



New Parent Guide

HopeHealth Pediatrics in Manning
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Baby's Name:

Date of Birth:

___ / ___ / _____ (mm / dd / yyyy)

Birth Weight:

Pounds: _____ Ounces: _____ Grams: _____

Birth Length:

Centimeters: _____ Inches: _____

Birth Head Circumference:

Centimeters: _____ Inches: _____

*“When I approach a child, he inspires me in two sentiments; tenderness
for what he is, and respect for what he may become.”*

– Louis Pasteur

Introduction

General Office Information	pg. 1
Schedule of Visits	pg. 1
Routine Well Visits	pg. 1
Immunizations	pg. 2-3

Newborn Care

Normal Newborn Features	pg. 4
Normal Newborn Behaviors	pg. 5
Feeding	pg. 5
Breastfeeding	pg. 5
Formula feeding	pg. 6
Jaundice	pg. 9
Stooling	pg. 9
Urination	pg. 9
Sleeping	pg. 9
Swaddling	pg. 9
Sleep Sacks or Wearable Blankets	pg. 10
Smoking	pg. 10
Cord Care	pg. 10
Circumcision	pg. 10
Foreskin Care	pg. 10
Bathing	pg. 10
Nails	pg. 11
Clothing	pg. 11
Hearing Screening	pg. 11
Car Seats	pg. 11
Shaken Baby Syndrome	pg. 12
Baby Blues and Postpartum Depression	pg. 12
The Sick Newborn	pg. 12
When to Call Your Doctor	pg. 13
Recommended Reading.....	pg. 13
Emergency Numbers.....	pg. 13

Congratulations on the Birth of Your New Baby!

You are about to begin the greatest and most rewarding experience in your life: raising a child. Our goal as pediatricians is to help you along the way with your child's physical, mental, and social growth. We follow the American Academy of Pediatrics' guidelines to meet the needs of your child through all stages of development.

Whether this is your first child or fifth, all babies are different, so flexibility is important in adapting to your newborn's needs. You may become overwhelmed by all of the advice offered by family and friends. You will learn to trust your instincts to know what is best for your child. We are always available if you have questions or concerns.

