

Welcome to parenthood! We are honored to have been chosen as your family's pediatricians, and hope we are part of many wonderful experiences you will have with your newborn(s). As we have all been new parents, we remember the many exhausting and anxious hours spent comforting our infants and worrying about all aspects of their well-being. We hope the following information helps prepare you for what lies ahead, and remember that no question is too silly or simple to ask. We asked them once too!

General information regarding our hours, insurances accepted, and policies can be found in our business brochure, or on our website at www.saugatuckpeds.com. You will also find on our website links to many informative and interesting topics under resource.

You will soon find that a paper and pen (or smartphone notes) are your best friends - to write down all those middle of the night questions and concerns. If you have an urgent issue, the physicians are available 24/7, by calling the office phone. For non-urgent questions, keep a running list for your baby's next appointment, or portal us if the list is getting long and we will get back to you pretty quickly.

We look forward to long and healthy relationship with you and your newborn 😊

***Why does my newborn need a Vitamin K Shot at birth?**

Check out these great resources:

- [Science Based Medicine](#)
- [CDC.gov](#)

***Why does my newborn need a Hepatitis B shot at birth?**

<https://www.healthychildren.org/English/news/Pages/AAP-Recommends-that-Infants-Receive-First-Hepatitis-B-Dose-within-24-Hours-of-Birth.aspx>

<https://www.cdc.gov/vaccines/parents/diseases/hepb.html#:~:text=Why%20should%20my%20baby%20get,anyone%20knowing%20they%20were%20infected.>

All newborns come equipped with a variety of alarming noises and movements, yet no instruction manual. All babies have fussy periods when they are difficult to calm. The following symptoms are those of real illness that should prompt a call to us:

- **Rectal temperature of 100.5 degrees or more**
- Persistent poor feeding
- Excessive irritability
- Lethargy
- Persistent cough

For other confusing symptoms and behaviors, the following “instruction manuals” may prove indispensable in the year(s) ahead:

The Basics:

- Your Baby’s First Year – American Academy of Pediatrics
- Caring for Your Baby and Young Child: Birth to Age 5 – American Academy of Pediatrics
- Your Child’s Health: The Parents’ One-Stop Reference Guide to: Symptoms, Emergencies, Common Illnesses, Behavior Problems and Healthy Development – Barton D. Schmitt

Sleep:

- Healthy Sleep Habits, Happy Child – Marc Weissbluth, MD
- Its Never Too Late To Sleep Train- Craig Canapari, MD
- Solve Your Child’s Sleep Problems – Richard Ferber, M.D.
- Sleeping Through The Night: How Infants, Toddlers and Their Parents Can Get a Good Night’s Sleep – Jodi A. Mindell
- American Academy of Pediatrics Guide to Your Child’s Sleep: Birth Through Adolescence – AAP

Behavior:

- **The Whole Brain Child - Daniel Seigel MD**
- **No Drama Discipline - Daniel Seigel MD, Tina Payne Bryson Phd**
- **1-2-3 Magic: Effective Discipline for Children 2-12 – Thomas W. Phelan**
- The Difficult Child – Stanley Turecki, M.D.
- Touchpoints: Birth to 3: Your Child’s Emotional and Behavioral Development – T. Berry Brazelton, M.D.
- How to Behave So Your Preschooler Will, Too! – Sal Severe
- The Magic Years- Selma Fraibert
- Toilet Learning- Alison Mack

Breastfeeding:

- New Mother's Guide to Breastfeeding – American Academy of Pediatrics
- The Nursing Mother's Companion – Kathleen Huggins, R.N., M.S.

Feeding:

Breast milk is a great option for your newborn. Not only is it the perfect food, it also contains illness-fighting immunoglobulins and a wide variety of protective proteins. That said, breastfeeding does not come naturally to all, and we believe in “fed is best.” Try to make a 2 week commitment to nursing, and be sure to use a lactation consultant (we have a wonderful one on staff!) or call us if you are struggling. We know nursing can be hard, but by two weeks your milk should be in, engorgement gone, and your infant used to latching properly.

Not all women are able to nurse, and in these instances we recommend a formula fortified with iron and DHA/ARA (fatty acids found naturally in breast milk.) **If you cannot nurse, DO NOT FEEL GUILTY. Many of us were raised on formula and turned out just fine!** Overwhelmed by the huge array of formulas available? If you are up for a deep dive, <https://babyformulaexpert.com> is a great resource. Otherwise, we can suggest some good starter formulas- there really isn't a huge difference between most of the popular brands.

Most nursing newborns feed as often as every 1 ½ hours (usually every 2-3 hours), and will often “cluster feed” before sleeping for a longer period of time. Frequent feedings stimulate the breasts to produce milk, and prevent clogged milk ducts. Formula fed infants eat a little less often, usually every 2-4 hours, as formula takes longer to digest. Both breast and formula fed newborns should eat on demand- signs of hunger include increased alertness and activity, mouthing or rooting. Crying is often a late sign of hunger.

