



Please remember to contact your human resources department as soon as possible to add your newborn to your insurance policy. MD Pediatrics will wait 30 days before submitting any claims to insurance for your newborn. Please contact MDPA's billing department at 972-420-1475 if you have any questions.

**Congratulations on your new arrival!**



## WHAT PARENTS SHOULD KNOW ABOUT THE ONE WEEK CHECKUP

**Development:** By one week of age, babies are able to lift their head, regard faces, and respond to noises.

**Sleep:** One week old babies sleep approximately 10-23 hours each day, taking seven or eight short naps, waking briefly for feeding and some play, then going back to sleep.

**Nutrition:** Breast fed babies usually nurse every 2-3 hours and formula fed babies usually eat every 3-5 hours. Babies usually take up to 24- 32 ounces of formula/breast milk each day, consuming 2 to 4 ounces each feeding.

**Safety:** Automobile accidents are the primary source of injury for young infants. Always use car safety seats when your child rides in a car. Check to make sure that the car seat is properly installed.

**Lab Tests/Immunizations:** At one week of age, your baby needs to have his/her PKU repeated. This screening is drawn in the hospital outpatient laboratory and performed by the state of Texas. This test includes many metabolic screening tests that help to insure your baby's health. If your baby has begun the Hepatitis B vaccine series, the second will be due at two months of age.

**Common Concerns:** Parents often have questions about their baby's temperament, crying, spoiling their child, and parental and sibling adjustment, among others. Do not hesitate to ask about any of these concerns.

In this packet you will find handouts on immunizations, guidelines for auto safety seats, and first toys. We have education available on a wide variety of subjects on our website. If you need more information, do not hesitate to ask.

Your child's next well visit is due when he/she is two months old.



## Taking Your Child's Temperature

Fever is a symptom of an illness. Taking an accurate temperature requires some practice. There are several different methods of obtaining a child's temperature.

- 1 Orally – (in the mouth) works best if the child is over 4 years old.
- 2 Rectally – (in the bottom) is most accurate, regardless of age.
- 3 Axillary – (under the armpit) is adequate for screening, but may not be accurate.
- 4 Ear – Fairly accurate and very fast – not reliable for babies under 2 months.

### To take a rectal temperature:

- 1 Use a rectal thermometer. The silver mercury tip is short and round on a rectal thermometer.
- 2 Shake the thermometer so the mercury is below 98.6°.
- 3 Lubricate thermometer tip with petroleum jelly.
- 4 Place child stomach down on your lap.
- 5 Gently insert the thermometer about one inch into the rectum. Never force entry.
- 6 Hold child still while thermometer is in place. Leave inserted for two minutes.
- 7 After two minutes, take the thermometer out.
- 8 Read the thermometer by noting where the mercury ends.

Oral and axillary temperatures are taken in a similar manner, using an oral thermometer.

If taking an axillary temperature, hold the elbow close to the chest for 4-5 minutes.

If taking an oral temperature be sure your child has not had anything to eat or drink for ten minutes before you take his/her temperature. The thermometer is placed under the tongue and toward the back of the mouth. The thermometer should be held in place by your child's lips, not his/her teeth. The thermometer should be held in place for at least three minutes.

There are several types of thermometers which can be used for taking temperatures. These include glass thermometers, digital thermometers, ear thermometers, and temperature strips. Glass thermometers are the most accurate and provide the "gold standard". They may be a little more difficult to read however and therefore more inconvenient.

Digital and ear thermometers are fairly accurate except ear thermometers are not reliable until age 6 months. Temperature strips and temperature sensitive pacifiers are not accurate and should not be used.

Accurate taking of temperature gives us important information in assessing your child's health.

When you report a temperature to one of your nurses or physicians, indicate the way it was obtained (i.e. Johnny's temperature is 102° axillary). You do not need to "add" or "subtract" degrees from temperature obtained by the axillary or rectal methods. If you have any questions on how to take your child's temperature, do not hesitate to ask one of our nurses to show you how to take your child's temperature.



