

CRADLE CAP

DEFINITION

- Yellow scales and crusts attached to the scalp.
- Scales can be greasy or dry.
- Not itchy or painful.
- Begins in the first 2 to 6 weeks of life.
- Is usually gone by 6 months of age.

Cause

The cause of cradle cap is unknown. It may be caused by maternal hormones that crossed the placenta before birth and stimulated the oil glands. It is not caused by poor hygiene. Cradle cap is not contagious and does not recur. If redness also occurs behind the ears, in body creases (armpit, groin and neck), and in the diaper area, cradle cap is part of a condition called seborrheic dermatitis.

Expected Course

Without treatment it can last for months, but it will eventually clear up on its own. With treatment it is usually cleared up in a few weeks.

HOME CARE

1. **Anti-dandruff shampoo.** Anti-dandruff shampoos slow down the scaling and flaking of skin. They do not require a prescription.
Anti-dandruff shampoos include Head and Shoulders, Desenex or Neutrogena T-gel.
Be careful to keep it out of the eyes. Wash your baby's hair with it twice a week. While the hair is lathered, massage your baby's scalp with a soft brush or rough washcloth. Don't worry about hurting the soft spot; it's well protected. Once the cradle cap has cleared up, use a regular shampoo twice a week.
2. **Softening thick crusts or scales.** If your child's scalp is very crusty, put some baby oil or olive oil on the scalp 1 hour before washing to soften the crust. Wash all the oil off, however, or it may worsen the cradle cap.
3. **Resistant cradle cap.** If the rash is red and irritated, apply 1% hydrocortisone cream (nonprescription) three times a day for 7 days.



CALL OUR OFFICE

During regular hours if:

- The cradle cap lasts more than 2 weeks with treatment.
- It starts to look infected.
- The rash spreads beyond the scalp.
- You have other concerns or questions.

CRYING BABY (COLIC)

DEFINITION

- Unexplained crying
- Intermittent crying one or two times per day
- Healthy child (not sick or in pain)
- Well-fed child (not hungry)
- Bouts of crying usually last 1 to 2 hours
- Child fine between bouts of crying
- Child usually consolable when held
- Onset under 4 weeks of age
- Resolution by 3 months of age
- This diagnosis must be confirmed by a physician

Cause

Normally infants do some crying during the first months of life. When babies cry without being hungry, overheated, or in pain, we call it "colic." About 10% of babies have colic. Although no one is certain what causes colic, these babies seem to want to be cuddled or to go to sleep. Colic tends to occur in high-needs babies with a sensitive temperament. Colic is not the result of bad parenting, so don't blame yourself. Colic is also not due to excessive gas, so don't bother with extra burping or special nipples. Cow's milk allergy may cause crying in a few babies, but only if your baby also has diarrhea or vomiting.

Colic is not caused by abdominal pain. The reason the belly muscles feel hard is that a baby needs these muscles to cry. Drawing up the legs is also a normal posture for a crying baby, as is flexing the arms.

Expected Course

This fussy crying is harmless for your baby. The hard crying spontaneously starts to improve at 2 months and is gone by 3 months. Although the crying can't be eliminated, the minutes of crying per day can be dramatically reduced with treatment. In the long run, these children tend to remain more sensitive and alert to their surroundings.

COPING WITH COLIC

1. Hold and soothe your baby whenever she cries without a reason. A soothing, gentle activity is the best approach to helping a baby relax, settle down, and go to sleep. You can't spoil a baby during the first 3 or 4 months of life. Consider using the following:
 - Cuddling your child in a rocking chair
 - Rocking your child in a cradle
 - Placing your child in a baby carrier or sling (which frees your hands)
 - A windup swing or a vibrating chair
 - A stroller (or buggy) ride outdoors or indoors
 - Anything else you think may be helpful (e.g., a pacifier, a warm bath, or massages)

If all else fails, Sleep Tight is a device that attaches under the crib and simulates the motion and sound of a moving car. This gadget has lessened colicky behavior in over 90% of babies. It can be found on the internet.

