



Dr. Fitch's 2 Week Well Baby Handout

Name: _____ Date: _____


Weight: ____ lbs ____ oz (____ %)

Height: ____ in (____ %)

Head: ____ in (____ %)

Thank you for choosing us as your child's Primary Care Provider. We look forward to serving you and your baby. Below you will find some helpful information.

THINGS TO DO:

- Go to the lab to get second metabolic screen done (PKU) if not done yet.
- Call to schedule your infant's 2 month well baby visit (call 4-6 weeks ahead)
- ***Enroll your child on your individual health insurance plan. You have 30 days to do so. Failure to do so may exclude your infant on your plan until the next open enrollment.***
- Parents and close contacts should get the Tdap (every 5 years) and flu vaccine (yearly). We offer this in the office if you would like to get it here.
- If you are exclusively breast feeding, we recommend that you begin Vitamin D drops (for bone development) or a multivitamin (poly-vi-sol) once a day until solid foods are introduced.
- Schedule a date night. I know this sounds crazy, but it's important for mom and dad to have time together. This may sound hard (or impossible), but it's important to get in this habit.
- Visit our website: www.heritagepediatrics.com for news, announcements, educational materials, health recommendations, and information about our office. Check out my page under the physician tab.
- Follow us on Facebook!! 

2 Pieces of Advice:

1. Relax. Learn how to calmly respond as a parent (I'm still working on this 20 years down the road). Whether our kids are 2 weeks, 2 years or a teenager, if we are stressed and anxious, our kids will pick up on this.
2. Give your permission to make mistakes as a parent. None of us are perfect. If we are beating ourselves up for a bad yesterday, we aren't going to have a good today.

FEEDING:

My general philosophy is that the more feedings you get in during the day, the better chance of going longer stretches at night. Most babies will feed every 2-3 hours during the day. Occasionally an infant will eat every 4 hours. This is ok as long as you are seeing good wet diapers and getting a 4 hour stretch of sleeping (or longer) at night. The average infant will nurse 10-15 minutes on each side. However, there is a range. An extremely efficient infant at this age can go 5 minutes on one side and a slow infant can go 20-30 minutes on each side.



The average amount a 2 week old infant will take in a bottle is 2-3 oz. However, there is a range on volume in a bottle as well. Ultimately you want to make sure your infant is wet just about every diaper change (6-8 per day depending on many times your infant eats) and that he / she is growing on an average of 1 oz or more a day. Though you don't want to weigh an infant too often (I wouldn't generally recommend weighing more than once a week unless you are really worried about feeding or think your infant is losing weight.), you are welcome to arrange a time to come in for a weight check. You can schedule a doctor weight check, nurse weight check, or weight check on your own (please call first for any weight check). Signs that you are over feeding your infant are increasing spit up or very frequent and watery bowel movements (often resulting in a diaper rash). Feel free to call and talk to my nurse if you are having feeding questions. **Formula feeding:** Most infants will do fine with a milk-protein based, iron fortified formula. Formulas come in a variety of preparations so it is important to read the label carefully and follow instructions on how to mix. There is no need to boil the water used to mix formula. Throw away any formula left in a bottle after a feeding.

WET & DIRTY DIAPERS:

Once feeding is established your infant should be wet just about every time you change him or her. There may be one time in a day where your infant is dry. As long as he /she is wet at the next feeding, this is not a concern. Bowel movements are less important. We often describe them as yellow and seedy. However, the color may vary from yellow to green to brown depending on a mother's diet or a different formula. The colors that get our attention are red or black which both indicate blood. The stools are usually watery or loose until solid food is introduced. At first, most infants have multiple BMs (6-8 dirty diapers or every time the infant is changed). As your infant approaches 2 months, these will likely decrease in frequency. If you infant is still having multiple BMs, this may be an indication of over feeding. However, I'm not overly concerned about this as long as there is not a lot of spit up or diaper rash. It is not uncommon for a breast fed infant to only have a BM every 2 or 3 or 4 days. If your infant is having BMs less frequently than every 7 days, I want to hear from you. Constipation is not defined as frequency of BMs, but rather the firmness of the stool and the amount of strain the infant is having. If an infant strains really hard for 3-5 minutes but then the BM is soft, this is normal and probably just the infant learning to relax the bottom muscles when the bowels are moving. If the stool is more firm and the infant is straining on and off for a day before going, this warrants a phone call to the office.

