FROM BOTTLE (OR BREAST) TO CUP

Learning about the cup can be a natural progression for you and your baby. There is no one “magic time”, but some of the developmental changes that babies go through around 4-8 months signal they are ready to begin to learn gradually about the cup. Your goal is to have your baby off the bottle by one year of age.

✓ Why is it a good idea for babies to be drinking from a cup by this age? Babies have developed a memory (object permanence). If the bottle is part of their routine at this age, they do not easily forget it. Out of sight, out of mind. It is normal for older babies and toddlers to have security objects- toys, blankets, etc. If a child is still on the bottle after 12 months of age, the bottle can become the security object and it is much harder to give up.

Most important, it is the normal age for babies to switch from formula to milk. A baby tends to drink more from a bottle than from a cup. If a baby is still taking a bottle when he/she starts milk, there is a tendency to fill up on milk and not be interested enough in eating solids to have a good balanced diet.

Helpful Hints

✓ By age 4-6 months, begin using a cup (any kind) to bring your baby’s lips to allow sips of formula, breast milk or water.
✓ By age 6-8 months, begin to use the cup at meals. Offer at least one ounce.
✓ Continue to support the cup with your hand as your baby begins his/her own attempts to bring the cup to their mouth. After the drink, put the cup out of baby’s reach to prevent spills.
✓ When practicing with the cup, have bottles out of your baby’s sight.
✓ Do not give bottles in bed because they can cause cavities in baby’s front teeth. Taking bottles to bed can also increase the number of ear infections.
✓ After the age of 4-6 months, try to get your baby back to sleep at night without a bottle. Babies are able to last the night without feeding by this age, and feeding will continue a habit of night hunger.
✓ Most babies are down to 4 bottles a day at age 6 months and 3 bottles a day by age 9 months.
After age 6-8 months, try not to allow yourself or your baby to become more “dependent” on the bottle. You will notice a normal decreased interest in bottles by age 8-10 months and the amount of formula taken usually decreases at this age.

Try other methods of soothing your baby instead of a bottle. Try humming, talking slowly & quietly, playing games with rhymes, or reading stories from a book.
CONSTIPATION

The First Year of Life

✓ Before we talk about constipation, we should decide what it is when a child’s stool pattern is abnormal. Newborn babies may have a bowel movement with every feeding (up to 8-10 times per day), while others may normally have three or four bowel movements a day. Some breastfed babies can go as long as a week between bowel movements. All young infants during the first few months of life will strain and get red in the face when they try to have a bowel movement. This does not mean anything is wrong. If your baby’s stools are soft, and he/she is feeding well, is happy, with frequent wet diapers, be reassured that infrequent stools can be in the range of normal.

✓ If the stools are hard and infrequent and the baby has pain, difficulty or bleeding from the rectum when his/her bowels move, the baby may be constipated. At this point, the baby should be checked in our office.

✓ Outlined below are some of the things we recommend for constipated babies.
✓ For infants older than one month of age, give your baby pear or prune juice. Begin with one or two teaspoons per day and increase by one teaspoon daily until you get up to two ounces or unless stools become softer.
✓ Offer strained prunes (in age appropriate babies). Begin with one teaspoon, increase up to one half jar daily.
✓ If you are using clear Karo syrup in the bottle, change it to brown Karo syrup in equal amounts. This acts somewhat like a detergent and keeps the stools from becoming so tightly packed. It usually takes several days for it to help.
✓ Cut down on the amount of formula that you are giving and increase the intake of fruits and vegetables (in babies older than four months of age), especially pears, peaches and prunes. Remember “P” fruits = more “P”oop! Other high fiber foods include oatmeal cereal, peas and apricots.
The Second Year of Life

- Constipation in this age group is often troublesome and can cause hard and painful stools. Especially in the child at two years of age, it may make him/her afraid to sit on the potty, and may slow down toilet training. The treatment measures listed below should be instituted.
- Make sure the child is consuming no more than 16-24 ounces of milk a day, and the constipation problem may be rapidly eliminated.
- Encourage more fruits, vegetables and bran cereals.
- Encourage more water daily.
- If stools remain very hard, painful or impacted, make an appointment for your child to be checked.

