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For New Parents

You are now starting a marvelous new adventure with your baby. Parenthood is a full-time job devoted to the education, love and care of your child. It is challenging but very fulfilling.

If this is your first time to be a parent, you may realize that you had more training to drive a car than in being a mother or a father! It is normal for parents to have feelings of anxiety about their new responsibility. The purpose of this booklet is to outline some guidelines to assist us in providing the best possible care for your baby and child. If you become concerned about a particular problem, let us know. Most problems, however, have a way of taking care of themselves. So, relax and enjoy watching your new baby grow and develop. All your baby needs from you is a generous portion of tender loving care to learn what they will need to thrive in life.

The first 2 to 3 months of a new baby’s life are very difficult and trying times for both the new infant and the parents. Complete readjustment of the parent’s routine has to be made. If the mother ever seems depressed this is not unusual. This is sometimes referred to as the mother having “baby blues.” If this occurs discuss this with the pediatrician or obstetrician. There is considerable emotional pressure from outside sources such as relatives and neighbors. Do not take too seriously what others say. If you learn to rely upon your own common sense and follow our advice bringing up your baby will be much more enjoyable.

The baby requires time to adjust itself to our complex way of life. Many years were required for us to become adjusted. Why should we expect this new infant, who is using its respiratory (breathing) system, intestinal (stomach) and other vital organs for the very first time to adjust to this new environment in a very few days or weeks. We must give the infant the time he or she requires to level off into a contented, happy baby.

You are a husband and wife as well as parents. After several weeks, plan occasional evenings out. You may also take a day away from the baby to see friends and pursue your own personal interests outside the home. The change of scene will help you and your baby.

Your baby is a very special person. Don’t feel that your baby should be like any other baby. No two ever are.
Our Pediatricians

Gregory L. Smith, M.D. is a native of the south side of Indianapolis. He graduated from Perry Meridian High School before earning his undergraduate in pharmacy from Purdue University. He obtained his medical degree from Indiana University School of Medicine and completed his post-graduate training at James Whitcomb Riley Hospital for Children. Dr. Smith is married and has three daughters. He founded this office practice in 1990.

Steven R. Asdell, M.D. is a native of southern Indiana. He graduated from Loogootee High School before earning his undergraduate degree in chemistry/biology from Indiana University. He obtained his medical degree from Indiana University School of Medicine and completed his post-graduate training at Children’s Hospital of Michigan. Dr. Asdell is married to Dr. Tessa Asdell, formerly Tessa Antolin, who is an OB/GYN. They have one daughter and one son. He has practiced in this office since 1995.

Margaret D. Workman, M.D. is a native of Columbus, Indiana. She graduated from Columbus East High School before earning her undergraduate degree in biology from Xavier University in Cincinnati. She obtained her medical degree at Indiana University School of Medicine and completed her post graduate training at Riley Hospital for Children. She is married and has three sons. She has practiced in this office since 2002.

Allison M. Koepke, M.D. was born in California but considers herself a native of southern Indiana. She graduated from Castle High School before earning her BA in mathematics from Depauw University. She obtained her medical degree at Indiana University School of Medicine, where she also completed her residency at Riley Hospital for Children and then stayed on one more year to be a pediatric Chief Resident. Dr. Koepke has been married since 2002 and has two sons. Dr. Koepke has practiced in this office since 2008.

Appointments/Office Hours

We work by appointment, please remember, children become ill daily and may cause us to fall behind schedule. We will make every effort to be punctual. Your patience with this matter is greatly appreciated. When calling to schedule routine appointments call in the morning, but avoid Monday mornings when we are busy seeing sick patients.

Before any well child visit you should write down any questions you have about your child so that you will not forget to ask them. We will write down your child’s weight and length so that you will have a permanent record of his growth.

Before any sick child visit or phone call be sure to know and write down the following: when the illness began, what the symptoms are, if vomiting or diarrhea the number that have occurred.

In Case of an Emergency After office hours

Telephone calls for routine questions, appointments, and prescription refills should be made during office hours only. As you might imagine, we receive many phone calls during the day. In fairness to the patients in the office, the physician cannot interrupt their visits to personally answer each call. Our nurses will usually be able to answer your questions. If not, the physician will return your call at their earliest convenience. If your child is ill and needs to be seen, please call the office early in the day. We will always make every effort to see your child as soon as possible. The office answers the phones until 4:30 P.M. and after that time phone calls are forwarded to the answering service. Additionally the phones are forwarded to the answering service for an hour over lunch.
on-call does NOT mean the physician is at the hospital at all times.) Do not make calls after the office is closed to schedule appointments or to ask for prescription refills. If you have the physician paged and you are not called back in 30 minutes call the office to have the answering service page the physician on call again. If your child has a life threatening emergency then call 911.

