

Common Infant Questions

Crying, Fussiness & Colic

Everyone knows that babies cry, but what surprises many parents is how much a baby can cry every day! Crying is baby's way to communicate with others. It is his only way to say "I'm wet, hungry, tired, bored, etc." As time goes on, you will find there are differences in the cries of your baby, and soon you will be able to interpret them. For instance, a hungry cry will be different from a hurting cry. Many babies have a fussy time every day which can last up to 2 or 3 hours. It is often at the end of the day when parents have the least energy to deal with a crying baby. This fussiness is considered to be very normal and eventually fades away. Some babies develop "colic", usually in the first 2 to 3 weeks of life. For periods of time, these babies will cry almost continuously and appear to have a stomach-ache. They will pull their legs up onto the abdomen and then stiffen their legs and whole body. This is accompanied by a screaming cry. This behavior can go on for hours, and repeat itself every day. It is not known what causes colic, but we know that the parents do not cause their baby to be colicky, as some people may tell you. If your baby seems to have "colic", discuss the situation with your doctor. It is extremely frustrating to have a fussy baby. It can frazzle anyone's nerves. Following are some measures which have been found to help a fussy baby.

Swaddle your baby, or use a front-pack carrier.

Provide some constant sound or white noise - a loud-ticking clock, a fan, music playing, vacuum running, or the heartbeat sound which can be found in various products on the market.

Motion - rocking, walking, car rides, stroller rides, or baby swings.

Warmth and pressure on the tummy - lay your baby, tummy down on your legs, on a hot water bottle, or straddled over your forearm. Do not lay him down to sleep in this position; he should be in your arms or lap, not alone.

(Refer to “Sleeping”, page 23-24).

A change of scenery - take your baby outdoors.

If you are breast feeding, evaluate your diet to check if there is any correlation between foods and fussiness. Usually it takes 6 to 8 hours after a food has been eaten before the baby gets the effects from the food. The most common foods to cause problems are milk and milk products, chocolate, spicy foods, caffeine products and “strong” vegetables (cabbage, onion, radish, broccoli, etc.).

If you are bottle feeding your baby, you may want to try a different formula. Call the office for advice.

The most important piece of advice is to get some time away from your baby, every day if possible. Let someone else handle the baby - they are fresh and the change can help decrease the fussiness. You need a break - take a walk, see a friend, read - whatever relaxes you. The break will give you needed “emotional energy” to go back to your fussy baby. Don’t worry about spoiling your baby by giving him this attention. He needs your help. This is not to say never let your baby cry. Sometimes you need to let him cry while you get something done. And some babies just need to “cry it out”. If your baby is still crying after 10 to 15 minutes, go back in and try comfort measures again for 10 to 15 minutes, and then let him cry again. This will not harm your baby emotionally or physically.

Finally, if you have a colicky baby, you need to keep a few things in mind. You did not cause this to happen!

Baby is having a tough time too - he does not want to be colicky.

Other parents have gone through this and have survived.

It goes away! Usually by 3 or 4 months, the baby is much better. The body develops and the stomach-aches diminish, and the baby gets “busy” with rolling over, grabbing at-toys, and looking over his world.

Discuss colic treatments with your pediatrician.

Dressing Your Infant

Another common question is how much clothing to put on baby. The usual tendency is to overdress our babies. Somehow, most people have gotten the idea that babies need to be very warm. Not so - just like us, they get uncomfortable when they are hot. Dress your baby similarly to how you are dressed if you are lying down (not up and working). If you are comfortable lightly dressed, your baby will be too. If a baby is too warm, he will probably be fussy or restless, and may even be perspiring, especially in the head and neck area. Newborns' hands and feet often feel cool because the circulation to the "far ends" of the body is not well established. Therefore, feel the stomach or back to judge if a baby is too cool.

Outdoors

You can take your baby outside whenever the weather is pleasant — there is no prescribed amount of time you must wait before doing so. Babies like to experience the outdoors and often will settle down from a fussy time when they are outside. It is important to keep your baby in the shade. A baby's skin burns much faster than ours, so you need to protect him from the sun.

Pacifier vs. Thumb Sucking

One of the topics you will hear greatly differing opinions about is the controversy of the thumb or the pacifier? All babies need to suck, and in fact, some have a great sucking need, and the pacifier or the thumb will satisfy that need along with feeding time. On the other hand, some babies hardly ever suck the thumb or use the pacifier.

