

Taking Baby Home from the Hospital

Now What?

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After the initial excitement of giving birth to a healthy baby, new parents are ready to take their baby home from the hospital. Baby is all dressed in his or her first cute outfit. The car is outfitted with the brand new car seat. That's when it might sink in.

Whoa! Where's the user's manual? What do we do? Are they really going to let us take this baby home? Yes. You're going to take baby home, just like all parents have done before you. And yes, baby will be just fine.

Still, About Our Children checked in with a neonatologist, Dr. Frank P. Manginello, the Darlene L. Marron Chairman of Children's Services at the Valley Hospital/Valley Medical Group, and Dr. Daniel Anderson, a pediatrician with Tenafly Pediatrics, for their words of wisdom.

About Our Children: What is the most important advice you can give to first-time parents?

Dr. Frank Manginello: Be prepared prior to conception. See your doctor early, stay in good physical shape, and get a little rest with your feet up twice a day. Taking prenatal vitamins, especially folic acid, is very important even prior to conception. Always being in good physical shape is a great idea, as well as control of blood pressure, weight, etc. Discuss pre-pregnancy with your OB/GYN any medical or family genetic issues that may be of concern or need evaluation prior to pregnancy.

Dr. Daniel Anderson: First-time parents receive a lot of advice, both solicited and unsolicited, from well-intentioned family, friends and neighbors. Sifting through all their advice can be overwhelming and at times stressful. The most important thing to remember is that this is your child and it is up to you to feel comfortable with your parenting methods. I always say to my pa-

tients, "Happy, healthy parents lead to happy, healthy babies." I believe that starts with trusting your decision making and having a strong partnership with your pediatrician.

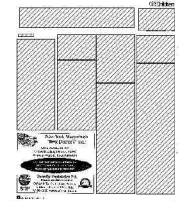
AOC: How should a parent choose a doctor for their newborn or baby?

Dr. Manginello: Interview, talk to friends, check out the hospitals he/she goes to, check with insurance, and find someone whose delivery beliefs match yours.

Dr. Anderson: Pediatricians serve a very special role in the care and development of a child. We have the opportunity to help guide parents on the care of their child from birth to the start of adulthood. And likewise, your pediatrician will grow a relationship with the child as they learn to take care of their bodies and become healthy adults. The most important thing a family needs is to find a pediatrician they can trust with this relationship, and feel confident in the care they provide. To start the process for selecting a pediatrician ask for recommendations from family, friends, your healthcare providers and do research online. Most practices will have a website that provides ample information about their pediatricians.

AOC: How do you help educate parents of newborns?

Dr. Manginello: We teach them the benefits of good physical and mental health and appropriate expectations. Breastfeeding is best, but must be individualized with every patient. Babies do not take much in during the first couple of days, but persistence and working with good lactation consultants, in conjunction with your pediatrician, is going to be helpful. Minimal weight loss occurs for every baby after birth, and is often greater if the mother has had a Caesarean. Also mothers need to discuss with their doctors the risk and benefits of



any medications that they may be taking and make a coordinated decision as to what can be safely continued. Also to be discussed, if there were any mental health issues in the past, that the mother will be at greater risk for post partum depression.

Dr. Anderson: Tenafly Pediatrics strives to provide parents with ample access to information. Prior to the child's birth, families have the opportunity to visit the office for a prenatal visit. During this visit, families can learn about the practice and ask questions of the pediatrician. Then, during the family's first visit with their newborn, each family is provided with an electronic version of our own "baby book," which reviews newborn care and acts as an additional resource for families at home. I like to think of it as reading material during midnight feedings.

AOC: Are there any trends in newborn care that you have seen in the years of your practice?

Dr. Manginello: Putting the baby on its back to sleep, of course. Also moving the baby's head regularly to prevent deformation. We know the benefits of nursing, and giving appropriate stimulation without overstimulation. Many babies benefit from a relative schedule for feeds. You cannot expect a baby to consistently sleep at night until they are many weeks old, and certainly you cannot try to keep them more awake during the day early on to get them to sleep better at night. Sleep is important for health and happiness. Fussy babies are often just hungry or sleep deprived.

Dr. Anderson: A relatively recent trend in newborn care in the United States has been the Baby-Friendly Hospital initiative. Its focus is to create an environment that supports a mother's desire to breastfeed while she and the newborn are still in the hospital. This initiative requires newborns to be with their mothers more because it allows feeding on demand, provides opportunities to learn breastfeeding techniques and encourages bonding. An important campaign to highlight, while not new, is the "Back to Sleep" campaign. Its original focus was to educate parents on the importance of

placing babies on their back while sleeping to help prevent Sudden Infant Death Syndrome. Due to the campaign success the program evolved to further define what constitutes a safe sleeping environment. We now know amongst other things how important it is to remove soft objects and loose bedding from the crib, that all smoke exposure should be avoided and that babies should be placed on a firm surface to sleep.

AOC: When is a parent reacting to a situation with their newborn or baby? When is a parent overreacting? How do they know the difference?

Dr. Manginello: Feeding a baby on demand generally works, within the framework of the family's own schedule. For the first month or so, just spend the time getting used to the baby. Forget about shopping, cooking thank you notes and the like. Discuss early with your pediatrician what the signs would necessitate a phone call or visit, and do not take the baby out into crowds for the first month or two.

Dr. Anderson: All new parents, at times, will question whether they're overreacting. As a pediatrician my job is to make sure children are healthy, growing and developing normally. If a parent feels that something is wrong I want to hear from them. Part of learning how to decipher what is normal newborn behavior is by talking with your pediatrician about expectations for what your family may experience.

AOC: Anything else?

Dr. Manginello: Enjoy the time spent and get pleasure out of the small things a baby will do early on, such as grabbing, looking at you, lifting the head. All of these occur prior to the first smile, so parents need some good early feedback.

Dr. Anderson: Congratulations to all expecting and new parents. Having a child is one of life's greatest joys. I hope you and your family enjoys this time with your baby—it will go by too fast.

Heidi Mae Bratt is the editor of About Our Children.

