Parentcraft Education

Your health is our life
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Cradle Cap

Regular massage of the scalp and brushing with a soft brush daily may reduce the incidence of cradle cap occurring. Cradle cap is a build up of yellowish crusty material on the scalp. The scalp beneath the crust if often inflamed. Overactivity of the sweat glands causes the build up of secretions on the scalp. Also a fear of touching the fontanella often leads to build up of cradle cap.

Treatment

Massage warm olive oil well into the scalp and leave on overnight. Wash baby’s head well the next day with a mild baby shampoo. Brush the hair at least three times per day (Always wash and clean the brush afterwards). Repeat the procedure until the cradle cap is cleared. Contact your family Doctor if the scalp does not respond to treatment after four days.

Paronychia

Paronychia is a red swollen area that may contain pus at the side of one or several fingers or toenails. It is caused by an infection in the cuticle of the nail.

To treat paronychia bath or soak the affected nail well, in warm water and then apply an antiseptic cream. If concerned or the area does not respond to treatment after 48 hours, see your Doctor.

- Never pull or tear away loose skin around the nail
- If nails are long, use a soft emery board and file away. Don’t cut, clip or bite a newborns nails.
- If your baby is scratching his/ her face cotton mittens may be necessary.

Bowel Motions of a Breastfed Baby

The motions of breastfed babies are usually golden, yellow, mushy and distinctive but not offensive odour. They may at times, be loose, green or curdy. Your diet may affect the motions temporarily. Breastfed babies do not usually get constipated. Newborn breastfed babies will usually poo often until breastfeeding has been established, one established a breastfed baby can poo as little as one every seven days.

Bowel Motions of a Formula Fed Baby

The motions of a formula fed baby are firmer in consistency than those of breast fed babies and are usually darker and greenish in colour and slightly offensive odour.

Constipation

In a baby that has constipation, the poos will be firmer and smaller than normal (pebble like). The ‘pebble like’ poo will feel firm to squash between your fingers. Baby will have difficulty passing the motion.
Diarrhoea
Diarrhoea will cause the poo to be very loose and often green. They may contain mucous and have a foul smell. The number of poos per day will be increased. Diarrhoea is usually caused by a viral infection. If a baby has diarrhoea it is important to maintain oral fluids and consult your doctor immediately.

Settling Techniques
1. Ensure baby has had a good feed.
   - Nutritive sucking
   - Good attachment
   - Comfortable feed (i.e. nipples and posture)
   - Uninterrupted/ not rushed
   - Relaxed
   - Softened/ spongy breast after feed
   - 2-3 courses with a break halfway for a nappy change, wake up or burp
2. Burp baby over the shoulder or sitting up on your lap support the chin with the right hand and the back with the left hand (try to keep the back upright to assist with air flow outwards). A few minutes is adequate.
3. Check nappy.
4. Wrap firmly with hands in (using a muslin or cotton wrap to prevent overheating) and place baby in cot/ bassinette on back (NB ensure there is good air flow around the head) or cuddle baby on chest.
5. Sling/ Pouch
6. Patting and Rocking
   - Use a firm cupped hand to pat in a rhythmic motion, slowing down as the baby calms
   - Place hand gently on baby’s head while rocking
   - Use pram to rock baby over a slight bump
7. Movement
   - Hold baby over your right shoulder so the head is resting on top. Support bottom with your right arm and support baby’s head and neck with your left hand. Walk around, move baby up and down gently and rhythmically.
   - OR
     - Hold baby in a horizontal position with tummy downwards on your left forearm holding your left hand between the legs. Turn his/her face outwards so it rests in the crook or your left arm; let the baby’s arms flop over the sides of your arm. Use right hand for extra support if necessary. Once secure- move baby from side to side in a gentle rocking motion (this technique often helps with wind pain).
     - If you are sitting down place baby on your chest/ abdomen so face is at your heart level.
     - Once baby is calmer, try settling in cot.
8. Check clothing- (hot or cold)- dress baby as you would yourself with an extra layer for winter. Place one finger down front of back of clothing to distinguish it too hot or cold.
9. Music can be anything as long as it helps calm the baby, try something you listened to while pregnant, it may be familiar to the baby.

10. Dummy- make an informed decision. Dummies can have an impact on breastfeeding newborn babies, both attachment and intake.

11. Bath – day or night
   • In the case of cold weather, use a heater to warm room before undressing baby.
   • If baby is sleepy during feed or is impatient for a feed, bath after the feed has settled.