The most common mistake made by parents who use a pacifier with their baby is that they overuse it. Offer the pacifier when your baby is fussy, not as a plug to prevent your baby from crying or to keep him busy, or just out of your own habit. If you use it for fussiness only, then your baby will give it up on his own, often at 5 to 6 months when fussiness dramatically decreases, and he is busy rolling over, playing and discovering his world. But if the parents use it too much, a habit can be created. In short, if you use a pacifier, use it for baby's needs, not your needs.

You can throw away a pacifier, but you can't throw away a thumb is probably the most common reason given to prevent a child from sucking his thumb. Thumb-sucking is very normal in infants and some newborns have blisters on their lips, hands or fingers at birth from all the sucking they did in the womb.

The nice thing about a thumb-sucker is that he can console himself because it is always there to settle him down. The thumb-sucking will go away eventually, unless we reinforce it by giving attention to that behavior. Often the child sucking

his thumb at 5 or 6 years old, is the child of a family who reacted to the thumb-sucking with Get-that-thumb-out-of-your-mouth approach and the habit intensified.

Some may tell you not to let your child do either (thumb sucking or using a pacifier) because he'll get crooked teeth. Pediatric dentists and orthodontists don't worry about either until the permanent teeth are coming in, and most children are long past that habit by then.

There are pros and cons to both sides of the controversy. What you do is up to you as a parent, and of course, your baby...

Skin Care

There are three main rashes that infants have that are not associated with illness - newborn rash, diaper rash and cradle cap.

1. Newborn Rash

Many babies develop a normal rash which appears as red blotches with firm white centers resembling "white heads". The rash can last for a few weeks, requires no treatment, and is not caused by anything the parents have done incorrectly with bathing or laundering. Small groups of tiny blisters may indicate a herpes rash that may be very serious and needs seen promptly by your pediatrician.

2. Diaper Rash

The skin is sensitive to urine and stool. Especially when there has been prolonged contact with a wet or dirty diaper, a rash often occurs. If your baby has a diaper rash, follow the regimen below:

Change diapers frequently.

Wash the diaper area well with each diaper change and dry completely. A hair blower on the low setting dries the area very well. Diaper-wipe products contain alcohol and can increase the inflammation, so wash the area with water.

Air is a good healer, so leaving the skin exposed to air with each diaper change will help. If the rash is bad, leave the diaper off at naptime.

Ointments such as Aquaphor, A & D, Desitin, Diaperene, or zinc oxide may be applied to the irritated skin.

If you are using disposable diapers, it is possible your baby is sensitive to that brand. Try another brand or use cloth diapers.

If you are using cloth diapers, use a mild detergent and make sure all the detergent is out of the diapers by double rinsing. There are detergents on the market which neutralize the ammonia in the diapers - they can be used as a diaper soak. Two cups of vinegar in one-half diaper pail of water will also neutralize ammonia.

If there is no improvement in 2 to 3 days after doing the above, call our office.

3.Cradle Cap

Cradle cap usually presents as yellowish, waxy scales on the scalp. To clear the scalp, this covering must be removed. Gently scrub the scalp with shampoo using a baby brush or soft toothbrush to loosen the "scales". Rinse very well.

To prevent cradle cap, you need to gently rub the scalp with every shampooing to continually loosen the normal oil and shedding skin that accumulates. Many parents are concerned that they will harm the baby's soft spot, but there is a very tough membrane covering it, and you will not harm your baby with this gentle scrubbing.

Sleeping

Many parents are concerned that their baby is sleeping too much or too little. Actually, babies sleep as long as they need. There is no "right" amount of sleep for babies. Do not expect your baby to sleep through the night until he is at least four months of age. If he is not sleeping through the night by four months of age, discuss this with your health care clinician.

In the spring of 1992, the American Academy of Pediatrics (AAP) made a Position Statement regarding Sudden Infant Death Syndrome (SIDS) and babies' sleeping positions. Multiple studies from 7 countries were reviewed and they all concluded that an increased occurrence of SIDS was seen in babies that were placed stomach down to sleep. Several countries that educated parents to have their babies sleep on their sides or their backs experienced decreased rates of SIDS by 20 to 67%.

Historically, U.S. doctors have generally advised the stomach-down position because of the concern of baby's vomiting and then choking. However, many

cultures have always put their babies down to sleep on their backs without problems.

Therefore, the AAP now recommends that normal infants be positioned on their sides or backs for sleep. (Note: Some medical conditions might require babies to be positioned differently for sleep. Your health care clinician can discuss this with you.)

