, but we advise new mothers against the practice until their breast milk supply is established, usually a matter of several weeks. And if you do supplement with formula, you should continue to express your breast milk in order to maintain your milk supply. Generally, breastfeeding babies shouldn't even be given water during this period unless they're exposed to very warm weather. After your milk supply is steady and reliable, you may give a couple of ounces of water once or twice daily between feedings.

Infant Formula _____

If you're bottle-feeding your baby, infant formula should be the **only** form of milk your baby gets during the first year of life. Similac Early Shield or Enfamil Premium Newborn is the formula we recommend and is available in three forms. Ready-To-Use is fed without adding water. Concentrate is a liquid that's been condensed and must be diluted with water. Powder must be dissolved in water. The colors of the cans are the same; be sure you are buying the right formula by the container size and the written description of Ready-To-Use, Concentrate and Powder.

Similac Early Shield	Container Size	What To Do
Ready-To-Use	8 & 32 oz cans	Pour in clean bottle
Concentrate	13 oz cans	Mix equal parts of water and formula
Powder	14, 16 or 32 oz cans	Mix 1 scoop with 2 oz water

Note: Always follow directions for mixing and serving exactly.

When your baby comes home from the hospital, he'll probably take 2 to 4 ounces of prepared formula at each feeding. When he's able to empty the bottle, start adding another ounce.

Wash and Cleanse

Cleanliness is important for small babies, especially when it comes to things that go into their mouths. So you'll need to be careful about keeping formula containers, bottles, nipples, and utensils free of germs. Everything must be washed thoroughly in hot soapy water and rinsed with plain hot water. Utensils must be kept off unclean surfaces. You should wash your hands well with soap and water before beginning formula preparation.

You can prepare enough formula for one feeding or for a whole day. After each feeding, rinse the bottle and nipple with cool water. If you rinse the milk away before it can form a film, washing will be easier later.

Use Proper Nipple Hole Size

The size of the nipple hole should be large enough to let milk drip through at a steady rate without forming a stream. If the milk doesn't form separate drops, throw the nipple away. If the hole is too small, enlarge it by pushing a sterilized needle or clean toothpick through the hole.

As you feed your baby, hold the bottle so formula fills the nipple and the baby can't suck any air through. Too much swallowed air will give him a false feeding of being full. He could also get uncomfortable from gas later.

Get Comfortable

Before you start a feeding, make sure your baby's ready . He should be wide awake, hungry, warm and dry. And you should sit in a chair with him where you're comfortable and relaxed. Hold him close to you in the nursing position, his head slightly raised and resting in the bend of your elbow.

Never prop your baby's bottle or let him feed by himself. Not only does it deprive your baby of needed contact with you, but small unattended babies have been known to choke when left with a propped bottle.

Common Feeding Problems

Fussiness, crying, gas, diarrhea - babies occasionally develop one or more of these symptoms. If your baby has any of these, call the office. Be prepared to describe the symptoms your baby is experiencing, when they occur and how long they last.

Solid Foods

Many parents are proud of the day their baby begins to take solid foods, including cereals. They view it as an accomplishment. As a result, many babies are started on solid foods before their digestive systems are really ready. From a nutritional standpoint, solid foods are not necessary during the first 4 to 6 months of life. Breast milk or full-year formula provides all the nutrients a baby needs. In fact, the earlier any food is introduced, the greater the chances are that the baby will have problems with it.

New foods should be introduced one at a time. When a new food is introduced, no-other new foods should be given over the next few days. Unless instructed by us, you should not change formulas at the same time that you are introducing solid foods. If the food causes diarrhea, constipation, or a rash, you should stop giving it. By introducing new foods slowly, you give your baby's system a chance to adjust, and it's easier to trace problems back to the source. If a food doesn't agree with your baby, try it again when the baby is older.

Food Allergy

A true allergy to a food is not very common in infants, and can be controlled by changing the formula or diet. The best way to help your baby avoid allergies is to breastfeed. Occasionally a formula-fed baby may develop symptoms that might indicate an allergy, such as colic, severe rash, eczema, or diarrhea that won't clear up. If there is a history of allergy in your family, these symptoms are even more likely to indicate an allergy. That's why you should tell us if allergies run in your family.

