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NEWBORN EXAM

WEIGHT: _____ LBS. _____ OZ. _____ %

LENGTH: _____ IN. _____ %

HEAD CIRCUMFERENCE: _____ IN. _____ %

FEEDING:

Every newborn is a unique individual and there is no strict feeding pattern that a parent must follow. There is no such thing as the “right” amount of formula or breast milk for your baby. Your baby’s nutritional needs are based on his/her own growth rate. Breast fed babies often feed more frequently than a formula fed baby. Therefore, mommies need to ensure that they are getting appropriate hydration and nutrition. (We recommend at least 8 oz. of water every time you breast feed and a daily multivitamin). On average, a breastfeeding mom should intake the equivalent of one PB &J sandwich daily to keep up with the extra calorie needs necessary to make milk for your baby. Your baby also requires a daily multivitamin to decrease the risk of rickets (Vitamin D deficiency leading bone demineralization). You may purchase a liquid multivitamin such as PolyViSol with Iron, TriViSol or simple Vitamin D drops at your local pharmacy. An infant requires 1 ml per day. When preparing formula for your infant, it is not necessary to purchase nursery water. Tap water is all that is required and does not need to be boiled prior to use. After the first use, bottles may be washed in hot, soapy water or placed in the dishwasher. In the first several months, your baby’s diet consists entirely of formula or breast milk. Both contain water, therefore, you do not need to feed your baby extra water. Solid foods, including cereal, are not recommended until at least 4 months of age.

ELIMINATION:

An infant’s stooling pattern will vary from day to day. At this age, breast fed infants tend to stool more frequently than those who are formula fed. The stools of a breastfed baby tend to be seedy with a small water ring on the diaper. Frequency of stooling may range from several times per day to once per week. The frequency may decrease at around four to six weeks of age. The color of your baby’s stool may be yellow, green, or brown. Please notify us if your infant has tarry black, white, or bloody stools. Your infant may pull up his/her legs and act uncomfortable during a feed. This is part of the gastrocolic reflex in which the act of feeding stimulates bowel activity and the urge to have a bowel movement. It is very normal for babies to grunt and/or turn red in the face when attempting to stool. You may massage the abdomen, bicycle the legs, or allow him/her some time on the tummy to help

relax and allow him/her to get into a comfortable position to stool. Constipation is defined as hard, pebbly stools. If this occurs, please call.

UMBILICAL CORD CARE:

Keep the umbilical stump clean and dry. You may clean it using a wet cloth or cotton ball, then let it air dry. The stump will fall off at about 1-3 weeks of age. It is normal to see a small amount of bleeding or oozing as the cord separates. Please call if the skin around the cord is red or foul smelling.

DIAPER CARE:

Diaper wipes need not be used after urination. Clean a poopy bottom thoroughly. When applying a barrier cream (Desitin, Boudreaux's, Dr. Smith's, Triple Paste or Calmoseptine), the area should be completely dry to protect the skin from excess moisture. When cleansing the vaginal area of your baby girl, always wipe front to back. Spread the labia of the vagina and use a wet cotton ball to wipe away the stool. White discharge is normal and need not be wiped off. Circumcised boys only need Vaseline-coated gauze for the first 3-5 days after the circumcision. After, you may gently wipe the stool away from the penis with a wipe or a wet cotton ball.

DEVELOPMENT:

Initially, your baby will focus briefly on your face. By the end of the first or second month, your baby will be smiling and learning to follow the movement of your face. Babies have a rapidly developing nervous system and have an active "startle" response, especially to loud noises. It is normal for babies to cry and this tends to increase in duration for the first 8-10 weeks. Many babies have an evening "fussy" period that starts at about 2 weeks old and can last 1-2 months. This "normal crying" AKA colic can be very frustrating to parents who do not anticipate it. If your baby continues to fuss after you have fed, burped, or changed him/her, your baby may be tired. Try some comforting measures such as holding, cuddling, or gentle rocking. Sometimes a ride in the carriage or swing will calm the baby. Some babies respond to white noise such as a fan, vacuum, or a static radio station. Sometimes, your baby simply needs to cry. This is not harmful. You need not feel guilty or inadequate just because your baby is having a fussy day. Please call us with any further questions.

IMMUNIZATIONS:

Infants usually receive their first Hepatitis B vaccination in the hospital or at the first office visit.

SAFETY:

Accidents are the leading cause of death in children.

1. When your baby is on the dressing table or bed, NEVER take your hand off him/her. Babies can fall off while you are reaching for the diaper or phone. Have everything close by before laying the baby down. You may move the baby to the floor if you need to walk away.

