

Welcome to your baby's first well care visit. During the first two weeks your baby will go through many changes. By three days of age most babies have lost six to eight ounces of weight. By two weeks most babies will return to or exceed birth weight.

### What is a well care visit?

- **Length, Weight and Head Circumference.** Your baby is carefully measured to assess proper nutrition and growth.
- **Nutrition.** A discussion of feeding, or diet is an important part of each well baby or well child visit.
- **Development.** Various developmental milestones are reviewed to make sure that your infant is developing appropriately.
- **Physical Exam.** Your infant receives a head to toe physical exam by his or her provider.
- **Health Screens/Immunizations.** At some visits health screens such as blood tests are needed. Most visits during the first two years also include immunizations. If you would like to read about your baby's immunizations prior to the well check, read the information on the CDC web-site, [www.cdc.gov/nip](http://www.cdc.gov/nip).

### Bathing and Skin Care

Most infants need a bath only 2-3 times a week. Clean the face, chin, neck, and diaper area daily. Withhold regular tub baths until the cord is healed. Sponge bathe and keep the cord dry. Use mainly water for the first weeks. Soaps are drying to the newborn's already dry skin. Mild soaps (Dove or baby soaps) are used in small amounts. Do use soap daily to clean the diaper skin. Take care to wash and dry the skin folds at the neck, arms, groin, vagina or scrotum. Keep the skin clean and dry. To clean the eyes use a clean cloth or cotton balls dipped in water. You may shampoo the baby's hair with baby shampoos or liquid baby soaps. Use a soft brush to scrub the scalp. Never leave your baby unattended in the bath.

### Nutrition

- **Breast Feeding.** During the first 3-5 days of your baby's life, nursing mothers will notice many changes. Breasts become fuller as milk supply increases. Wet diapers increase from 1-3 a day to 5-7 or more a day. Stools change from the dark and tar-like meconium to looser transition stools of variable color. By 7 days the stools are usually yellow, seedy, and fairly loose. Babies initially average 3 or more stools a day. Some breast-fed infants stool with almost every feeding. Most breast-fed infants are nursing 8-12 times a day and many will settle into about 8 feedings a day by 2 weeks of age. Rigid feeding schedules are not recommended for breast-fed infants. Some infants cluster feed. A cluster feeding infant will nurse 2-3 times in a 2-3 hour period and will then sleep 4-6 hours. This is normal. By 7-10 days of age many infants have a growth spurt. These are fussy periods of several days when your infant may want to feed every one to one and a half hours. Be patient, try to get some rest, this will pass. If you feel that your infant is not satisfied and "always at the breast," you need to schedule an appointment with us or lactation consultant to check that your baby is growing properly. Do not limit the number of feedings
- **Bottle Feeding.** Baby will set the pace. Some babies require 2-3 ounces. By two weeks most are up to 3 ounces per feeding. A helpful rule of thumb for infants up to about 4 months of age is that if you take the age in months and add 3, that is the number of ounces that most infants will take per feeding. For example, a 1 month old will usually take about 4 ounces per bottle feeding. If your baby is growing at a normal rate, then your baby is getting enough formula. Do not microwave formula. Do not prop bottle, this can cause ear infections. If baby has trouble sucking, make sure nipple hole is big enough.

### Development

- **Sleep.** Newborns are often drowsy for the first day or two. By three to five days of age most parents notice that their babies have more alert periods. Unfortunately, these wide-awake periods are often during the middle of the night. Day-night reversal during the first week or so is very common. You may try to keep the lights low and stimulation to a minimum, but at this age patience is the key. Take a nap in the afternoon while your baby is sleeping. Most newborns sleep at least 16-17 hours a day. Babies can see clearly from the moment of birth, but they are very near sighted. He or she can see at best eight to 10 inches away. Objects further away are fuzzy.
- **Jaundice in Newborns.** Jaundice is the word to describe the yellow skin color and yellowish sclera (whites of eyes) that is often seen in newborns. Jaundice occurs in a newborn because your baby's liver is not able to process a red blood cell product called bilirubin (the yellow pigment that causes the jaundiced appearance). Sixty percent of all newborns develop jaundice and the peak of jaundice is generally from three to five days of age. Within a week a newborn's liver should be able to break down the bilirubin more effectively.

