

Newborn care

- Under normal conditions, the newborn should be taken by the doctor within the first 24 hours after discharge or as close to the time of maternity discharge.
- At the first visit, the family doctor will be informed of how the birth and evolution in the motherhood proceeded, both verbally by the mother, as well as through the epicurean procedure drawn up on discharge.
- The newborn record will include prenatal history, birth, early postnatal period, gestational age, Apgar score, anthropometric data (weight, waist, perimeters), sensory screening, physical examination data, physiological jaundice, postnatal evolution incidents, vaccinations for hepatitis B, BCG).
- Also, the existence of malformations (including congenital hip dislocation) will be recorded in the newborn's file.
- Upon maternity leave, the newborn will receive recommendations regarding the prophylaxis of rickets and the subsequent vaccination schedule.
- The medical examination will be preceded by a brief information on the birth and the postnatal evolution and some data will be required regarding the mother: difficulties of breastfeeding, possibilities of care, living conditions, etc.

Clinical examination:

- **Teguments and mucous membranes:**
 - jaundice, cyanosis, peeling;
 - bruising;
 - pigmented nevi, hemangiomas;
 - skin lesions, blisters, pustules, erythema;
 - the appearance of the umbilical bump / wound
 - **Mucous:**
 - Candida or erythematous stomatitis;
 - gingival bleeding
 - Post-instrumental pharyngeal lesions
 - **Adipose cellular tissue:**
 - abundant macrosomes
 - diminished in premature
 - absent in dementia
 - **Muscular system:**
 - hypertonia of the flexor muscles
 - hypotonia
 - spasticity
 - asymmetrical movements
 - **Osteo-articular system:**
 - integrity
 - joint deformities
 - asymmetry of bone segments
 - fractures: collarbone, skull, limbs
 - joint mobility

- bone deformities: chest, limbs
 - malformations: hip, skull (macro, microcephaly)
 - rahischizis
 - anterior fontanela: dimensions
 - suture dehiscence, suture hyperostosis
 - **Respiratory system:**
 - dimensions, symmetry
 - thoracic enlargements
 - loudness
 - bladder murmur: present / absent parcel (atelectatic areas)
 - respiratory rate: frequency 30-40 / minute, slightly irregular
 - **Cardiovascular device:**
 - the character and intensity of the cardiac noise
 - heart rate (normal 120 / minute)
 - the presence of cardiac breaths
 - the presence of the pulse in the femoral arteries (its lack in aortic coarctation)
 - the presence of cyanosis (generalized, extremities, perioral)
 - **Digestive system:**
 - oral malformations: palatoschizis
 - swallowing
 - appetite, chairs, vomiting
 - abdominal distension
 - liver / splenomegaly
 - inguinal, umbilical hernia
 - **Urogenital apparatus:**
 - urination, urinary flow, diuresis
 - hypo / hyperchrome urine, hematuria
 - genital malformations: hypertrophy of the clitoris, sexual ambiguity
 - testicular ectopia
 - **Nervous system:**
 - tone and reactivity
 - archaic reflexes
 - motility, reflexivity
 - abnormal movements
 - apnea and cyanosis attacks
 - suction / swallowing disorders
 - sleep / wake rhythm
 - private screaming
- Sensory organs:**
- **Eye:**
 - strabismus, nystagmus, pupillary asymmetries
 - cataract
 - micro ophthalmia
 - exophthalmia
 - eyelid ptosis
 - conjunctival secretions

- **Hearing:**

- Pavilion malformations
- pretrianial tubercles
- cohesive atresia
- malformations of the nasal pyramid
- hear

General aspects:

- dysmorphia
- major / minor malformations
- complex malformative syndrome

Recommendations for the first visit of the newborn

1.General tips:

The importance of breast feeding

- explaining and promoting breast feeding since the prenatal period;
- the mother must consider this act natural and perfectly achievable;
- the family doctor and the nursing sister should help the mother to learn the technique of breastfeeding as accurately as possible;
- explain to the mother the superiority of human milk over artificial milk formulas and cow's milk;
- it will not be exaggerated the possible "failures" of the beginning of the breastfeeding, the mother being helped and supported in order to overcome them;
- no "free" milk powder will be offered to the mother so that she is not tempted to abandon breastfeeding.