2. **A last resort, let your baby cry herself to sleep.** If none of these measures quiets your baby after 30 minutes of trying and she has been fed recently, your baby is probably trying to go to sleep. She needs you to minimize outside stimuli while she tries to find her own way into sleep. Wrap her up and place her in her crib. She will probably be somewhat restless until she falls asleep. Close the door, go into a different room, turn up the radio, and do something you want to do. Even consider earplugs or earphones. Save your strength for when your baby definitely needs you. If she cries for over 15 minutes, however, pick her up and again try the soothing activities.
3. **Prevent later sleep problems.** Although babies need to be held when they are crying, they don't need to be held all the time. If you over-interpret the advice for colic and rock your baby every time she goes to sleep, you will become indispensable to your baby's sleep process. Your baby's colic won't resolve at 3 months of age. To prevent this from occurring, when your baby is drowsy but not crying, place her in the crib and let her learn to self-comfort and self-induce sleep. Don't rock or nurse her to sleep at these times. Although colic can't be prevented, secondary sleep problems can be.
4. **Promote nighttime sleep (rather than daytime sleep).** Try to keep your infant from sleeping excessively during the daytime. If your baby has napped 3 hours, gently awaken your baby, and entertain or feed her, depending on her needs. In this way the time when your infant sleeps the longest (often 5 hours) will occur during the night.
5. **Try these feeding strategies.** Don't feed your baby every time she cries. Being hungry is only one of the reasons babies cry. It takes about 2 hours for the stomach to empty, so wait that long between feedings or you may cause cramps from bloating. For breast fed babies, however, nurse them every time they cry until your milk supply is well established and your baby is gaining weight (usually 2 weeks). Babies who feed too frequently during the day become hungry at frequent intervals during the night. If you are breast feeding, avoid drinking coffee, tea, and colas and avoid taking other stimulants. Suspect a cow's milk allergy if your child also has diarrhea, vomiting, eczema, wheezing, or a strong family history of milk allergy. If any of these factors are present, try a soy formula for 1 week. Soy formulas are nutritionally complete and no more expensive than regular formula. If you are breast feeding, avoid all forms of cow's milk in your diet for 1

week. If the crying dramatically improves when your child is on the soy formula, call us for additional advice about keeping her on the formula. Also, if you think your child is allergic, but she doesn't improve with soy formula, call us about the elemental formulas.

6. **Get rest and help for yourself.** Although the crying can be reduced, what's left must be endured and shared. Avoid fatigue and exhaustion. Get at least one nap each day in case the night goes badly. Ask your husband, a friend, or a relative for help with other children and chores. Caring for a colicky baby is a two-person job. Hire a babysitter so you can get out of the house and clear your mind. Talk to someone every day about your mixed feelings. The screaming can drive anyone to desperation.
7. **Avoid these common mistakes.** If you are breast feeding, don't stop. If your baby needs extra calories, talk with a lactation consultant about ways to increase your milk supply. The available medicines are ineffective and many (especially those containing Phenobarbital) are dangerous for children of this age. The medicines that slow intestinal activity (anticholinergics) can cause fever or constipation. The ones that remove gas bubbles are not helpful according to recent research, but they are harmless. Inserting a thermometer or suppository into the rectum to "release gas" does nothing except irritate the anal sphincter. Don't place your baby face down on a waterbed, sheepskin rug, bead-filled pillow, or other soft pillow. While these surfaces can be soothing, they also increase the risk of suffocation and crib death. A young infant may not be able to lift the head adequately to breathe. Stay with TLC (tender loving care) for best results.



CALL OUR OFFICE

IMMEDIATELY if:

- Your baby cries constantly for more than 2 hours.
- You are afraid you might hurt your baby.
- You have shaken your baby.
- Your baby starts acting very sick.

During regular hours if:

- You can't find a way to soothe your baby's crying.
- The crying continues after your baby reaches 4 months of age.
- Your baby is not gaining weight and may be hungry.
- You have other questions or concerns.

DIAPER RASH

DEFINITION

Any rash in the skin area covered by a diaper

Causes

Almost every child gets diaper rashes. Most are due to prolonged contact with moisture, bacteria, and ammonia. The skin irritants are made by the action of bacteria from bowel movements on certain chemicals in the urine. Bouts of diarrhea cause rashes in most children. Diaper rashes occur equally with cloth and disposable diapers.

Expected Course

With proper treatment these rashes are usually better in 3 days. If they do not respond, a yeast infection (*Candida*) has probably occurred. Suspect this if the rash becomes bright red and raw, covers a large area, and is surrounded by red dots. You will need a special cream for a yeast infection.