What is Normal for a Newborn?

Activity

Newborn babies can breathe, eat, sleep, taste, smell, dirty their diapers, and call you by crying. They depend on you for feeding, bathing, love, and attention.

Usually the first few days after coming home from the hospital are the most difficult. However, this is a time to finally settle down and get acquainted with your new baby. You will find that your baby likes to be handled and is comforted by gentle but firm handling. Your baby will respond to sudden movements, bumps, or noises with startle reflexes, which are jerky movements of throwing his arms and legs out widely and then trying to encircle something to hold. He may also draw up his legs and give a sharp cry. However, as he grows older and you manage him with more confidence, day by day he will overreact less often. Babies also often will jerk or twitch for no apparent reason, even while asleep. This is all normal.

Breathing

Newborn babies often have a rather irregular breathing pattern while sleeping. You may notice his breathing may vary over 10 to 20 seconds from being very shallow and quiet increasing in intensity to being deep and strong. This is normal. Often parents are concerned with "rattles in the chest". This is usually due to nasal congestion and should be treated as described in the section about the nose.

Crying

In addition, all babies cry. They cry more than you expect and more than you think is necessary. Crying is your baby’s way of telling you, “I’m tired, I’m hungry, I want to turn over, I’m thirsty, I’m hot, I’m cold, I want to be held, or I’m bored”. Unfortu-
nately, most of us aren’t always going to know exactly what each cry means. Some parents are concerned that responding too quickly to crying will spoil the baby but this is not the case in the first 4 months of life. At this age your quick response will give your newborn confidence that there is someone there to care for them. If you are reasonably sure your baby has been fed, doesn’t have a dirty diaper, and is not in pain, then it is perfectly safe to allow him to cry for a short period of time. Crying does not harm your baby. Although most babies sleep over three fourths of the day, most also have a time of the day when they are awake and fussy. Periods of excessive crying are not unusual in the first three months and these usually occur in the late afternoon or evening. At times crying can be very stressful to a family. If you feel upset by the crying do not be afraid to place your baby in his room and close the door for a few minutes. Never shake a baby. If crying is excessive ask about written information which has other suggestions.

Colic

Colic is a common condition usually beginning at 2 to 4 weeks of age and normally ends by 3 months. Characteristically, a baby will fall asleep, and then wake up crying with his knees drawn up. It is usually associated with excessive activity, hard crying, passage of much gas. A mother’s inexperience is not the cause of colic. It may be aggravated by changes in routine, introduction of solid food at too early of an age, overfeeding, or by some foods ingested by breast feeding mothers (particularly caffeine, cow’s milk, nicotine, broccoli, and cabbage). Even though there is no known cause for colic, infants of women who smoke during pregnancy or while breast-feeding are twice as likely to suffer from colic.

Sometimes a pacifier, rocking, cuddling, or baby swings will help. Usually if you spend more time holding a baby with colic when it is not crying it will help decrease the crying. In infants less than 4 months of age you can hold them as much as is necessary and it will not spoil them. Often nothing you do will help. There is no cure for colic, and it does not harm your baby. Don’t blame yourself and make time to be away from your baby during these periods.

Skin and Birthmarks

If you are like most parents, you will perform frequent and very complete physical examinations on your baby. You may be alarmed by certain things you find, but most of what you see will be entirely normal.

Baby skin is thin and is usually a lively pink color. Dry or scaly skin is frequently seen during the first week of life. Pink to reddish colored birthmarks on eyelids (angel kisses), nasal bridge, and back of the neck (stork bites) are normal and may fade with age. Dark areas on the back and bottom of some babies are caused by normal skin pigment and are not bruises.

Your baby may have a few small white spots or blisters across his nose or forehead. These are temporarily plugged sweat and oil glands that will open naturally with time.

Many babies develop some degree of a yellow tint to their skin. This is called jaundice and normally is a natural process that is not a concern. Jaundice can occur secondary to a newborn breathing on its own outside its mother and therefore needing to change its red blood cells. Initially this change leads to excessive red blood cell breakdown products known as bilirubin. This bilirubin is temporarily deposited into fatty tissue like the skin until the liver can further process it.

Jaundice can be a problem in situations like:
1) It develops in the first few days of life.
2) the newborn is premature
3) the newborn has an infection, has a blood disorder or other problems.