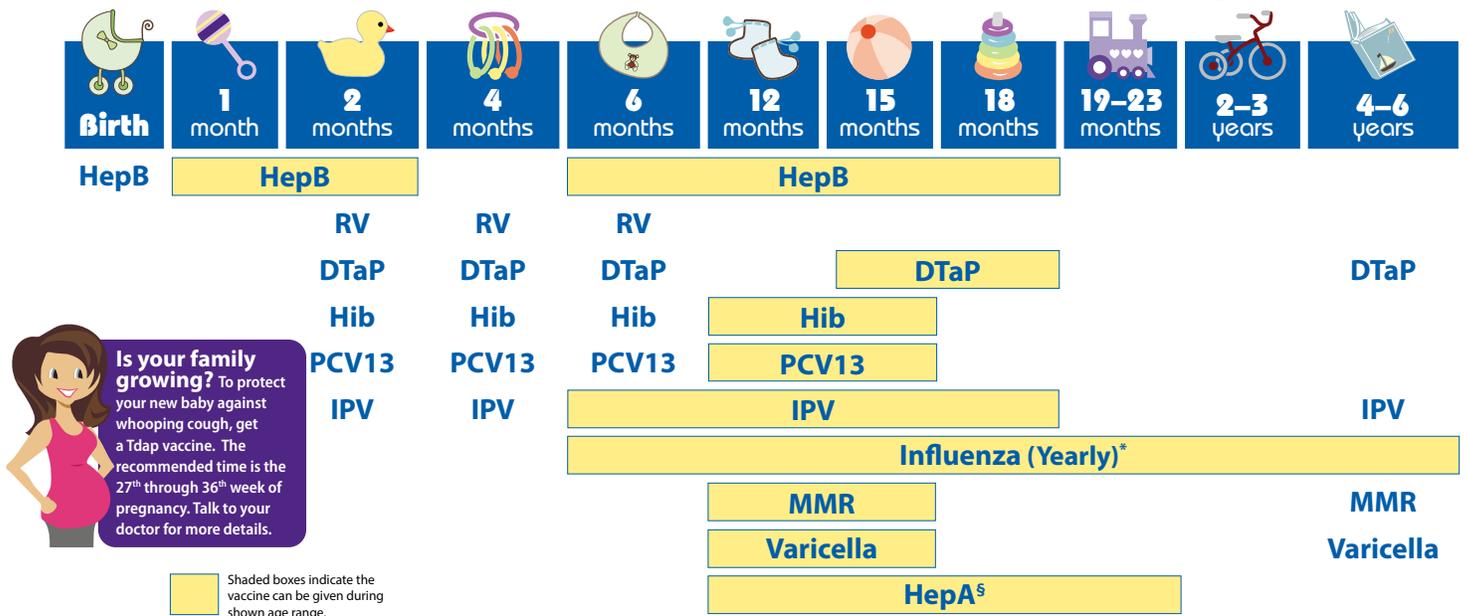
Hospital Follow-up

We like to evaluate your baby two to three days after leaving the hospital. Following hospital discharge, feeding and sleeping patterns begin to develop, weight loss and jaundice may occur. Your baby's appointment allows us to make sure your baby is doing well and allows time to address your questions and concerns. Regularly scheduled appointments, or well child checkups, occur every few months in the first years to evaluate growth and development, provide immunizations, and address concerns about your child. Our goal is to help you in this challenging responsibility.

Well Baby / Child / Adolescent Check-ups

You should bring your baby to all recommended "well child" visits to review growth, development, appropriate care, and health screenings. Our practice believes strongly in the safety and effectiveness of immunizations to prevent serious illness. Immunizations according to the latest guidelines based on both scientific evidence and expert opinion will be administered during well child visits. These appointments are important as a preventive measure. Make sure to come prepared for your visit to ask any questions you would like addressed.

2021 Recommended Immunizations for Children from Birth Through 6 Years Old



NOTE:

If your child misses a shot, you don't need to start over. Just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES:

- * Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
 - § Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the first dose. All children and adolescents over 24 months of age who have not been vaccinated should also receive 2 doses of HepA vaccine.
- If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.*

See back page for more information on vaccine-preventable diseases and the vaccines that prevent them.

For more information, call toll-free
1-800-CDC-INFO (1-800-232-4636)
or visit
www.cdc.gov/vaccines/parents



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
Diphtheria	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
Influenza (Flu)	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
Pertussis	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Pneumococcal	PCV13 vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

* DTaP combines protection against diphtheria, tetanus, and pertussis.

** MMR combines protection against measles, mumps, and rubella.

Last updated February 2021 - CS322257-A

Normal Newborn Features

Angel kisses/Stork bites/Salmon patches: Pink or red patches on your baby's forehead, eyelids, back of neck, or upper lip. These are extra blood vessels that will most likely fade within a few years, but may get darker before they fade. They may appear brighter when your baby cries or strains.

Red areas on the whites of the eyes: Also known as conjunctival hemorrhages, these are blood vessels that have ruptured during delivery. These may change color, but will disappear with time.

Puffy eyes: This is caused by pressure during birth. This will resolve in the first few days of life.

Swollen breasts: This is caused by mother's hormones and may even produce small amounts of fluid. They will decrease gradually. Do not express or squeeze the area.

Swollen vulva (female genitals): This is caused by mother's hormones and usually resolves in 2-4 weeks. Girls may also excrete few drops of clear/white discharge or blood from their vagina. This is caused by mother's hormones. Wipe the area from front to back.

Erections of the penis: This is usually triggered by a full bladder. It means that nerves to the penis are normal.

Mottling of exposed skin: This is normally due to poor circulation and temperature control. It happens during changes of temperature from warm to cold.

Newborn rash: Also called erythema toxicum, this rash may come and go beginning at two to three days of life. It typically looks like tiny hives with a small whitehead in the center. No treatment needed.

Neontal acne: This usually begins at **3-4 weeks** of life and may last up to six months. It is mainly due to mother's hormones. No treatment is necessary and **they should not be squeezed**.

Milia: These are tiny white to yellow bumps on the face, often the nose and cheeks. They generally resolve in months to years. Do not squeeze.

Blue-gray spots: Some people call these "Mongolian spots", but they are seen most commonly in all patients with darker pigmented skin (African-Americans, American Indians, Hispanics, and Asians). They are blue-gray, flat birthmarks commonly found on the lower back and buttocks, but can be seen anywhere. Pediatricians often document their location, as they may be confused as bruises.

Soft spots: These are found on the top of your baby's head. The larger is in the front and the smaller is in the back. They allow for rapid growth of the brain. You may notice them pulsating with each beat of the heart. The soft spot in the front typically closes between 12 and 18 months. The soft spot in the back typically closes within the first 6 months of life.

Abnormal headshape: Also known as molding, most often occurs after vaginal delivery or cesarean section after prolonged labor and normally resolves within 2-3 days after birth.

