

# One Month Visit

## NUTRITION

1. Over time you will find that your baby can go for longer intervals between feedings. Sometimes it is difficult to distinguish hunger from fussiness. If it has not been too long between feedings and your baby is acting needy, try just holding and gently comforting instead of automatically feeding. If he settles down, he couldn't have been too hungry.
2. Breastfed infants should receive Vitamin D supplementation starting soon after birth because it has been found that they do not obtain adequate Vitamin D from other sources. Vitamin D is necessary for the absorption of calcium which is necessary for bone growth and stability. The current AAP recommendation is 400 IU of Vitamin D daily. D-Vi-Sol is one example of liquid preparations available. It is also recommended for formula fed infants who are consuming less than 1 liter (just under 1 quart or 33.8 ounces) of infant formula per day to receive Vitamin D supplementation as well. Also for formula fed infants the water supply in the Greater Washington Area contains adequate amounts of fluoride. Your baby's requirements will, therefore, be met if you add filtered city water to either concentrate or powder. (By the way, it's not necessary to use boiled water.) If you regularly use a ready-to-use preparation or if formula is mixed with non-fluoridated water, we should prescribe a fluoride supplement by six months of age. Whatever formula brand you use, make sure it is "with iron". This should be clearly indicated on the label.
3. No foods or liquids other than breast milk or formula should be introduced prior to age 4-6 months. Until then, babies are not developmentally ready for solids and some may have allergy problems. Babies also do not need any extra water except what is in the breast milk or formula.
4. Starting at 4-6 weeks nursing moms who want their babies to be able to take a bottle should express breast milk a few times each week.

## CRYING

In general, babies tend to cry more and more during the first 4-6 weeks. Then they become more content towards 3 months of age. Often there is no identifiable reason for crying. If you checked everything (for example, not time to feed, not a wet diaper, does not quiet with holding or rocking), then it is okay to put the baby down and see if he will cry himself to sleep. Parents learn over time when to console and when to feel confident that crying will stop in a few minutes if the baby is simply left alone. Remember, fussiness reflects the baby's temperament and has nothing to do with your ability to be a wonderful parent. Try not to feel frustrated or inadequate. Often, the harder you try to quiet a crying baby, the harder he cries. Babies can get over stimulated. Always respond, but if you have tried everything, put the baby down for a little while, unwind yourself, and return semi-refreshed. Some babies have no such problems, but, if yours cries more than you had anticipated, always remember that this too shall pass.

## SLEEP

It is normal for babies this age to awaken at night. If possible, parents should regularly nap during the day. There is a minority of one-month-olds who sleep through the night. They have been placed on this earth to spite the majority of us fatigued parents. This is a time when babies need to develop a sense of trust and security. Always respond when your baby cries. You can help condition good sleep habits if, at night, lights are kept low and interaction minimized.

## BOWELS

It is normal for babies (and adults) to strain with bowel movements. Bowel patterns may change. Do not become concerned if your baby goes for days without a bowel movement, as long as he seems comfortable, his stools are soft, and there are no other symptoms, such as vomiting.

## **IMMUNIZATIONS**

Information about the 6 week to 2 month vaccines can be found in the book, in each examination room. Please speak to us if you have any questions.

## **SAFETY**

1. Always use the car seat, even for short rides. Most auto accidents happen close to home.
2. Always bathe infants in very shallow water and never leave them unattended in or near the water.
3. Avoid falls. Even when only for a second, never leave your baby unattended anywhere but in the crib or on the floor. Do not put the car seat on a counter.
4. Do not leave your baby alone with a pet, with young siblings, in the house, or in the car. The same applies to dressing tables, beds, chairs, or couches, since infants can suddenly change position and fall off.
5. Select babysitters and day care help with the greatest care.
6. Do not use strings or necklaces, such as pacifier string around your baby's neck.
7. Use a crib with slat spacing of not more than 2 3/8 inches and a snug fitting mattress. The mattress should be firm. Sleep surfaces, like soft mattresses, sheep skins, and waterbeds, should not be used, because they conform to a baby's face and may cause suffocation. Do not use a crib with a drop side railing.
8. Babies should be put down to sleep on their backs, not on their fronts. There is evidence that this may lessen the chance of Sudden Infant Death Syndrome (SIDS).
9. Install smoke detectors.

## **DEVELOPMENT**

This is an exciting time. Your baby's social responsiveness will dramatically increase. Your hugs, singing, rocking, and playing are so important. Head control will steadily improve. Sometimes there is increased awareness of minor discomforts. You may find that your baby has some difficulty settling down and even some distractibility during feedings. This is a normal phase.

## **OTHER GENERAL SUGGESTIONS**

1. Don't burn out. Get sleep and take time off. You will be better able to care for your baby if you care for yourself.
2. If you have questions regarding going back to work, please call. An excellent reference is "Working and Caring", by T.B. Brazelton.
3. No smoking! This increases your baby's frequency of upper respiratory infections and SIDS risk.
4. Remember to spend special time with the other children and involve them when possible.