## Common Rashes

- **Cradle Cap.** This harmless skin condition often appears by a month or two of age as a scaly area on the top of the scalp, behind the ears, and sometimes on the eyebrows. To treat cradle cap, loosen the scaly areas with a soft brush. Brush scales away. If the scalp is very crusty you can put some baby oil or olive oil on the scalp an hour before washing your baby's hair.
- **Diaper Rash.** Frequent changing, rinsing, and drying of the diaper area reduces the number of diaper rashes. The best treatment is to let the diaper area air out when possible, either by keeping the diaper loosely attached or leaving it off altogether. Clean with water rather than commercial diaper wipes. Treat area of diaper rash with mild diaper ointment. Some diaper rashes are caused by yeast infections. Yeast infections look moist, red and sore, and may have bumps on the edges. Clotrimazole (Lotrimin AF) is an over-the-counter medication that works well on diaper rashes caused by yeast.
- **Heat Rash.** Heat rash occurs usually on the back, neck, or chest and is caused by overheating. The rash looks like tiny pink bumps and is best treated by measures that cool your infant's skin: Dress your baby with fewer clothes, use tepid or cool baths, make sure that your house is not too warm, don't use ointments on your baby's skin. Ointments block sweat glands and can make the rash worse.
- **Infant Acne.** Red pimples on the face, neck and chest can appear sometime during the first few months of life. The rash will disappear on its own. If blisters develop, your baby should see his provider. Infant acne is caused by hormone changes during the first few months.
- **Milia.** These are tiny white bumps that occur on the face of newborns. They are blocked skin pores which will open up and usually disappear by 2 months of age. No treatment is necessary.
- **Newborn Rash.** Many babies get a rash called erythema toxicum by the third day of life. The rash looks like multiple ant bites, red spots with white pimples in the center. It can occur anywhere on the body. Although the cause is unknown, this rash is harmless and usually goes away by 4 weeks of age.

## Newborn Screening Tests

- Newborn screening for early detection of medical disorders began in the early 1960's and has gradually been expanded and perfected. Today these simple blood tests identify about 3,000 newborns nationwide each year with serious underlying medical conditions. Most of these infants are diagnosed before symptoms occur and have improved outcomes because of early diagnosis and treatment. In addition to blood tests, most states also screen hearing. Nationwide at least 6,000 newborns a year are diagnosed with hearing impairments by these screens.
  - **Required Blood Screening.** The state of Texas screens for close to 30 medical disorders. Prior to being sent home from the hospital, newborns have blood drawn, placed on a special filter paper and sent to a central state lab for testing. A second newborn screen will be done in the newborn nursery at the hospital where you delivered your child after your two week well care visit.
  - **Newborn Hearing Screen.** Texas has a state-wide program of universal newborn hearing screening, tracking and intervention. Your newborn should have had his or her hearing tested before being discharged from the hospital. Two babies a day in Texas are diagnosed with hearing loss by these newborn hearing screens. Intervention during the first six months of life significantly improves language development in these infants. Without newborn hearing screening, hearing loss is not generally diagnosed until the second year of life. The newborn hearing test is covered by all insurance plans, and is exempt from a deductible or dollar limit. If you have any questions about insurance coverage, call the Texas Department of Insurance at 800.252.3439.

## Safety

- **Car Seat.** Use an approved infant car safety seat. Information on approved safety seats and local programs to check you car safety seat placement can be obtained by calling the Safe Riders Program at 800.252.8255 or 866.SEAT.CHECK ([www.seatcheck.org](http://www.seatcheck.org)). Install car safety seat according to directions. Not all infant seats are installed the same way. Always secure baby inside the safety seat, even for short trips. When your baby is small you might need to roll up a baby blanket or small towel to place at each side of your infant's body to make your baby more comfortable. Place infant seat in the center of back seat for maximum safety. The American Academy of Pediatrics (AAP) recommends that infants less than a year of age remain in a rear facing safety seat. In addition child safety experts are now recommending that infants and toddlers remain in a rear facing safety seat until two years of age. Serious injuries are five times more likely to occur if your 12 to 24 month old child is in a forward facing rather than a rear facing safety seat.
- **Smoking.** If you or another family member is a smoker, one of the best ways to protect your newborn's health is to quit smoking. Smoking in the household increases respiratory illnesses, frequency of ear infections, and increases your child's long-

term cancer risk. Household smoking also increases the risk for Sudden Infant Death Syndrome (SIDS). We encourage you to discuss smoking cessation with your family doctor.