## 10 Specific Ways We Help You Stretch Your Healthcare Dollars

1. Use our phone advice line, 972-420-1475, to get information about caring for colds, mild vomiting or diarrhea, or fever in a child who acts playful and has no other symptoms. These are three examples of illness which we often help you manage without an office visit.
2. Avoid costly emergency room visits by taking advantage of our extended evening/weekday hours and our Saturday hours to diagnose and treat acute illnesses and medical problems. Remember to call as soon as the problem is recognized for an appointment so that we can work you in that same day if necessary.
3. Qualifying families may utilize our TexVax vaccine program for reduced-cost routine vaccinations.
4. Use our after-hours phone nurse for problems which arise in the middle of the night or after the office closes Saturday afternoon until it reopens Monday morning at 7:30am. Your phone call will be answered by an experienced nurse who can give you advice on how to best manage your child's symptoms at home. Alternatively, if your child's symptoms necessitate a trip to the ER, our phone nurse will confirm the need for your child to be seen ASAP.
5. In some cases, we have samples available of medicines we prescribe. Please feel free to ask for medicine samples at the time of your visit. We cannot hand out a large amount of medicine, but we will provide you with several samples if possible at the time of your visit. We have samples of formula also. (Samples are available as a convenience to you at the time of your visit only.)
6. MDPA utilizes referral resources which are available at no charge to you. Examples of such resources are the Lewisville Independent School District Early Childhood Screening program for children 3 to 5 years old with speech delays or other developmental problems. If your child has a non-acute orthopedic problem, such as Scoliosis, or has a suspected learning disability and is five years or older, we can refer you to Scottish Rite Hospital in Dallas for evaluation of either condition. Ask your MDPA pediatrician or nurse practitioner about these referral resources and we will fill out the referral paper work. (Please note that there is a 6 to 9 month wait for learning disability testing and evaluations.)
7. Use our evening hours or Saturday hours for well checks (subject to appointment time). These extended hours allow you to complete routine visits without the financial burden of lost work. These evening and Saturday checkup times are limited, so plan ahead and make your appointment early. Evening hours are always available for sick visits, including our FastTrack appointments.
8. We administer flu shots for all members of the family, 6 months and older.
9. We offer a preventive maintenance program (preventive nasal sprays which are not addicting and safe to use in children) to minimize recurrent infections triggered by nasal allergies. These preventive medicines also control the irritating and uncomfortable symptoms related to nasal allergies.
10. We offer a preventive asthma training program for children with asthma and their parents, (The Take Charge Asthma Management Program- TCAMP), which gives a structured game plan to manage your child's asthma at home. This parent training program gives you the knowledge, tools, and treatment sources to manage your child's asthma at home. TCAMP training helps avoid future office visits for acute asthma flare-ups and, of course, prevent hospitalizations.



## Prevention of Sleep Problems

“When can I get a full nights’ sleep again?” is a very common question from parents of infants. For infants less than 2 months old, 4-6 hours may be as long a stretch as can be expected. After 2 months of age, about half of all infants sleep more than 6 hours per night. By 4 months, the majority (*but not all*) of infants have acquired this capacity. Sleeping through the night is a learned behavior. With a few tips, teaching your child to sleep through the night can be accomplished without too much parental or child distress. It is much easier to teach a child that night time is a time for sleep at a young age than to try and correct learned non-sleep behaviors at a later age.

1. Place your child in his/her bed when he/she is drowsy but still awake.
2. Hold your baby for all fussy crying during the first 3 months.
3. Carry your baby some during the day when he/she is not fussy.
4. Try not to let your baby go more than 3 consecutive hours between feeds during the day.
5. Try to keep daytime feeding intervals to at least 2 hours and not more frequently.
6. Make middle-of-the-night feedings brief and do not play with your baby.
7. Don’t wake your baby up at night.
8. Give the last feeding at bedtime.
9. By two months, move your child’s bed to a separate room if possible.
10. At 2 months, try to delay middle-of-the-night feedings.
11. At 4 months, try to discontinue 2:00am feedings. These will become habits, not hunger!
12. Don’t allow your baby to take a bottle to bed with him/her.
13. At 4 months, if your child wakes during the night, make contact with him/her brief and “boring”.
14. If your child needs a security object at 6 months, give him/her a friendly soft toy.
15. Leave the door to your child’s room open.
16. At six months, separation anxiety is normal. During the day, hold your child to calm fears.  
At night, make contact reassuring but brief.