HOME CARE

Change Diapers Frequently. The key to successful treatment is keeping the area dry and clean so that it can heal itself. Check the diapers about every hour, and if they are wet or soiled, change them immediately. Exposure to stools causes most of the skin damage. Make sure that your baby's bottom is completely dry before closing up the fresh diaper.

Increase Air Exposure. Leave your baby's bottom exposed to the air as much as possible each day. Practical times are during naps or after bowel movements. Put a towel or diaper under your baby. When the diaper is on, fasten it loosely so that air can circulate between it and the skin. Avoid airtight plastic pants for a few days. If you use disposable diapers, punch holes in them to let air in.

Rinse the Skin with Warm Water. Washing the skin with soap after every diaper change will damage the skin. Use a mild soap (such as Dove) only after bowel movements. The soap will remove the film of bacteria left on the skin. After using soap, rinse well. If the diaper rash is quite raw, use warm water soaks for 15 minutes three times every day.

Nighttime Care. Use disposable diapers at night that lock wetness inside the diaper and away from the baby's skin. Avoid plastic pants at night. Change the diaper once during the night until the rash is healed.

Creams and Ointments. Most babies don't need any diaper creams or powders. If your baby's skin is dry and cracked, however, apply an ointment to protect the skin after washing off each bowel movement. A barrier ointment is also needed whenever your child has diarrhea. Common ointments include

Desitin, A &D, and Triple Butt Paste. Any barrier ointment will do the job. It should be applied heavily with each diaper change.

Cornstarch reduces friction and can be used to prevent future diaper rashes after this one is healed. Studies show that cornstarch does not encourage yeast infections. Avoid talcum powder because of the risk of pneumonia if your baby inhales it.

Yeast Infections. If the rash is bright red or does not respond to 3 days of warm water cleansing, air exposure, and it does not hurt to clean the bottom suspect a yeast infection. Apply Lotrimin cream (no prescription necessary) 4 times per day or after each bottom rinse for bowel movements.

Prevention of Diaper Rash. Changing the diaper immediately after your child has a bowel movement and rinsing the skin with warm water are the most effective things you can do to prevent diaper rash.

If you use cloth diapers and wash them yourself, you will need to use bleach (such as Clorox, Borax, or Purex) to sterilize them. During the regular wash cycle, use any detergent, then refill the washer with warm water, add 1 cup of bleach, and run a second cycle. Unlike bleach, vinegar is not effective in killing germs.



CALL OUR OFFICE

IMMEDIATELY if:

- It looks infected (yellow pus, pimples, blisters, spreading redness, red streaks).
- Your child starts acting very sick.

During regular hours if:

- The rash isn't much better in 3 days.
- You have other concerns or questions.

NEWBORN APPEARANCE AND BEHAVIOR

NEWBORN APPEARANCE

Even after your child's physician assures you that your baby is normal, you may find that she looks a bit odd. Your baby does not have the perfect body you have seen in baby books. Be patient. Most newborns have some peculiar characteristics. Fortunately they are temporary. Your baby will begin to look normal by 1 to 2 weeks of age.

This discussion of these transient newborn characteristics is arranged by parts of the body. A few minor congenital defects that are harmless but permanent are also included. Call our office if you have questions about your baby's appearance that this list does not address.

Head

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

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

Cephalohematoma. This is a collection of blood on the outer surface of the skull. It is due to friction between the infant's skull and the mother's pelvic bones during the birth process. The lump is usually confined to one side of the head. It first appears on the second day of life and may grow larger for up to 5 days. It doesn't resolve completely until the baby is 2 or 3 months of age.

Anterior Fontanel. The "soft spot" is found in the top front part of the skull. It is diamond shaped and covered by a thick fibrous layer. Touching this area is quite safe. The purpose of the soft spot is to allow rapid growth of the brain. The spot will normally pulsate with each beat of the heart. It normally closes with bone when the baby is between 12 and 18 months of age.

Eyes

Swollen Eyelids. The eyes may be puffy because of pressure on the face during delivery. They may also be puffy and reddened if silver nitrate eye drops are used. This irritation should clear in 3 days.

Subconjunctival Hemorrhage. A flame-shaped hemorrhage on the white of the eye (sclera) is not uncommon. It is caused by birth trauma and is harmless. The blood is reabsorbed in 2 to 3 weeks.