- **Sudden Infant Death Syndrome (SIDS).** SIDS is the leading cause of death in infants older than one month of age. SIDS frequency peaks in babies two to three months of age and is less common after six months of age. While the causes of SIDS are not known, researchers are beginning to understand the risk factors for SIDS. The following are highlights from the November 2005 Academy of Pediatrics Policy Statement on SIDS. The entire statement is available in the Health Topics section of the AAP website, [www.aap.org](http://www.aap.org).
  - **Back to Sleep:** Placing your baby to sleep on his back is the most effective way to prevent SIDS. Since the “Back to Sleep” campaign began in 1992, the incidence of SIDS has dropped by more than 50 percent in the U.S. Babies placed on their sides tend to roll onto their stomachs while they are sleeping; the side position is not safe. Babies who sleep on their backs are less likely to vomit and choke than babies who sleep on their stomachs.
  - **Keep your baby’s face and head uncovered during sleep.** Keep fluffy toys and pillows out of your baby’s bed. Do not use a bean bag or water bed for your baby.
  - **Keep baby in your room but NOT in your bed.** This is probably the most controversial of the AAP recommendations. A baby who sleeps in his parents’ room is less likely to die from SIDS but sharing a bed with your baby is not safe. Sleeping in the same bed as parents is thought to increase the risk of SIDS by increasing the chance of covering the baby’s face with soft bedding and/or increasing the chance of overheating the baby. The safest place for a young baby to sleep is in a bassinet or crib next to their parents’ bed.
  - **Don’t let your baby get overheated.** Overheating increases the risk of SIDS. Do not over dress your baby for sleep nor use too many blankets. Do not keep the room too warm.
  - **Avoid cigarette smoke.** Infants whose mothers smoked during pregnancy have a higher incidence of SIDS. Smoking also increases the chance of SIDS after your baby is born. No one should smoke in a house where a baby lives or visits. No smoking in the car either.
  - **Offer a pacifier at nap time and bedtime.** The reduced risk of SIDS is compelling, and the evidence that pacifier use inhibits breastfeeding or causes dental problems is not. The AAP recommends use of a pacifier throughout the first year of life, when placing the infant down to sleep. The pacifier does not need to be reinserted when the infant falls asleep and the pacifier falls out of the mouth. If the infant refuses the pacifier, he should not be forced to take it. For breast fed infants, you may delay pacifier use until a month of age to ensure breastfeeding is established.

### Reading Suggestions

- **New Mothers Guide to Breast-feeding**, The AAP, Bantam.
- **Caring for Your Baby and Young Child: Birth to Age 5**, The American Academy of Pediatrics.
- **Your Baby and Child: From Birth to Age 5**, Penelope Leach
- **Baby 411: Clear Answers and Smart Advice for Your Baby’s First Year**, Ari Brown, Denise Fields.
- **Infants and Mothers: Differences in Development**, Terry Brazelton.
- **Siblings without Rivalry**, Adele Faber and Elaine Mazlish, Avon Books.
- **The Happiest Baby on the Block: The New Way to Calm Crying and Help Your Newborn Baby Sleep Longer**, by Harvey Karp, MD.
- **[www.aap.org](http://www.aap.org)**, The American Academy of Pediatrics
- **[www.cdc.gov/nip](http://www.cdc.gov/nip)**, National Immunization Program. Federal government sponsored online information about vaccines.
- **[www.vaccine.chop.edu](http://www.vaccine.chop.edu)**, Information about vaccines from the Children’s Hospital of Philadelphia