



Maryland
Farms
Pediatrics

JENNIFER BONDURANT, MD
RACHAEL GUICE, MD
LINDSEY WARGO, MD

5056 THOROUGHBRED LANE
BRENTWOOD, TN 37027

Phone: 615.373.3337

Fax: 615.373.3782

Email: info@mfpeds.com

www.mfpeds.com

Office Hours

Monday – Friday, 8:00 am – 4:30 pm

Saturday, 8:00 am – 11:30 am

We are available 24 hours/day, 7 days/week by phone for emergencies.

CONGRATULATIONS ON YOUR NEWBORN BABY!

One of the most rewarding aspects of a pediatrician's career involves dealing with the newborn infant and his or her parents. We often are establishing a relationship that lasts many years. Watching a child grow and develop is deeply gratifying for both parents *and* pediatricians!

Hospital Care

Your pediatrician is in charge of the medical care of your baby from the time of his or her birth and will be called at the time of delivery. Your baby will have a complete physical exam by one of our doctors within 24 hours. Our physicians take turns going to the hospital nurseries each morning. A physician will see your baby each morning and discuss his or her progress and any concerns with you. Common problems include poor feeding and jaundice.

Routine lab work includes a blood type, bilirubin (jaundice), and blood glucose (sugar) levels. A newborn screen is also sent to the state lab by the nursery. A vitamin K injection and erythromycin eye ointment are standard nursery medications, which we feel are very important. The nursery will offer a Hepatitis B vaccine.

Breastfeeding

We support breastfeeding enthusiastically! Breast milk is the best nutrition for your baby, and the encounter between mother and baby at nursing time is emotionally satisfying to both. In our opinion, most newborns, if stable, can be placed directly on the breast after delivery and given no supplement. Breast milk usually comes in three to four days after an infant is born. Until that time, a mother has colostrum available which is rich in antibodies that fight infection. An infant will lose some weight in the hospital, but we will follow his or her weight and make sure it is a normal amount of weight loss. Once breast milk comes in, the weight should begin to increase.

These are suggestions we consider helpful:

- Start by offering one breast each feeding, and alternate which breast is used. When an infant is older, he or she may want to nurse from both sides.
- Let your baby nurse on one breast until he or she is satisfied and unlatches or falls asleep. If he or she is still nursing in 15-20 minutes, unlatch and see if he or she is satisfied. If not, offer the other breast for up to 15 minutes.
- Babies usually want to breastfeed every two to three hours.
- We feel babies should be fed on demand day and night during the first three months. Most babies start to sleep through the night between four and six months.
- During the first ten minutes, your baby is getting fore milk, which satisfies thirst. After ten minutes, while on the same breast, he or she is getting a fat- and protein-rich milk called hind milk that satisfies hunger. Breast milk typically appears thinner than cow's milk.
- Drink plenty of fluids, eat nutritious meals, and rest while your baby is resting.
- Weight gain is the most precise measure of adequate nursing. We expect an infant to be back up to birth weight by two or three weeks of age.
- We do not recommend starting breastfed babies on solids or cereal until four to six months of age.
- For substitute feedings, we suggest pumped breast milk or a powdered formula. An electric pump works much better than a hand pump.

- We will discuss vitamin D supplementation at the two-week checkup. Babies that are mostly breastfed need a vitamin D supplement (D-Vi-Sol), which can be purchased in the diaper aisle of any grocery store.

Bottle Feeding

Infant formulas are fine too! Most babies tolerate a formula based on cow's milk. These are iron-containing formulas. The iron is important and does not cause constipation. If your baby has an allergy, this will become clear over the first couple of weeks, and we may suggest a formula based on soy or an even more elemental formula.