Hygiene of the skin and mucous membranes:

- hand washing whenever the child takes the arms.
- the necessity of the local toilet with boiled and chilled water and sterile pads at the level of the skin envelopes and the inguinal genital region
- mucous membranes: buccal, ocular, genital
- care of the buttock and umbilical wounds with sterile water, 70 ° white alcohol and sterile pads;
- general bath, performed daily (preferably at the same time) - insist on the hygiene of the bathtub, the temperature of the water tested with the thermometer (38 °) or by the traditional "elbow" method;
- the importance of massage in the bath (before or after the bath) with vitamin E oil or boiled and cooled oil
- nasal toilet with physiological serum preferably before suction to provide comfort of breathing during suction and to prevent aerophagy and airway.

The technique of dressing in close accordance with the temperature of the environment

- In this sense, light, absorbable, cotton clothing is recommended, the use of absorbent panties at night, and during the intermittent day, in order not to reach an irritation and inguinal genital erythema.

Maintaining an ambient environment in the room as safe and restful as possible

- the room should be clean and placed in the sunny part of the house
- the room temperature should be 20-22 ° and 2 ° more (24 °) in the bath;

- an air humidity level of 50-60%, using special appliances or water vessels;
- ventilation of the room 3-4 times a day;
- monitoring of room temperature (possibly even humidity) using room thermometers;
- the avoidance of the "air scouring" of the room by foreign persons or by overcrowding;
- the child's room has easy to maintain floor (tiles, linoleum etc)

Baby bed

- be provided with "breathable" mattress of seagrass;
- its placement should be in a "neutral" area of the room, from a thermal point of view;
- no head cushion will be used.

The importance of the air and sun baths

- the newborn will be taken out daily after the first 2-3 weeks - initially 0-15 minutes and then progressively growing at 3-4 hours.

Other tips received by mothers

- explaining the sleep-wake rhythm;
- explaining the colic of the baby and how it can be treated;
- the recognition of the first signs that can announce a disease (refusal of feeding, disturbance of the sleep-wake rhythm, change of the behavior of the child, etc.);
- the mother will be taught how to initially treat a febrile condition until the doctor arrives;
- will explain to the mother the importance of vaccinating the child, of the prophylaxis of rickets and ferive anemia;
- informing the mother about foods she cannot consume during breastfeeding;
- Avoid smoking, alcohol, spices or other foods that change the taste of milk.

2. Food technique - breast feeding technique

a. preparing for food

b. the precociousness of breastfeeding from the first hours after birth

c. technique of breast alternation

d. duration of suction:

- is on average 20 minutes

- in the first days is 10 minutes

e. the rhythm of feeding - an elastic schedule is 3-4 hours with a break of 7 hours during the night (7-8 meals a day)

f. quantity of milk: from 60-70 ml / mass to 200 ml / mass

g. recommendations at the end of the suction

h. quantity of milk per 24 hours: milk needs increase proportionally with age:

- <2 weeks: 60-90 ml / suction

- 3 weeks - 2 months: 120-150 ml / mass

- 2-3 months: 150-170 ml / mass

-> 3-41 days: 180-200 ml / mass

i. ways to assess the sufficiency of the subject:

- the behavior of the baby after feeding

- the appearance of the weight curve

- the sample of the suction (it is fought)
- the number of motions (> 5-6 times a day)
- j. the duration of the natural diet is a minimum of 6 months and can be extended up to 2 years.

Artificial feeding technique

- Administer with bottle or teaspoon - boiled sterilized.
- Necessary:
 - 8-10 bottles
 - 10 nipples (rubber, plastic, silicone)
 - one you emailed
 - 3 enamelled cups for keeping spoons and preparing their dilutions
 - funnel
 - brush for washing bottles
 - 2-3 teaspoons
 - sterile typhoon
 - New nipples are rubbed with salt and boiled for the disappearance of the smell of rubber. They are perforated with a red needle in 2-3 points - ensuring a flow rate of 20 drops / min ("drop by drop").
 - Milk should be administered warm at 38 ° C.
 - The bottle will be held in an inclined position so that the nipple is full at all times.
 - The position of the baby during feeding should be oblique. Duration of the meal - 10-15 minutes.

3. Tips on maintaining a good milk secretion:

- prenatal information of the mother on the importance of the natural nutrition technique and on some breast care maneuvers:
 - nipple massage;
 - periodic expression of nipples
 - exposure of the breasts to the air.
- the precociousness of starting breast feeding from the first hours after birth
- avoidance of physical and mental traumas of the mother during maternity
- balanced and rhythmic nutrition: 4-5 meals / day, with a slight surplus of fluids
- achieving a resting climate of the mother, psycho-affective-emotional climate favorable to the family
- rhythmic evacuation of milk by feeding by the "on demand" method are the best incentives for maintaining milk secretion.
- when necessary, the reflex of ejection and milk secretion with medicines can be helped:
 - oxytocin spray - 2-3 minutes before feeding, acts on myoepithelial cells favoring milk ejection;
 - chlorpromazine - stimulates milk production and reduces maternal anxiety; 10-15 mg 2-3 times / day for 3-4 days.