Iris Color. The iris is usually blue, green, gray or brown or variations of these colors. The permanent

color of the iris is often uncertain until your baby reaches 6 months of age. White babies are usually born with blue-gray eyes. Black babies are usually born with brown-gray eyes. Children who will have dark irises often change eye color by 2 months of age; children who will have light-colored irises usually change by 5 or 6 months of age.

Blocked Tear Duct. If your baby's eye is continuously watery, he 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.

Ears

Folded Over. The ears of newborns are commonly soft and floppy. Sometimes one of the edges is folded over. The outer ear will assume normal shape as the cartilage hardens over the first few weeks.

Nose

Flattened Nose. The nose can become misshapen during the birth process. It may be flattened or pushed to one side. It will usually look normal by 1 week of age.

Mouth

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 feedings. A sucking callus on the thumb or wrist may also develop.

Tongue-Tie. The normal tongue in newborns has a short tight band that connects it to the floor of the mouth. This band normally stretches with time, movement, and growth. Babies with symptoms from tongue-tie are rare.

Epithelial Pearls. Little cysts (containing clear fluid) or shallow white ulcers can occur along the gum line or on the hard palate. These are a result of blockage of normal mucous glands. They disappear after 1 to 2 months.

Teeth. The presence of a tooth at birth is rare. Approximately 10% are extra teeth without a root structure. The other 90% are prematurely erupted normal teeth. The distinction can be made with an x-ray. The extra teeth must be removed by a dentist. The normal teeth need to be removed only if they become loose (with a danger of choking) or if they cause sores on your baby's tongue.

Breast Engorgement

Swollen breasts are present during the first week of life in many female and male babies. They are caused by the passage of female hormones across the mother's placenta. Breasts are generally swollen for 2 to 4 weeks,

but they may stay swollen longer in breast fed babies. One breast may lose its swelling before the other one by a month or more. Never squeeze the breast because this can cause infection. Be sure to call our office if a swollen breast develops any redness, streaking, or tenderness.

Female Genitals

Swollen Labia. The labia minora can be quite swollen in newborn girls because of the passage of female hormones across the placenta. The swelling will resolve in 2 to 4 weeks.

Hymenal Tags. The hymen can also be swollen because of maternal estrogen and can have smooth $\frac{1}{2}$ inch projections of pink tissue. These normal tags occur in 10% of newborn girls and slowly shrink over 2 to 4 weeks.

Vaginal Discharge. As the maternal hormones decline in the baby's blood, a clear or white discharge can flow from the vagina during the latter part of the first week of life. Occasionally the discharge will become pink or blood tinged (false menstruation). This normal discharge should not last more than 2 or 3 days.

Male Genitals

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

Undescended Testicle. 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 one-year-old boys only 0.7% of all testicles are undescended; these 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.

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

Bones and Joints

Tight Hips. Your child's physician will test how far your child's legs can be spread apart to be certain the hips are not too tight. Outward bending of the upper legs until they are horizontal is called 90 degrees of spread. (Less than 50% of normal newborn

hips permit this much spreading.) As long as the upper legs can be bent outward to 60 degrees and are the same on each side, they are fine. The most common cause of a tight hip is a dislocation.

Tibial Torsion. The lower legs (tibia) normally curve in because of the cross-legged posture your baby was confined to while in the womb. If you stand your baby up, you will also notice that the legs are bowed. Both of these curves are normal and will straighten out after your child has been walking for 6 to 12 months.

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 easily moved to a normal position, they are normal. The direction of the feet will become more normal between 6 and 12 months of age.

"Ingrown" Toenails. Many newborns have soft nails that easily bend and curve. However, they are not truly ingrown because they don't curve into the flesh.

Hair

Scalp Hair. Most hair at birth is dark. This hair is temporary and begins to be shed 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 will appear by 6 months. It may be an entirely different color from the newborn hair.

Body Hair (Lanugo). Lanugo is the fine downy hair sometimes present on the back and shoulders. It is more common in premature infants. It is rubbed off with normal friction by 2 to 4 weeks of age.

