Caring for Common Problems of Your Infant at Home

Call your clinic to make a follow-up visit for your infant as told by your caregiver. You should make an appointment to be seen at 2 weeks of age for a well baby visit unless your physician wants to see you sooner.

For appointments, bring:

- A diaper and a change of clothes.
- A bottle of formula if the baby is bottle fed, or a bottle of water if breastfed.

If you have questions, please write them down. Bring your list with you when the baby is examined. If something seems unusual, or you are worried about a problem, please call your physician.

COMMON QUESTIONS

What are the white spots on my baby's face?
Both neonatal acne and milia are common in the new babies. Both conditions are normal for a new baby and both usually resolve on their own without treatment and go away in 6 to 8 weeks.

What should I do for diaper rash?
If there is a diaper rash for more than 3 days you can treat it with an over-the-counter cream, powder or ointment for a fungal infection. If there is no improvement within 2 or 3 days, call your physician or make an appointment for your baby to be seen.

How much pain medication should I give my baby?
Do not give any medication to your baby until at least 6 weeks of age, and then only after checking with your physician.

What is fever?
Fever in a newborn or infant less than 2 months of age can be very serious. Call your doctor if:

- Your baby is 3 months old or younger with a rectal temperature of 100.4º F (38º C) or higher.
- Your baby is older than 3 months with a rectal temperature of 102º F (38.9º C) or higher.
- You think your child has a fever and you are not able to measure it.

What are the white spots in my baby's mouth?
It is common to see thrush in newborn babies. This condition is causing the white spots. This condition is not serious. The white spots are a very mild fungal infection that can be easily wiped off and treated with over the counter or prescription medications.

NEWBORN SAFETY

Accidents are the leading cause of death for children, and the most preventable. Consider these safety tips:

- Your child should ride in a rear facing car seat until your doctor tells you that your child can face forward. Be sure to have your seat checked to see if it is appropriately installed. Never allow your infant to ride in the front seat.
- There should only be 2 3/8 inches (5.08 centimeters) between slats in your child's crib. An older crib may have spaces that are too big. The mattress should fit snugly so that your child will not get trapped between the crib and mattress. Finally, do not place blankets or large stuffed animals in the crib that could smother

your baby.
- Always place your child on their back to decrease risk of sudden infant death syndrome (SIDS).

Vomiting In Infants and Newborns
Vomiting forcefully in newborns and young infants is not normal and may be something more serious, especially if associated with:
- Fever (temperature greater than 100.4°F (38°C)).
- Weight loss.
- Irritability, decreased activity or crying for a prolonged period.
- Not eating.
- Vomit looks green or yellow (*bilious*) or is forceful.
- Your baby still appears hungry after vomiting.
- Your baby appears to have abdominal pain.

If your newborn/ infant is vomiting and has any of the above symptoms, call your physician.

Most of the time vomiting is not serious and may just represent gastroesophageal reflux disease or GERD. GERD is normal in newborn and infants and your child may be what physicians call "a happy spitter". This is when your baby painlessly and effortlessly spits up their milk, but appears perfectly happy. This will gradually improve as your baby gets older. Most infants with GERD will gain weight appropriately and not develop any problems.
If you are concerned about GERD affecting your baby, you can discuss the following lifestyle changes with your doctor:
- Changing formula.
- Changing how you position your baby when you place them down.
- Breast feeding.
- Thickening your babies feeds.

Less commonly, vomiting in newborns/ infants can be caused by an allergy to a protein in their formula called milk protein allergy. Most often newborns and infants with milk protein allergy are irritable and have bloody diarrhea, but they can also have vomiting.

Another condition called pyloric stenosis occurs in about 3 of every 1000 births. In this condition infants forcefully or projectile vomit. Parents often describe this as vomit "shooting" across the room. Shortly after vomiting infants appear to be very hungry.

Finally, if your babies belly appears swollen or you see what looks like a green or yellow fluid in the vomit, your child could have one of the forms of intestinal obstruction where the bowels are twisted and blocked. This requires prompt evaluation by your doctor.

Vomiting In Older Infants
Vomiting and diarrhea in an infant and child may occur with infections. The most common cause of vomiting in older infants is gastroenteritis, usually caused by a viral infection. However, other infections caused by a sore throat, ear infection or bladder infection can also cause vomiting.

If your infant between 6 and 36 months suddenly gets crampy, abdominal pain and vomiting that progressively worsens, call your doctor. Older infants are at risk for a type of intestinal obstruction (*intussusception*). Also, if vomiting is associated with a headache you should discuss this with your doctor.

If the vomiting and/or diarrhea occur in large amounts, and the child is not taking enough fluids, the child may lose too much body water and body salts and become dehydrated. Suspect dehydration (lost of body fluids) if:
- The eyes look sunken in.
- The tongue and mouth are dry.

- Diaper wetting decreases.