12. Massage
   • Prepare the room with warmth, low lights and soft music
   • Use an oil or baby lotion and warm hands first
   • Can be done after a bath or on its own
   • Gentle circular motions around lower abdomen may help wind pain
   • Try baby on tummy with arms flexed and head to the side, stroke back using on hand at a time

13. Walk in pram (day time).

14. Drive in car

15. Sling/ pouch.

16. Sit baby upright in rocker chair, or bouncer (supervised) for short periods only.

17. Hand baby over to another adult. Babies sometimes need a different person. Feelings of tension, anxiety and stress will make them feel insecure.

18. Call a friend/ partner/ clinic/ Doctor etc if feeling overwhelmed.

19. If crying persists take baby’s temperature.
   • Normal 36.5-37.2 degrees
   • Above 37.2 degrees Check clothing and room temperature
   • Above 38 degrees Call hospital or Doctor

19. Repeat any of the above, including feed again.

Play and Stimulation Play

Play is vital for children, right from infancy. It is the way they explore their world and learn how to function within it. Play allows your baby to develop his/ her senses. Play builds muscle tone and physical strength.

Toys for the Newborn

• Your face and voice are the most important toy for your newborn baby.
• Mobiles
• Bright coloured toys
• Play gym
Safety
You are your newborn baby’s safest toy—think of everything else as potentially dangerous.

Checklist
• Non flammable
• Free from sharp edges and corners
• Free from splinters, protruding staples, nails and screws
• Able to hold the child’s weight
• Coloured with non-toxic paint for dye
• Easily cleaned
• Free of strings and cords that may choke or strangle
• Non electric

Keep your babies cot away from the window area, as the child grows he/she may become entangled in the curtains or blind strings or even fall from the window.

Cord Care
The cord clamp will be removed on day 3. Clean the cord area every nappy change and after bathing with a dry cotton bud. Make sure to dry the area thoroughly after bathing.

Always remember to have cleanly washed hands before attending treating cord.

The midwives will be able to assist you with the correct technique.

Separation occurs between 5-14 days after birth. In the early days after separation it is normal to have a slight discharge of blood at the base of the cord- continue to clean the area using the same technique.

If there are any signs of infection (change of colour of amount of discharge, strong offensive odour) please consult your Doctor immediately.

Temperature
The normal temperature for your baby is in the range of 36.5 – 37.2 degrees.

Temperature should be taken under the baby’s arm with a digital thermometer.

If the temperature of your baby is elevated strip of their clothes and administer appropriate dose of paracetamol.

Re-check the temperature after 30 minutes and maintain oral fluids. Always note the time paracetamol was administered and seek medical attention is continued.

Breastfeeding
Duration and Frequency of Feeds
Unrestricted feeding is an important factor in the establishment of a successful pattern of feeding and included unrestricted duration of feeds as well as unrestricted frequency of feeds both day and night.
There is a large variation at which milk is transferred from mother to baby and in the demand for milk by the baby. Due to the individuality of mother and baby, babies take approximately equivalent amounts of milk, but after varying period of time on the breast.

This shows that the length of time a baby stays at the breast depends on the rate of milk transfer from the breast and naturally regulates their intake. This is very individual.

Thus a baby who takes milk, at a high rate will feed for a short time, whereas if milk transfer occurs at a slow rate the baby will need to feed for much longer. It is therefore inappropriate to suggest how long a feed should last, and there should be no set rules on the length of feeds at any time.

The release of the hormone Prolactin (which is necessary for milk production) is enhanced by unrestricted feeding resulting in better milk production.

The baby is able to vary his/her feeding according to his/her needs and the rate of milk transfer, thus obtaining full compliments of necessary nutrients. Consequently, it is encouraged to allow the baby to ‘finish’ the first breast before offering the second breast.

To ‘finish’ the first side we usually rely on the way the breast feels after the baby comes off. If the breast feels softer than it did at the commencement of feeding then it is likely that most of the milk stored has been removed. If the breast still feels firm, then the baby should be re-attached to the same breast. (If baby is asleep, it may need to be stimulated to encourage further feeding).

Both breasts should be offered at each feed. The baby may feed from the second breast, or may not depending on his/her appetite.

**Timing**

Each baby is different in how long it takes to suckle the milk from the breast. This depends on strength of the baby’s suck and the effectiveness of the let down. Thus, timing should be discouraged and the baby allowed to suckle the breast until it stops naturally. Educating the mother on their baby’s suck cycle will eliminate concern for the amount of time a baby feeds at the breast.

If nipple trauma has occurred this may be due to incorrect positioning. The solution is not to restrict the feed length, but to improve the positioning. Feeding can then continue without any need for restriction.

**Frequency of Feeds**

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