# Behaviors to Support Good Eating Habits

1. Follow the baby's signals about what time to feed.
2. Feed promptly when the baby is hungry, before the baby becomes aroused from heavy crying.
3. Hold the baby securely but not restrictively.
4. When using a bottle, hold it still at an angle; don't jiggle the bottle or the baby.
5. Be sure the nipple flows at an appropriate speed.
6. Stimulate the rooting reflex by touching the baby's cheek.
7. Touch the nipple to the baby's lips and let the baby open his or her mouth before feeding.
8. Let the baby decide how much to have, and at what tempo.
9. Let the baby pause, rest, socialize, and go back to eating.
10. Talk and smile, but don't overwhelm your baby with attention.
11. Burp only if the baby seems to need it; don't disrupt feeding with unnecessary burping and wiping.
12. Stop the feeding when the baby refuses the nipple or indicates satiety and lack of interest in eating by turning away, refusing to open the mouth, or arching the back.

## Behaviors to Encourage Separation and Individuation

1. Mealtime should be convenient for everyone in the family.
2. Seat the child straight up and facing forward.
3. Sit directly in front of the child.
4. Hold the spoon so the child can see it.
5. Be engaging but not overwhelming; take care not to overload the child with talk or behavior.
6. Talk in a quiet and encouraging manner.
7. Wait for the child to open up and pay attention before feeding.
8. Let the child touch the food and eat with fingers.
9. Let the child self feed when ready.
10. When the child is self-feeding, remain present in the situation but don't take over.
11. Let the child decide how fast to eat.
12. Let the child decide how much to eat.
13. Respect the child's food preferences.
14. Respect the child's caution about new foods.



# Jaundice of the Newborn

## What is jaundice?

Jaundice is when your new baby has yellow looking skin. The whites of your baby's eyes may be yellow.

This happens for these reasons:

- **Normal jaundice.** The baby's liver just isn't ready yet to get rid of the yellow pigment called bilirubin on its own. This type of jaundice starts when the baby is 2 or 3 days old. It goes away by the time your baby is 2 weeks old. This happens in about half of all babies.
- **Breast-feeding jaundice** happens when your baby does not drink enough breast milk.
- **Breast-milk jaundice** does not happen very often. It happens when the mother's milk has a certain substance that causes jaundice. It starts when the baby is 4 to 7 days old. It may last 3 to 10 weeks.
- **Rh or ABO problems.** This is a serious type of jaundice. It most often starts the first day of life.

## How can I help my baby with breastfeeding or breastmilk jaundice?

Breast-feed more often. This can help lower the bilirubin.

- Nurse your baby every 1-and-1/2 to 2-and-1/2 hours.
- If your baby sleeps more than 4 hours at night, awaken him for a feeding.

## Call your baby's doctor right away if:

- You think your baby is not getting enough fluid.
- Your baby has jaundice during the first 24 hours of life.
- Your baby looks deep yellow or orange.
- Your baby hasn't urinated in more than 8 hours.
- Your baby gets a fever.
- Your baby also starts to look or act sick.

## Call your baby's doctor during office hours if:

- Your baby looks deep yellow or orange.
- Your baby is not getting enough milk or gaining weight well.
- Your baby has fewer than three good-sized BMs per day.
- Your baby has fewer than six wet diapers per day.
- The jaundice is not gone by day 14.
- You have other concerns or questions.

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# Formula (Bottle) Feeding

## Should I use formula?

Breast milk is best for babies, but breast-feeding isn't always possible. You will need to use a baby formula if:

- You decide not to breast-feed.
- You need to stop breast-feeding and your baby is less than 1 year old.
- You need to occasionally supplement breast-feeding with formula (after breast-feeding is well established).

If you want to breast-feed but you think you are not making enough milk, don't stop breast-feeding. Talk to your healthcare provider or lactation nurse before you stop. Any bottle feeding, before breast-feeding has been well established, could reduce your supply of breast milk and make it difficult to continue breast-feeding.

## What type of formula should I use?

If your child is less than 1 year old, discuss which formula to use with your healthcare provider.

Baby formulas are designed to give your baby all known essential nutrients in their proper amounts. Most formulas are made from cow's milk. A few are made from soybeans. Soy formula is used for babies who may be allergic to or have difficulty digesting the type of protein in cow's milk. The American Academy for Pediatrics recommends you use iron-fortified (not low-iron) formula to prevent anemia.