Babies less than three months old require special care and close watching because they lose body water and become dehydrated a lot faster. True vomiting is when food from the stomach is brought up. This is different from a normal young infant who might “spit up” small amounts. The most common cause of diarrhea in infants is intolerance to the protein in the formula. It is most important to prevent dehydration in infants. Dehydration can come on quicker when there is both vomiting and diarrhea.

Diarrhea In Newborns And Older Infants
Many parents often confuse diarrhea with normal baby stools. Normal baby stools are soft and loose. Your baby may have a stool after each feeding, especially in breast fed babies, for the first 2 months of life. As a result, determining what is diarrhea and what is normal baby stool can sometimes be hard for parents. Stool is different for everyone, but we all fall into a pattern. Diarrhea is watery stools, not just one or two loose stools during the day, but several.

As a result you should be concerned about changes such as stools that are more frequent or watery. Realize that babies stools may change as a result of antibiotics or a change in diet. Additionally, if you are breast-feeding similar changes by you could affect your babies stools.

As infants get older diarrhea can be caused by many of the infections mentioned in the vomiting section. The most common cause is a virus caused by rotavirus for which there is now a routine vaccination that you can discuss with your child’s doctor.

In young infants the main concern is dehydration as mentioned above. Before the age of 3 months call your doctor if you suspect diarrhea. In addition to the previously mentioned warning signs for vomiting, call your doctor anytime you see pus or blood in the stool or if fever and diarrhea last more than 3 days.

What To Do

Infants
Breastfed babies have loose stools compared to formula fed babies. If your breastfed baby develops diarrhea continue to breast feed unless your doctor tells you to stop. Breastfed babies should continue to breastfeed and their urine output monitored closely. If urine output is less than normal or you are having to change fewer diapers, call your doctor. Breast milk is more easily digested than any other fluid and can be used for mild dehydration. You can breastfeed for 5 minutes every 30 minutes. If your child does not vomit for 2 hours go back to your regular schedule.

Guidelines for replacing fluid loss:
Replace any new fluid losses from diarrhea and/or vomiting with 60-120 ml (¼ -1/2 cup or 2-4 ounces) of ORS for each diarrheal stool or vomiting episode. If there is no vomiting for 2 hours go back to your normal feeding schedule. See above for when you need to call your doctor.

Older infants and young children
Older infants and children can continue to eat if they want to as long as you monitor for the previously mentioned signs of dehydration. Encourage your child to continue to drink fluids even if they do not want to eat, but avoid large amounts of any drinks with high sugar content including juices and soda. The best fluids are the commercially available oral rehydration fluids.

Guidelines for replacing fluid loss:
Replace any new fluid losses from diarrhea and/or vomiting with ORS as follows:
- If your child weighs 10 kg or less (22 pounds or under), give 60-120 ml (¼ -1/2 cup or 2-4 ounces) of ORS for each diarrheal stool or vomiting episode

- If your child weighs more than 10 kg (more than 22 pounds), give 120-240 ml (½ - 1 cup or 4-8 ounces) of ORS for each diarrheal stool or vomiting episode.

If the child continues to vomit even these small amounts or continues having diarrhea in spite of treatment, contact your physician.

Colic

All babies experience fussiness. When fussiness occurs for an extended period of time or becomes uncontrollable (see symptoms below) it is referred to as colic. Babies with colic will differ in the:

- Amount of symptoms.
- Duration the colic lasts.

The cause of colic is not known. Colic can occur in either breast or bottle fed babies. It is usually worse in the late afternoon or evening.

Colic often happens between 3 weeks and 3 months of life and usually goes away after that time. If your baby has colic symptoms (see symptoms below) before 3 weeks of age talk with your doctor. The cause of colic is unknown, but there may be several factors involved. A baby who swallows a lot of air and does not burp easily may develop colicky symptoms. Colic also may be secondary to rapid feeding or over feeding. Sometimes a change in the child's diet or formula will cause him or her to have colic. Colic is not a serious medical condition. The baby will eat, grow and gain weight with no long term affects.

Symptoms

- The baby may have facial redness (*flushing*), arch their back, pull his/ her arms and legs up to the belly, have a tense belly (*abdomen*), cry loudly with fists clenched and generally seem irritable and fussy.
- Usually there is no weight loss, fever, diarrhea or vomiting.
- Symptoms may last as long as 3 hours per day on more than 3 days of the week. Symptoms often occur at the same time of day.
- Symptoms improve as he/ she tire themselves out.
- Symptoms generally begin to improve after 6 weeks.
- If symptoms go beyond age 3 months talk with your doctor about other possible diagnoses.
- "Happy spitters" do not benefit from medications for GERD.

What Can Be Done About Colic?

