



# Nuances of the Newborn

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# Disclosures

*I have no relevant relationships with ineligible companies to disclose within the past 24 months. (Note: Ineligible companies are defined as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.)*

# Educational Objectives

At the conclusion of this session, participants should be able to:

- Explain standard newborn care to a new parent
- Identify exam signs of illness in the newborn period
- Discuss the most common concerns of new parents

# Introduction



- Several touchpoints – hospital, follow-up, one-week visit, two-week visit
- Uniqueness of this stage
- The Bright Futures guidelines

# Introduction

Areas we will focus on include:

- Feeding
- Output (urine/stooling)
- Sleep
- Normal Crying
- Normal Newborn Care
- Signs of Acute Illness

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# Feeding

# Feeding Case

You have a 3-day-old (second child) female born full-term via vaginal delivery with no complications. Her birth weight was 7 lbs., 4 oz, discharge weight was 6 lbs., 10 oz. She was discharged from the hospital on her second day of life and parents are coming in for a weight check and hospital discharge follow-up. Her weight today is 6 lbs., 14 oz.

Her parents are most concerned with how often she is eating, between every 1 and 3 hours, but seems full after each feed. She is both breast and formula fed. Mom's milk came in last night.

# Feeding Question

What would you tell the parents about the frequency of feeding?

- a. She should not be eating this often, you should make her wait between feeds.
- b. This is a normal feeding pattern for a newborn, usually 8-12 times in a 24 hour period.
- c. You can supplement with other things to fill her tummy to space out feeds such as juice or water.
- d. She needs larger volumes of feeds so she is not eating so often.



# Feeding

- Frequency
- Amount
- Normal Weight Loss
- Supplementing with Formula or Bottle Feeding
- What Not to Give
- Vitamin D

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# Output (Urine/Stooling)

# Output Case

You are seeing a 2-week-old male in the clinic for his regular check-up. He has regained his birthweight (plus some), is exclusively breastfed, and parents seem tired.

Dad asks about stooling, as the baby is stooling about 4 times a day. Dad thinks that is a lot and is worried. He is urinating about 8 times a day. He is also concerned about the yellow color and liquid consistency of the stools.

# Output Question

What would you tell this dad about the appearance and frequency of stooling in his baby?

- a. Newborns normally do not stool every day, and the stools should be more solid in nature.
- b. Newborns normally stool 3-4 times per day, but it should be more brown in color.
- c. Newborns normally stool more than this and it should be more solid in nature.
- d. Newborns normally stool 3-4 times a day, and this color and consistency are normal for a newborn.

# Output

- Frequency
- Color
- Normal Signs
- Signs of Concern

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Sleep

# Sleep Case

You are seeing a 2-day-old female in the hospital with his parents to provide anticipatory guidance prior to discharge home. This is their first child, and they are understandably tired and a little anxious. She is a healthy, full-term baby who has had no complications during the hospitalization.

Mom asks you if it is normal that her baby is not sleeping more than an hour or two at a time during the day – she thought babies slept more than that.

# Sleep Question

What would you tell this mom about her newborn's sleeping patterns?

- a. Newborns have short sleep/wake cycles and need to feed frequently, so this is to be expected.
- b. Newborns are very sleepy and don't usually wake up unless the parents wake them.
- c. Newborns don't usually sleep at all during the day and sleep longer at night.

# Sleep

- Normal Patterns
- Sleep Safety
- Swaddling

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# Normal Crying



# Crying Case

Your patient is a 1-month-old healthy male who is gaining weight well. He is the third child for the family you are seeing today for a regular check-up.

As these are seasoned parents, the only questions they have revolve around crying. They say he seems to be crying more than their other babies, about 2 hours total a day, and sometimes nothing seems to make it stop until he tires himself out. He is particularly prone to crying in the early evening.

# Crying

How would you advise these parents regarding their son's crying?

- a. Normally, newborns cry for about 1-3 hours a day.
- b. It is not normal for newborns to cry.
- c. Newborns are trying to be held all the time, so will cry a lot.
- d. Newborns cry for at least 5 hours a day.

# Crying

- Frequency
- Reasons
- Types of Cries
- Calming Techniques

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# Normal Newborn Care

# Newborn Care Case

You are visiting with a single first-time mother who is about to take her 2-day-old daughter home from the hospital. She seems appropriately nervous and has one question about the umbilical cord.

Is it safe to give her daughter a bath while the umbilical cord is still attached?

# Newborn Care Question

How would you advise this mother?

- a. It is safe to give the baby a bath with submerging the baby's body in the bathtub with the cord attached.
- b. It is safe to give the baby a bath without submerging the baby's body with the cord attached.



# Newborn Care



- Umbilical Cord
- Circumcision Care
- Skin
  - Scalp Abrasions
  - Erythema Toxicum
  - Pustular Melanosis
  - Dry Skin
- Safety
  - Crib
  - Car Seat
  - Bath
  - Diapering

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# Signs of Acute Illness

# Acute Illness Case

You are seeing a 2-week-old full-term healthy female in the clinic for her regular check-up. She appears healthy and is gaining weight well.

Mom and dad tell you everything seems to be going fine at home, but their 3-year-old had a fever a few days ago, along with some congestion and a cough. He attends daycare and they have been trying to keep him away from his baby sister. When you check her rectal temperature, it is 100.7 degrees. She has no other signs of acute illness.

# Acute Illness Question

What should your next action be for the newborn in the above case?

- a. Do exam and labs in the office and make sure there is no apparent infection and send the parents home with instructions about watching for other signs of illness.
- b. Do exam and labs in the office and give a prophylactic injection of antibiotics pending lab results and send the parents home with instructions about watching for other signs of illness.
- c. Send the baby to the emergency department for a full evaluation.

# Signs of Acute Illness and Illness Prevention

- Acute Illness
  - Fever
  - Lethargy
  - Poor Feeding
  - Vomiting
  - Decreased Urine Output or Stooling
  - Persistent Irritability or Crying
- Illness Prevention
  - Frequent Hand Washing
  - Immunizations for Caretakers
  - Quarantining

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# Take Home Points

- Newborns are unique
- Lots of transitions in this period
- Several major touchpoints
- Lots of questions from parents
- Provider role is one of a calming and encouraging presence, as well as to screen for illness

# References



- Bright Futures Guidelines, 4<sup>th</sup> edition - [https://brightfutures.aap.org/Bright%20Futures%20Documents/BF4\\_InfancyVisits.pdf](https://brightfutures.aap.org/Bright%20Futures%20Documents/BF4_InfancyVisits.pdf)
- American Academy of Pediatrics Periodicity Table - [https://downloads.aap.org/AAP/PDF/periodicity\\_schedule.pdf](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf)
- Stanford Medicine “The Newborn Book” - <https://med.stanford.edu/newborns/professional-education/photo-gallery.html>
- References • Provide evidence-based references for the attendees for further

# Questions

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