



1 Month Check Up

LENGTH _____ WEIGHT _____ HEAD _____

Nutrition

- Feed your baby only breast milk or fortified formula in the first 4-6 months.
- Babies at this age usually feed every 2-3 hours or 8-12 times per day. Your baby may need to have you pat, rock, undress or change his/her diaper in order to wake him/her completely before eating.
- Signs that your baby may be hungry include putting his/her hand in mouth, sucking, rooting, and fussing.
- End the feeding when your baby is showing signs of being full. Ie. turning away, closing the mouth, relaxed arms and hands.
- Burp your baby mid feeding as well as at the end of feeding.
- Babies who are feeding well at this age, generally have 5-8 wet diaper and 3-4 stools each day.

Breast feeding

- Do not limit the number of feedings.
- When nursing becomes established around 4-6 weeks, it is okay to give your baby a bottle and/or pacifier.

Vitamin D Supplementation – 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 with Vitamin D fortified formula and your newborn and takes 32 oz in a day, you do not need Vitamin D supplementation.

Your Diet During Pregnancy and 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.

Bottle Feeding

- Baby will set the pace.
- Regarding how much to feed your baby, 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. These rules do not necessarily apply to breastfed babies as their milk intake stays constant as they get older.
- 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.

Development

Hold and cuddle your baby often. It encourages bonding and social development.

During play time, smile and coo with your baby. Imitate his sounds, talk and sing.

Tummy Time! Put baby on his tummy frequently when he is awake and you can be present. **Plagiocephaly** (or flat head syndrome) is a condition characterized by asymmetry of the skull due to a flat spot on the back or one side of the head. It is caused by a baby remaining in one head position for prolonged periods. Tummy time is the best prevention because it takes the pressure off of the head and strengthens the neck muscles. Other ways to prevent plagiocephaly and to help maintain full neck range of motion are to alternate the arm in which you hold him and alternate which end of the crib you place him in each time. During playtime, move a favorite toy from the far left side of his head to the far right side and back encouraging him to follow it. It is not recommended to use any kind of positioning pillows.

Crying

Having a fussy period in the evenings is quite common for babies this age. It usually peaks at about three hours a day by six weeks and then declines to one or two hours a day by three to four months. As long as your baby quiets again within a few hours and is relatively happy the rest of the day, this can be considered normal.

Colic

If a fussy period becomes crying that does not stop, but intensifies and persists throughout the day or night, it may be caused by colic. About one-fifth of all babies develop colic, usually between the second and fourth weeks. They cry inconsolably, often screaming, extending or pulling up their legs, and **passing gas**. Their stomachs may be enlarged or distended with gas.

Unfortunately, there is no definite explanation for why this happens. The American Academy of Pediatrics explains that most often, colic means simply that the child is unusually sensitive to stimulation or cannot "self-console" or regulate his nervous system. (Also known as an immature nervous system.) As she matures, this will improve, often resolving by three to four months, but it can last until six months of age.

Suggestions to try that may help:

- **First, of course, consult your pediatrician** to make sure that the crying is not related to any other medical condition that may require treatment.
- **While nursing**, allow your baby to completely empty the first breast before moving on to the second to ensure that he gets a sufficient amount of hind milk. Hind milk is expressed toward the end of a feeding and is thicker with greater fat content.
- **If you're feeding formula to your baby**, talk with your pediatrician about a protein hydrolysate formula. If food sensitivity is causing the discomfort, the colic should decrease within a few days of these changes.
- **Do not overfeed your baby**, which could make her uncomfortable. In general, try to wait at least two to two and a half hours from the start of one feeding to the start of the next one.
- **Walk your baby** in a baby carrier to soothe her. The motion and body contact will reassure her, even if her discomfort persists.
- **Rock her**, run the vacuum in the next room, or place her where she can hear the clothes dryer, a fan or a white-noise machine. Steady rhythmic motion and a calming sound may help her fall asleep. However, be sure to never place your child on top of the washer/dryer.
- **Introduce a pacifier**. While some breastfed babies will actively refuse it, it will provide instant relief for others.
- **Lay your baby tummy-down across your knees and gently rub her back**. The pressure against her belly may help comfort her.
- **Swaddle her** in a large, thin blanket so that she feels secure and warm.
- **Reduce stimulation to her immature nervous system**. The sound of TV/music, having visitors, taking outings, etc can all be overwhelming to your baby. You may find that your baby's crying spells escalate when she has been overstimulated during the day but when she has been quietly held and swaddled much of the day, her evening fussy period may be greatly lessened.

When you're feeling tense and anxious, have a family member or a friend look after the baby—and get out of the house. Even an hour or two away will help you maintain a positive attitude. No matter how impatient or angry you become, **a baby should never be shaken**. Shaking an infant hard can cause blindness, brain damage, or even death. Let your own doctor know if you are depressed or are having trouble dealing with your emotions, as she can recommend ways to help.

<https://www.healthychildren.org/English/ages-stages/baby/crying-colic/Pages/Colic.aspx>

Sleep

To help promote good sleep habits, put your baby down in his crib awake. It is okay to hold and rock your baby at nap/bedtime just be careful to lay him down when he is still awake. When a baby is rocked to sleep, it creates a habit and dependence on you. Your baby will not know how to self-soothe so when he wakes in the middle of the night, he will require you to rock him again every time.

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 and 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.

Mild, fragrance-free soaps may be used in small amounts.

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 - Keep the baby's sleep area in the same room where you sleep for the first 6 months or, ideally, for the first year. Place your baby's crib, bassinet, portable crib, or play yard in your bedroom, close to your bed. The AAP recommends room sharing because it can decrease the risk of SIDS by as much as 50% and is much safer than bed sharing. In addition, room sharing will make it easier for you to feed, comfort, and watch your baby.
- 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.

Check out our website at
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.

Car Safety Recommendations

We highly recommend following the recommendations provided by the American Academy of Pediatrics:

Infants and toddlers: keep in a **rear-facing car safety seat** until they reach the highest weight or height allowed by the car safety seat manufacturer. It is important to keep your child rear-facing for as long as possible. This is a change from the previous recommendation and your child will be rear facing until at least age two.

Preschool and early school-age: children who have **outgrown the rear-facing weight or height limit** for their car seat should **switch to a forward-facing car safety seat** with a harness. They should remain in this seat for as long as possible and until they reach the highest weight or height allowed by their car safety seat manufacturer.

School-age: children who have outgrown the forward-facing car safety seat should use a **belt-positioning booster seat** until the lap and shoulder seat belt fits properly. The seat belt typically fits properly when they have reached 4 ft 9 inches in height and are between the ages of 8 and 12 years.

Older school-age: when the seat belt alone fits properly, they should always use lap and shoulder seat belts for optimal protection.

All children less than 13 years: must remain in rear seats of vehicles no matter what. An air bag deployed in the front seat can seriously injury or kill children under the age of 13 years.

Winter season: Do **not** restrain your child while he or she is wearing a thick winter

jacket. **Important:** Have your child buckle up for **every** trip, no matter the length of time.