When using a bottle, hold your newborn’s head at elevated angle and hold the bottle upright to minimize swallowing of air. Burp frequently at first (after each ½-1 ounce) and discard any formula not finished during a feeding. Nursing infants often burp less, as they swallow less air.

Nursing infants by several days of age will start having frequent (often every feeding), loose, yellow, “seedy” stools. Formula fed infants will sometimes have pastier, less frequent, greener bowel movements. Infants often strain to stool (remember that this is a new skill!) Try bicycling their legs or placing them on their tummies if gassy or pushing. As long as their stool is soft, they are not “constipated” even if several days elapse between BMs.

DO NOT give newborns water, sugar water, teas or juices without the consent of the pediatrician. Never use honey in a baby less than one.

See our “Breastfeeding 101” article for more information on all things related to nursing.

Basic newborn supply list:

*see our Newborn Supply Checklist for a more extensive article

- Rectal thermometer
- Infant acetaminophen (Tylenol)- DO NOT use under 8 weeks of age without MD consent
- Cotton balls/gauze pads
- Saline nose drops (Baby Ayr, Little Noses, generic all fine)
- Rubbing alcohol
- Diaper cream (zinc oxide based- "white")- we love Triple Paste, Boudreau's Butt Paste, and Desitin Maximum Strength in particular for their staying power.
- Vaseline
- The bulb syringe you are given in the hospital will quickly get filthy inside, we recommend instead something like the [NoseFrida](#) (avoid using unless your baby is very congested as it may just cause irritation.)

Infant/Toddler supply list:

- All of the above items
- Medicine dropper
- Diphenhydramine liquid (Benadryl)
- Oral electrolyte solution (Pedialyte)
- Infant or children's ibuprofen (Motrin, Advil)
- Basic first aid kit (hydrogen peroxide, gauze, band-aids, triple antibiotic cream)

Car-seats:

- Never take an infant in a vehicle without a car-seat. All infants should be in the back seat, facing backwards, until at least 2 years of age AND 30 pounds.
- For car-seat recommendations visit www.consumerreports.com, www.thecarseatlady.com or www.aap.com .
- For installation advice, contact a Certified Child Passenger Safety Technician by calling 866-SEATCHECK (866-732-8243) or visit www.seatcheck.org.

Support services:

All children ages 0-3 with special needs are eligible to receive services thru CT State in a program called Birth to Three. Candidates include premature or chronically sick infants, or infants with developmental delays. You can contact the program at www.birth23.org or call 800-505-7000. Either a parent or physician can request a free evaluation.

Important numbers:

- Poison control- 800-222-1222
- Norwalk Hospital- 203-852-2000
- Stamford Hospital- 203-276-1000

- Bridgeport Hospital- 203-384-3000
- Yale New Haven Children's Hospital- 203-688-4242
- Quest diagnostics locator (lab)- 800-377-8448
- Weston/Westport department of health- 203-227-9571, www.wwhd.org
- Wilton department of health- 800-563-0174, www.wiltonct.org
- Norwalk department of health- 203-854-7776, www.norwalkhealth.com

Treatment of Fever and/or Pain

Acetaminophen (Tylenol, Feverall) and **ibuprofen** (Motrin, Advil) are medications used for treating pain and fever in infants, children and adults.

Dosing of these medications is based on WEIGHT, not age. Keep a note of your child's most current weight on hand for dosing.

Fever is not dangerous, as long as the condition causing it (such as a virus) is not dangerous. We recommend only treating a fever if it is greater than 100.5 and the child is uncomfortable, or if you are putting a child to bed knowing their low-grade fever is likely to rise.

Temperature in infants under 12 weeks of age is most accurately measured by a rectal thermometer. Temporal thermometers(used over the forehead)can be used after 12 weeks, and ear thermometers after 6 months. Oral thermometers are useful only when a child can hold the instrument under her tongue for several minutes without biting(usually after age 5.)

We recommend starting with the appropriate dose of acetaminophen. If the fever is greater than 102.5, and has not decreased an hour after treatment, you may supplement with a dose of ibuprofen.

Acetaminophen and ibuprofen are different types of medications, thus may be used together without adverse effect. However, we only recommend using them in tandem for persistently high fevers or discomfort. In these situations, you can alternate the medications using each type every 6 hours, but alternating every 3 hours. For example, acetaminophen at 12 noon, ibuprofen at 3 pm, acetaminophen at 6 pm, ibuprofen at 9 pm. This helps avoid fever spikes as a medication wears off. Neither medication should be used more than 4 times a day, nor should you continue this pattern for more than 24 hours without consulting you physician.

