



Let the Adventure Begin!

A Guide for New Parents Just Like You by Pediatrician, Rahul Shah, MD

The first few weeks at home with your newborn baby are some of the most exciting and challenging days you will experience while raising children.

Though it is natural to be nervous, anxiety can often prevent new parents from fully enjoying this magical time. That's where we come in. As Primary Care's board-certified pediatrician, and a father myself, I am pleased to offer you this helpful guide to bring some calming confidence in these early days of parenthood. You can rest assured that you are not alone on this journey; with a full complement of services for your baby, we are here to support every phase of their childhood and to provide expert guidance on the adventures ahead.

On behalf of the entire Primary Care team, congratulations on your new family. We look forward to growing with you today and in the years to come.

About our practice

Knowing that you trust us with your family's wellbeing, we take the term *family medicine* to heart. A team-based approach focusing on health and wellness surrounds each patient with a vast array of resources, to treat the whole person. With specialists in behavioral health, nutritional counseling and more, you will experience expert care that is every bit as unique as you are.



Rahul Shah, MD
Board certified in
pediatric medicine

Contacting our office

During normal business hours, your call will be received by office personnel. The doctors' assistants are trained to answer many questions about feeding and minor problems as well as knowing which problems are best dealt with by the doctor and which problems will require an office visit. If it is clear your child will need to be seen that day, we encourage you to make an appointment for your concerns rather than waiting for a call back from your physician.

In case of serious or urgent illnesses or injuries, we offer you the reassurance of 24/7 access by phone. Simply call our main office number 970.279.4111.

Nighttime and weekend phone calls should be limited to serious or urgent problems. General advice and minor problems are best handled by calling the office during regular business hours.





In the rare case that the doctor-on-call cannot be reached for a true emergency that requires immediate attention, take the child to the nearest emergency room where on-duty physicians can begin their evaluation, or call 911.



Medical Center

0401 Castle Creek Road, Aspen
1460 East Valley Road, Suite 103, Basalt
970.279.4111

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Newborn care

While there are many options on how and where to deliver your baby, we recommend seeking routine care at a hospital with an obstetric team and a pediatric team. Here are some things to expect regarding newborn care inside the hospital after you give birth.

From the moment of delivery until you and your new family return home, doctors, nurses and other healthcare professionals are part of your support team. The hospital pediatrician examines your baby on daily rounds and address any questions you have.

Your care team provides a few routine treatments for your baby, including a vitamin K injection to prevent severe bleeding, a vaccine against Hepatitis B virus and erythromycin antibiotic ointment to prevent eye infections from the birth canal. They may also obtain routine blood tests for conditions such as jaundice, low blood sugar, signs of infection as well as for a genetic screen.

Breastfeeding

Whether delivery takes place in a hut in a rural village or a hospital in a major city, putting newborns to the breast within the first hour after birth gives them the best chance to survive, thrive and develop to their full potential.

UNICEF and WHO recommend exclusive breastfeeding for the first six months of life, starting within an hour of birth. Continuing to breastfeed exclusively – without any other food – for the first six months promotes sensory and cognitive development, and protects babies against infectious and chronic diseases.

Breastfeeding bolsters brain development, strengthens immunity and even lowers the risk of obesity and other chronic diseases later in life. The most critical time period for ensuring good nutrition in a child's life is during the first 1,000 days — from the start of a woman's pregnancy until the child's second birthday — and breast milk provides all the vitamins, minerals, enzymes and antibodies a baby needs to grow and develop properly.

Steps for Successful Breastfeeding

1. Begin with skin-to-skin contact immediately after birth until the end of the first breastfeeding.
2. Give your baby no food or drink other than breast-milk, unless medically indicated for the first 6 months.
3. Practice rooming-in with your baby so you can learn to recognize and respond to your baby's cues for feeding.
4. Continue breastfeeding for the first 2 years and beyond and supplement with the appropriate nutrition as your baby grows.
5. Feed your baby on demand.
6. Give no pacifiers or artificial nipples to your breastfeeding baby.
7. Take part in a breastfeeding support group to learn to manage common difficulties.
8. Eat a well-balanced nutritious diet and drink plenty of fluids.
9. Attempt to rest when your baby is sleeping.
10. Avoid misinformation from "helpful" friends and family.

