

# Two Week Check Up



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LENGTH\_\_\_\_\_ WEIGHT\_\_\_\_\_ HEAD CIRCUMFERENCE\_\_\_\_\_

**WELCOME to your baby's first check-up. During the first 2, weeks your baby will go through many changes. By three days of age, most babies have lost six to eight ounces of weight. By two weeks, most babies will return to or exceed birth weight.**

## What is a Well Baby Check Up?

- **Length, Weight, and Head Circumference:** Your baby is carefully measured to assess proper nutrition and growth.
- **Nutrition:** A discussion of feeding is an important part of each well baby or well child visit.
- **Development:** Various developmental milestones are reviewed to make sure that your infant is developing appropriately.
- **Physical Exam:** Your infant receives a head to toe physical exam
- **Health screens/Immunizations:** At some visits, health screens such as blood tests are needed. Most visits during the first 2 years also include immunizations. If you would like to read about your baby's immunizations prior to the well check, read the information on the CDC website, [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines).
- **Frequency:** There are many well baby visits over the first 2 years. Each visit's newsletter will have a reminder of when the next visit will be.

## Nutrition

### Nursing Mothers Tips (the first week)

During the first 3-5 days of your baby's life, nursing mothers will notice many changes.

- Breasts become fuller as milk supply increases.
- Wet diapers increase from 1-3 a day to 5-7 or more a day.
- Stools change from the dark and tar-like meconium to looser stools of variable color. By 7 days, the stools are usually yellow, seedy, and fairly loose. Babies initially average 3 or more stools a day.
- Most breast-fed infants are nursing 8-12 times a day and 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.
- By 7-10 days of age, many infants have a growth spurt. These are fussy periods of several days when your infant may want to feed every 1 - 1 ½ hours. Be patient & try to get some rest. This will pass.

- 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. If your baby is exclusively formula fed with Enfamil newborn and takes more than 27 oz in a day, you do not need Vitamin D supplementation.

**Do not limit the number of feedings.**

### **Bottle Feeding**

- Baby will set the pace.
- Some babies require 2-3 ounces. By two weeks, most are up to 3 to 3 ½ ounces per feeding. A helpful rule of thumb for infants up to 4 months of age is: age in months + 3 = the number of ounces that most infants will take per feeding. For example a 1 month old usually takes 4 ounces per bottle feeding.
- If your baby is growing at a normal rate, then your baby is getting enough formula.
- Do not microwave formula.
- Do not prop bottle. This can cause ear infections.
- If baby has trouble sucking, make sure nipple hole is big enough.

## **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. He sees at best 8 to 10 inches away. Objects further away are fuzzy.

### **Jaundice in Newborns**

Jaundice describes the yellow skin color and yellowish sclera (whites of eyes) that is often seen in newborns.

Jaundice occurs in a newborn because your baby’s liver is not able to process a red blood cell product called bilirubin (the yellow pigment that causes the jaundiced appearance). Sixty percent of all newborns develop jaundice and the peak of jaundice is generally from three to five days of age.

Within a week, a newborn’s liver should be able to break down the bilirubin more effectively

## **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 (Ilotrimin 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 over-heating. 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 1<sup>st</sup> 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.

### **“Newborn Rash”** (Erythema Toxicum)

Many babies get a rash called erythema toxicum by the third day of life. The rash looks like multiple ant bites or red spots with white pimples in the center. It can occur anywhere on the body. Although the cause is unknown, this rash is harmless and usually goes away by 4 weeks of age.

## Bathing and Skin Care

Infants need a bath only 2-3 times a week. Clean the face, chin, neck, and diaper area daily. Withhold regular tub baths until the cord is healed. Sponge bathe and keep the cord dry.

Use water for the first weeks. Soaps are drying to the newborn's already dry skin. Mild soaps (Dove, Tone, or baby soaps) may be used in small amounts.

Use a mild soap daily to clean the diaper skin. Take care to wash and dry the skin folds at the neck, arms, groin, vagina or scrotum. Keep the skin clean and dry.

To clean the eyes, use a clean cloth or cotton balls dipped in water. You may shampoo the baby's hair with baby shampoo or liquid baby soap. Use a soft brush to scrub the scalp. Never leave your baby unattended in the bath.



## Safety

### Sleep Safety 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.

## **Car seat safety**

Make baby's first ride a safe one. Use an approved infant car safety seat. Information on approved safety seats and local programs to check your car safety seat placement can be obtained by calling the Safe Riders Program at 1-800-252-8255 or 1-866-SEAT-CHECK ([www.seatcheck.org](http://www.seatcheck.org)).

- Install car safety seat according to directions. Not all infant seats are installed the same way.
- Always secure baby inside the seat. A small towel rolled up and placed at each side of your infant's body may make your baby more comfortable.
- Place infant seat facing backwards until your infant is at least 12 months of age and weighs at least 20 pounds.

## **Air Bags and Car Seats**

If your car has a passenger-side air bag, rear-facing infant car seats must be placed in the backseat. Since the back of a rear-facing car safety seat sits very close to the dashboard, the seat could be struck with enough force by an inflating air bag to seriously injure your baby. Even your toddler in a forward facing car seat is at some risk from air bag injuries. However, if you must put your older child in the front seat, slide the vehicle seat back as far as it will go and make sure he or she is properly buckled up. This will reduce the risk of injury.

- Place infant safety seat in the center of the backseat for maximum safety.
- Put your baby in the safety seat correctly every time- even on short trips!!!
- All people who drive with your child need to use the infant safety seat and know how to put baby in it.

As of Sept 2001 Texas law requires children from birth to 4 years of age or 36 inches to be restrained in a car seat. The law also mandates that children ages 4 and older be restrained in seat belts. However, car manufacturers and safety experts agree that children over 36 inches (3ft) and up to four feet nine inches (57in) and 80 pounds need to be in a booster seat.