NEWBORN REFLEXES AND BEHAVIOR

Some findings in newborns that concern parents are not signs of illness. Most of these harmless reflexes are due to an immature nervous system and disappear in 3 or 4 months:

- Chin trembling
- Lower lip quivering
- Hiccups
- Irregular breathing. Any irregular breathing pattern is normal if your baby is content, the rate is less than 60 breaths per minute, a pause is less than 10 seconds, and your baby doesn't turn blue; occasionally infants take rapid, progressively deeper, stepwise breaths to completely expand the lungs.
- Passing gas (not a temporary behavior)
- Sleep noise from breathing and moving
- Sneezing
- Spitting up or belching
- Startle reflex or brief stiffening of the body (also called the Moro or embrace reflex) after noise or abrupt movement
- Straining with bowel movements
- Throat clearing (or gurgling sounds of secretions in the throat)

- Trembling or jitteriness of arms and legs: common during crying. Convulsions are rare (during convulsions babies also jerk, blink their eyes, rhythmically suck with their mouths, and don't cry). If your baby is trembling and not crying, give her something to suck on. If the trembling doesn't because your infant may be having a convulsion.
- Yawning

NEWBORN RASHES AND BIRTHMARKS

After the first bath, your newborn will normally have a ruddy complexion from the extra high count of red blood cells. He can quickly change to a pale- or mottled-blue color if he becomes cold, so keep him warm. During the second week of life, the skin normally becomes dry and flaky. This guideline covers seven rashes and birthmarks. Save time by going directly to the one that pertains to your baby.

ACNE OF NEWBORN

More than 30% of newborns develop acne of the face, mainly small red bumps. This neonatal acne begins at 3 to 4 weeks of age and lasts until 4 to 6 months of age. The cause appears to be the transfer of maternal androgens (hormones) just before birth. Since it is temporary, no treatment is necessary. Baby oil or ointments will just make it worse.

DROOLING RASH

Most babies have a rash on the chin or cheeks that comes and goes. This is often due to contact with food and acid that has been spat up from the stomach. Rinse the baby's face with water after all feedings or spitting up episodes.

Other temporary rashes on the face are heat rashes in areas held against the mother's skin during nursing (especially in the summertime). Change your baby's position more frequently and put a cool washcloth on the area. No baby has perfect skin. The babies in advertisements wear makeup.

ERYTHEMA TOXICUM

More than 50% of babies get a rash called erythema toxicum on the second or third day of life. The rash is composed of $\frac{1}{2}$ - to 1-inch red blotches with a small white lump in the center. They look like insect bites. They can be numerous, keep occurring, and be anywhere on the body surface. Their cause is unknown; they are harmless and resolve themselves by 2 weeks of age (rarely 4 weeks).

FORCEPS OR BIRTH CANAL TRAUMA

If delivery was difficult, a forceps may have been used to help the baby through the birth canal. The pressure of the forceps on the skin can leave bruises or scrapes or can even damage fat tissue anywhere on the head or face. Skin overlying bony prominences (such as the sides of the skull bone) can become damaged even without a forceps delivery by pressure from the birth canal. Fetal monitors can also cause scrapes and scabs on the scalp. The bruises and scrapes will be noted on day 1 or 2 and disappear by 1 to 2 weeks. The fat tissue injury won't be apparent until day 5 to 10. A thickened lump of skin with an

overlying scab is the usual finding. This may take 3 or 4 weeks to resolve. For any breaks in the skin, apply an antibiotic ointment (over-the-counter) 4 times a day until healed. If it becomes tender to the touch or soft in the center or shows other signs of infection, call our office.

MILIA

Milia are tiny white bumps that occur on the faces of 40% of newborn babies. The nose and cheeks are most often involved, but milia are also seen on the forehead and chin. Although they look like pimples, they are smaller and not infected. They are blocked-off skin pores and will open up and disappear by 1 to 2 months of age. No ointments or creams should be applied to them.

Any true blisters (little bumps containing clear fluid) or pimples (especially of the scalp) that occur during the first month of life must be examined and diagnosed quickly. If they are caused by the herpes virus, treatment is urgent. If you suspect blisters or pimples, call our office immediately.

MONGOLIAN SPOTS

A mongolian spot is a bluish-gray flat birthmark found in more than 90% of Native American, Asian, Hispanic, and African-American babies. Mongolian spots occur most commonly over the back and buttocks, although they can be present on any part of the body. They vary greatly in size and shape. Most fade away by 2 or 3 years of age, although a trace may persist into adult life.