SLEEP:

I have no expectations for sleep, only hopes (and I know you have hopes too). An infant sleep cycle is 2-3 hours while our sleep cycles are 3-4 hours. So, it is natural for an infant to wake every 2-3 hours to feed. The natural question then arises, "Is your infant really hungry or just in between sleep cycles?" I usually tell you in the nursery, "I'm comfortable with your infant going one 5 hour stretch, but then I want them to eat every 2-3 hours the rest of the day". After feeding is established and your infant is back to birth weight, I'm happy with him / her going as long as he / she will go at night (if your infant is going 5 hours or longer, don't tell your friends as they will be jealous). My hope is that your infant will go at least one 5 hour stretch. This will



assure that you parents can make it through a sleep cycle. This is important as sleep deprivation is real. At night it really needs to be divide and conquer (one parent sleep while the other is feeding your infant) so that both parents can get through one sleep cycle and thus minimize sleep deprivation. I am fine pushing your infant after feeding is established to see if he / she can drop a feeding in the night. I'm fine with you listening to him / her crying for 10-15 minutes or trying a pacifier and rocking to get them to skip a feeding. If a pacifier and rocking works one night, try just listening the next night. If your infant is screaming and mommy/daddy instincts say feed the baby, or if you have "pushed" for 3 or 4 nights with no success, then just continue feeding the infant every 2-3 hours. I recommend that you keep feedings quick, quiet and dark at night and then have lots of bright light and stimulation during the day. This will help to set your infant's circadian rhythm. If your infant can't make it 4-5 hours consistently at night, I encourage dad to take one feeding at night (say the 11 or midnight feeding) with formula or pumped breast milk.

CRYING / COLIC:

I call this the dreaded "c" word or "colic". There are various definitions that people will use. However, I talk about a fussy period that happens the same time every day for a period of time. This fussy time can be 1 hour or all day long. It typically begins between 1 and 2 weeks, peaks at 4-6 weeks, is better by 2 months and gone by 3 months. I think you do whatever you need to do to calm your infant. So, you can rock, swaddle, use a swing, pacifier, vibrating chair, walk, or feed your infant. If you can do something simple like this and your infant calms, that is reassuring. Although by this time your infant should be able to go 2-3 hours between feeds, he / she may feed every hour or hour and a half in the evening time. This cluster feeding usually works to your advantage as they get an extra feeding in and then hopefully go a longer stretch at night. You are welcome to try gas drops (simethicone—0.3 every 2 hours or 12 times a day) or gripe water (natural ingredients like phenyl, ginger, chamomile, peppermint, licorice—directions on the bottles) for fussiness. If they work, keep using them; if not, don't buy the next bottle. There are some scientific studies showing that probiotics (Gerber Soothe—lactobacillus) can prevent / lessen colic symptoms. If despite these simple measures, or if you are worried, or if your child has been crying for 2 hours or longer, please call our office. If simple measures are not working, we will consider other issues like illness, constipation, reflux, or an allergy (milk protein or something in mom's diet).

IMMUNIZATIONS:

- If your infant did not receive the Hepatitis B vaccine in the hospital (I do not routinely give in the hospital but wait until this 2 week visit), he / she will receive it today.
- There are no side effects of this vaccine. Please call if your infant has a fever since this is not due to the vaccine. If your infant is fussy later today, this is not my fault ☺ (it will be after the 2 month visit).

DEVELOPMENTAL MILESTONES:

- May smile in response to being talked to or played with
- Focuses on objects that are no more than twelve inches away



- Responds to sound
- Lifts and turns head side to side
- Moves arms and legs well and equally

SAFETY:

Accidents kill more infants in the first year of life than any other cause. Keep your baby safe by following a few recommendations.

(1) Sudden Infant Death Syndrome (SIDS)

- Have baby sleep on back.
- Use firm crib mattress.
- No blankets, pillows or stuffed animals in crib.
- Keep environmental temperature comfortable.
- No smoking around infant.

(2) Burns

- Always check water temp before bath
- Set water heater to < 120°F.
- Never smoke or drink hot liquids when holding baby
- Avoid exposure to direct sunlight
- Avoid microwave for heating formula/breast milk

(3) Illness

- Avoid ill contacts, encourage good hand washing.
- NO medications unless instructed by provider.
- Have your baby seen for fever $\geq 100.4^{\circ}\text{F}$ (rectal), poor feeding, or worrisome symptoms such as inconsolable crying, vomiting or abnormal drowsiness.
- Do not leave unattended on bed, sofa or changing table.
- When using an infant carrier, always make sure infant is securely fastened in.

(4) Car Safety

- Use an approved infant car seat
- The infant should be placed in the back seat with the car seat rear-facing until your child is 2 years of age.
- Never hold your infant in your lap while traveling in an automobile.
- Have your car seat installation inspected by trained personnel.

(5) Falls

- Use Straps on all infant furniture (car seats, carriers, high chairs, exercisers, etc.)

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**Poison Control:
(800) 222-1222**

Clinic Hours:

Monday – Friday AM:

8:00 am - 12:30 pm / 1:30 pm - 4:30 pm

Friday PM & Saturday AM Urgent Care Clinics:

1:30-4:30 PM & 8:00 AM until last patient is seen