## **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.

## **Newborn Screening Tests**

Newborn screening began in the early 1960's and has been expanded to include many types of serious disorders. This testing identifies about 3,000 babies nationwide each year with serious diseases. Most of these infants are diagnosed before symptoms occur and they have improved outcomes because of the early diagnosis and treatment. Prior to being sent home from the nursery, newborns have blood drawn and placed on a special filter paper that is sent to a central state lab. A second newborn screen will be done at the 2 week checkup.

## **Required Screen**

Currently the State of Texas mandates newborn screen tests for 28 disorders including: Hypothyroidism, Phenylketonia (PKU), Galactosemia, Hemoglobin problems (sickle cell disease is the most common) and Congenital Adrenal Hyperplasia (a disorder of both sex and salt-balance hormones). These disorders are not common, but if the diagnosis is made in the newborn period, the outcome can be significantly improved.

**Check out our website at [www.cedarparkdoctors.com](http://www.cedarparkdoctors.com)  
for more helpful tips and information regarding your child's health.**

**Your baby's next appointment is at 2 Months of age.**

**Please bring your baby's immunization record with you to each Well  
Child Visit.**

## Car Safety Seats: Information for Families

Motor vehicle crashes remain the leading cause of death for children ages four and older. New research into the effectiveness and safety of car seats found that children are safer in rear-facing car seats. Because of this, the American Academy of Pediatrics has recently updated their recommendations regarding car seat use. They now advise that children should ride rear-facing until age two and that older children use a booster seat until at least age eight.

The American Academy of Pediatrics also recommends the following overall guidelines regarding car safety use:

**Infants** should ride rear-facing until age two or until they reach the highest weight or height allowed by the car seat's manufacturer. When children reach the highest weight or length allowed by the manufacturer of the infant-only seat, they should continue to ride rear-facing in a convertible seat. We no longer advise facing forward at twelve months of age and twenty pounds, as was the previous recommendation.

It is best for **toddlers/preschoolers** to ride rear-facing as long as possible to the highest weight and height allowed by the manufacturer of their convertible seat, preferably until age two. When they have outgrown the seat rear-facing, they should use a forward-facing seat with a full harness as long as they fit.

Booster seats are for older, **school-aged children** who have outgrown their forward-facing car safety seats. Booster seats help position the lap and shoulder belt properly. Children should stay in a booster seat until adult belts fit correctly. Most children will need a booster seat until they are 4 feet 9 inches tall and are between the ages of eight and twelve.

**Older children** who have outgrown their booster seats should ride with a lap and shoulder seat belt in the back seat until thirteen years of age. The shoulder belt should lie across the middle of the shoulder and chest and should not be against the neck. The lap belt should fit low and snug over the child's hips and upper thighs, not across the abdomen.

Not only are the above guidelines for your child's safety, it's **TEXAS LAW!**

Under the "Child Passenger Safety Seat Systems" Law, it is an offense if an adult transports a child who is shorter than 4'9" tall and does not keep the child secured in a safety seat system. In addition, it is also an offense if a child who is greater than 4'9" tall is not restrained with a seat belt. A violation of this law can lead to a hefty fine.

It is absolutely essential that **ALL CHILDREN YOUNGER THAN 13 YEARS OF AGE RIDE IN THE BACK SEAT!** An air bag deployed in the front seat can seriously injure or kill children younger than 13 years of age. Remember, even a low velocity "fender-bender" can deploy a front airbag and seriously injure a child in the passenger seat.

Children should ride restrained for EVERY trip, no matter how short. Remember, it's your child's life you could be saving so **buckle up!**





**Baby's Name:**  
**Name:**  
**Date:**  
**Address:**  
**Baby's Age:**

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As you have recently had a baby, we would like to know how you are feeling. Please UNDERLINE the answer which comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

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Here is an example, already completed.

I have felt happy:  
Yes, all the time  
Yes, most of the time  
No, not very often  
No, not at all

This would mean: "I have felt happy most of the time" during the past week. Please complete the other questions in the same way.

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**In the past 7 days:**

- |   |  |
|---|--|
| 1. I have been able to laugh and see the funny side of things<br>As much as I always could<br>Not quite so much now<br>Definitely not so much now<br>Not at all | *6. Things have been getting on top of me<br>Yes, most of the time I haven't been able to cope at all<br>Yes, sometimes I haven't been coping as well as usual<br>No, most of the time I have coped quite well<br>No, have been coping as well as ever |
| 2. I have looked forward with enjoyment to things<br>As much as I ever did<br>Rather less than I used to<br>Definitely less than I used to<br>Hardly at all     | *7. I have been so unhappy that I have had difficulty sleeping<br>Yes, most of the time<br>Yes, sometimes<br>Not very often<br>No, not at all  |
| *3. I have blamed myself unnecessarily when things went wrong<br>Yes, most of the time<br>Yes, some of the time<br>Not very often<br>No, never                  | *8. I have felt sad or miserable<br>Yes, most of the time<br>Yes, quite often<br>Not very often<br>No, not at all  |
| 4. I have been anxious or worried for no good reason<br>No, not at all<br>Hardly ever<br>Yes, sometimes<br>Yes, very often                                      | *9. I have been so unhappy that I have been crying<br>Yes, most of the time<br>Yes, quite often<br>Only occasionally<br>No, never  |
| *5. I have felt scared or panicky for no very good reason<br>Yes, quite a lot<br>Yes, sometimes<br>No, not much<br>No, not at all                               | *10. The thought of harming myself has occurred to me<br>Yes, quite often<br>Sometimes<br>Hardly ever<br>Never   |