Vitamins

We sometimes ask the parents of our young patients to give their infants and children vitamin-mineral supplements. (Some supplements are by prescription-only because they contain fluoride. In addition children may receive fluoride from their water supply and other sources.) All breastfeeding infants should receive Vitamin D supplementation daily.

Baths

For the first few days after your baby comes home, bath time can consist of a gentle once-over with a soft, damp washcloth - warm, of course - and a mild soap. Regular baths should wait until what's left of the umbilical cord has come off - and, in the case of boys, until the circumcision heals. Once your baby is ready for full fledged baths, be sure the room is warm, with no drafts, and the water is about 85°F. When you stick your elbow in the water, it should feel warmer than your skin but not actually hot.

Your baby will find bath time a highlight of his day if you take a few precautions to keep soap out of his eyes and mouth and make him comfortable. Wash your baby's face with plain water, a soft cloth and a mild soap. Wash your baby's head gently, working from front to back to keep the soap out of his eyes.

To clean the area around the eyes, use cotton dipped in cool clear water. Clean the outer areas of the nose and ear only, using a moist washcloth or cotton ball dipped in water. With a cotton ball, wipe away any yellow-orange earwax that's collected in the visible part of his ear. It's important not to poke inside the ear; it's risky for your baby, painful and unnecessary.

Don't try to clean any areas inside his mouth until he starts getting teeth; then you can teach him to use a toothbrush.

Sleeping

Newborn babies sleep a lot, usually waking up every 2 to 4 hours for feedings. At about 1 to 2 months of age, they generally start sleeping through the night, although a few cooperative babies start sooner. You may have heard that starting solid food will make a baby sleep through the night; there's no evidence that this is true.

Between 5 and 7 months of age, your baby may disappoint you by starting to wake once again during the night. This isn't backsliding. It's a normal developmental phase. Let him stay in her bed, comfort him, pat him on the back, and change him if needed. The pattern of night-time sleeping will soon return.

The American Academy of Pediatrics recommends that an infant sleep on their back or side to reduce the risk of SIDS.

Bowel Movements

Your baby's stools will probably change in color, softness, and frequency from time to time. Also, different babies have different bowel habits. Some have a stool with every feeding; others may have one stool every 36 to 48 hours. The consistency and color varies from day to day. Usually, breast-fed infants have liquid, yellow or mustard-colored stools. If you're breastfeeding your baby, don't take runny stools as a sign of diarrhea. The stools of formula-fed infants are yellowish-tan. All babies sometimes have green, brown or gray-colored stools.

As long as your baby seems happy and content, is eating normally, and has no signs of illness, don't worry about minor changes in the stools. And if he strains, grunts or turns red in the face while having a bowel movement, that's normal too.

If your baby's stools are small and pebble-like, he may have constipation. Constipation has nothing to do with frequency of stools. Don't give him an enema, suppository or laxative until you've talked to us.

Teething ---

Most babies start teething at 6 to 7 months. A few early birds begin at 3 to 4 months. While the majority of babies aren't troubled by the teething process, some get irritable, eat poorly and have trouble sleeping when teeth begin to arrive.

Crying ---

Ways that tiny babies can communicate are limited. Crying is one of them. Crying is how your baby makes his needs known and his displeasure felt. As you'll soon find out if this is your first baby, most parents quickly learn to identify whether their baby is crying from hunger, restlessness, pain, anger, or some other reason. Many babies go through unexplainable fussy periods each day as they adjust to living in the world. Don't worry about spoiling a tiny baby by pampering him. He needs to know you're there to meet his needs.

There are a number of things you can do to comfort your baby:

- Give the baby something to suck, such as a pacifier.
- Lengthen feeding times.
- Give the baby more physical contact and movement. Walk, rock or pat him.
- Take the baby for a stroller ride or a car ride.
- "Bundle" the baby (wrap him snugly in a blanket) or raise the temperature in his room a little if you think it's too cool.
- Change his position.

If all else fails, just let him cry. He may need to let off steam. Often babies fall asleep after a good cry - so allow him up to 20 minutes on his own.

Colic

Colic is a common problem in babies, especially those younger than 3 months. It has a variety of possible causes and a number of different symptoms. If your baby has bouts of prolonged crying and extreme fussiness, colic may be responsible. You should call us at the office.