Acetaminophen suppositories are available as Feverall without a prescription at your pharmacy. These are useful for children who are vomiting, or refuse to take oral medications. Lubricate the suppository with a little Vaseline or diaper cream, and insert in your child's rectum with them lying on their side, knees to the chest. Hold the buttocks closed for a few minutes to assure absorption.

Never give these medications to an infant less than 8 weeks of age without first consulting your pediatrician.

Breastfeeding 101

Just starting out? [Visit this link](#) and [this link](#) for a wonderful introduction to how to nurse. [Here](#) is another terrific informational website (Kellymom Parenting/Breastfeeding). The best way to prepare for nursing is to watch it being done to learn the correct way to latch and hold. Bring a nursing pillow to the hospital to help with positioning (try [MyBrestFriend](#).)

1. **Why is “Breast Best”?** Evidence suggests that breastfeeding decreases risks for many diseases in infants and mothers. In general, these benefits appear to be dose-related to the amount of breastmilk provided to the infant. Breastfeeding has been associated with a reduction in the risk for acute otitis media, gastroenteritis, respiratory tract infections, atopic dermatitis (Eczema), childhood leukemia, inflammatory bowel disease and sudden infant death syndrome. Breastfeeding also offers a protective effect with later obesity. In mothers, a history of lactation has been associated with a reduced risk for type 2 diabetes and breast and ovarian cancers.
2. **My newborn seems hungry all the time- can I just top her off with formula after a feed?** Infants love to suck, so their desire to nurse may not be from hunger. Infants initially should nurse at least 8 times over 24 hours- these feeds may not be every 3 hours, but clustered (as often as every hour at first) with a longer stretch at other times (allow the longer sleeps at night, try to waken every 3 hours during the day.) Look for signs of a good milk supply- a stool per day of life up to DOL 4, then a minimum of 4 per day; 10-12 feedings per 24 hour period, breasts feeling full before and soft after a feed; baby nursing at least 10 minutes a feed. Unless instructed to do so, supplementing more than 2X in 24 hrs can affect your milk supply. If you are still not sure if your milk production is adequate, bring your infant in for a weight check- the best way to determine she is getting enough to eat.
3. **My breasts no longer feel full, am I making enough milk?** Usually by 6 weeks to 2 months, the mother’s body has learned how much milk to produce. Around this time you may start losing the sensation of “fullness” before a feed, and your infant may only nurse for 5 minutes at a time. Full, wet diapers, a satisfied infant and steady weight gain are the best measures of adequate supply. Your infant may also develop very infrequent stools between 4 and 8 weeks of age. This is a normal pattern, and as long as your baby’s stools remain soft or loose there is no reason to worry (even if your child only stools once a week!)

4. **Why does my nursing infant need vitamin D?** Vitamin D deficiency is being linked to many illnesses. Infants can develop Rickets (weakened bones.) The AAP recommends 400 IU per day for all nursing infants. Breastmilk can be deficient in Vitamin D even if the mother is taking standard vitamins. We recommend that all breastfed infants be supplemented with 400 IU of Vitamin D (D-Visol, or Just D) daily until they are getting more than 16 ounces a day of formula or vitamin D fortified milk. Alternatively, evidence suggests that if mothers take approximately 6000 (six thousand) IU per day of vitamin D, they can forgo the infant's supplement.

5. **What can I do about these sore nipples?** Nipple tenderness at the beginning of a feeding may be normal in the first few days of breastfeeding. Soreness that is more intense or continues for a longer time indicates that some adjustments with feeding need to be made. The most common cause of sore nipples is improper positioning of the infant at the breast, resulting in improper latch. Encourage your infant to open her mouth wide by tickling the lips with your finger or nipple. Pull the infant in close by supporting the back (rather than the back of the head) so that the chin dives into the breast and the nose is touching the breast at the nipple. The infant can also be encouraged to latch on with some expressed breast milk on the nipple. The nipple should be round when it goes into the infant's mouth, and should not be discolored or white/pale when it comes out.

Sore nipples should be air-dried after a feeding, then covered with a pure lanolin ointment (Lansinoh) which will help cracks heal without scabbing or crusting. Persistent sore or cracked nipples need to be seen by a physician. Very painful nursing during this time can be replaced by pumping and bottle feeding until the nipple heals.

1. **Do I have a plugged duct or mastitis?** A plugged duct can be a firm, tender swelling in the breast that typically improves with heat, pumping and deep massage (this can be painful, but when done during nursing can effectively relieve the swelling.) Mastitis, or an infected milk duct, is associated with fever, flu-like illness, and often redness. These infections need antibiotics and occasionally drainage, so be sure to contact your physician if you experience persistent pain, swelling, redness or fever.