Most formulas are available in three forms: powder, ready-to-serve liquid, and concentrated liquid. Powder and ready-to-serve liquid are best if you are using it to supplement breast milk. You must mix concentrated liquid before using. It forces you to prepare 26 ounces at a time. Powder and concentrated liquid formulas are less expensive per feeding than ready-to-serve formulas.

## When can I give my baby regular milk?

Regular, whole cow's milk should not be given to babies before 12 months of age. This is due to increased risks such as iron deficiency anemia and allergies. Skim or low-fat milk should not be given to babies before they are 2 years old because the fat in whole milk is needed for rapid brain growth.

## **How do I prepare formula?**

Mix concentrated liquid formula with water in a ratio of one to one. Mix each level scoop of powdered formula with 2 ounces of water. Never make the formula for your baby more concentrated by adding extra concentrated liquid or extra powder. Never dilute the formula by adding extra water. Careful measuring and mixing ensure that your baby receives the proper mix of formula.

## **Do I need to boil the water first?**

Most city water supplies are quite safe. If you make one bottle at a time, you don't need to use boiled water. When using tap water for preparing formula, use only water from the cold water tap. Let the water run for 2 minutes before you use it. (Old water pipes may contain lead-based solder and lead dissolves more in warm water or standing water.) Fresh, cold water is safe. After you prepare the formula with the cold water, you can heat the bottle to the right temperature. Ask your healthcare provider if you are not sure whether your water supply is safe for your baby.

If you have well water, you need to boil your water for 10 minutes (plus 1 minute for each 1000 feet of elevation above sea level) or use distilled water until your child is 6 months old.

If you prefer to prepare a batch of formula, you must use boiled or distilled water and closely follow the directions printed on the side of the formula can. This prepared formula should be stored in the refrigerator and must be used within 48 hours.

## **Can I make my own formula?**

If necessary, you can make your own formula temporarily from evaporated milk. (Evaporated milk formulas have some of the same risks as whole cow's milk, namely, iron deficiency anemia and allergies.) Mix 13 ounces of evaporated milk with 19 ounces of boiled water and 2 tablespoons of corn syrup. Place this mixture in sterilized bottles and keep the bottles refrigerated until use (up to 48 hours).

## **What temperature does the formula need to be?**

In the summertime, many children prefer cold formula. In the wintertime, most prefer warm formula. By trying formula at various temperatures you can probably find out what your child prefers. If you do warm the formula, check the temperature of the formula before you give it to your baby. If it is too hot it will burn your baby's mouth. Be especially careful if you heat the formula in a microwave because the formula can get too hot very quickly.

## How often should I feed my baby?

Your healthcare provider will tell you when and how often to feed your baby. In general, your baby will probably need:

- 6 to 8 formula feedings per day for the first month
- 5 to 6 formula feedings per day from 1 to 3 months
- 4 to 5 formula feedings per day from 3 to 7 months
- 3 to 4 formula feedings per day from 7 to 12 months

If your baby is not hungry at some feedings, increase the time between feedings.

## How much formula should I give my baby?

Newborns usually start with 1 ounce per feeding, but by 7 days they can take 3 ounces. The amount of formula that most babies take per feeding (in ounces) can be calculated by dividing your baby's weight (in pounds) in half. For example, if your baby weighs 8 pounds, your baby will probably drink 4 ounces of formula per feeding. No baby should drink more than 32 ounces of formula a day. If your baby needs more than 32 ounces and is not overweight, consider starting solid foods. Overfeeding can cause vomiting, diarrhea, or excessive weight gain.

## How should I hold the baby during feedings?

Feeding should be a relaxing time -- a time for you to provide both food and comfort for your baby. Make sure that both you and the baby are comfortable:

- Your arm supported by a pillow.
- Baby in a semi-upright feeding position supported in the crook of your arm. This position reduces choking and the flow of milk into the middle ear.
- The bottle tilted so that the nipple and the neck of the bottle are always filled with formula. (This prevents your baby from taking in too much air.)

