

Newborn information sheet.

Introduction.

(Note that new born for the purposes of this sheet is approximately the first three to five weeks of life.)

This material is used as a resource when discussing the care of newborn infants. The patients who participate in this discussion are either in the last month of pregnancy or have a child in the first three months of life. The earlier that the philosophies are discussed with a parent the better. One of the problems with being a parent is the huge volume of advice which is received. Some requested, some offered by friends and strangers and some from books and magazines. A common theme with this advice is that there is an absence of consistency. Various advisers offer guidance which conflicts completely with that of the previous adviser. Whom do you believe?

This information is meant as a gentle guide. I urge you to take from it those elements which you feel comfortable with. As the weeks go by, return to the sheet as you see fit and modify your approach as seems appropriate.

This information material commences with some background information about the structure of sleep, continues by giving advice on hospital care, and concludes with a plan of management once the child is at home.

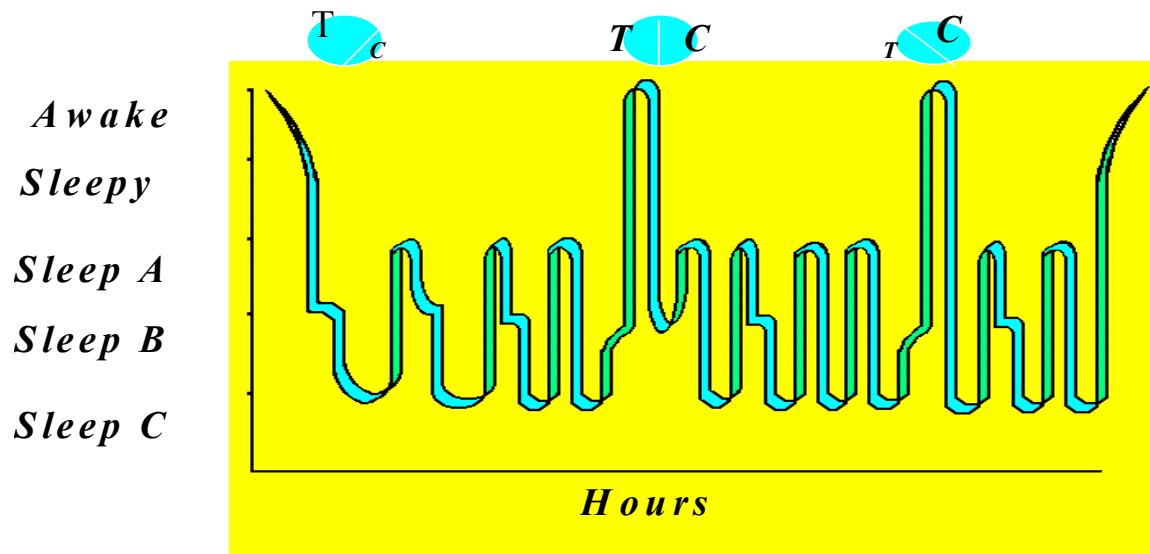
The first 12 weeks of a child's life are complex and challenging. Every mother experiences days where things are going wonderfully well and she is convinced that this is her life's chosen pinnacle, mixed with days when things are difficult and worrying. Supporting a woman and her family in this first three months, I find most rewarding. It is extremely satisfying, as a care provider, to see a mother at three months confident, well rested and enjoying the pleasures and responsibilities of being a mother.

For those of you expecting a child, or with a newborn, I hope that this information assists in these first weeks of life.

Background knowledge

1. A block of sleep contains multiple **sleep cycles** with repeated arousals. (See below.)

This is normal for all humans. **In babies, sleep cycles are about 45 minutes long.**




2. Sleep achievement is in part **cue dependent**.


Cues are the factors around you e.g. the correct bed, sounds, companion etc

3. Cues of sleep are **learned**, can be changed and then relearned.

For example, marriage, moving house or buying a new bed.

4. Sleep achievement is usefully regarded as a **learned skill**. 

This point emerges by combining points 2 and 3.

5. **Fatigue interferes** with the learned skill of sleep achievement. 

This key point is known to all mothers but rarely written about. Overtiredness is a major enemy of good quality sleep in children.

6. Cues of sleep achievement which are **parent independent** are the most successful for family life.

Avoid sleep transitions which involve parental assistance as you will be 'politely' called back later in the night. Allow a child to achieve sleep independently, to the best of your ability. 'Crying down' to sleep will not harm the child.

In hospital.