2. **What medications are safe to take when nursing?** Acetaminophen and Ibuprofen are safe to take when nursing, as are most over-the-counter cold medications. Products containing pseudoephedrine, diphenhydramine and other antihistamines, however, may cause a temporary decrease in milk supply. Most pain medication given after delivery is safe, although rarely some babies become overly sedated if the mother uses opioids. All prescription medications should be cleared with a physician prior to using. One resource to consult is TOXNET (<http://toxnet.nlm.nih.gov/>).

3. **Can I drink alcohol while nursing?** Alcohol such as a glass of wine or beer occasionally is fine. You should nurse first, then have the drink and wait at least 2 hours before nursing again. If you drink enough to feel particularly effected, you should then pump and dump the milk within the next 8 hours as alcohol can get from the bloodstream into the breast milk.

4. **How long can I store pumped milk?** Remember the rule of threes- three hours at room temperature, three days in the refrigerator, and three months in the freezer. A deep freezer that is not frequently opened will keep milk for up to six months. Store the milk in the back, labelled with time and date, not in the warmer door area. Mothers returning to work may want to try pumping first thing in the morning when the milk supply is greatest.

5. **Some mothers find that their refrigerated or frozen milk begins to smell or taste soapy or sour soon after it is stored.** Lipase in the milk is an enzyme that may begin to break down the milk fat soon after the milk is expressed. Most babies do not mind the change in taste, and it is safe to use. To be sure that your baby accepts frozen milk, try a bottle of it prior to accumulating a lot that might need to be thrown out if too soapy tasting. Scalding the milk prior to freezing can eliminate this soapy taste. Adding a few drops of non-alcoholic vanilla is also a safe way to cover the soapy taste.

6. **My baby fusses and spits after feedings, should I eliminate foods from my diet?** Food allergies caused by proteins in breast milk are uncommon. Mild fussing or spitting after feeds is not uncommon, and most often related to mild reflux due to a baby's loose esophageal junction. This is normal, and resolves over time. If your child's irritability and discomfort seem to be worsening talk to us before strictly limiting your diet. Typical symptoms of food intolerance include extended periods of irritability after feeds, frequent spitting and arching after feeds, rash, hives, eczema, wheezing, persistent congestion, ear infections, vomiting, diarrhea (green stools with excess mucous or blood.) We may ask you to eliminate dairy from your diet for at least 2 weeks, which requires stringent label reading.

Breastfeeding hints:

1. Growth spurts frequently occur around 10 days, 3 weeks, 6 weeks and 3 months and infants may show hunger and more frequent feedings for 24-48 hour periods until

mother's milk increases. They may also cluster feed in the evenings to "tank up" for the night before sleeping a longer period of time. You may feel temporarily "empty" and frustrated, but the increased feedings will quickly stimulate your breasts to produce more milk.

2. If an infant is having a hard time settling to sleep after a feeding, have the father or other caretaker hold him so they can no longer smell the breastmilk. This avoids the "should I sleep or should I feed" phenomenon.
3. Infants between 4 and 8 weeks may start stooling only every 4-7 days. This is normal as long as the stool consistency remains soft or loose. Breast fed babies are rarely if ever constipated (firm, hard stools.)
4. Infants may pull away when feeding due to a vigorous let-down; try nursing in a semi-reclined position.
5. Some women overproduce milk, leading the infant to fill up on the watery foremilk instead of creamier hindmilk. Such infants may be fussier, gassy, and have looser, green stools. Avoid pumping if you think you are producing an excess of milk. You can also "mash up" your breasts prior to nursing to help loosen fat droplets in the ducts for a more uniformly creamy milk.
6. Around 4 months of age many infants become more distractible, leading to incomplete and thus more frequent feedings. Try feeding in a quiet, dark corner with no other stimulation, and do not allow feedings more than every 3 hours to encourage a hungrier infant.
7. Around 6-9 months of age your infant may start biting. If the biting occurs in the beginning the infant may not be hungry, and if at the end he may be full. If your infant bites, quickly remove him from the breast and lay him down briefly- he will not like this.
8. Weaning should ideally take place over a period of time. Drop a feeding every few days, and offer a bottle or sippy cup in its place. Use distraction as much as possible along with more fitted clothing to discourage "easy access" for older infants/toddlers.