## How long should I feed my baby?

Gently remove the bottle from time to time to let your baby rest. A feeding shouldn't take more than 20 minutes. If it does, you are overfeeding your baby or the nipple is clogged. A clean nipple should drip about 1 drop per second when the bottle of formula is turned upside-down.

## Do I need to burp my baby?

Burping is optional. It doesn't decrease crying. Burping helps your baby spit up less. Air in the stomach does not cause pain. If you burp your baby, be sure to wait until your baby reaches a natural pause in the feeding process. Burping two times during feeding and for about a minute is plenty. More burping may be needed if your baby spits up a lot.

## **How long can I store formula?**

Prepared formula should be stored in the refrigerator. It must be used within 48 hours. Prepared formula left at room temperature for more than 1 hour should be thrown away. At the end of each feeding, throw away any formula left in the bottle.

## **Does my baby need to drink water?**

Babies do not routinely need extra water. However, when they have a fever or the weather is hot they should be offered a bottle of water twice a day. Run the water from the tap for 2 minutes before you use it for drinking. Keep some of this water in your refrigerator.

## **Do I need to give my baby vitamins?**

No. Baby formulas contain all the vitamins and minerals your baby will need.

## **Do I need to give my baby fluoride?**

From 6 months to 16 years of age, children need fluoride to prevent cavities. If the water supply where you live contains fluoride and your child drinks at least 1 pint of formula made with water each day, this should be enough. Otherwise, fluoride drops or tablets should be given. Formula-fed infants should receive fluoride supplements without vitamins. You can get a prescription for fluoride drops from your child's healthcare provider.

Another way you can help your baby's teeth is by making sure your baby does not sleep with a bottle. Milk, juice, or any sweetened liquid in the mouth can cause severe decay of your baby's first teeth. Liquids tend to pool in the mouth during sleep. The sugar in these drinks is changed to acid by bacteria in the mouth. The acid then etches the tooth enamel and causes decay.

Prevent tooth decay by not using the bottle as a daytime or nighttime pacifier. If you cannot stop the nighttime bottle or replace it with a pacifier, fill the bottle with water.

Written by B.D. Schmitt, MD, author of "Your Child's Health," Bantam Books. Published by [RelayHealth](#). Last modified: 2006-03-02 Last reviewed: 2008-06-09 This content is reviewed periodically and is subject to change as new health information becomes available. The information is intended to inform and educate and is not a replacement for medical evaluation, advice, diagnosis or treatment by a healthcare professional.



# Breast-Feeding Essentials

## What is good about breast-feeding?

Babies who are breast-fed have fewer infections and allergies during the first year of life than babies who are fed formula. Breast milk is also inexpensive and served at the perfect temperature. Breast-feeding becomes especially convenient when a mother is traveling with her baby. Overall, breast milk is nature's best food for young babies.

## How often should I breast-feed my baby?

The baby should nurse for the first time in the delivery room. The second feeding will usually be 4 to 6 hours later, after he awakens from a deep sleep. Until your milk supply is well established (usually 4 weeks), nurse your baby whenever he cries or seems hungry (demand feeding). Thereafter, babies can receive enough milk by nursing every 2 to 2-and-1/2 hours. If your baby cries and less than 2 hours have passed, he can be rocked or carried in a frontpack. However, if he is hungry, feed him. Waiting more than 2-and-1/2 hours can lead to swollen breasts (engorgement), which decreases milk production. (Feeding less frequently is OK at night, but no more than 5 hours should pass between feedings.)

Your baby will not gain enough weight unless he nurses 8 or more times per day at first. The risks of continuing to nurse at short intervals (more often than every 1 and 1/2 hours) are that "grazing" will become a habit, your baby won't be able to sleep through the night, and you won't have much free time.

## How long should each feeding last?

During the first week, bring in your full milk supply by offering both breasts with each feeding. Try 10 minutes on the first breast and as long as your baby wants on the second breast (at least 10 minutes). Alternate the breast you start with at each feeding. You may need to stimulate your baby to take the second breast.

After your milk supply has come in (by day 8 at the latest), encourage your baby to nurse as long as she wants to on the first breast (up to 20 minutes). This is so your baby can get the high-fat, calorie-rich hind milk. You can tell your baby has finished the first breast when the sucking slows down and your breast becomes soft. Then offer the second breast if your baby is interested. Alternate the breast you start with at each feeding.