2. When bathing your infant, let the phone ring! A baby can drown in the time it takes you to tell the caller to call back.
3. When carrying your infant in the car seat, always have him/her fastened in.
4. The only safe way for a baby to travel in a car is in an approved car seat in the rear seat of the car. All car seats should be installed according to the manufacturer's instructions. This is a state law. If you have questions about your car seat, please ask.
5. Never feed a baby who is lying down. He/she should always be in a semi-upright position in your arms or a car seat.
6. Do not use a microwave to heat breast milk or formula.
7. After feeding, burp your baby and lay him/her with the head elevated above the stomach.
8. Babies need to sleep on their backs. This is to help prevent SIDS (sudden infant death syndrome).
9. Make sure your crib is safe (slats no more than 2 3/8 inches apart). Avoid loose bedding and heavy blankets.
10. Avoid exposing your infant to crowded areas, especially in the winter months when infections are most common. It is okay to enjoy a walk around the block in the summer, remembering to keep your baby shaded from the sun.

POTENTIAL PROBLEMS:

If your baby is fussier than usual, sleeping poorly/excessively, or feels warm-- check a temperature. Call us if the temperature is ≥ 100.4 rectally. If your newborn refuses feedings 2 times in a row or has less than 2 wet diapers in a 24-hour period, please call. Do not give Tylenol/fever reducers unless instructed by us.

NEXT VISIT:

See you at 2 months of age.

CHARACTERISTICS OF NEWBORN BABIES:

APPEARANCE:

Even after your pediatrician assures you that your new baby is normal, you may find that he looks a bit odd. He does not have the perfect body you have seen in baby books. Be patient. Most newborns look slightly peculiar to their parents. Fortunately, the peculiarities are temporary. Your baby will begin to look "normal" by 1 or 2 weeks of age.

The list that follows describes some common physical characteristics of newborn babies. Most are temporary; a few are congenital defects that are harmless but permanent. Call our office if you have questions about your baby's appearance that this list does not address.

FONTANEL:

This “soft spot” is found in the top front part of the skull. It is diamond shaped and covered by a thick, fibrous layer of tissue. It usually pulsates with each beat of the heart. It is safe to touch this area. The purpose of the fontanel is to allow rapid growth of the brain. It normally closes over with bone when your baby is between 9 and 15 months of age.

MOLDING OF THE HEAD:

Molding refers to the long, narrow, cone-shaped head that results from passage through a tight birth canal. This compression can temporarily hide the fontanel. The head returns to a normal shape in a few days.

CAPUT:

This swelling on top of the head or throughout the scalp is caused by fluid that is squeezed into the scalp during birth. Caput is present at birth and clears in a few days.

CEPHALOHEMATOMA:

This is a lump on the head usually confined to one side that occurs when blood collects on the outer surface of the skull under the skin. It is caused by friction between the infant's skull and the mother's pelvic bones during birth. It first appears on the second day of life and may grow larger for up to five days. It does not disappear completely until the baby is 2 to 8 months of age.

SCALP HAIR:

Most hair is dark at birth. This hair is temporary and begins to fall out by 1 month of age. Some babies lose it gradually while the permanent hair is coming in. Others lose it rapidly and temporarily become bald. The permanent hair generally appears by 6 months. It may be an entirely different color from the newborn hair.

BODY HAIR (lanugo):

Lanugo is the fine downy hair that is sometimes present on the back and the shoulders of newborn babies. It is more common in premature infants. It rubs off with normal friction by 2 to 4 weeks of age.

FOLDED EARS:

The ears of newborns are commonly soft and floppy. Sometimes the edge of one is folded over. The ear will assume its normal shape as the cartilage becomes firmer over the first few weeks of life.

EAR PITS:

About 1% of normal children have a small pit or dimple in front of the ear, below the temple. This minor congenital variation is not a problem unless it becomes infected.

BLOCKED TEAR DUCT:

If your baby's eye waters continuously, he or she may have a blocked tear duct. This means that the channel that normally carries tears from the eye to the nose is blocked. It is a common condition and more than 90% of blocked tear ducts open up by the time the child is 12 months old.

SWOLLEN EYE LIDS:

Your baby's eyes may be puffy because of the pressure on the face during delivery. This swelling typically resolves in the first 3 to 4 days.

HEMORRHAGE ON THE EYE:

Some babies have a flame-shaped hemorrhage on the white of the eye. It is caused by breaking of blood vessels on the surface of the eye during birth and is harmless. The blood is resorbed in the first 2 to 3 weeks.

EYE COLOR:

The permanent color of the eyes is uncertain, typically, until approximately 6 months of age. Light skin babies are usually born with blue-gray eyes and will obtain their permanent color at about 5 or 6 months of age. Dark skin babies are usually born with brown-gray eyes and will change to their permanent color at about 2 months of age.

FLATTENED NOSE:

The nose may be flattened or pushed to one side during birth. It will look normal by 1 week of age.

SUCKING CALLUS OR BLISTER:

A sucking callus occurs in the center of the upper lip from constant friction at this point during bottle or breast feeding. It will disappear when your child begins cup feeding. This does not hurt your baby. If the baby sucks his thumb or wrist, a callus may develop there as well.

TONGUE-TIE:

The tongue in newborns normally has a short, tight band on the underside that connects it to the floor of the mouth. This band usually stretches with time, movement, and growth. Tongue-tie, or tight tongue, is a rare condition in which the band keeps the tip of the tongue from protruding beyond the teeth or gum line. Tongue-tie does not usually cause any symptoms or interfere with sucking or speech development.