Breastmilk Storage Guidelines

(Per the Academy of Breastfeeding Medicine)

General Guidelines

1. Hands must be washed prior to expressing or pumping milk.
2. Use containers and pumping equipment that have been washed in hot, soapy water and rinsed. If available, cleaning in a dishwasher is acceptable; dishwashers that additionally heat the water may improve cleanliness.
3. Store in small portions to minimize waste. Most breastfed babies take between 2 and 4 ounces (60–120 mL) of milk when beginning with an bottle. Storing in 2-ounce (60 mL) amounts and offering additional amounts if the baby is still hungry will prevent having to throw away unfinished milk.
4. Consider storing smaller size portions [1–2 ounces (30–60 mL) each] for unexpected situations. A small amount of milk can keep a baby happy until mom comes to nurse the baby.
5. Several expressions throughout a day may be combined to get the desired volume in a container. Chill the newly expressed milk for at least 1 hour in the main body of the refrigerator or in a cooler with ice or ice packs, and then add it to previously chilled milk expressed on the same day.
6. Do not add warm breast milk to frozen milk because it will partially thaw the frozen milk.
7. Keep milk from one day separate from other days.
8. Do not fill the container; leave some room at the top because breast milk expands as it freezes.
9. Label containers clearly with waterproof labels and ink, if possible.
10. Indicate the date that the milk was expressed and the child's name (for daycare).
11. Expect that the milk will separate during storage because it is not homogenized. The cream will rise to the top of the milk and look thicker and whiter. Before feeding, gently swirling the container of milk will mix the cream back through again. Avoid vigorously shaking the milk.
12. The color of milk may vary from day to day, depending on maternal diet. It may look bluish, yellowish, or brownish. Frozen breast milk may also smell different than fresh breastmilk. There is no reason not to use the milk if the baby accepts it.

Milk Storage Guidelines

1. The type of freezer in which the milk is kept determines timetables for frozen milk. Generally, store milk toward the back of the freezer, where the temperature is most constant.
2. Milk stored for the longer durations in the ranges listed below is safe, but there is some evidence that the lipids in the milk undergo degradation resulting in lower quality and a soapy taste.
3. Chest or upright manual defrost deep freezers that are opened infrequently and maintains ideal temperature (–4°F or –20°C) are best.

Thawing and Rewarming Milk

1. The oldest milk should be used first.
2. The baby may drink the milk cool, at room temperature, or warmed.
3. Thaw milk by placing it in the refrigerator the night before use or gently rewarm it by placing the container under warm running water or in a bowl of warm water.
4. Do not let the level of water in the bowl or from the tap touch the mouth of the container.
5. Milk may be kept in the refrigerator for 24 hours after it is thawed.
6. Never use a microwave oven or stovetop to heat the milk, as these may cause scald spots and will also destroy antibodies.
7. Swirl the container of milk to mix the cream back in, and distribute the heat evenly. Do not stir the milk.
8. Milk left in the feeding container after a feeding should be discarded and not used again.

How to avoid a soapy taste in frozen breastmilk

[:http://kellymom.com/bf/pumpingmoms/milkstorage/lipase-expressedmilk/](http://kellymom.com/bf/pumpingmoms/milkstorage/lipase-expressedmilk/)

What medications are safe to use with breast feeding?

<https://pediatricinsider.wordpress.com/2016/02/22/many-medications-are-safe-for-nursing-moms/>

<http://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm>

Baby's stomach size from 1 day to 1 month:

<https://babiesfirstlactation.wordpress.com/2013/08/09/the-newborns-stomach/>

Plugged ducts and mastitis: symptoms, causes and treatment:

<http://kellymom.com/bf/concerns/mother/mastitis/>

Newborn Supply Checklist

Here is a extensive checklist of what you should have on hand before your baby arrives. This was adapted in part from Consumer Reports, an excellent resource for recommended baby items. You can research specific brands of equipment at <http://www.consumerreports.org/cro/babies-kids/index.htm>.

Tooling around

_____ **Car seat** (look for an infant model that accommodates a baby to at least 20 pounds- the Chicco KeyFit 30 can be used for babies up to 30 pounds and 30 inches- <http://www.chiccousa.com/gear/car-seats/keyfit-30-extreme.aspx> .)

_____ **Stroller** (a frame that can be used with an infant car-seat is handy for the first few months. An infant is ready for an umbrella stroller at about 6 months of age.)

_____ **Car Seat Cover** To prevent people from sticking their hand in to touch your infant (WHY do they do that??) and keep coughs, sneezes away. There are lightweight covers, and heavier ones that will keep baby warm in the winter (**you should never put an infant in a puffy snow outfit in a carseat- it prevents the straps from fitting snugly.**) [This baby seat cover](#) is multifunctional and a good example of what you need as a simple cover.

Beds and linens

_____ Crib.

_____ Crib mattress.

_____ Bassinet/cradle (if you don't want to put your baby in a crib right away). Several good choices include the [Snoo](#)(high end, self rocking bassinet that can be rented), [The Halo](#), and [The Lotus](#) (which converts into a travel crib for larger infants)

_____ Two to three fitted crib sheets.

_____ Four or more cotton receiving blankets for swaddling baby. Stiffer blankets swaddle better.

_____ Two mattress pads.

_____ One to two waterproof liners (for crib or bassinet).

We DO NOT recommend crib bumpers, or any soft toys/pillows/blankets in the crib or bassinet. Sleep “wedges” are also not recommended and can be dangerous.