How to help a Colicky Baby

- Soothe the baby with motion - rocking, walking around the room, and so on.
- Amuse the baby with a rattle, music, or some other distraction.
- Offer a pacifier or bottle.
- Darken the baby's room at nap times to make sleeping easier.
- Don't let the baby go hungry for long. If the baby has just eaten and has colicky symptoms, offer a pacifier.
- Stay in touch with the doctor, using only his or her suggestions; avoid herbal teas and other home remedies suggested by well-meaning friends and family members.

Diaper Rash

Some babies are more prone to diaper rashes than others, but almost all of them get it at some time. Plastic pants worsen diaper rash.

To treat your baby's diaper rash:

- Change his diapers often. Keeping the area clean and dry allows it to heal.
- Expose his bottom to air several times a day.
- Diaper wipes can be irritating to a baby's bottom. Try using a warm wash cloth, or wet paper towel instead.

- Avoid plastic pants for awhile. At night, use disposable diapers that will pull moisture into the diaper and away from the skin.
- Wash your baby's bottom with warm tap water and a mild soap when diapers contain urine and/or stool. Rinse thoroughly and pat dry.
- If your baby's bottom is very raw, have him soak in a tub of lukewarm water for 15 minutes three times a day.
- Don't use special creams or ointments unless we prescribe them.
- Never use powder.
- If you use cloth diapers and launder them at home, use a regular detergent during wash cycle. Then run a second wash cycle with warm water and 1 cup of bleach added. (Vinegar does not kill germs.) Follow with the normal rinse cycle.

If your baby's diaper rash lasts more than 3 days, call our office. You should also call if the rash spreads beyond the diaper area or if any blisters, pimples, boils, pus, or yellow crusts form on the baby's buttocks.

Illness _____

We would like you to be familiar with a few warning signs of severe illness. Just because your child has one or more of these signs doesn't necessarily mean a severe illness is present. But it could be. So call us if you note any of the following danger signs:

- Temperature of 101 °F or higher
- Vomiting, not just spitting up
- Refusal to take feedings
- No energy
- Diarrhea, especially if there's mucus, blood or an unusually bad smell

- Hard crying with no obvious cause for more than 1 hour
- Inability to see or hear normally
- Unusual rash
- Jaundice

Fever

If your new baby develops a fever (temperature of 101°F or higher) call our office. In babies, the rectal temperature is simplest and most accurate to take. First lubricate the bulb of the thermometer with petroleum jelly (Vaseline®). Then place the baby on his tummy. With your thumb and index finger, spread the baby's buttocks and insert the tip of the thermometer with your free hand. Remove the thermometer after 1 minute.

To lower his temperature, give Acetaminophen (Tylenol® infant drops). A dosage chart appears in back of this booklet. Also, give extra liquids such as water, Pedialyte®, and juice. If the fever is very high, we may suggest that you sponge your baby off with water that's at room temperature (about 78°F). Or give him a bath in water comfortably warm for up to 20 to 30 minutes. Don't make the water too cold. And don't use plain alcohol; it could chill your child. Ice baths should never be used at home. ***Remember, always call us if your young infant has a fever!***

Vomiting

If your baby has forceful, persistent vomiting any time in the first 6 months, report it to us. Persistent vomiting with fever or abdominal pain needs prompt attention. Also, if your baby bumps his head hard, falls headfirst, or is struck on the head and later starts vomiting, call us.

If your infant is vomiting, following these steps to prevent dehydration:

- Have Pedialyte®, an oral electrolyte maintenance solution (made with rice syrup solids), stocked at home so you can begin giving Pedialyte® as soon as vomiting starts.

- Toddlers one year old or older should be given as much Pedialyte® as they will drink every 3-4 hours. If your baby is less than one year old, call us for dosing instructions.
- Don't hesitate to give your baby more Pedialyte® if he vomits or spits up. It may be necessary to give smaller amounts (by the teaspoon) more frequently.
- If you are breastfeeding and your baby vomits, continue to nurse your baby between feedings of Pedialyte®.
- Solid foods and regular formula may need to be momentarily discontinued. Call for advice.