STORK BITES (PINK BIRTHMARKS)

Flat pink birthmarks (also called capillary hemangiomas) occur over the bridge of the nose, the eyelids, or the back of the neck in more than 50% of newborns. The birthmarks on the bridge of the nose and eyelids clear completely by 1 to 2 years of age. Most birthmarks on the nape of the neck also clear, but 25% can persist into adult life. Those on the forehead that run from the bridge of the nose up to the hairline usually persist into adult life. Laser treatment during infancy should be considered.

NORMAL NEWBORN SKIN CARE

BATHING

You can bathe your baby daily if you would like, especially in warm weather. Keep the water level below the navel or give sponge baths until a few days after the cord has fallen off. Submerging the cord could cause infection or interfere with its drying out and falling off. Getting it a little wet doesn't matter. Use tap water without any soap or a nondrying soap such as Cetaphil. Don't forget to wash the face; otherwise, chemicals from milk or various foods build up and cause an irritated rash. Also, rinse off the eyelids with water.

Don't forget to wash the genital area. However, when you wash the inside of the female genital area (the vulva), never use soap. Rinse the area with plain water and wipe from front to back to prevent irritation. This practice and the avoidance of any bubble baths before puberty may prevent many urinary tract infections and vaginal irritations. At the end of the bath, rinse your baby well; soap residue can be irritating. If you like, you can use a hypoallergenic lotion such as Cetaphil lotion to keep your baby's skin soft. Avoid scented products as these can irritate the skin even though they smell wonderful.

CHANGING DIAPERS

After wet diapers are removed, just rinse your baby's bottom off with a wet washcloth or a diaper wipe. After removing soiled diapers, rinse the bottom under running warm water or in a basin of warm water if your baby tends to get diaper rash. After you finish the rear area, cleanse the genital area by wiping front to back with a wet cloth. In boys, carefully clean the scrotum; in girls, the creases of the vaginal lips (labia).

SHAMPOO

Wash your baby's hair once or twice weekly with a special baby shampoo that doesn't sting the eyes. Don't be concerned about hurting the anterior fontanel (soft spot). It is well protected.

LOTIONS, CREAMS, AND OINTMENTS

Newborn skin normally does not require any ointments or creams. Especially avoid the application of any oil, ointment, or greasy substance, since this will almost always block the small sweat glands and lead to pimples or a heat rash. If the skin starts to become dry and cracked, use a hypoallergenic lotion such as Cetaphil twice daily. Cornstarch powder can be helpful for preventing rashes in areas of friction. Avoid talcum powder because it can cause a serious chemical pneumonia if inhaled into the lungs.

UMBILICAL CORD

Try to keep the cord dry. Apply rubbing alcohol to the base of the cord (where it attaches to the skin) twice each day (including after the bath) until one week after it falls off. Air exposure also helps with drying and separation; keep the diaper folded down below the cord area or use a scissors to cut away a wedge of the diaper in front.

FINGERNAILS AND TOENAILS

Cut the toenails straight across to prevent ingrown toenails, but round off the corners of the fingernails to prevent unintentional scratches to your baby and others. Trim them weekly after a bath when the nails are softened. Use clippers or special baby scissors. This job usually takes two people unless you do it while your child is asleep. Don't fret if you accidentally nip the fingertip; almost every parent I know has done this and feels terrible!

SPITTING UP (REFLUX)

DEFINITION

Reflux or regurgitation is the spitting up of one or two mouthfuls of stomach contents. It is usually seen during or shortly after feedings. In contrast to vomiting, the milk comes up without any effort or discomfort. Reflux usually begins in the first weeks of life. More than half of all infants have it to some degree.

Cause

Poor closure of the valve (or ring of muscle) at the upper end of the stomach is responsible. This condition is also called gastroesophageal reflux (GER) or chlasia. Reflux is harmless as long as your infant doesn't spit up large amounts that interfere with normal weight gain.

Expected Course

Spitting up improves with age. By 7 months of age, most reflux has decreased or resolved. The reasons for this are probably the ability to sit up and the introduction of solid foods. By the time your baby has been walking for 3 months, even severe reflux should be totally cleared up.

HOME CARE

Feed Smaller Amounts. Overfeeding always makes spitting up worse. If the stomach is filled to capacity, spitting up is more likely. Give your baby smaller amounts (at least 1 ounce less than you have been giving). Your baby doesn't have to finish a bottle. Wait at least 2 ½ hours between feedings because it takes that long for the stomach to empty itself.