Diaper duty

_____ Diapers. **Disposables:** One 40-count package of newborn (birth weight under 8 pounds) or of size 1 (birth weight over 8 pounds). **Cloth:** Two to three dozen, plus six to 10 snap-on, waterproof outer pants, OR eight to 10 all-in-ones or diaper system covers; two to three dozen diaper system inserts.

_____ Changing pad to keep your baby in place while changing, and protecting surfaces from the inevitable mess.... The **Keekaroo brand** is highly recommended by parents for comfort and cleanability.

_____ Diaper ointment- for protecting your baby's skin from the irritation of urine/stool; we like pastes that include zinc oxide for optimal protection: Triple Paste, Boudreau's Butt Paste,

_____ The **BUMCO butt paste paddle** comes highly recommended by parents as an easy way to "frost your baby's bum" with paste without getting your hands covered as well.

_____ Diaper pail (with refills or bags as needed).

_____ Diaper bag.

Dressing baby

_____ Four **sleep sacks** (like long nightgowns with elastic on the bottom- for easy changing). Sleep sacks (arms free as they get older) are also excellent at keeping older infants from climbing out of the crib)

_____ Six one-piece undershirts (onesies) that snap around the crotch (you can get side snap ones to use until the cord is off, but they aren't as useful as the onesies, and not totally necessary.)

_____ A small baby cap (although the hospital will probably give you one).

_____ Six pairs socks/booties. Footed outfits are easier.

_____ Four to five soft, comfortable daytime outfits. Get with attached feet if a cool-weather baby. Avoid snaps/buttons up the back. Zippers are great (see Hanna Anderson one piece outfits.) Get only a few items in newborn size. Then, go for clothing in the 3-6 month size--your baby will grow into it quickly. But don't buy baby sleepwear that's too big--it's a safety hazard.

_____ Cotton sweater or light jacket.

Summer babies

(can substitute short outfits for long sleeved/footed outfits)

_____ Brimmed hat.

Winter babies

_____ Snowsuit with attached mittens or fold-over cuffs, or heavy bunting.

_____ Heavy stroller blanket or carseat cover.

_____ Warm knit hat.

Feeding time

If you're planning to breast-feed:

_____ Three to five nursing bras.

_____ A box of washable or disposable breast pads.

_____ Breast pump if you expect to use one (manual or electric). (* the **Haaka silicone hand pump** is a terrific easy to use, easy to carry item that is also handy to collect extra milk that can leak from your breast when you baby is nursing on the other side.)

_____ Four small baby bottles with newborn nipples for storing expressed breast milk.

_____ Bottle-drying tree.

_____ Bottle brush.

_____ Insulated bottle holder for diaper bag (the hospital may give you one).

_____ Three packs of cloth diapers or burp cloths.

If you're planning to bottle-feed:

_____ Six 4- to 5-ounce bottles, plus nipples, rings, and a dishwasher basket if you use a dishwasher. No sterilizer necessary.

Bathing/Grooming

_____ Plastic infant bathtub.

_____ Three soft hooded towels.

_____ Two packs of baby washcloths.

_____ Twelve plain cotton diapers (all purpose burp clothes, bassinet liners, etc.)

_____ Baby body wash that doubles as shampoo.

_____ Pair of baby-sized nail clippers and baby nailfile

_____ Zinc-oxide-based diaper rash ointment (a tub of Triple Paste will last until your child is potty trained!)

_____ Soft brush and comb.

_____ Mild laundry detergent (Dreft, Ivory Snow, or other fragrance/color-free detergent) to start, but most babies tolerated any detergent to wash their clothes, just avoid dryer sheets (use felt dryer balls instead to avoid chemicals)

BABY WIPES are not initially necessary- try using warm water and a washcloth or soft paper towels to avoid irritation by chemicals. A refillable, travel size packet of wipes- fragrance and alcohol free- is useful for the diaper bag.

Medicine chest essentials

_____ **Digital rectal thermometer** (Rectal temperatures are preferred in infants, but in a pinch you can take an axillary (underarm) temperature and add a degree. Ear thermometers are best for children over one year old. We do not recommend old-fashioned glass thermometers because if they break, the mercury is hazardous.)