Sneezing, Coughing and Hiccups

All babies normally sneeze, cough and hiccup. Sneezing and coughing are his ways to clear his nose and throat of mucous, lint and dust. Your baby cannot blow his nose, sniff or clear his throat as we can.

The occasional cough or sneeze does not mean your baby is getting a cold, or has been chilled. If your baby has a frequent cough, sounds congested or has nasal discharge, call our office for further instructions.

Baby's hiccups generally bother us more than they bother the baby -- some actually sleep through their hiccups. They are little spasms of the diaphragm muscle beneath the lungs. Hiccups are not caused by improperly feeding or by not burping the baby well. Often, giving your baby a few swallows by breast or bottle will hasten cessation of hiccups, but regardless, they will go away on their own.

Spitting Up

Many infants spit-up. Occasional small amounts are bothersome to the parent but the infant grows normally. Generally the baby is spitting-up much less (in amount) than it appears

If your baby spits-up frequently, there are a few measures you can try:

1. Burp your baby more frequently or you may need to feed your baby smaller amounts more often.
2. Lying still can help. When we hold our infants, we usually are moving somewhat. After feeding, lay your baby on his side in a crib or bassinet that is propped up about 30 degrees so that he is lying in an upward slant (with his head higher than his feet). A pillow or folded blanket under one end of the mattress works well to prop the head of the bed.
3. If you are breast feeding, evaluate the diet. Some babies react to a food that mother has eaten by spitting up. The time between mother eating and baby reacting is 6 to 8 hours generally.

If your baby vomits a feeding forcefully, this is not spitting up. It is vomiting. Do

not re-feed your baby right away. Wait about 30 minutes, feed your baby slowly, and burp more frequently.

If a feeding was taken quickly and on a very empty stomach, the baby is more likely to throw-up. If there is repeated vomiting, call our office for further advice.

Stools

There is a natural tendency for parents to have some concern over the frequency, color and consistency of the stools of their infants.

A general knowledge of what is normal will help to prevent undue concern in this area of baby care.

Your baby may have a bowel movement after each feeding or as infrequently as once every several days. Stools are usually yellow, but sometimes have a greenish-brown appearance. The consistency can range from very loose (most commonly in breast-fed infants) to soft and pasty. As solids such as cereal are added to the diet, an infant's stools normally become more firm. Babies often cry, strain, and turn very red when having a bowel movement; this straining does not mean they are having trouble or are constipated. It is normal.

Constipation does not imply infrequent stools, or fussing when passing a stool, but indicates a stool which is hard. If your infant seems to be constipated, there are some simple measures that you may take to alleviate the problem. Try stimulating the outer rectal or anal area with a Vaseline-lubricated Q-tip in a circular fashion for several minutes. Often this causes relaxation at the rectum internally resulting in a bowel movement. If your infant is on rice cereal, try changing to oatmeal cereal which is less constipating.

Diarrhea is characterized by frequent watery stools with little or no solid matter. Please refer to "Most Common Illnesses and Their Treatments/Diarrhea" in this book for advice.

If there is blood in your child's stool, call the office.

Adult and child medications for diarrhea should not be given. Likewise, do not give enemas, laxatives or suppositories unless instructed to do so.

Sibling Reactions

Many parents are concerned about their older child's reaction to the new baby when they arrive home - and they are with good reason. The new baby will require more of your time and attention, so your older child will have normal feelings of jealousy and competition. He may demand more attention

from you by using the methods he knows will work.

Depending upon age and personality, children may demand this attention by regressing, by doing things they know are wrong, or by using the watch-me approach. Children who regress may need help with previously mastered skills or may have increased clinging or whining. Others do things they know are wrong or things that are guaranteed to bug you. Older children often pester parents with watch me jump or look at my picture, or by excessive talking. All of these measures work. Your child knows it, and he will use them!

We can anticipate the problem. Now the question is: What can I do? The basic rule of thumb is to be flexible during this adjustment time. Consider what is really important and what is not, and then respond accordingly. Focus your efforts on reinforcing your child's positive behaviors and pay less attention to negative or attention-demanding behaviors.

If your child needs help doing something he or she normally can do, lend a helping hand. Otherwise, you will be in a struggle and then the conflict is getting all the attention. Your older child may want to be held like a baby, crawl, etc. Let him do these things. He will soon lose interest and stop on his own. When a behavior cannot be ignored, be firm and consistent in your discipline, but do not over-react. Deal with it and move onto more positive interactions. A child wants his parents' approval, and if we feed and nurture a child's positive behaviors, those will be the behaviors that will grow.