Diarrhea

A baby has diarrhea when he passes frequent, loose stools. The more often stools are passed, the more severe the diarrhea is. Diarrhea may last from a few days to a week. Usually the condition isn't a medical emergency. However, if you notice any of the following, you should call our office:

- Blood in the stool
- Severe abdominal cramps
- More than 8 loose stools in 8 hours
- Vomiting of clear fluids three or more times along with diarrhea
- Fever above 100°F for more than 3 days
- Your baby acting very sick

If you're breastfeeding and your baby gets diarrhea, ***you should continue to nurse.*** Breastfeeding should never be stopped because of mild or moderate diarrhea. Just offer a little Pedialyte® between feedings.

If your baby is formula-fed and diarrhea is mild (that is 3-4 watery stools per day) change to a lactose free formula. Call our office for specifics.

Home Treatment of Moderate Diarrhea In Toddlers 1 to 2 years old

Day 1 & 2

No milk products to drink. Pedialyte® is the drink of choice. Bananas, rice cereal, soda crackers, white toast, rice, applesauce, bland soup, yogurt.

Please call our office if symptoms continue.

If the skin of your baby's buttocks gets red or sore from the diarrhea, especially the around the anus, wash it after each bowel movement. Then apply a thick layer of Zinc Oxide ointment (Balmex®).

Most diarrhea is caused by intestinal viruses and is very contagious. So, you should wash your hands well after diaper-changing or using the toilet to prevent the viruses from spreading to other family members.

Colds

Occasional colds are unavoidable in babies and children. Usually colds involving no more than a runny or stopped-up nose and mild cough can be handled at home. If your baby has vomiting or a high fever, however, we'd like you to call us.

During the first month or two of life, most newborn babies have some nasal mucus that can cause sneezing and noisy breathing. To lessen this, use the nasal bulb aspirator you were given at the hospital. A vaporizer of the cool mist type in your baby's room might also help.

Poisoning

All of your family's medications should have child-proof caps. They should be kept in locked or out-of-reach cabinets. You should also store soaps, cleaning agents, and painting supplies in a secure place. It's surprising how quickly little fingers become nimble enough to open drawers and doors and pry the lids off things.

If you've seen your child swallow a medicine or poison call Poison Control at 1-800-222-1222.

Special Conditions in the Newborn Period

When a baby enters the world, it's an adjustment. A few mild symptoms may occur, and if this is your first baby they may worry you. Some normal conditions of the newborn period are described below.

Umbilical Cord

Your baby's umbilical cord will fall off by itself in 1 to 4 weeks. Until it does, keep the base of the cord dry with a Q-tip as often as needed. If the naval oozes spots of blood or clear moist fluid for a while after the cord drops off, don't worry. This is natural.

But if the oozing persists more than 2 days, if the discharge smells particularly bad, if the skin around the cord gets red, or if your baby gets a fever notify us.

Genital and Breast Areas

If your little boy has had a circumcision, each time you change his diaper apply Vaseline® to the circumcised area. Call us if you see any swelling or bleeding. If your baby hasn't been circumcised, don't pull the foreskin of the penis back until after his first office visit with us. The tip of the penis (glans) of newborn boys is generally red at first and sometimes has thin yellow crusts in spots. The skin looks normal in 2 to 3 weeks.

Many newborn girls have a whitish discharge from the vagina. Also occasionally a few spots of blood or "mini-period" can be seen. This is normal and no cause for worry. Just clean the area with a cotton ball soaked in sterile water.

A watery discharge from the nipples is seen in some babies, both male and female. They may have enlarged or swollen breasts. No treatment is necessary, since the condition will go away by itself. However, if you notice any redness of the swollen areas, notify us.

Scalp

It's normal for newborn babies to have white dandruff-like flakes on their scalps. The flakes are old skin being shed and **not** a dry scalp condition. So, don't use oils, lotions or Vaseline®. They "paste" these flakes on the scalp and make the condition worse.

The presence of yellowish scales is called **cradle cap**, a very common condition in infants. It, too, is associated with old, dead skin, and is only made worse by oils, lotions, and so on. Washing may not help much. You can treat cradle cap by removing the scales with a soft brush.

The soft spot on your baby's head (fontanelle) is an area where the skull bones haven't yet joined. The soft spot is covered by thick, tough tissue that protects the brain tissue underneath, so you needn't worry about hurting it. If you sometimes notice a pulsing of the soft spot, this is normal. You may also see small lumps, bumps and irregularities. These are normal too.