Normal Newborn Behaviors

Hiccups, sneezes, coughs, burps, yawns, and passing of gas are all normal newborn behaviors.

Trembling: When babies cry or are being undressed, they will often experience trembling in the chin, lower lip, arm and or legs. Parents sometimes worry that the infant is having a convulsion or seizure. Convulsions are rare and the infant will demonstrate these behaviors: jerking movements, blinking eyes, rhythmic sucking, and not crying. If your baby is trembling and not crying, providing something to suck on will help. If the trembling does not stop, call the office or the on-call doctor.

Irregular breathing: This is not a cause for alarm as long as your baby is content, is breathing less than 60 breaths per minute, pauses between breaths last less than 10 seconds, and the baby is not turning blue.

Crying: Crying is your baby's way of communicating. All young babies have episodes of unexplained crying that have nothing to do with hunger, sickness, or pain. With time, you will become better at telling the difference. You cannot spoil a newborn by holding them. At this age, they are unable to sooth themselves. If you think your child is crying because he is sick or in pain, or if you need additional help with the crying, call the office.

Feeding

Babies should NOT get any food except breast milk or formula until they are at least 4-6 months old. Your pediatrician will help decide when your infant is ready for other foods. Your baby does not need any extra water to stay hydrated, even in the summer. Your child receives more than enough water from the breast milk or formula feedings.

Breastfeeding

Breast milk provides the ideal nutrition for your baby. In the hospital, you will receive instructions and help on how to initiate breastfeeding, such as proper techniques for latching on and positioning.

The first breastfeeding should be done within one hour of birth. Your milk supply will not be established until your baby is 3-days-old, and may take up to a few weeks to become completely established. You should aim to nurse at least 10-20 minutes from EACH breast every two to three hours during the first couple of weeks until the milk supply is well established. During the next feeding, offer the last used breast first. During the first few weeks of life, avoid using bottles or pacifiers, as this may cause nipple confusion, making breastfeeding more difficult.

Signs that your child is hungry include: rooting (moving head toward stroking of cheek or mouth), smacking lips, sucking motion, bringing hands to mouth, opening mouth. Crying is a LATE sign of hunger.

Signs that your child is satisfied after feeding include: relaxed body, leg extension, content state, and sleeping.

Once your milk supply is established, you should aim for eight to 12 feedings every 24 hours, offered on demand. Allow your infant to nurse as long as your infant is interested, allowing them to empty the breast when the milk is completely in. The average feeding session will last about 30 minutes or more. Make sure to feed both sides and for the next feed, reverse the order, offering the last used breast first. There may be some initial latch discomfort, but there should not be continuous pain.

The American Academy of Pediatrics recommends exclusive breastfeeding for six months (no other foods) followed

by continued breastfeeding as complimentary foods are introduced with continuation of breastfeeding for one year or longer as mutually desired by mother and infant. Exclusively breastfed infants should be given a Vitamin D supplement. Your pediatrician may prescribe this supplement at the first visit.

We are here to support you through this process. If you have any questions or are having trouble with your breastfeeding, contact the office or the doctor on-call. The U.S. Department of Health and Human Services Office on Women's Health "[An Easy Guide to Breastfeeding](#)" is an excellent guide for breastfeeding mothers. For additional information, visit the La Leche League breastfeeding support website at lalecheleague.org, the [Live Love Lactation Facebook page](#), or call the McLeod Lactation Team at (843) 777-6667.

Formula Feeding

Formula-fed infants should receive 2-3 ounces of formula with iron every three to four hours. If you have city water, wash the bottles in hot water and dishwashing detergent or put them in the dishwasher. If you have well water, boil the bottles and nipples for the first month.

Formulas are available in concentrate, ready-to-feed, and powdered forms. If you use a formula that is concentrated or powdered, be sure to read and follow the preparation instructions carefully. If you have any questions, contact our office. You may use city tap water or baby water available over the counter. If your water does not contain fluoride, your baby should be given supplements at 6-months old. If well water is being used, it should be boiled 10 minutes before mixing with formula. Never use a microwave to heat a bottle. Microwaves do not heat liquids evenly and these dangerous hot spots can burn your child. Always test to make sure formula is at feeding temperature and not too hot.

NEVER prop a bottle and leave your baby to feed alone. Burp your baby halfway through a feeding and again after the feeding. Many babies spit up after feeding, usually a mouth full. This is normal. If in doubt, contact your pediatrician.