Avoid Pressure on the Abdomen. Avoid tight diapers. They put added pressure on the stomach. Don't double your child up during diaper changes. Don't let people hug your child or play vigorously right after meals.

Burp Your Child to Reduce Spitting Up. Burp your baby 2-3 times during each feeding. Do it when she pauses and looks around. Don't interrupt her feeding rhythm in order to burp her. Keep in mind that burping is less important than giving smaller feedings and avoiding tight diapers.

Keep in a Vertical Position After Meals. After meals, try to hold your baby in an upright position using a front pack, backpack, or swing for 30 minutes. When your infant is in an infant seat, keep him from getting scrunched up by putting a pad under his buttocks so that he's more stretched out. After your child is 6 months old, a jumpy seat or walker can be helpful for maintaining an upright posture. To make the walker safe, buy one without wheels or remove the wheels.

The best sleeping position for severe reflux is on the baby's side with the right side down.

Cleaning Up. In the past, one of the worst aspects of spitting up was the odor. This was caused by the effect of stomach acid on the butterfat in cow's milk. The odor is not present with commercial formulas because they contain vegetable oils. A more common concern is clothing stains from milk spots. Use the powdered formulas, which stain the least. Also, don't pick up your child when you have your best clothes on. Try to confine your baby to areas without rugs (for example, the kitchen).



CALL OUR OFFICE

IMMEDIATELY if:

- There is blood in the spit-up material.
- The spitting up causes your child to choke or cough.

During regular hours if:

- Your baby doesn't seem to improve with this approach. (We can discuss how to thicken feedings with cereal.)
- Your baby is not gaining weight normally.
- You have other concerns or questions.

TEETHING

DEFINITION

Teething is the normal process of new teeth working their way through the gums. Your baby's first tooth may appear any time between the ages of 3 months and 1 year. Most children have completely painless teething. The only symptoms are increased saliva, drooling, and a desire to chew on things. It occasionally causes some mild gum pain, but it doesn't interfere with sleep. The degree of discomfort varies from child to child, but your child won't be miserable. When the back teeth (molars) erupt (age 12 to 24 months), the overlying gum may become bruised and swollen. This is harmless and temporary.

Since teeth erupt continuously from 6 months to 2 years of age, many unrelated illnesses are blamed on teething. Fevers are also common during this time because after 6 months infants lose the natural protection provided by their mother's antibodies.

DEVELOPMENT OF BABY TEETH

Your baby's teeth will usually erupt in the following order:

- Two lower incisors
- Four upper incisors
- Two lower incisors and all four first molars
- Four canines
- Four second molars

HOME CARE

Gum Massage. Find the irritated or swollen gum. Vigorously massage it with your finger for 2 minutes. Do this as often as necessary. If you wish, you may use a piece of ice to massage the gum.

Teething Rings. Your baby's way of massaging her gums is to chew on a smooth, hard object. Solid teething rings and ones with liquid in the center (as long as it's purified water) are fine. Most children like them cold. Offer a teething ring or wet washcloth that has been chilled in the refrigerator but not frozen in the freezer. A piece of chilled banana may help. Avoid ice or Popsicles that could cause frostbite of the gums. Avoid hard foods that your baby might choke on (such as raw carrots), but teething biscuits are fine.

Diet. Avoid salty or acid foods. Your baby probably will enjoy sucking on a nipple, but if he complains, use a cup for fluids temporarily. A few babies may need Acetaminophen for pain relief for a few days.

Acetaminophen. If the pain increases, give Acetaminophen orally for 1 day. Special teething gels are unnecessary. Many teething gels contain Benzocaine, which can cause an allergic reaction. If

you want to use a gel, do not apply it more than 4 times a day.

Common Mistakes in Treating Teething

Teething does not cause fever, sleep problems, diarrhea, diaper rash, or lowered resistance to any infection. It probably doesn't cause crying. If your baby develops fever while teething, the fever is due to something else.

Don't tie the teething ring around the neck. It could catch on something and strangle your child. Attach it to clothing with a "catch-it" clip.



CALL OUR OFFICE

During regular hours if:

- Your child develops a fever over 101°F (38.3°C).
- Your child develops crying that doesn't have a cause.
- You have other questions or concerns.