After your baby has proven to be stable in his or her new environment, your baby will be brought to you skin to skin. Relax. If your baby takes to the breast immediately and seems to know exactly what to do, this is great. If your baby seems disinterested and the first feeding is less than satisfactory, not to worry; your baby's interest will increase daily.



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When you first put your baby to your breast, keep in mind a reflex all newborn babies have—the rooting reflex. If you tickle the side of a newborn's cheek, s/he will turn to that side and begin to move his or her mouth around in a sucking fashion. You can use the rooting reflex to your advantage by stimulating your baby's mouth by moving your nipple around your baby's lips. This will allow your baby to open his or her mouth well and to properly latch-on. Try to avoid pushing your baby toward your nipples with your hand.

Start breastfeeding on alternating breasts and offer the second breast each feeding.

During the first few days you will make a material called colostrum that precedes milk. Colostrum is rich in protein and provides adequate fluids for your baby until your breast milk comes in, around the third or fourth day.

Remember that during the first few days, babies will often fall asleep during feedings. It is normal for babies to show intermittent and variable vigor for breastfeeding and feeding your baby unwrapped and skin to skin will help with this.

As a nursing mother, it is important to continue focusing on optimal nutrition for yourself, just like during pregnancy. Lactating mothers typically need more calories than usual to help produce high-quality breastmilk for their baby. Your diet should be high in protein and you should drink water/fluids liberally to stay hydrated. Continue to take your prenatal vitamins as breastfeeding places increased demands on your body. Breastfed babies will typically start on vitamin D supplements for bone health at their first doctor's visit.

Some foods that the nursing mother eats may upset their baby's tummy. Often mentioned are chocolate, citrus products, cabbage and other green leafy vegetables and spicy foods. If you notice your baby seems to be sensitive to any particular food, limit or eliminate those foods from your diet.

Your obstetrician will advise you about your need for pain medication and laxatives. Most of these

medications are typically used on an as needed basis and have little effect on your breast milk. *If you do require around-the-clock medications, let your pediatrician know what medications you are taking to ensure they are safe for your baby during breastfeeding.*

Proper positioning of the baby and latch-on techniques, along with nipple care and breast massage, can be helpful for discomforts and to prevent soreness. After nursing, you can rub a few drops of the milk into the areola immediately after feeding to help with moisture and lubrication, or you may apply pure lanolin. Avoid the use of soaps and any other creams on the nipples unless directed by your pediatrician or lactation consultant.

Lactation support for Aspen Valley Health new mothers

Aspen Valley Health provides complimentary lactation services as part of your birth journey at the Hospital.

Bosom Buddies Breastfeeding Support Group

This is a weekly social group that also provides professional and peer counseling for breastfeeding support. This group is led by a lactation counselor. For more information, call 970.544.1130.

Aspen Birth Center Warmline

This phone line is dedicated to the support of breastfeeding mothers. If you experience difficulties after you go home, you may call to speak to a certified lactation counselor about your specific concerns. Your concerns may be resolved over the phone or by appointment. Call 970.544.1251.

Certified Lactation Counselors

We encourage you to meet with a counselor for any issues or concerns, to help you prepare for breastfeeding success prior to and after returning to work, as well as for continued support. We have local lactation consultants available for assistance with breastfeeding via ongoing appointments even after leaving the hospital. We encourage you to work with them for help and reassurance.



Feedings

Feed your baby on cue 8 or more times a day *in no schedule* – watch your baby's cues not the clock!

Bottles and nipples, and pacifiers

If you are breastfeeding, giving your baby a bottle with an artificial teat can cause the baby to have more difficulty latching at the breast. The baby sucks differently on an artificial teat than from the breast. This can reduce your chances of breastfeeding successfully and may reduce your milk supply. You run the risk of missing your baby's feeding cues or signs of satiety which may lead to overfeeding and spitting up.

If you have been advised to give your baby additional feedings, it is recommended that you use a **clean spoon, cup, syringe, or supplemental nursing system**, first instead of a bottle.

Your care team can teach you how to safely feed your baby with these other methods or how to use a paced bottle feeding technique if this is the best option.