Head

Many babies’ heads undergo some “molding” during the birth process. The head may look a little lopsided and have some bruising. The skull bones may also overlap slightly. This is all normal and gradually goes away in a few days to month depending on the child.

All babies have “soft spots” where the skull bones come together. The biggest one is on top of the head near his forehead. This area may even pulsate. This area is not very vulnerable to injury and may be thoroughly washed.

Eyes

At birth medicine is placed in your baby’s eyes to prevent infection. This may cause some eyelid swelling and discharge for 4 or 5 days. This can be rinsed away with water and a clean washcloth. If the discharge does not clear in this time, we should check it. Red spots in the white part of the eyes can occur and it is caused by the breaking of tiny blood vessels during birth. It will resolve in days to weeks.

After a few days your baby will begin to open his eyes more and more and look around. Babies cannot focus well at distant objects and cannot follow moving objects at birth. However, they can see you and like bright colors. Over the first 2 months they will gradually be able to focus better and be able to follow moving objects. They may occasionally look cross-eyed, and this is not cause for concern unless it persists longer than 6 months.

Some newborns have eyes that water or tear excessively and may become mattered. This usually is not due to infection, but rather secondary to a blocked tear duct. Blocked ducts usually clear by six months.
but sometimes last past 12 months of age. Massaging the area usually unblocks the tear duct. If you have a concern that your child has a blocked tear duct contact the office.

**Nose**

Many babies develop stuffiness due to mucus in the nose and upper airway. This makes for noisy breathing and difficulty in sucking. This is alleviated by using a vaporizer in the room and a bulb syringe to clear the nose. Squeeze the bulb before placing the tip in the nostril. Then slowly release the bulb and let the suction draw out the mucous. This simple maneuver is safe and very effective. Sometimes normal saline nose drops are helpful along with the bulb syringe.

**Ears**

Your baby can hear and will not only respond to loud noises with a startle, but will also be comforted by your smooth and reassuring voice. Talk to your baby—they’re good listeners. Under no circumstances should objects (including Q-tips) be placed in the ear canal for cleaning. The ears clean themselves. Although some children produce more wax than others which occasionally needs removal by the doctor to allow examination of the ear drum.

**Mouth**

All babies like to chew and suck on objects. This is normal and is not a concern. Pacifiers should be avoided for the first three weeks of life. Bottle fed infants may be given a pacifier at any time. Occasionally white spots will appear on the inside of babies’ cheeks and lips. If these spots cannot be wiped out with a wet cloth this may indicate a yeast infection known as thrush. If you have a concern that your infant has thrush call the office to allow examination of the ear drum.

**Heart Murmurs**

Many newborns are born with a heart murmur. This is an extra sound made as the heart beats. Almost all of these murmurs are benign and resolve on their own with time. If they are more significant other symptoms are usually present.

**Nipples**

Many babies’ nipples appear raised and swollen and they may even have a milky discharge. This is due to hormonal changes and will normally subside in 1 to 2 weeks. Do not squeeze or rub medication on the nipples as it will only irritate them.

**Umbilical Cord**

While the umbilical cord is still present, it must be kept clean and dry. It may be useful to clean the base of the umbilical cord using a few drops of rubbing alcohol on a Q-tip or cotton ball a few times a day. It is important to clean the moist area which tends to develop under the cord. To do this, you may grasp the remaining cord and pull it gently to the side. Occasionally specks of blood may appear with cleansing of the cord and this is normal. The cord will normally fall off in about 7 to 21 days. When it comes off there may be some oozing of blood, but this too is normal and will stop on its own. After the cord has fallen off and healed, you may give your baby tub baths. Normally wait 2 days after the cord has fallen off before giving a tub bath. If the area looks red or infected, you should contact us. Sometimes after the cord falls off the infant is left with an umbilical hernia. A hernia allows abdominal contents to protrude outward. It will present as a soft swelling that can be decreased in size with gentle pressure.

**Genitals**

The genitals of both boys and girls may be swollen at birth. Girls commonly have a white discharge with some blood streaks from the vagina for 1 to 2 weeks. This is normal. Boys often have a swollen scrotum which usually contains some fluid which will disappear. If the swelling worsens, it may indicate a hernia, in which case we should check it.

**Circumcision**

If your baby is circumcised the area may be kept covered with a thin layer of petroleum jelly (Vaseline) until it has healed to prevent irritation from the diaper but only if so instructed by the physician who performed the procedure. No other care is needed, and no Band-Aids should be applied. Some yellow discoloration is normal after circumcisions, but call if it is a runny discharge that has a foul smell and if the shaft of the penis has red streaks extending back towards the body.