_____ Infant acetaminophen drops (for pain/fever, DO NOT USE without consulting a physician)

_____ Cotton balls

_____ Q-Tips

_____ Nasal aspirator (the one in the bassinet from the hospital may get moldy)

_____ Saline nasal drops for infants

_____ Rubbing alcohol.

_____ Vaseline or A&D ointment

_____ Calibrated medicine dropper (1 teaspoon or 5 ml size)

_____ Oral rehydration solution such as Pedialyte (check expiration date- you may not need this for a while)

Keeping baby happy

_____ Pacifiers (don't buy a ton of one type in advance as you never know which your infant will particularly like)

Extras: Nice but optional

_____ Baby monitor.

_____ Noise machine (white noise both soothes many infants to sleep, and helps cover up noise outside of the room that may wake up baby.) First see if your infant can sleep without this so as not to introduce a sleep crutch.

_____ A rocker or glider.

_____ Sling or strap-on soft carrier (there are many choices of wraps and slings to use for newborns, then carriers for larger infants- best to go try on a variety to see what works best for you.)

_____ **Boppy**, a doughnut-shape pillow designed to make holding baby during breastfeeding or bottlefeeding easier. Also useful for tummy time while supporting your infants upper chest.

_____ Nursing coverup. Attaches at your neck and allows for private breastfeeding when you and your baby are in public.

-----**Baby bouncers**: These are holders that you stash the kid while you are trying to do something else (HAH!) We really don't like putting kids in them for long periods of time, as they tend to stay in one position with resultant flattening of their heads, and they should **never be in one unsupervised**. Usually used until about 5-6 months maximum as baby will move around too much by then for it to be safe (ignore the information by the manufacturers that say you can use the device for ages above this!). Parents seem to like the **Baby Bjorn** a lot.

_____ Floor Play Mat: Nice to have- a soft mat for the floor with toys dangling above- around 2-4 months babies start swatting then reaching for the mirrors/toys. Also, we LOVE putting babies down on the floor for gross motor development rather than in bouncers.

_____ Cool mist vaporizer

_____ **Night-light** (for middle of the night diaper changes and feeds without turning on the light)

Guidelines on Making Layette Choices

Here are some suggestions to keep in mind when selecting items for your newborn:

- [Buy big](#). Unless your baby is born prematurely or is very small, she probably will outgrow “newborn” sizes in a matter of days—if she ever fits into them at all! Even three-month sizes may be outgrown within the first month. You’ll want a couple of garments that your child can wear in the very beginning, but concentrate on larger sizes for the rest of the wardrobe. Your baby won’t mind if her clothes are slightly large for a while, or if she wears the same outfit every day.
- To avoid injury from a garment that catches fire, all children should wear flame-retardant sleepwear and clothing. Make sure the label indicates this. These garments should be washed in laundry detergents, not soap, because soap will wash out the flame retardant. Check garment labels and product information to determine which detergents to use.
- Make sure the crotch opens easily for diaper changes.
- Avoid any clothing that pulls tightly around the neck, arms, or legs or has ties or cords. These clothes are not only safety hazards, but are also uncomfortable.
- Avoid pacifier cords/strings- they can get caught around an infant’s neck.
- Check washing instructions. Clothing for children of all ages should be washable and require little or no ironing.
- Do *not* put shoes on a newborn’s feet. Shoes are not necessary until after she starts to walk. Worn earlier, they can interfere with the growth of her feet. The same is true of socks and footed pajamas if they’re too small and worn for a prolonged period of time.
- A trip down the children’s medication aisle is enough to give any parent an ulcer, but for now remember one thing: Never give any medicine to your newborn without first checking with the pediatrician. Always measure medicines with calibrated droppers or spoons; you’ll need a one-teaspoon medicine dropper.

Using an old-fashioned crib or high chair that’s been passed down is a quaint idea. But it’s better to skip the sentimentality and buy new because those older cribs and high chairs won’t meet all current safety standards and may be in disrepair. In fact, according to the Juvenile Product Manufacturer’s Association, each year, 50 babies suffocate or strangle from becoming trapped between broken crib parts or in cribs with older, unsafe designs. They advise consumers to buy a new crib instead of using an heirloom or buying a secondhand one.

If you must use an older crib, avoid those built before 2000, about a year after the latest voluntary standards for slat-attachment strength took effect. (Check the manufacture date on the crib label, which is required by law.) So if you have a crib you used with a pre-2000 baby, you really should get a new crib for your new baby. Buy the mattress at the same time to make sure you’ve got a snug fit. (If you can fit two fingers between the mattress and the crib frame, the mattress is too small, and therefore unsafe for baby.)

Before buying any used item, check the U.S. government's recall Web site, www.recalls.gov, to make sure the high chair or crib you select hasn't been recalled.

DO NOT PURCHASE USED CARSEATS. Any carseat that has been in an accident may not be safe-avoid such items without knowing their history.