Bowel movements

During the first 2-3 days of life, your baby will pass a substance called meconium, which is black or green in color and tarry in consistency. Over the next several days, this will transition to normal stools. For breastfed babies, this means yellow, loose, seedy stools. For formula-fed babies, this means soft, slightly pasty stools that vary in color from yellow to green to brown. In general, breastfed babies stool 1-4 times per day. However, some babies do not stool every day and it can also be normal for a baby to pass stool as infrequently as once a week. All of this is normal as long as they are not constipated.

Constipation in the newborn period is defined by the character of a baby's stool, not its frequency. It is not uncommon for babies to grunt, strain, and turn red in the face prior to having a bowel movement. If your baby does this but passes a soft stool, s/he is not constipated. This behavior does not require treatment and will get better with time. If your baby's stool is hard and pellet-like, s/he is constipated and you should talk to your pediatrician.

Skin care

Take care not to bathe your baby too frequently. Your newborn typically can go several days between baths as this allows the body's natural processes to keep skin healthy. Use only plain water and/or a mild soap intended for babies. Sponge bathe your baby prior to the umbilical cord coming off, but after the cord comes off you can bathe your baby in a tub.

The umbilical cord generally falls off around 2 weeks of life and may ooze for a day or two after it falls off.

If your baby has been circumcised, you need to keep the site well lubricated by applying a generous amount of petroleum jelly to the area with each diaper change. If the circumcision site gets dirty with a bowel movement, gently wash the area with water, carefully dry it and reapply petroleum jelly. As the circumcision site heals, you may notice a yellow film around the head of the penis — this is a normal part of the healing process.

Dry skin is very normal for babies as they transition from 9 months in a water environment to now being in an open-air environment. Resist the temptation to apply lotions, especially to the face and scalp, because they may irritate your baby's skin. Sometimes the skin in the creases of the wrists and ankles become very dry and cracked, and in these instances applying a hypoallergenic, fragrance-free lotion may be appropriate.

Diaper rash is not uncommon in the newborn period because a newborn's skin is very sensitive. There are a variety of products, such as Vaseline®, A&D Ointment® and Desitin®, that may be used to treat and prevent diaper rash. If your child does have a diaper rash, baby wipes may sometimes irritate the rash and you may want to try a washcloth with water and a mild soap.



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Safe Sleep – alone, back, crib

During the first several weeks of life, most babies sleep a considerable amount, up to 18-20 hours a day, and often have their days and nights backwards. Around 2 weeks of life, most babies become more awake and alert during the day and begin to sleep at night. Babies' sleep patterns can vary widely, with some babies not seeming to require much sleep at all, while others are sleeping longer stretches around 4-6 weeks of age. If you have particular concerns about your baby's sleep schedule, talk with your pediatrician.

Sleep position is very important. Putting your baby on their back, not on their side or belly is the most important thing you can do to prevent SIDS, or Sudden Infant Death Syndrome. Your baby's crib or bassinet needs to have a firm mattress with a tight-fitting sheet and be free of all pillows, blankets, comforters, bumpers, toys, stuffed animals, or any other loose materials that could shift. A sleep sack is an ideal way to keep your baby cozy and safe at the same time. It is not safe to raise the head of their crib/bassinet even for babies who struggle with reflux.

The American Academy of Pediatrics also recommends that infants sleep in the same room as their parents for the first 6 months of life.

Co-sleeping, even with the infant on their back, is not considered safe sleep and should be strictly avoided.

Jaundice

Jaundice is the yellow-to-orange discoloration of the skin many newborns get in the first days to week of life. In most instances, this is a very normal occurrence and will resolve on its own. However, on occasion, and for a variety of reasons, jaundice can become severe enough that it requires treatment. Infants at higher risk for jaundice are those that are not feeding and stooling well. Watch closely for evidence of jaundice, such as lethargy, poor feedings, and no stools, and discuss your child's risk of developing significant jaundice when you are ready to leave the hospital. If at home you notice your child is jaundiced into his or her chest or belly (jaundice starts in the face and progresses downward), call the office to let us know.

General guidance

Keep your home thermostat around 70-72 degrees and keep your water heater set to 120 degrees or less.