## **How do I know that my baby is getting enough milk?**

In the first couple of weeks, if your baby has 3 to 4 good-sized bowel movements per day and 6 or more wet diapers per day, he is getting a good supply of breast milk. (Infrequent bowel movements are not normally seen before a baby is 1 month old.) Also, most babies will act satisfied after completing a feeding.

Your baby should be back to birth weight by 10 to 14 days of age if breast-feeding is going well. Therefore, the 2-week checkup by your baby's healthcare provider is very important.

The letdown reflex is another sign that you are making enough milk.

## **What is the letdown reflex?**

A letdown reflex develops after 2 to 3 weeks of nursing. It is when you feel tingling in your breast or have milk leak out just before feeding (or when you are thinking about feeding). It also happens to the opposite breast while your baby is nursing.

Letdown is enhanced by getting good sleep, drinking fluids, having a relaxed environment, and reducing stress (such as not expecting much housework to get done). If your letdown reflex is not present yet, take extra naps and ask your family or friends for more help. Also consider calling the local chapter of La Leche League, a support group for nursing mothers.

## **Do I need to give my baby an extra bottle?**

Do not regularly give your baby bottles during the first 4 weeks after birth because this is when you establish your milk supply. Good breast milk production depends on frequent emptying of your breasts. Extra bottles take away from sucking time on the breast. If your baby is not gaining weight well, see your healthcare provider or a lactation nurse.

After your baby is 4 weeks old and nursing is well established, you should offer your baby a bottle of pumped milk or 1 ounce of formula once a day so that he can get used to a bottle and the artificial nipple. Once your baby accepts bottle feedings, you can leave your baby with a sitter and go out for the evening or return to work outside the home. You can use pumped breast milk that has been refrigerated or frozen.

## **Does my baby need extra water?**

Babies do not usually need extra water. Even when they have a fever or the weather is hot and dry, breast milk provides enough water.

## **What should I do if my breasts are swollen or engorged?**

If your breasts are badly swollen (engorged), it can decrease your milk production. To prevent engorgement, nurse your baby more often. Also, compress the area around the nipple (the areola) with your fingers at the start of each feeding to soften the areola. For milk release, your baby must be able to grip and suck on the areola as well as the nipple. Every time you miss a feeding (for example, if you return to work outside the home), pump your breasts. Also, whenever your breasts hurt and you are unable to feed your baby, pump your breasts until they are soft. If you don't relieve engorgement, your milk supply can dry up in 2 to 3 days.

## **How do I pump and use pumped breast milk?**

If you want to pump your breasts, you can use a breast pump. Ask your healthcare provider which breast pump he or she recommends. A breast pump is usually necessary, but sometimes pumping can be done by hand. Ask your provider about using the Marmet technique to pump by hand.

Pumped breast milk can be stored for 2 to 3 days in a refrigerator and up to 6 months in a freezer. To thaw frozen breast milk, put the container of breast milk in the refrigerator (it will take a few hours to thaw) or place it in a container of warm water until it has warmed up to the temperature your baby prefers.

## **What should I do if I have sore nipples?**

Clean a sore nipple with water after each feeding. Do not use soap or alcohol because they remove natural oils. At the end of each feeding, the nipple can be coated with some breast milk to keep it lubricated. For cracked nipples, apply 100% lanolin after feedings. You can buy lanolin without a prescription. Try to keep the nipples dry with loose clothing, air exposure, and nursing pads.

Sore nipples usually are caused by the baby not latching on properly or a feeding position that causes the nipple to be rubbed or pressed incorrectly. When feeding, position your baby so that he directly faces the nipple without turning his neck. At the start of the feeding, hold your breast and squeeze the nipple and areola between your thumb and index finger so that your baby can latch on easily. Throughout the feeding, hold your breast from below so the nipple and areola aren't pulled out of your baby's mouth by the weight of the breast. Slightly rotate your baby's body so that his mouth applies pressure to slightly different parts of the areola and nipple at each feeding.

Start your feedings on the side that is not sore. If one nipple is extremely sore, temporarily limit feedings to 10 minutes on that side. The pain will not improve, however, until your baby starts to correctly latch on and is correctly positioned during feeding.