STORAGE AND PREPARATION OF BREAST MILK

BEFORE EXPRESSING/PUMPING MILK

Wash your hands well with soap and water.



Inspect the pump kit and tubing to make sure it is clean.

Replace moldy tubing immediately.



Clean pump dials and countertop.



STORING EXPRESSED MILK



Use breast milk storage bags or clean food-grade containers with tight fitting lids.



Avoid plastics containing bisphenol A (BPA) (recycle symbol #7).

HUMAN MILK STORAGE GUIDELINES

TYPE OF BREAST MILK	STORAGE LOCATIONS AND TEMPERATURES		
	Countertop 77°F (25°C) or colder <i>(room temperature)</i>	Refrigerator 40 °F (4°C)	Freezer 0 °F (-18°C) or colder
Freshly Expressed or Pumped	Up to 4 Hours	Up to 4 Days	Within 6 months is best Up to 12 months is acceptable
Thawed, Previously Frozen	1–2 Hours	Up to 1 Day <i>(24 hours)</i>	NEVER refreeze human milk after it has been thawed
Leftover from a Feeding <i>(baby did not finish the bottle)</i>	Use within 2 hours after the baby is finished feeding		

STORE

Label milk with the date it was expressed and the child's name if delivering to childcare.

Store milk in the back of the freezer or refrigerator, not the door.

Freeze milk in **small amounts of 2 to 4 ounces** to avoid wasting any.



When freezing leave an inch of space at the top of the container; breast milk expands as it freezes.

Milk can be stored in an insulated cooler bag with frozen ice packs for **up to 24 hours** when you are traveling.

If you don't plan to use freshly expressed milk **within 4 days**, freeze it right away.

THAW

Always thaw the oldest milk first.

Thaw milk under lukewarm running water, in a container of lukewarm water, or overnight in the refrigerator.

Never thaw or heat milk in a microwave. Microwaving destroys nutrients and creates hot spots, which can burn a baby's mouth.

Use milk **within 24 hours** of thawing in the refrigerator (*from the time it is completely thawed, not from the time when you took it out of the freezer*).

Use thawed milk **within 2 hours** of bringing to room temperature or warming.

Never refreeze thawed milk.



FEED

Milk can be **served cold, room temperature, or warm.**

To heat milk, place the sealed container into a bowl of warm water or hold under warm running water.

Do not heat milk directly on the stove or in the microwave.



Test the temperature before feeding it to your baby by putting a few drops on your wrist. It should feel warm, **not hot.**

Swirl the milk to mix the fat, which may have separated.

If your baby did not finish the bottle, leftover milk should be used **within 2 hours.**

CLEAN

Wash disassembled pump and feeding parts in a clean basin with soap and water. **Do not wash directly** in the sink because the germs in the sink could contaminate items.

Rinse thoroughly under running water. Air-dry items on a clean dishtowel or paper towel.

Using clean hands, store dry items in a clean, protected area.

For extra germ removal, sanitize feeding items daily using one of these methods:

- clean in the dishwasher using hot water and heated drying cycle (*or sanitize setting*).
- boil in water for 5 minutes (*after cleaning*).
- steam in a microwave or plug-in steam system according to the manufacturer's directions (*after cleaning*).



June 2019



Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

FOR MORE INFORMATION, VISIT:
<https://bit.ly/2dxVYLU>

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Jaundice

This is the yellow color seen in the skin of many newborns caused by an excessive amount of bilirubin in the baby's blood. It most frequently occurs in the first week of life, and peaks at day three or four of life. In most infants, jaundice is harmless, but in unusual situations the bilirubin level can get so high that it causes damage to the brain. This is why newborns should be checked carefully for jaundice and treated if necessary. Jaundice is treated with special blue lights, called phototherapy. Please call your baby's doctor if your baby becomes more yellow after discharge from the hospital.

Stooling (Bowel Movements / Pooping)

Meconium is a baby's first stool that is black and tar-like. It will change to transitional stool, which is typically green, to finally a yellow, "seedy" consistency. Breast-fed babies stool about eight to 12 times per day; bottle-fed babies stool four to eight times per day. This varies quite a bit between babies. It is completely normal for your child to go more than one day without stooling. Hard or formed stool may be a sign of constipation.

Urination

Your baby should urinate six to eight times per day once breastfeeding is well-established, or sooner if formula-feeding. If your baby stops urinating (fewer than three wet diapers in 24 hours), call the office. For a breastfeeding baby: one void in the first 24 hours is normal; then two voids in the next 24 hours; three voids on the third day; four voids on the fourth day, etc. until your baby is voiding six to eight times per day.