The following are some hints you can use in handling your child's adjustment to baby brother or sister:

1. When seeing your older child for the first time after delivery, have someone other than Mother (Dad, Grandmother, etc.) hold the baby. This way, Mother's arms are free to embrace her older child. Mother has likely been separated from the other child for a day or more and his primary interest is in Mom, not the baby.
2. The first days at home will be a learning experience for the newborn's

siblings. Put the emphasis on what the child can do. You can't pick up the baby, but you can hold her with me in a few minutes, or No, you can't poke her in the eyes, but you can hold her hand. With a very young child, pick a key word such as gentle or nice and show how to be gentle or nice while repeating that key word.

3. Try to find ways your older child can help in caring for the baby in order to make him feel included in the new routines.

4. Baby's feeding time is often difficult because the older child may really work to get your attention. Try to give attention before your child asks for it. You can make it a story time by reading a book or telling a story or turn on Sesame Street and watch it with your child. You might also encourage role-playing by having your child care for his or her own baby doll or stuffed animal.

5. Remind your older child that his new baby brother or sister really likes him. She likes it when you smile at her or See how she watches you. It is easier to like someone who already likes you. (Avoid, Don't you love the baby? It takes all of us time to love someone.)

6. Routines are very important to the toddler. Since so much is changing now, some sameness is needed. Plan to spend a little more time settling your child before nap or bed time. Keep the same rules in the home as before.

7. When company arrives, come to the door without the baby so they pay attention to big brother or sister first. Even if your child is very young and cannot understand all the conversation, he certainly understands the attention.

8. It helps to give your child feeling statements in order to help express anger, fear, sadness, etc. during stressful times. You probably feel angry when I am busy with the baby. This lets your child know it is acceptable to feel these emotions and that you understand.

9. If your child is old enough to understand, tell him what happened when he

was a baby. You wore this sleeper" or, "You liked it when I sang this song to you. Look at his baby pictures. These measures will let him know that he also received this special attention as a baby.

10. Spend some special time with the older one while the baby sleeps. Even ten minutes of individual attention several times a day can work wonders. Remember, an older child still needs lots of hugs and kisses, especially when he might be feeling angry or worried about sharing your love with this new baby. Plan for family or friends to invest many hours with your older sibling during his transition.

11. Never leave a child under 4 alone with the baby for even a quick minute. Even though your child has been very good with the baby previously, a lot can happen in a very short amount of time and your child would be traumatized if an accident did happen.

12. Point out the advantages of being older. You can ride a bike or You can swing or You can eat ice cream, etc.

13. Finally, and most importantly, do not expect perfection out of yourself! Many times, you simply will not have the energy to do the right thing. No one on earth is perfect - including you!

Exactly how your older one will accept this new baby is unknown to you. Much depends upon your child's age, personality and previous experiences. You cannot change these things in your child. You need to accept your child as he or she is, and then work with him or her. A child cannot fully understand that you love him as much as you did before the baby, so your actions must make this evident. Give your older one your attention - your positive attention - and the days ahead will be much smoother and become fond memories.

Safety

Injuries are the number one cause of death in children, and a countless majority of injuries are preventable if proper precautions had been taken. The following is a list of what you can do to keep your infant safe:

Use a crash-tested car seat for your baby at all times. Some parents feel they can protect their baby by holding him, but with a sudden stop or crash, your child will be forcefully thrown out of your arms. Babies become little “missiles” in a collision when they are unrestrained. By placing your child in a car seat at all times when you are in your car, you will develop a routine habit and much more importantly, assure a safe ride for your child.

Initially, babies may use either an infant carrier style or a "convertible" style car seat. Both styles are safe, but we recommend only models using a 5-point harness restraint. Avoid car seats with t-shield or overhead shields. If using an infant carrier car seat, be mindful of any maximum weight OR height limits specified by the manufacturer. The safest place for an infant car seat to be placed is in the middle of the back seat facing towards the rear of the vehicle. Do not place a child or infant car device in any seat equipped with an airbag.

Although previous recommendations were for infants to remain rear facing until 20 pounds and 12 months, newer data has revealed that toddlers are significantly safer when remaining rear facing up until age 2 years of age. In fact, a 2007 study in the Journal of Injury Prevention showed that children under age 2 are 75 percent less likely to die or be severely injured in a crash if they are riding rear-facing.

Once your child exceeds the weight OR height restrictions of their forward facing car seat, we recommend a booster seat with a belt positioner. Some convertible car seats have belt positioners built in to extend their use for older children; consult your instruction manual for more information.

