



Wellness Check

Informational Handout

1-Month Wellness Check

Nutrition

- Feed your baby only breastmilk or iron-fortified formula until they are about 6 months old.
- Feed your baby when they are hungry. Look for baby to:
 - Put hand to their mouth.
 - Suck or root.
 - Fuss
- Stop feeding when you see your baby is full. You can tell when they:
 - Turn away
 - Closes their mouth
 - Relaxes their arms and hands
- If Breastfeeding...
 - Feed your baby on demand.
 - Most breast-fed infants will settle into about 8 feedings a day by 2 weeks of age. Rigid feeding schedules are not recommended for breast-fed infants.
- Some infants cluster feed. A cluster feeding infant will nurse 5-10 times in a 2-3 hours period and will then sleep 4-6 hours. This is normal.
- If you feel that your infant is not satisfied and is “always at the breast,” make an appointment with his/her provider or lactation consultant to check that your baby is growing properly.

Vitamin D Supplementation: Starting soon after birth, the American Academy of Pediatrics recommends that 400 IU of Vitamin D supplementation be given to all infants. You can purchase solely Vitamin D drops or Poly-Vi-Sol, which is a multivitamin at grocery or pharmacy stores. Alternatively, mothers who are breastfeeding can take 6000 IU of Vitamin D daily to provide adequate Vitamin D through breast milk for your infant. If your baby is exclusively formula-fed, you do not need Vitamin D supplementation.

Bottle Feeding:

- Baby will set the pace.
- Hold your baby so you can look at each other while you feed them.
- Offer your baby 2 oz of formula every 2-3 hours. If he is still hungry, offer him more. Some babies at one month of age take up to 4 oz at a time. Listen to what your baby is telling you. If they spit

up after every feed, you may be giving too much at one time. Try decreasing the amount, but then you may need to feed more frequently.

- If your baby is growing at a normal rate, then your baby is getting enough formula.
- Do not microwave formula.
- Do not prop the bottle. This can cause ear infections.
- If the baby has trouble sucking, make sure the nipple hole is big enough.
- If you are also breastfeeding, pacing the bottle feeding with a slow flow nipple can help prevent bottle preference.

Your Diet During Lactation:

It is recommended that breastfeeding mothers continue to take prenatal vitamins daily. It was once recommended for mothers to refrain from consuming highly allergenic foods during pregnancy and lactation. However, recent evidence suggests that it is not necessary to avoid these foods. There is no significant allergy prevention benefit to your baby by avoiding highly allergenic foods during this time. Avoid fish that are high in mercury.

Development

Sleep:

Newborns are often drowsy for the first day or two. By 3 to 5 days of age, most parents notice that their babies have more alert periods. Unfortunately, these wide-awake periods are often during the middle of the night. Day-night reversal during the first week or so is very common. Try to keep the lights low and stimulation to a minimum, but at this age patience is the key. Take naps while your baby is sleeping. Most newborns sleep at least 16-17 hours a day. Babies can see clearly from the moment of birth, but they are very near-sighted. Infants see at best 8 to 10 inches away. Objects further away are fuzzy.

Common Rashes

Cradle Cap:

This harmless skin condition often appears by 1-2 months of age as a scaly area on the top of the scalp, behind the ears, and sometimes on the eyebrows. To treat cradle cap, loosen the scaly areas with a soft brush. Brush scales away. If the scalp is very crusty, you can place baby oil or olive oil on the scalp an hour before washing your baby's hair.

Diaper Rash:

Frequent changing, rinsing, and drying of the diaper area reduces the number of diaper rashes. The best treatment is to let the diaper area air out when possible, either by keeping the diaper loosely attached or leaving it off altogether. Clean with water rather than commercial diaper wipes. Treat the rash with mild diaper ointment. Some diaper rashes are caused by yeast infections. Yeast infections look moist, red and sore, and may have bumps on the edges. Clotrimazole (lotrimin AF) is an over-the-counter medication that works well on diaper rashes caused by yeast.

Heat Rash:

Heat rash typically occurs on the back, neck, or chest and is caused by overheating. The rash looks like

tiny pink bumps and is best treated by measures that cool your infant's skin: Dress your baby with fewer clothes, use tepid or cool baths, and make sure your house is not too warm. Do not use ointments on your baby's skin because they block the sweat glands and can make the rash worse.

Infant Acne:

Red pimples on the face, neck, and chest can appear during the 1st few months of life. The rash will disappear on its own. If blisters develop, your baby should see his provider. Infant acne is caused by hormone changes.

Milia:

These are tiny white bumps that occur on the face of newborns. They are blocked skin pores which will open up and usually disappear by 2 months of age. No treatment is necessary.

Bathing & Skin Care

Infants only need a bath 2-3 times a week. Clean the face, chin, neck, and diaper area daily. Withhold regular tub baths until the umbilical cord area is healed. Sponge bathe and keep the cord dry. Never leave your baby unattended in the bath. Use water for the first weeks. Soaps are drying to the newborn's already dry skin. Mild, fragrance-free soaps may be used in small amounts.

Safety

Safe Sleep Guidelines:

To prevent possible suffocation and to reduce the risk of Sudden Infant Death Syndrome (SIDS), the American Academy of Pediatrics has come out with the following recommendations:

- Until their first birthday, babies should sleep on their backs during naps and nighttime. If your baby falls asleep in a car seat, move him or her to a firm sleep surface on his/her back as soon as possible. If your baby is comfortable rolling both ways (back to tummy, tummy to back) and you find that he/she has rolled onto their tummy, you do not have to return the baby to his/her back.
- Use a firm sleep surface. A crib, bassinet, portable crib or play yard that meets the current safety standards is recommended along with a tight-fitting mattress and fitted sheet designed for that particular product. Nothing else should be in the crib except for the baby. Keep soft, loose bedding out of your baby's bed.
- Room sharing in which baby sleeps in his/her crib in the same room where you sleep is encouraged for the first 6 months of age.
- Co-sleeping/bed sharing is NOT recommended. Only bring your baby into your bed to feed or comfort.
- Never place your baby to sleep on a couch or armchair.
- It is fine to swaddle your baby. Stop swaddling when your baby looks like her or she is trying to roll over.
- Try giving a pacifier at nap time and bedtime. This helps to reduce the risk of SIDS. If the pacifier falls out after the baby is asleep, you don't have to put it back in. If you are breastfeeding, wait until breastfeeding is going well for approximately 2-3 weeks before introducing the pacifier.
- In-bed sleepers and bedside sleepers that attach to your bed have not been fully researched as to their effects on SIDS so the American Academy of Pediatrics has not made recommendations for or

against these products.

Smoking:

If you or another family member is a smoker, one of the best ways to protect your newborn's health is to quit smoking. Smoking in the household increases respiratory illnesses, frequency of ear infections, and increases your child's long-term cancer risk. Household smoking also increases the risk for Sudden Infant death Syndrome (SIDS). We encourage you to discuss smoking cessation with your family provider.

Next Appointment

Your baby's next appointment is at 2 months of age. Check out our website for additional resources regarding your child's health.