Sleeping

Infants are not expected to sleep through the night until after 4-months-old. Sleeping through the night means six hours of uninterrupted sleep. If your baby is happy and thriving, sleep needs are likely being met. To reduce the risk of Sudden Infant Death Syndrome (SIDS), infants should sleep on their backs in an infant crib with a firm mattress. The American Academy of Pediatrics and our practice strongly recommend you follow this important guideline. Keep your baby's crib free from stuffed animals, pillows, bumpers, and blankets.

Mothers need to sleep. Babies can sense insecurity and fatigue in their caretakers. Breastfeeding uses a lot of energy for production and feeding. Make appropriate arrangements with a family or qualified babysitter to care for your newborn as you get some needed rest.

Swaddling

You can choose to swaddle your baby; it promotes sleep and keep baby's calm, since it resembles the womb. However, it is very that you do not put baby on his/her stomach when swaddling as this increases the chance of SIDS. Monitor that baby does not roll over during the process. You should stop swaddling once your infant starts showing signs of rolling over, due to risk of suffocation.

Sleep Sacks or Wearable Blankets

These are preferred over any blanket or other covering to keep baby warm. If sleep sacks or wearable blankets compresses the arm, chest and body it should be discontinued as soon as infant starts showing signs of rolling over. If sleep sacks do not swaddle and allow baby to move freely, it can be use indefinitely.

Smoking

Do not allow people to smoke around your baby, especially in your home. Second-hand smoke increases the risk of infections (including ear infections), SIDS, and developing asthma. Babies are at a higher risk of developing early heart disease if they are exposed to cigarette smoke in early childhood.

Cord Care

Do not try to pull the cord off or put anything (such as a coin or tape) over the cord; these interventions will not influence the later shape of the cord and could do harm. Until the cord falls off, keep the area dry and fold the diaper under the stump. To keep the cord dry, sponge-bathe your baby instead of using the bath tub. Do not submerge your baby in water until the cord stump has fallen off and the umbilical area looks like your own; this usually occurs within seven to 14 days. If the base of the stump becomes red or swollen, it may be infected. If this happens, call our office or the on-call doctor. There may be a small amount of blood when the stump falls off, and the base may be slightly moist. If you see persistent bleeding, call the office.

Circumcision

If your baby is circumcised, change the cover over your baby's penis every time he urinates. Use Vaseline on the penis until the pediatrician tells you to stop. If there is pus or bleeding from the circumcision site, call our office.

Foreskin Care

The foreskin does not fully retract for several years and should not be forced. Gently wash the foreskin when washing the genital area while bathing. Later, when the foreskin is fully retractable, boys should be taught to wash underneath the foreskin every time they take a bath.

Bathing

Sponge-bathe your newborn every couple of days with warm water until the umbilical stump falls off. Once the cord falls off, using your tub or infant bather, wash your baby beginning at the head and working your way to the toes. A soft washcloth and mild baby soap may be used. Soap is often unnecessary and can even cause common newborn rashes. Many newborns have dry skin for the first two weeks of life. This is a normal process and most babies will achieve beautifully smooth skin within two weeks without the aid of lotions or creams. If lotions or creams are used, try to avoid those containing perfumes, as these can cause rashes in many newborns.

Nails

Fingernails and toenails may be safely filed using an emery board as needed. An alternative is to use an infant nail clipper to trim the fingernails and toenails squarely across the tip. If your baby scratches her face, newborn mittens or socks placed over the hands can help. Some infant clothing is tailored to have hand coverings to try to avoid the scratching. Hands should be free for feeding.

Clothing

A newborn should wear only one layer more than what an adult needs for outdoor and indoor temperature to feel comfortable. This layer should be season-appropriate. Babies need a hat to protect against heat loss, since most body heat is lost from the head. Make sure to wash all new clothes before your baby wears them. We recommend using a mild detergent such as Dreft, Ivory Snow, or other hypo-allergenic, perfume-free detergent. Avoid the use of dryer sheets, as they typically contain perfumes and dyes that irritate newborn skin.

Sunscreen

Babies under 6-months-old should be kept out of direct sunlight. Dress babies in lightweight clothing that covers the arms and legs, and use wide-brimmed hats. For children over six months, choose a sunscreen that is made for children, preferably waterproof. Before covering your child, test the sunscreen on your child's back for an allergic reaction. Apply carefully around the eyes, avoiding the eyelids. If a rash develops, talk with your pediatrician. Sunglasses with UV protection are also a good idea for protecting your child's eyes. If your child gets a sunburn that results in blistering, pain, or fever, contact your pediatrician.