## **Does my baby need vitamins or fluoride?**

Breast milk contains all the necessary vitamins and minerals except vitamin D and fluoride. Starting at 2 months old, you need to give your baby vitamin D (200 IU per day). Liquid multivitamin drops with vitamin D are available. Separate Vitamin D drops are not available. Use Vitamin ADC drops (0.5 ml per day). You can get vitamin drops without a prescription at your supermarket or pharmacy.

Starting at 6 months, children who are breast-feeding and not drinking any water need 0.25 mg of fluoride each day to prevent tooth decay. (Most tap water already has enough fluoride in it.) Talk to your healthcare provider to get a prescription for fluoride drops.

## **Do I need to take vitamins?**

You can take a multivitamin tablet daily if you are not following a well-balanced diet. You especially need 400 units of vitamin D and 1200 mg of both calcium and phosphorus per day. A quart of milk (or its equivalent in cheese or yogurt) can also meet this requirement.

## **Should I avoid taking medicine?**

Almost any drug a breast-feeding mother takes will be transferred in small amounts to her breast milk. Therefore, try to avoid any medicine that is not essential, just as you did during pregnancy.

Some commonly used medicines that are safe for you to take while nursing are acetaminophen, ibuprofen, penicillins, erythromycin, cephalosporins, stool softeners, antihistamines, cough drops, nosedrops, eyedrops, and skin creams. Most nonprescription cold and cough medicines are fine, but avoid pseudoephedrine because it can reduce milk production in some mothers. Sulfa drugs can be taken if your baby is more than 4 weeks old AND does not have jaundice. Avoid aspirin because of a small risk for Reye's syndrome. Talk to your healthcare provider about all other drugs. Take drugs that are not harmful immediately after you breast-feed your child so that the level of medicine in the breast milk at the time of the next feeding is low.

Drinking a lot of caffeine-containing beverages or herbal teas, or smoking cigarettes, can cause restlessness, crying, even diarrhea. Alcohol can cause drowsiness, so limit yourself to 1 beer or glass of wine per day. Diarrhea in the baby can also be caused by some laxatives. Used in moderation, these products should not cause any symptoms. Foods in the mother's diet (such as chocolate) do not have a significant effect on the baby.

Some of the dangerous drugs that can harm your baby are tetracyclines, chloramphenicol, antithyroid drugs, anticancer drugs, or any radioactive substance. Women who must take these drugs should not be breast-feeding or should request a safer form of treatment. Another group of drugs that should be avoided because they can suppress milk production are ergotamines (for migraine), birth control pills with a high estrogen content (most birth control pills are OK), vitamin B6 (pyridoxine) in large doses, and many antidepressants.

## **Do I need to burp my baby?**

Burping is optional. Its only benefit is to decrease spitting up. Air in the stomach does not cause pain. If you burp your baby, burping 2 times during a feeding and for about a minute is plenty. Burp your baby when switching from the first breast to the second and at the end of the feeding.

## **When can my baby start using a cup?**

Introduce your child to a cup at approximately 6 months of age. Total weaning to a cup will probably occur somewhere between 9 and 18 months of age, depending on your baby's individual preference. If you stop breast-feeding before 9 months of age, switch to bottle feeding first. If you stop breast-feeding after 9 months of age, you may be able to go directly to cup feeding.

## **Call your child's healthcare provider within 24 Hours if:**

- Your baby doesn't seem to be gaining adequately.
- Your baby has less than six wet diapers per day.
- During the first month, your baby has less than 3 bowel movements per day.
- You suspect your baby has a food allergy.
- You need to take a medicine that is not mentioned here.
- You have other questions or concerns.

## **Call your obstetrician within 24 hours if:**

- Your breasts do not become full (engorged) before feedings by the time your baby is 5 days old.
- You have painful engorgement or sore nipples that do not respond to the recommended treatment.
- You think you have a breast infection.
- You have a fever.

Written by B.D. Schmitt, MD, author of "Your Child's Health," Bantam Books. Published by [RelayHealth](#). Last modified: 2007-03-22 Last reviewed: 2008-06-09 This content is reviewed periodically and is subject to change as new health information becomes available. The information is intended to inform and educate and is not a replacement for medical evaluation, advice, diagnosis or treatment by a healthcare professional.