Seat belts are designed for adults, not children. Your child should remain in a car seat or booster seat until a seat belt will fit them properly. This typically does not occur until a child reaches about 4' 9" in height and is between 8 to 12 years of age. According the AAP, signs that a seat belt fits your child properly include:

- The shoulder belt lies across the middle of the chest and shoulder, not the neck or throat.
- The lap belt is low and snug across the thighs, not the stomach.
- The child is tall enough to sit against the vehicle seat back with his legs bent at the knees and feet hanging down and can stay in this position comfortably throughout a trip.

Your child should not sit in the front seat of a car until they are 13 years old and he/she weighs 100 pounds.

Prevent falls by not leaving your baby unattended on a couch, bed, changing table, etc. You never know when he/she will first rollover. Always assume your infant will move wherever you lay him down.

Do not prop the bottle. Your baby may get milk into his lungs when spitting-up or choking. Also, it keeps him from the cuddling and feelings of warmth and love he receives when held. Propping a bottle and putting an infant to bed with a bottle, increases the chance of dental cavities and ear infections.

Do not use or make a pacifier cord. Often, parents attach a string to the pacifier so that they can hang the pacifier around the baby's neck. This is dangerous - there is a risk of strangulation.

The slats on the crib should be no more than 2 inches apart, and the mattress should "fill" the crib without gaps at the side. Do not use pillows or large floppy toys in the crib.

Turn down the thermostat on your hot water heater to a low setting. This will prevent accidental scalding and is adequate for laundry and dishes.

If you have another child under the age of 4, you must watch him closely with the baby. Never leave the baby alone with your other little one - he may try to "help" mother with the baby and cause injury. As your child becomes older and therefore more mobile, there are additional safety precautions you need to take:

Walkers do not teach children to walk. They have caused many life-threatening injuries. Many children have fallen over or fallen down stairs while in their walkers. Infants are more mobile in a walker and can get into dangerous situations very quickly. New "infant saucers" or "activity centers" are a good alternative.

Baby-proof your home by age 6 to 9 months.

Place outlet covers in all unused electrical outlets. Put anything inedible (cleaning supplies, laundry soaps, dishwasher soap, sprays, prescription and over-the-counter medicines, cosmetics, plants, pesticides, etc.) up and out of sight and in a cupboard with a child-resistant lock. As your child grows, there will be no such thing as a place he "can't reach". cover up or get rid of dangling tablecloths or cords (lamps, irons, curling irons, coffee pots, including mini-blind and drapery cords.) turn the handles of pots in towards the middle of your stove and use the back burners. Remove any small item from the floor and low tables. Children explore with their mouths and put anything in their mouths. Be especially careful to check that there

are no small parts on your infant or older children's toys. If they come off, your child could choke on these. Balloons also can be dangerous if a child puts one in his mouth.

Poisonings are a common cause of emergency visits for children and often it is medicine that the child has ingested. Treat medicine as medicine, not as a treat or candy. Keep medicine up and out of sight in a child-proof cabinet or box. Many poisonings with medicine occur when someone else in the family is sick and the medicine is left out where the child can get to it. Also, remember that some plants are poisonous. In the event of a suspected poisoning, call the Central Ohio Poison Center at 1-(800)-222-1222• 228-2272 (T.T.Y.). 24 HOURS A DAY.

Popcorn, peanuts, small hard candy, raw carrot, hot dogs, sausages, and pickles are not appropriate for small children. Many children have choked on or aspirated (gotten into their lungs) these items because they could not chew and handle them well enough. Balloons also represent a life-threatening choking risk.

Drowning is a leading cause of death in children aged 1 to 4 years and it is a year-round threat. If you have a pool, you should have a barrier between your home and the pool. There are 3 options. (1) A 5-foot fence surrounding the pool with a gate which is self-closing, self-latching and lockable. (2) Self-closing and self-latching doors from the home as well as windows that are secured. (3) A key-operated and motorized safety cover. Do not keep furniture or any item a child could use to climb over the fence nearby. Do not allow riding toys around the pool. Never prop the gate open - it should always be closed and latched. If you are at a friend's home with a pool, you need to know where your child is at all times. Also, small children have drowned or suffered near drowning in small wading pools, ponds, rivers, toilets and buckets of water left on the floor. Keep a close eye on your child - it takes "Just A Few Seconds" for tragedy to strike. There is no substitution for close supervision.

It is a good idea for parents and babysitters to learn CPR (Cardiopulmonary Resuscitation). There are many programs and classes throughout the Central Ohio area.