Dress your baby comfortably. Generally, babies do not require any more or less clothes than adults do; however, in cold outdoor settings consider adding one extra layer for the infant compared to what an adult might wear in order to be comfortable in those same conditions.

Never leave your child unattended, particularly on a bed or changing table or in the same room with pets or young siblings.

Getting outside for a walk when the temperature is appropriate is encouraged, but you should minimize taking your baby out in public places during the first month or two of life. Avoid sick friends and family. Understand that although babies cry when they are hungry, tired, need to be changed and dressed uncomfortably, they also sometimes cry for no reason at all. As you get to know your baby better, you may notice s/he cries differently for different reasons. If at any time you cannot handle your baby's crying, please find someone to care for your child and take a break.

Normal baby findings

Frequent hiccups are very normal during the first several months. There is nothing to do to prevent or treat them.

Nasal stuffiness and sneezing are also very common during the first months. This is nothing to be concerned about unless it interferes with feeding or breathing.

Both male and female infants may have swollen breast tissue. This is due to maternal hormones and usually subsides after 2-3 weeks. Maternal hormones will also cause baby girls to have white mucus-like vaginal discharge during this time.

Babies' eyes may cross at times. This usually resolves by 4 months of age.

Babies' chins quiver and their arms and legs tremble at times. This is due to an immature nervous system and should get better with each passing week.



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Check-ups and vaccines

When it is time to return home from the hospital, the nursery will schedule your first follow-up appointment with the office. Generally, the first check-up is within the first week of life, but if there are issues with jaundice, poor feeding or other concerns, your pediatrician may want to see your baby back sooner or more frequently.

Well child check-ups, also called physicals or health maintenance exams, are important opportunities to assess the overall health of your child. During these visits, your child's growth and development will be assessed and screening tests may be provided. Appointments for check-ups can be made at the office or by phone.

Post-partum blues and depression

Bringing a newborn into your home can be a joyful experience, the culmination of a lifetime of hopes and dreams. That being said, many women experience mood swings in the days and weeks following their child's birth. This is a normal response to such a significant life event. If the mood swings interfere with your ability to function or if it lasts more than two weeks, please speak about this with your primary care physician or a member of your OB team who can help. The most important thing to remember is that

Well Child Visit Schedule

Please make a note of the schedule below to ensure that your growing child receives timely medical care.

Newborn, 3-5 days old	Visit and blood test
2 weeks	Visit and blood test
1 month	Visit only
2 months	Visit and immunizations
4 months	Visit and immunizations
6 months	Visit and immunizations
9 months	Visit only
12 months	Visit, immunizations and blood test
15 months	Visit and immunizations
18 months	Visit and immunizations
24 months	Visit only
30 months	Visit only
3 years	Yearly annual visit

you deserve support and that there are many compassionate resources to guide you through your post-partum journey.

Signs of illness in your baby

- Rectal temperature equal to or greater than 100.4 degrees or less than 97 degrees in the first two months of life. This is considered urgent in an infant this young and should be reported to your pediatrician or evaluated in the ER immediately.
- Lethargy with persistent poor feeding.
- Inconsolable fussiness and irritability.
- Recurrent vomiting (not just spitting up).
- Jaundice that is significantly worsening.
- Poor urine output, generally less than 5-6 wet diapers per day.

• Difficulty or rapid breathing.

If any of these symptoms occur in your baby or you are worried about them for any other reason, please call our office immediately.

Circumcision

If desired, circumcision may be performed on a baby boy prior to leaving the hospital, depending upon staff availability. Circumcision may be performed at Primary Care at a later date.

From Pediatrics to Geriatrics—Care for Your Whole Family in One Convenient Place



Rahul Shah, MD
Board certified in
Pediatric Medicine



Catherine Chamberlin, DO
Family Medicine



Patric Knecht, MD
Board certified in
Family Medicine



Caroline Mears, DO
Internal Medicine



Edward Wiese, MD
Internal Medicine



Rachel Houseal, PA-C
Primary Care
Physician Assistant



Kate Moyer, MA,
MSW, LCSW
Behavioral Health



Michelle Coombs,
MA, LPCC
Behavioral Health



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