Suggestions for bottle feeding:

- Babies who are breastfed usually prefer bottles with a wide-based nipple. We recommend trying any of the following bottles and nipples – Medela, Avent, Dr. Brown, Comotomo, and Tommee Tippee. Every baby is different with regards to which type of bottle he or she may like the best. We suggest starting with one and only switching to another if he or she will not feed from the bottle type you have.
- If you have city water, you do not have to boil the water first. If you have well water, please boil it to sterilize for three months. If you use bottled water, make sure it has added fluoride.
- Clean the nipple and bottle with hot, soapy water after each feed. Boiling is not necessary, but you need to clean the nipples by hand to get in all the crevices.
- When preparing powdered formula, always add the exact amount of water as per the instructions. Never dilute formula!!
- Most babies drink two to three ounces every three hours initially.
- Never prop your baby's bottle, and keep him or her upright while feeding. Do not put your baby in bed with a bottle of formula or juice. This often becomes a bad habit, which can lead to tooth decay.
- We do not recommend cereal until at least four months of age, and we do not suggest adding cereal to a bottle.

Infant Behavior

Burping an infant halfway through a feeding and at the end of a feeding is helpful. A lot of breastfed babies will not burp, but we like to give them the opportunity!

After your baby is back to birth weight (typically at the two week checkup), we suggest not waking a baby to feed at night. During the day, wake an infant to feed if he or she has not asked to feed after three hours. In the beginning, babies need to eat to fall asleep. By four months of age, however, we suggest putting your baby down sleepy but awake. This way he or she learns to fall asleep on his or her own. Then, if he or she wakes and is not truly hungry, the baby can put himself or herself back to sleep without your help.

Around two months of age, a lot of babies are getting into a good routine. Letting him or her cry at night for up to ten minutes is okay if you have just fed and changed the baby. Pacifiers are comforting to some babies.

A newborn sees well up to a distance of two feet. A one month old can see well across a room. Babies like to look at mobiles, mirrors, and your face during feeds. They need to be talked to and enjoy soft music as well.

Urination and Stooling

Newborn babies should urinate several times a day. Stooling patterns vary widely from after each feed to every four to five days. Babies' stools are often mistaken for diarrhea, because they are very liquid and usually yellow and seedy. Straining is common and is not a sign of constipation. Hard stool or pellets are signs of constipation. Feel free to call for advice about constipation during regular office hours. Do not give your baby an enema unless instructed to do so by a nurse or doctor.

Bathing

We suggest bathing your infant every two to three days with baby soap or Dove soap and water. He or she should have a sponge bath until the umbilical cord falls off at two to four weeks of age. After the cord falls off, he or she may have a bath which submerges the belly button. Fold the diaper back so the cord gets air and is not irritated by the diaper. Sometimes there is a little blood when the cord falls off. Clean the ears with a washcloth. A little water in the ear canal is fine. Nails should probably be filed until the nails are not so thin.

The circumcision of the male infant can be gently cleaned with water and soap if it gets stool on it. Keep the site well lubricated with vaseline until it is completely healed. We don't want it to stick to the diaper when it is still healing!

The female infant's genitalia should also be cleaned gently with soap and water. Spread the labia apart to remove vaginal secretions and stool. Infant girls often have a white vaginal discharge initially and sometimes have a blood-tinged discharge. They can also have some mild swelling of their labia.

DO NOT EVER leave your infant alone in the water, even for a moment. Turn down your water heater thermostat to 120 degrees to avoid accidental scalding injuries.

Skin Care

We recommend using only soap, water, and vaseline or aquaphor in the first two weeks of life. Desitin, Boudreaux's Butt Paste, and A&D ointment may also be used in the diaper area. After the first two weeks of life, you may use baby lotions and products made for sensitive skin.

Clothing

We suggest using Dreft or other free and clear detergents to launder baby clothes. Launder new clothes prior to wear. Avoid fabric softeners initially. Babies need only one more layer of clothes than adults. Keep your house in the 68-74 degree range. An infant should be swaddled in a light blanket at night.