1. If you choose to breast feed soon after the delivery, and there is no contraindication, please do so.
2. The first few breast feeds are fairly short e.g. 3--4--5 minutes per breast. Please be cautious about long feeds as the child becomes overtired and, sometimes, the nipples sore.
3. From the first feed, back in the wards, I offer a top up from a bottle after the breast. This is continued three to four hrly until the breast milk comes in. The bottle contains either formula or 5% glucose water. Both seem to work equally well in settling the baby.
4. The volume of milk that you give as a top up is what the baby wants. Often this will be 10-50 ml.
5. The length of feeds increases day by day. Aim to achieve approximately 10 minute feeds on each side. Prolonged feeding is associated with tired babies and, sometimes, sore nipples.
6. Once the breast milk arrives, the baby will have no real interest in the bottle. The bottle then stops. This will usually be by day three or four.

I note that the advice is, unfortunately, quite controversial. Many woman are warned that the early introduction of the top up bottles will decrease the success of breast feeding. In fact, my published research shows that the reverse is true. The above strategy is associated with 75% success at full breast feeding by three months.

At home.

Feeding.

Baby.

- Breast or bottle feed 3-4 hrly on demand
- Maybe a need for occasional top up bottles on busy days (if you are able to collect some surplus breast milk for freezing, that is best.)
- Try to arrange a weigh i.e. a bare weigh at least once per week. Newborn babies will commonly gain at the rate of 30 gm per day.

Mother

- Three meals per day to maintain calorie intake at a time that a woman is extremely busy.
- Drinking is most important. Drink one to one and a half litres of full cream milk per day. It can be as ice-cream, milkshakes, custard, yoghurt, ice chocolate, soy.
 - water volume to keep you well hydrated
 - full cream milk to deliver energy at a time of major activity
 - calcium for you and baby
- Rest for 30 – 60 minutes in the afternoon, if possible.

Sleeping in the baby

- Life for the newborn is basically feed sleep feed sleep feed sleep. While there are other activities e.g. bathing, changing and parental interaction this description is a good approximation. In addition, this point guides you not to introduce periods of play early as this tires the child markedly and puts the next sleep at risk.
- Try to achieve 18-21 hrs of sleep per day. (This is a reasonable guide).
- Try to keep the feeding times fairly short. (15 – 30 minutes long).
- Avoid over handling. This is a major problem with young babies. They are so, so attractive. They also cry and then stop when picked up. It is easy to move in a direction of having a baby in your arms for hours per day. Enjoy the feeding, bathing and changing but then put the baby down to achieve and maintain sleep alone. Over handling is a potent cause of tiredness in babies.
- Avoid loving relatives over handling the baby. (Pass the parcel games can be a disaster).
- Let sleeping babies sleep as long as the weight gain is good, but limit the longest unbroken sleep in the daytime to about four hours. (Save the long sleeps for your night.)
- Length of sleeps will be 2-5 hrs for the newborn. These sleeping times will increase with age. Particularly at night, they become longer e.g. 6 hrs at 6 weeks, 8 hrs at 8 weeks, 12 hrs at 12 weeks. Note that the 12 hr sleeps include a rollover feed.
- Waking times will be 20-40 minutes in the day and shorter at night. Be cautious about having the baby up for longer than 45 – 60 minutes
- Please do not start cues of sleep which use parental care. When the baby is ready to sleep, put him down and let him go to sleep with minimal intervention as often as you can.

The healthy baby.

- Attaches to the breast or bottle well, sucks well, settles well.
- Bowel is often open multiple times per day (may be less).
- Does not cry a great deal. On their good days.
- Crying. Every baby has some bad days. The most common time of day for this is 4 pm to 8 pm. I call this ‘end-of-day-it is’. It has many names but is usually the result of a tiring day, a slightly overtired baby and, possibly, a decrease in the mothers milk supply. After you have tried reasonable methods to resettle and if the baby still cries, there may be a need to let the baby cry down. For the new born the maximum time that I recommend for crying to be allowed is about 30-40-60 minutes. If the child has not settled off to sleep by that time then reassurance is required. Review the baby, rewrap as required, perhaps a short top up feed and return the child to attempt sleep again within 10 –15 minutes. All normal babies cry themselves to sleep on some occasions.
- Wrapping. The newborn will be most comfortable in a wrap at the time of sleep. This continues for several months and is then converted into as tight a sheet as the parents feel is appropriate. Generally, I try to remove the wrapping and convert to a sleeping bag by 3-4 months. Prolonged use for the wrap will work against you.