EPITHELIAL PEARLS:

There may be little cysts containing clear fluid or shallow, white ulcers along the gum line or on the roof of the mouth. They result from blockage of normal mucous glands. They disappear after 1 or 2 months.

TEETH:

The presence of a tooth at birth is rare. About 10% are extra teeth without a root structure. The other 90% are prematurely erupted normal teeth. The distinction between the two can be made with an x-ray. Extra teeth must be removed only if they become loose, because of the danger of choking. Normal teeth need to be removed only if they become loose because of the danger of choking, or if they cause sores on your baby's tongue.

SWOLLEN BREASTS:

Many babies, both male and female, develop swollen breasts during the first few weeks of life. The swelling is caused by the passage of female hormones from the mother across the placenta during pregnancy. It generally persists for four to six months but may last longer in breast fed and female babies. Swelling may go down in one breast a month or more before the other breast. Never squeeze the breast because this can cause infection. Be sure to call our office if a swollen breast develops signs of infection such as general redness, red streaks, or tenderness.

FEMALE GENITALIA: SWOLLEN LABIA:

The labia minora may be quite swollen in newborn girls because of the passage of female hormones across the placenta. You may also see white vaginal discharge associated with this. The swelling will go down in 2 to 4 weeks. Infant girls may also have vaginal bleeding during the first week. This is normal and results from maternal hormones.

HYMENAL TAGS:

The hymen also may be swollen because of maternal hormones and may have smooth ½ inch projections of pink tissue called tags. These tags are harmless. They occur in 10% of newborn girls and slowly shrink over 2 to 4 weeks.

MALE GENITALIA: HYDROCELE:

The scrotum of newborn boys may be filled with clear fluid that has been squeezed into the scrotum during birth. This common, painless collection of fluid is called a hydrocele. A hydrocele may take 6 to 12 months to clear completely. It is harmless but should be checked during regular visits to the doctor. If the swelling changes size frequently, a hernia may also be present, and you should call our office during regular hours for an appointment.

UNDESCENDED TESTICLES:

The testicle is not in the scrotum in about 4% of full-term newborn boys. Many of these testicles gradually descend into the normal position during the following months. In 1 year old boys, only 0.7% of all testicles are undescended and need to be brought down surgically.

TIGHT FORESKIN:

Most uncircumcised infant boys have a tight foreskin that doesn't allow you to see the head of the penis. This is normal and the foreskin should not be retracted. The foreskin separates from the head of the penis naturally by 5 to 10 years of age.

ERECTIONS:

Erections occur commonly in newborn boys, as they do at all ages. They are usually triggered by a full bladder and demonstrate that the nerves to the penis are normal.

FEET TURNED UP, IN, OR OUT:

Feet may be turned in any direction inside the cramped quarters of the womb. As long as your child's feet are flexible and can be moved easily to a normal position, they are normal. The direction of the feet will straighten between 6 to 12 months of age.

LONG SECOND TOE:

The second toe is longer than the great toe as a result of heredity in some ethnic groups, especially those that originated around the Mediterranean Sea.

INGROWN TOE NAIL:

Many newborns have soft nails that bend and curve easily. The nails are not truly ingrown, however, because, they don't curve into the flesh or cause irritation.

TIGHT HIPS:

When we examine your child, we will spread the legs apart to make sure the hips are not too tight. Outward bending of the upper legs until the knees touch the surface the baby is lying on is called "90 degree spread" (Less than 50% of normal newborn hips can be spread this far.) As long as the upper legs can be bent outward to 60 degrees and both hips are equally flexible, they are fine. The most common cause of a tight hip is a dislocation. If your baby was born breech, he/she may need x-rays to make sure the hips have formed properly.

TIBIAL TORSION:

The lower leg bones (tibias) normally curve inward in newborns because the baby was confined to a cross legged position in the womb. If you stand your baby up, you may notice that the legs are bowed and the feet are pigeon-toed. Both of these curves are normal and will usually straighten out after your child has been walking for 6 to 12 months.

BEHAVIOR:

Some things newborn babies commonly do concern parents, but they are not sign of illness. Most are harmless reflexes caused by an immature nervous system and disappear in 2 to 3 months. They include:

- CHIN TREMBLING
- LOWER LIP QUIVERING
- FREQUENT YAWNING
- HICCUPS
- PASSING GAS

- NOISES CAUSED BY BREATHING OR MOVEMENT DURING SLEEP
- SNEEZING
- SPITTING UP (small amounts) OR BELCHING
- STARTLE REFLEX – A brief stiffening of the body in response to noise or movement
- STRAINING WITH BOWEL MOVEMENTS
- GURGLING SOUNDS IN THROAT (unless baby is having difficulty breathing)
- IRREGULAR BREATHING (less than 60 respirations per minute)
- TREMBLING OR JITTERINESS OF ARMS AND LEGS DURING CRYING