**Bowed Legs and Curved Feet**

Most babies have some unusual shape to their legs or feet, and they may hold them in an unusual resting position. This is usually due to how they had positioned themselves in their mother’s womb and is rarely cause for alarm or treatment. The bowing of the legs gradually resolves over years. During the first year of life physicians check hips to make sure that they are in place.
Newborn Care

Guidance

The suggestions that follow are not intended to be a set of rules by which you must raise your baby. Although many people may have suggestions on how they feel you should raise your baby, the advice of well-meaning friends and relatives may be politely ignored. Remember, this is your baby and take other’s suggestions with this in mind. If you desire alternatives to our suggestions then we will be happy to discuss them with you.

Baby Needs

✓ Car seat ✓ Measuring spoons (for use with medicine)
✓ Bulb Syringe ✓ Digital thermometer for under the arm
✓ Smoke and Carbon Monoxide Detector

Do not buy an ear thermometer! They are not accurate in infants and children.

Room Temperature

Ideal room temperature for your baby is 68-74 degrees. A room thermometer is helpful to keep from overheating. Additional humidity in wintertime may be provided by central or room humidifiers or portable cool-mist vaporizers. These are much safer than hot vaporizers.

Clothing

Clothing should be loose-fitting and allow for easy movement. Don’t overdress your baby. Dress him as you would yourself. Your baby’s hands and feet may feel cool, but if his body is warm, he is fine. Cotton material is best. Avoid wool as it may irritate your baby’s skin. Always wash new clothing before putting it on your baby for the first time. Use a detergent designed for babies or a dye and perfume free detergent to wash clothes and diapers. Softeners and antistatic agents are best avoided until the baby is at least 6 months old.

Cots

Your baby’s crib slats should be no more than 2 3/8 inches apart and the surfaces should be free of splinters and painted with a non-lead based paint. Cribs should not have corner post extensions higher than 1/16 inches. The mattress should be firm, flat and the appropriate size for the crib. Do not use a drop-side crib. Do not permit hanging toys to be within reach of your baby. Do not use bumper pads or stuffed animals in the crib. Also please do not place any pillows or heavy blankets in the crib. These can lead to suffocation or sudden infant death syndrome (SIDS).

Sleeping

Your baby will sleep a good deal and may be awake a total of only 4 hours a day. Infants who do not get 14 to 15 hours of sleep can develop behavioral problems like irritability. Your baby should sleep in his own crib or bassinet in a quiet darkened room. Babies normally are very noisy when they sleep. They move around, grunt, breathe fast and breathe slowly. This activity tends to keep their mothers awake if they and the baby sleep in the same room. When the baby awakens to be fed, you will most assuredly hear him even if he is a couple of rooms away from you. For your baby's safety, under no circumstances should you sleep with him in your bed.

Put the baby to bed when he is drowsy so he will learn to go to sleep on his own. To encourage your baby to sleep through the night, do not awaken him for a night feeding. If he awakens on his own, allow him 10 minutes of fussing before you pick him up. He may choose to go back to sleep. Most infant experts feel that sleeping through the night is determined by a baby’s maturity and not a feeling of fullness. Therefore solids will not speed up the process of sleeping through the night. By four months of age your baby should be able to go eight hours without being fed and should sleep all night.

Placing the newborn on their back has been shown to decrease the chances of sudden infant death syndrome (SIDS). Place the newborn back is usually ideal but make sure that no bedding is near the infant’s face that could cause suffocation. There is no risk for infants who are awake to be placed on their stomachs. In fact tummy time while the infant is awake and under adult supervision is an ideal way to promote normal development and to prevent an irregularly shaped skull. Do not let the baby sleep on soft yielding bedding like comforters, pillows, sheepskins or water beds. The mattress should be firm and fit the crib sides snugly to prevent SIDS. Recent studies show that infant sleep positions increase the risk of SIDS and so they are not recommended. Some infants with special problems like prematurity or respiratory problems should not sleep on their back. If you have any questions, ask your doctor.

Bathing

Bath time is usually a fun time for babies and parents alike. Until your baby’s umbilical cord falls off and the navel has healed you should only sponge bathe. No soap is necessary for the first week of life. Thereafter, use a mild soap and a gentle sham-poo. ALWAYS test the water temperature yourself first. Wash the baby’s scalp each time you bathe him. Wash a newborn’s face with warm water only—no soap. Never insert anything (including Q-tips) into the ear canal. Ear wax that is accessible to