- Be sure the child has burped after each feeding.
- Provide a quiet, calm place for the child. Avoid stress and tension. Many parents find holding their baby is an effective way to comfort their child. Gentle rocking or a swing are also effective. Singing lullabies or playing music can soothe your baby. Pacifiers allow babies to suck which can be comforting. Place your baby on their tummy and rub their back, but do not let them sleep on their belly.
- Your caregiver might recommend changing formulas. Your caregiver may want you to change from an iron-fortified formula to a plain or soy bean-based formula.
- Colic can be very frustrating and cause extra stress on the parents. It is important to get help and support from family and friends. It is important to find counseling if necessary. Be observant. Do you notice symptoms after feeding or certain medications? Avoid over feeding or feeding to quickly.
- If the condition persists or if the child vomits, has a fever, diarrhea, or bloody stools, call your physician. Medication might sometimes be ordered in cases of severe colic.

Diaper Rash

Diaper rash is a common condition in infants. Do not become alarmed if your child has a mild rash. You can initially treat it with over-the-counter products for rashes that are present for 3 days. If there is not any improvement after 3 days of treatment discuss with your doctor.

Causes

- Too much moisture.
- Urine and stool are left touching the skin for a long time.
- Infection.
- Allergy to the diaper.
- Diarrhea.
- Babies begin eating solid food.
- Antibiotic use or nursing mothers taking antibiotics.

What Can Be Done About Diaper Rash?

- Change the baby's diapers more often.
- Wash the baby's buttocks with warm water and mild soap after each bowel movement. Dry the skin well and be sure all of the soap is removed. Wipe the baby with water and a clean cloth after each urination.
- Expose the baby's buttocks to air for 10 minutes many times a day or leave the diaper off during the baby's nap.
- Avoid the use of rubber or plastic pants. These trap in moisture and seem to cause more irritation. Sometimes the elastic band at the top of the pants causes irritation and a rash.
- Consider changing the type of diaper you use.
- Sometimes a baby's skin will react to various types of commercial baby wipes. Avoid using wipes that can dry the skin. Consider using a clean cloth with water or a paper towel for a time to see if this helps clear up the rash.
- If the baby's skin is irritated, use a barrier paste like zinc oxide or petroleum jelly on the baby's buttocks after washing it. Other ointments may also be used. However, do not use creams with steroids without your caregiver's permission.
- Use 2 regular diapers or extra-absorbent disposable diapers at night and nap times.

If you have tried all of the above and have not been successful, or if the baby's rash is severe with sores, pus, fever or bleeding, see your doctor. The child could have an infection causing the rash. The rash should clear up with proper medication.

Constipation

Causes

- The most common cause of constipation in infants is *functional*. This means there is no medical problem. In babies not yet on solids, it is most often due to lack of fluid.
- Older infants on solid foods can get constipated due to:
  - A lack of fluid.
  - A lack of bulk (*fiber*).
  - A lack of both.
- Some babies have brief constipation when switching from breast milk to formula or from formula to cow's milk.
- Constipation can be a side effect of medicine, but this is uncommon in infants.
- Constipation that starts at or right after birth can sometimes be a sign of problems with:
  - The intestine.
  - The anus.
  - Other physical problems.

Possible Solution:

- Use pediatric glycerine suppositories with your caregiver's permission. These are inserted gently into the infant's rectum and the infant will often expel stool with the suppository shortly thereafter.

Finally, do not become alarmed if the child's stooling pattern changes as long as they seem to be content. None of the above remedies need to be done unless your child has gone 4 or 5 days without having a bowel movement

and seems to be experiencing some abdominal pain as a result of this.

Normal stool for bottle and breastfed babies often will be:

- Mustard color, sometimes green.
- A stain on diaper to loose, unformed, pea soup consistency.
- Yellow-green to brownish color.
- Mild in smell, or not unpleasant.
- Sometimes green and watery is not a worry in an otherwise healthy baby.

SEEK IMMEDIATE MEDICAL CARE IF:

The child has the following symptoms and is less than 6 months of age.

- If diarrhea and vomiting are accompanied by other signs of infection. These signs include:
  - Pulling ears.
  - Sore throat.
  - Crying when wetting.
- Your baby is 3 months old or younger with a rectal temperature of 100.4º F (38º C) or higher.
- Your baby is older than 3 months with a rectal temperature of 102º F (38.9º C) or higher.
- Blood or pus in the stool.
- Vomit is thrown up forcefully or in a projectile fashion.
- If the child develops signs of dehydration with fever:
  - Sunken eyes.
  - Dry mouth.
  - Weight loss.
  - Irritability.
  - Drowsiness (lethargic).
  - Decrease in urination. If a child does not urinate in an 8 to 12 hour period, contact your physician.
- The child has diaper rash that will not clear up after 3 days of treatment, has sores, pus or bleeding.
- If your baby will not take fluids as recommended above, if the vomiting or diarrhea is persistent, or the baby seems ill.
- The child has not had a bowel movement in 4 to 5 days.
- You need help with the baby because you cannot control the baby's crying because of colic.

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