Newborn Screening

All newborn babies are required by law to be tested, or screened, for certain inherited diseases. These diseases, if untreated, can severely interfere with a baby's development. This newborn screening is commonly called a PKU. A few drops of blood from a newborn's heel are taken after 24 hours of life. Depending on the results, some newborns will require further testing. Should this be the case, your pediatrician will notify you. Your pediatrician will discuss the results with you.

Hearing Screening

As part of your newborn's care at the hospital, a hearing screening is done. Should your newborn fail one ear or both, a follow-up appointment will be made to have it rechecked after discharge from the hospital. Should the newborn fail the hearing screen again, a referral for further auditory evaluation will be scheduled.

Car Seats

You should have your child's car seat installed before you go to the hospital. It should be installed rear-facing **in the middle of the back seat if possible**. In South Carolina, it is the law to keep their toddlers in rear-facing car seats until age two. The American Academy of Pediatrics advises that most children will need to ride in a belt-positioning booster seat until they have reached 4 feet 9 inches tall and are between eight and 12 years of age. Your child is your most precious responsibility and depends on you for protection.

Shaken Baby Syndrome

Shaken baby syndrome is a form of abusive head trauma caused by violently shaking an infant by the shoulders, arms, or legs. Nearly all infants subjected to shaking will suffer serious health consequences, and at least one in four infants will die. Inconsolable crying is the primary trigger for a caregiver shaking an infant. Picking up a baby and shaking, throwing, hitting, or hurting an infant is never an appropriate response. If you as a caregiver become frustrated or angry, seek help from other family members or contact our office. Never shake your baby.

Baby Blues and Postpartum Depression

Most new mothers experience at least some symptoms of the baby blues, including moodiness, sadness, difficulty sleeping, irritability, appetite changes, and concentration problems. Symptoms of the baby blues typically show up within a few days of giving birth and last from several days to a couple of weeks. Aside from the support of your loved ones and plenty of rest, no treatment is necessary. Unlike the baby blues, postpartum depression is a more serious problem - one that you shouldn't ignore. The difference is that postpartum depression, symptoms are more severe (such as suicidal thoughts or an inability to care for your newborn) and longer lasting. Please discuss with your OB and pediatrician if you have any of the following symptoms:

- Lack of interest in your baby
- Negative feelings towards your baby
- Worrying about hurting your baby
- Lack of concern for yourself
- Loss of pleasure
- Lack of energy and motivation
- Feelings of worthlessness and guilt
- Changes in appetite or weight
- Sleeping more or less than usual
- Recurrent thoughts of death or suicide

The Sick Newborn

We always appreciate your input when we are determining if your child is sick. Parents are excellent at noticing subtle changes in their baby's behavior.

Examine your baby's body to see if there is an obvious source of pain or illness. Inspect the umbilical site. Look for any oozing of pus, foul odor, or redness. Look for any rashes. Make note of frequency of infrequency or urination. Observe the stool frequency, changes in color or consistency, presence of blood or mucous, or changes in odor. Use a rectal thermometer to determine if your newborn has a fever. A rectal temperature of **100.4 degrees or higher**, is a fever. Fever in newborns less than 2-months-old could indicate a serious bacterial infection and should be seen by a physician immediately.

Vomiting can be a symptom of illness, improper feeding technique, overfeeding, formula intolerance, or anatomical abnormalities. If your child has repeated vomiting, cries with knees pulled against body, cannot be soothed, has fever, bloody vomit, green vomit, refuses feedings, has decreased urine output, or decreased activity, call our office to speak with a nurse, schedule a sick visit, or call the on-call doctor if outside of business hours.

When to Call Your Doctor

- Rectal temperature of 100.4 degrees or higher or less than 92.2 degrees F (Fever in children under 2-months-old may indicate a serious infection)
- Decreased urination (less than three wet diapers in 24 hours)
- Signs of illness such as cough, problems breathing, inconsolable crying, or decreased responsiveness
- Pus or bleeding from the circumcision site
- Red or swollen base of the umbilical cord
- Yellowing of the baby's skin or eyes

Recommended Reading

- [Healthychildren.org](https://www.healthychildren.org)
- [Safekids.org](https://www.safekids.org)

Emergency Numbers

- 911
- HopeHealth Pediatrics | **Florence:** (843) 432-3700 | **Manning:** (803) 433-4124