Eyes

Many babies look slightly cross-eyed at birth. Usually, this is caused by muscles that are temporarily out of balance. Also, the wide skin area that babies have across the nose can make the eyes looked crossed when they're not. Crossed eyes generally correct themselves by the end of the first year.

Some babies have yellow drainage and perhaps redness or swelling of the eyes in the first week of life. Usually, this is caused by silver nitrate, a compound that's put in all infants eyes at birth as a health precaution. The condition clears up without treatment.

Skin

Some babies have little white dots on their noses. They're called **milium** and go away without treatment. One of the most common newborn rashes is **newborn acne**, which disappears in 6 to 8 weeks. It's helpful to wash the area with a mild soap once or twice daily. Don't apply oils, lotions or creams; they only worsen the problem.

A Final Word ---

This information guide won't answer every question you have about the first weeks and months of your baby's life. But we hope that it's given you some useful guidelines for baby care and outlined some precautions you must take to safeguard your baby's health.

Our small patients are of the utmost concern to us, and we welcome any questions you may have about your baby's growth, development, and well-being.

Infants', Children's and Jr. **TYLENOL**®

Dosing Information for Healthcare Professionals

Children's
TYLENOL®

Use this chart to determine the proper dose of **TYLENOL**® for your patient. If possible, use weight to dose; otherwise use age.

DOSE — Every 4 hours as needed. Do not give more than 5 doses in 24 hours.

		Infants' TYLENOL® Oral Suspension	Children's TYLENOL® Oral Suspension	Children's TYLENOL® MELTAWAYS® Chewable Tablets	Jr. TYLENOL® MELTAWAYS® Chewable Tablets
		Active Ingredient: Acetaminophen 160 mg (in each 5mL or 1 tsp)	Active Ingredient: Acetaminophen 160 mg (in each 5mL or 1 tsp)	Active Ingredient: Acetaminophen 80 mg (in each tablet)	Active Ingredient: Acetaminophen 160 mg (in each tablet)
Weight (lbs)	Age				
6-11 lbs	0-3 mos	1.25 mL	—	—	—
12-17 lbs	4-11 mos	2.5 mL	—	—	—
18-23 lbs	12-23 mos	3.75 mL	—	—	—
24-35 lbs	2-3 yrs	5 mL	5 mL (1 tsp)	2 tablets	—
36-47 lbs	4-5 yrs	—	7.5 mL (1½ tsp)	3 tablets	—
48-59 lbs	6-8 yrs	—	10 mL (2 tsp)	4 tablets	2 tablets
60-71 lbs	9-10 yrs	—	12.5 mL (2½ tsp)	5 tablets	2½ tablets
72-95 lbs	11 yrs	—	15 mL (3 tsp)	6 tablets	3 tablets

mL = milliliter **tsp** = teaspoonful

See reverse side for important information ►►

CHILDREN'S MOTRIN (IBUPROFEN)		INFANT'S ORAL DROPS 50MG/1.25ML	CHILDREN'S SUSPENSION 100MG/5ML	CHEWABLE TABLETS 50MG	CHEWABLE TABLETS/CAPLETS 100MG	
		DROPPERFUL	TEASPOON	TABLET	TABLET/CAPLET	
WEIGHT	AGE					
12-17 lbs	6-11 mos	1/2 dropper	1/4 teaspoon			
18-23 lbs	12-23 mos	1 dropper	1/2 teaspoon	1 tablet	1/2 tablet	
24-35 lbs	2-3 yrs	2 droppers	1 teaspoon	2 tablets	3/4 tablet	
36-47 lbs	4-5 yrs		1-1/2 teaspoons	3 tablets	1 tablet	
48-59 lbs	6-8 yrs		2 teaspoons	4 tablets	2 tablets	
60-71 lbs	9-10 yrs		2-1/2 teaspoons	5 tablets	2 tablets	
72-95 lbs	11 yrs		3 teaspoons	6 tablets	3 tablets	

IF FEVER IS MORE THAN 102, ALTERNATE **TYLENOL** (ACETAMINOPHEN) WITH **MOTRIN** (IBUPROFEN)

EVERY 3 HOURS. EXAMPLE - **TYLENOL** AT 3pm THEN **MOTRIN** AT 6pm, ETC. IF CHILD IS UNDER 2 MONTHS OF AGE AND HAS A FEVER, CONTACT DOCTOR IMMEDIATELY. DO NOT GIVE **TYLENOL**.