4. Difficulties and incidents in the natural nutrition

a. Decrease suction reflex and suction efficiency

- in premature encephalopathies
- malformations of the mouth and mouth
- severe visceral malformations
- Is recommended:
- feeding by gavage or with a teaspoon of breast milk.

b. Nasal obstruction: rhinitis, adenoiditis

- Is recommended:
- aspiration of nasal secretions with a rubber band, followed by the instillation of physiological saline - a few drops

c. Regurgitation and vomiting:

- eruption - removal of air from the stomach due to aerophagia
- Regurgitation - elimination of air accompanied by small quantities of milk
- vomiting - elimination of "modified" milk in larger quantities at a time after feeding.
- Is recommended:
- compliance with a correct breastfeeding technique.

d. Abdominal colic

- Attention! Colic + vomiting - intestinal invagination
- the causes of colic occurrence are not known
- the onset is in the first 15 days of life and lasts 2-3 months

Clinically : paroxysmal agitation (rubbing of the legs) after suction, lasting 5-20 minutes, after which it suddenly disappears.

Possible causes:

- overfeeding, underfeeding the baby
- aerofagia, aerocolia
- constitutional factors - the more "dramatic" character of colic in some infants - vagal hypertonia
- maternal factors: mother with a higher degree of intelligence, optimistic mothers, stable "feminine"
- the consumption of cow's milk by the mother

Treatment:

- proper food technique with favor of eliminating the swallowed air;
- massage of the abdomen;
- warm compresses, dried on the abdomen;
- administration of anticholinergic drugs and, rarely, sedative medication;
- ventilation of the child's room.

e. Postprandial diarrhea:

- occurs in the naturally fed baby in the first 3-4 months of life;
- the chairs are semi-liquid, green, explosive, sometimes with mucus, accompanied by colic.
- recommendations:

- respecting the rhythm and quantity of milk required;

- monitoring of the general condition and the appearance of the weight curve that is normal.

f. Constipation:

- occurs less rarely in naturally fed infants;
- administration of a glycerin suppository if the baby has not had a 1-2 day stool.
- Attention to constipation by undernourishment = unsatisfactory weight curve!

5. Feeding the premature baby at home

- After 1-3 weeks most premature babies become accustomed to breast feeding (when G > 2,500 g).
- The number of meals can be 8-10 / day, and the amount of milk can reach 180-200 ml / kg / day.
- If circumstances require artificial feeding of the premature, an adapted or semi-adapted milk preparation will be used.
- Particular attention will be paid to supplementation with iron, vitamin C, calcium, vitamin D.

6. Feeding the breastfeeding mother

- Food intake balanced in nutritional principles, as varied for the contribution of all nutrients.
- Make the food as simple as possible: cooked meat and vegetables, salads, fruits.
- Avoid excess sweets, spicy foods, fats, fries, excess salt, chocolate, coffee, smoking.
- Foods that alter the taste of milk will not be consumed: mustard, garlic.
- You cannot breastfeed under a slimming diet! Excess protein does not increase milk secretion! Excess fat can reduce dairy secretion! Excess fluid can decrease milk secretion through the intervention of antidiuretic hormone. The amount of fluid in the breastfeeding mother is self-regulated through her own thirst sensation.
- Beer and tea do not stimulate milk secretion!

Periodic examinations of the newborn and the baby

After the doctor's first visit, the healthy child is included in a systematic follow-up program based on regular exams:

- In the newborn period: weekly
- In the period of infants: 1 month, 2 months, 4 months, 6 months, 9 months, 12 months
- Between 1-4 years 15 months, 18 months, 24 months, 3 years, 4 years
- Between 5-18 years annually

Content of the examination of the balance in the period of infants:

- Anthropometric data: weight, length, weight index
- Clinical examination summary
- Psychomotor development
- Appreciation of the correctness of the recommended diet
- Evaluation of the efficacy of antirheumatic and anti-anemic prophylaxis
- Each exam will end with a conclusion about the child's health.

1. Anthropometric parameters at birth

- weight: 2,800-4,000 g
- waist: 50-52 cm
- cranial perimeter: 35-36 cm
- thoracic perimeter: 33-34 cm.

Growth in infants

Weight gain:

- In the first 4 months it grows 750 g / month
- between 5 and 8 months it grows 500 g / month
- between 9 and 12 months it grows 250 g / month.
- A synthetic, global way of appreciating weight gain is that the baby born with 3,000 g doubles its weight at 4 months when it weighs 6,000 g and triples it at 1 year, when it has 9,000 g.