Signs of Illness in the Newborn

We want you to call the office day or night if your newborn appears ill. The following signs are concerning in an infant:

- Fever of 100.4 degrees or greater rectally
- Temperature less than 97.5 rectally
- Recurrent vomiting (not spit up)
- Failure to urinate at least every eight hours
- Failure to feed repeatedly
- Pallor, listlessness, irritability
- Labored breathing

Safety in the Newborn Period

- Always use a car seat. It should face the back of the car until your infant is at least two years old.
- Place your infant on his or her back to sleep. Do not have pillows, loose blankets, or stuffed animals in the crib.
- Do not sleep with your baby.
- Do not leave your baby unattended with pets or small children.
- Do not put your infant in a car seat on top of a high surface or countertop.

Routine Pediatric Care

4-5 days	weight check for newborns
2 weeks	checkup only
4 weeks	checkup only
2 months	checkup + Pediarix #1 + Pneumococcal #1 + Hib #1 + Rotavirus #1
4 months	checkup + Pediarix #2 + Pneumococcal #2 + Hib #2 + Rotavirus #2
6 months	checkup + Pediarix #3 + Pneumococcal #3 + Hib #3 + Rotavirus #3
9 months	checkup + hemoglobin + lead
12 months	checkup + MMR #1 + Varicella #1 + Pneumococcal #4
15 months	checkup + Hib #4 + Hepatitis A #1
18 months	checkup + autism screen (MCHAT) + DTaP #4 + lead
2 years	checkup + autism screen (MCHAT) + Hepatitis A #2
3 years	checkup + blood pressure (BP) + vision
4 years	checkup + BP + hearing/vision
5 years	checkup + BP + hearing/vision + DTaP-IPV + MMR-Varicella
6-18 years	checkup + BP + hearing/vision (routine at ages 6, 8, 10, 12, 15, and 18)
	11 years: + Tdap + Meningococcal (ACWY) + HPV series + cholesterol screen
	16-18 years: + Meningococcal (ACWY) #2 + Meningococcal B series + cholesterol screen + hemoglobin (in girls)

Key: Pediarix – DTaP (diphtheria, tetanus, pertussis), Hepatitis B, and IPV (polio)
Hib – haemophilus influenza b
MMR – measles, mumps, rubella
Varicella – chicken pox
Tdap – adolescent tetanus, diphtheria, and pertussis booster
HPV – human papillomavirus (not required, but recommended)
Meningococcal B – not required, but recommended, series of 2 vaccines 1 month apart

Please try to schedule these well-child visits when your child is well! A sick child is often not cooperative, and we only do shots when a child is well. Please call several days or weeks in advance for a well child checkup. We are very busy with school physicals during June, July, and August. Of note, the vaccine schedule listed above is the routine vaccination schedule recommended by the CDC.

Vaccine Policy

We understand you want what is best for your child and so do we. We know that you are bombarded by conflicting information on vaccine safety. We can help you get the information you need to make an informed decision.

- We firmly believe in the effectiveness of vaccines to prevent serious illness and to save lives. We firmly believe in the safety of our vaccines.
- We firmly believe, based on all the literature, evidence and current studies, that vaccines do not cause autism or other developmental disabilities.
- We firmly believe that vaccinating children and young adults may be the single most important health-promoting intervention we perform as health care providers, and that you can perform as parents.

We would be happy to discuss any vaccine concerns and share information. We expect all children to be fully vaccinated by the age of two and are not accepting new families who cannot agree to have their children fully vaccinated by age two.

Reading Suggestions (in alphabetical order)

- Caring For Your Baby and Young Child – Birth to Age 5 by the American Academy of Pediatrics, Editor-In-Chief: Steven P. Shelov, MD, FAAP
- Heading Home With Your Newborn, 3rd Edition, Laura Jana, MD
- Moms on Call
- Mothers and Infants, Brazelton
- New Mother’s Guide to Breastfeeding, 2nd Edition, AAP