

If you are reading this, it probably means that you are expecting a baby. **Congratulations!!**

By now, you have had a few visits to the OB or the mid-wife and have started to receive the endless advice from family and friends. No doubt, there is an increasing amount of sage wisdom coming your way about what to expect life to be like with a real baby in it. In the back of your head, there is a small, quiet voice telling you to be careful about what to believe.

Please allow us to share some things we have learned from caring for hundreds of new parents in our practice. These tips are based on years of experience as pediatricians and being parents ourselves. It is just a start. We hope you will use it as an initial guide, as you prepare for your new life as a parent.

What is important to understand is that flexibility is probably the most valuable tool to possess. This applies to many aspects of having a baby, starting with your birth plan. Once your baby arrives, feeding, sleeping, daily schedules and almost every challenge you face as a parent will demand flexibility.

Feeding choices are many, including nursing or breast feeding, bottle feeding with formula, bottle feeding with expressed breast milk and usually a combination of all or some of these. In the first few days of your baby's life, it is normal for there to be weight loss – regardless of what choice you have initially made for feeding. You have not done anything wrong if your baby is losing weight. If you are nursing, a regular supply of breast milk will take at least 3-4 days before it “starts to come in.” Have patience, and think of these first few days as an opportunity for both you and the baby to practice nursing. The more often you practice, the more often a signal goes to your brain to help your body produce more breast milk.

In an attempt to help the baby gain weight and minimize the risk of newborn jaundice, we usually encourage a little “tough love” for nursing parents. This starts with arousing the baby every 2-3 hours to feed. After undressing them or changing the diaper, take a wet washcloth and wipe the baby enough to wake them. During the feed, continue this annoyance to keep them awake long enough to complete 15-20 minutes on the first side, and then again on the second. Anything longer will not be sustainable at first. You cannot feed for 60-90 minutes, and have any chance to sleep enough yourself. In order to deal with issues like significant weight loss and jaundice, your pediatrician might ask you to be flexible about plans for exclusive nursing. Be flexible, and understand that there might be a medical need to supplement with expressed breast milk or formula temporarily. Tough love and supplementing is usually only needed for at most a week.

Sleep is a beautiful thing. It may become an obsession for many weeks, months and years to come. I am referring to both the baby's sleep and your own. Some babies will sleep up to 18-19 hours a day. Unfortunately for you, it will not be all at once, and it will usually not be during the night as much as you wish.

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Once you and the baby have figured out “how to feed”, and gaining weight is no longer an issue, do not expect your baby to be awake for more than an hour or so at a time. If they’ve been awake for an hour already, start to find that quiet, dark place to allow them to sleep. Even if they seem happy, content, and not obviously tired, let them sleep! When they are older, you will have a chance to enjoy their alertness for longer periods of time. But right now, it is best for them to sleep.

This is very important to remember, because an over-tired baby does not sleep better. They sleep worse! If they are tired, they will have a harder time calming down to sleep restfully. Babies are not small adults. When you or I am tired, we tend to sleep better. When babies are tired, they cannot calm themselves or self-soothe. Daytime sleep helps night time sleep. Your own daytime schedule and your inevitable “to-do list” may have to wait. Be flexible.

Common concerns. A few thoughts about what might seem abnormal, but really is not. Every newborn sounds congested, sneezes and hiccups. Most likely, nothing is wrong with them. You do not need to “suction” out their nose, use any medicine or call the doctor unless they look like they are breathing much harder, struggling more to eat, or having rivers of snot running out of the nose. The peeling of their skin or that dry skin appearance in the first few weeks of life does not require moisturizer. All of those splotches in the first week are ok too. No worries.

Questions, questions, questions. At the same time that you’re feeling completely sleep deprived, your brain will quickly become full of questions. Then, every time you visit the pediatrician, all of those questions will suddenly escape you. Don’t let this happen. Consider keeping a pen and paper nearby to jot down any questions as they arise or keep a running list on your phone. Your doctor visits will be much more satisfying when you can walk away having had all of your questions answered. Trust me, the pediatrician is expecting you to pull out the list. Sure, some lists are longer than others. That’s ok. We are confident that list will get shorter, eventually.

This is just the start of a long and rewarding process. There is much more to anticipate in the months ahead. Once you have established a relationship with your pediatrician, there will be plenty of things to ask about. Think about discussing other issues, like how to negotiate crowds and going outside, care for colds and fever, swaddling, tummy time and the need for vitamin D.

Again, congratulations. Feel free to visit our website, where we share information on a variety of topics on our “What’s Up, Doc?” blog as well as in our searchable Medical Library. Or join on of our “Come Meet Us” prenatal events. We look forward to meeting you and becoming your “Partner in Parenting”.

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