Increase in length:

- 5 cm in the first month;
- 4 cm in the 11th month;
- 3 cm in the third month;
- 2 cm in the 4th and 5th month:
- 1 cm / month between the sixth and eleventh months

Newborn grows in the first year by 22-25 cm, reaching a length of 73-75 cm.

Another parameter followed is the anterior fontanella, which has a diameter of 3-5 cm at birth and will gradually shrink so that it closes at 9-12 months.

The thoracic perimeter is 33-34 cm at birth, later it will increase by 3 cm in the first month, 2 cm in the second month and then 1 cm / month until 1 year.

2. Neuropsychic development in infants and children

Calendar of movement - The psychomotor development of the child goes through various stages until the age of 5, when he has full control of his body.

In the first 3 months:

- The movements are unorganized, spontaneous, without a specific purpose. The child holds his fists clenched, his limbs bent.
- tends to set a point of interest with the eye for a few moments. Try to walk reflexively when supported. It follows an object in a horizontal direction every two months, from one end to the other. He begins to smile and moan. Distinguish the tone of the sounds.
- At three months he knows an important development of the senses. Can perceive colors (red, green), distinguishes the bitter taste from the salty, grabs large objects, plays with gloves, laughs. Gradually, he overcomes the gravitational force: leaning on his palms, he lifts his trunk.

Between 4 and 6 months:

- It is the stage of uncoordinated movements. He now turns his head to the person who calls him, distinguishes his tastes well, can stand on his hands, orientating his head in both directions. It retains the objects it is interested in and enjoys seeing the people nearby.

At 5 months:

- he starts pedaling, sitting on his back. He grabs his feet with his hands, trying to bring them to his mouth.

At 6 months:

- he can sit. His field of vision widens: the "screen" becomes panoramic. It can roll in all directions. It bends over objects.

Between 7 and 10 months:

- Enter the coordination stage.

At 7 months:

- he manages to sit up alone. It clings to the bed grate. Throw objects and start to vocalize.

At 8 months:

- he starts to get up from his seat.
- Grabbing the objects is no longer done with the whole hand, starting to use the most important tool: the thumb. Holding on the bed grate, in an upright position, performs flexion and extension of the legs.

At 9 months:

- it can rise in "four paws". Leaning on his own feet, he "climbs" upright. He pronounces words in two syllables.

At 10 months it can rotate without losing its balance.

- He goes in "four paws", he tries to walk, at first fearful, then more and more resolute. At play he is more inventive: he removes the balls from a bucket, moves after the toys, claps his hands, shakes his hand. It then enters the stage of partial coordination, which lasts up to two years.

At 11 months:

- he can walk, supported or sometimes alone, for distances of 2-3 meters.
- At 12 months, the balance is safer, even if it goes rocky, with a broad base of support. It goes more on the tips, at first, then it can go sideways and grabbing objects.

Between 12 and 18 months:

- they improve their walking. It stops and starts on its own, without falling.

At 15 months:

- he builds turrets from a few cubes or browses the books that fall into his hand.

At 16 months:

- he can "tow" the toys with wheels or go with the doll in his arms.

At 20 months:

- he can stand on one leg for a few moments, and at two years he can run, he can climb and descend the stairs. He goes running the "heel-toes" foot. Use the teaspoon, try to draw simple figures (circle, angle).

At 30 months:

- he goes on heels or "demonstrative" tips, jumps, jumps, throws the ball without falling.

At 3 years old:

- he goes normally and can climb the stairs alternating legs, even if he still descends step by step. It can follow a straight line 20-30 meters. It starts to heat itself.

At 42 months:

- he stays on one leg, goes on a tricycle, washes his hands alone.

At 4 years old:

- he can go down the stairs alternating his legs. It jumps in length and can draw a rhombus (with a few mistakes).

At 5 years of age:

- he gets total control of the body and can do everything that goes through his head: he goes on peaks, begins to write and draw, he dresses alone.

3. Dental rash in infants and children:

- lower median incisors (2): 6-9 months;
- upper median incisors (2): 8-10 months;
- lateral incisors (4): 10-12 months;
- canines: 14-18 months;
- first molar: 12-14 months;
- second molar: 20-30 months.

The eruption of the definitive dentition:

- lower incisors: 6-8 years;
- upper incisors: 7-9 years;
- inferior canines: 10-11 years;
- upper canines: 11-12 years;
- premolars: 10-12 years;