1. **Does my baby have a cold?** Many, if not most, newborns have a congested nose and frequent sneezing for the first month or so. Unless you see mucus coming from the nose, it's usually not a cold. Unless your baby has difficulty with feeding due to nasal congestion, you do not have to use the nasal bulb syringe. In fact, if you use it frequently, you may irritate the nose linings and make the congestion last longer.
2. **What about my newborn's peeling skin? It looks so dry—should I use lotion?** This is normal – most newborns “peel like a snake” and this requires no treatment. If there is some cracking or excessive irritation around the ankles or wrists, you can lubricate with a little Vaseline or diaper ointment.
3. **Should I worry if my baby is breathing funny?** Well, yes and no. Normal newborn breathing can seem strange. Sometimes they will stop breathing for a second or two and then breathe very quickly for several seconds. Sometimes they sound funny because they snort due to a congested nose (see #1). Sometimes they make a high-pitched whistle when they breathe in due to a flexible windpipe (tracheomalacia). However, if you see very fast breathing (more than 70 times a minute) that persists, or if the baby has to work very hard to breathe, or you have worries about his or her breathing, don't hesitate to contact us.
4. **What if there is oozing or blood when the cord falls off?** A bit of yellowish wet gunk at the site of the cord that dries over a few days is normal, as long as the skin around the base of the cord remains normal color (if it becomes increasingly red, call us immediately). You do not need to use alcohol. A few drops of blood on the diaper as the cord is falling off is also normal. If it bleeds a whole lot (which almost never happens), apply pressure to stop the bleeding and call us.
5. **How many bowel movements are normal?** Breastfed newborns generally have 3 or more bowel movements per 24 hours by day 3 or 4. Formula fed infants generally have at least 1 bowel movement per 24 hours. But some infants can have up to 20 per day and still be normal! And normal breastfed newborn stool is extremely loose. In an adult, this would be called diarrhea, but it is normal for a newborn. Formula fed stool tends to be more pasty. Any color from bright yellow to green to brown is normal. By age 3 to 6 weeks, the frequency of stool decreases (even once a week for a breastfed infant at this age can be normal as long as it is soft and passes easily).
6. **Is the discharge from my baby girl's vagina normal?** Yes, it may be clear, white or bloody, and it is from withdrawal from the mother's hormones. You don't have to wipe it away, but you can if you want to (top to bottom).
7. **Is it normal for my nipples to hurt (for breastfeeding mothers)?** It is normal in the first week to have pain for the first 1-2 seconds of latch on, but if you have pain in the nipples beyond the first second or two, ask us about it.
8. **Can my baby see me?** Baby's sharpest vision is the distance from the breast to the face. Babies recognize their mother's faces within a short time after birth. They can identify their mother's breastmilk smell immediately, and will recognize the voices (and soon the faces) of close family that they heard talking while in the womb, like fathers or siblings.
9. **Is it normal that my baby lost weight after birth?** Yes, most babies lose weight after birth and this is normal. We will tell you if we are concerned that the weight loss is too much.
10. **When should my next appointment be? What should I be worried about?** Usually 1-2 days after you leave the hospital, we would like to see you back in the office to check

your baby's weight, color, and heart. If your baby has a fever more than 100.4 rectally (only take temperature if baby seems warmer than usual), is irritable, lethargic or not feeding well, call right away. If your baby seems yellow other than the eyes/gums/face (i.e. chest/abdomen/legs), call us during office hours. Also call during the day if your infant is not having normal stool (see #5).

Have your baby sleep on the back or side. Make sure that your car seat is correctly installed and used, call 1-866-SEATCHECK or go to seatcheck.org for a free car seat checkpoint near you.

Trimming your newborn's nails can be a terror-filled task for new parents. Those fingers are so tiny, and the skin at the fingertip often grows into the base of the nail, making it easy to nick when trimming. This task is best accomplished when your infant is in a deep sleep. Have at the ready an infant nail clipper and a fine nail file. Use the clipper to trim the uppermost, free part of the nail. For a closer trim, and to get rid of sharp edges, use the nail file next. [Click here](#) for a great video demonstrating good technique.

Having twins can be both a blessing and a challenge. See below a list of resources we've come up with that might be of great help to you!

Books:

- *Twins and What They Tell Us About Who We Are*, Lawrence Wright
- *What to Do When You're Having Two*, Natalie Diaz
- *Two is for Twins*, Wendy Cheyette Lewison
- *Born Together - Reared Apart: The Landmark Minnesota Twin Study*, Nancy L. Segal
- *Raising Twins: Parenting Multiples from Pregnancy Through the Years (2nd Ed.)*, Shelly Flais

Websites:

- Preparing for Twins - <http://www.healthychildren.org/English/ages-stages/prenatal/Pages/Preparing-for-Twins.aspx>
- Mothers of Multiples of Fairfield County - <https://www.bigtent.com/groups/momslfc>
- **The Parent Collective**- an online community that provides resources, classes, and coaching sessions for parents (locations in Fairfield County)