Infant Nutrition

As you already know, theories on infant nutrition have changed rather drastically over the last few years, and for many scientifically proven reasons. We, as your baby’s healthcare providers, have chosen to follow the guidelines set forth by the Committee on Infant Nutrition of the American Academy of Pediatrics. Essentially, the recommendations are total breast milk or formula feedings for a period of at least 12 months with the introduction of solids at 4-6 months of age.

The need for a vitamin supplementation will be determined by whether your baby is breast fed or bottle fed. If you are nursing, your baby will be placed on vitamins in the first month of life, to supplement their need for Vitamin D. If you are formula feeding, the vitamins are in the formula.

We understand that as new parents you’ll be given all kinds of well-meaning advice with regards to your baby’s diet. Remember that total infant nutrition, with just formula or breast milk for the “beginning” months of life until 4-6 months of age is thought to be best.

Please remember to be flexible. Most babies take a period of “getting used to” solids, so do not be discouraged if your baby’s appetite varies. By 4 months of age, babies can turn their head to signal they are full, so use your judgment and follow your baby’s signals as to amount. In short, be patient when introducing solids into your baby’s diet.
When to Call Your Doctor for Constipation

Call your Doctor now (night or day) if:
- Your child looks or acts very sick.
- Persistent abdominal pain longer than one hour (includes persistent crying).
- Persistent rectal pain longer than one hour (includes persistent straining).
- Vomiting more than three times in the last two hours.
- Age less than one month old and breastfed.
- Age less than 12 months with recent onset of weak cry, weak suck or weak muscles.

Call your Doctor within 24 hours (after 7:30 a.m. & before 4:30 p.m.) if:
- You think your child needs to be seen.
- Age less than two months.
- Bleeding from anal fissures (tears).

Call your Doctor during weekday office hours (M-F 7:30 a.m. - 4:30 p.m. & Sat 7:30 to 12) if:
- You have other questions or concerns.
- Child may be “blocked up”.
- Leaking stool.
- Suppository or enema needed recently to relieve pain.
- Days between bowel movements longer than three while eating a non-constipating diet.
  (EXCEPTION: normal if breastfed infant older than two months AND bowel movements are NOT painful).
- Toilet training is in progress.
- Constipation is a recurrent ongoing problem.
LITTLE BABY – WHY ARE YOU CRYING?

All babies cry- even when the best parental care is present.

In the first 2-3 months, most babies cry for lots of different reasons. Crying usually increases over the first 2-3 weeks. By the 3-6 week age range, most babies have a fussy or fretful period of up to three to four hours a day.

Studies have shown that normal, healthy babies may cry this much in a day until they outgrow this “fussy” period, usually by 6-12 weeks of age. Parents may feel anxious, frustrated, angry, and/or fatigued when crying occurs. It is especially hard to cope when you are tired, as most new parents are.

What You Can Do

Because you will undoubtedly deal with some crying, here are some ideas to help you and your crying baby:

- Pick your baby up and hold him/her. This is a normal and natural thing to do for a fussy baby. Babies cannot be spoiled at this age by being held. Touching and holding a baby helps them to be happier. Holding your baby establishes a sense of trust, which is so important for a baby’s emotional development.
- Feed and/or burp again.
- While holding your baby, rock, sway or walk your baby. Movement is pleasant for babies.
- Gently bounce, jiggle or pat. Hold your baby in the “colic” hold position- face down with your arm underneath, supporting the abdomen and their chin.
- Take your baby for a ride in a stroller, carriage or car seat.
- Use an infant wind up swing. Use blanket rolls on each side of your baby to prop them in the swing. Please make sure that you continue to monitor him/her while in the swing.
- Use your voice to hum, sing or talk softly and slowly- It’s best to use a dull or “sleep-producing” hum.
✓ Use a baby carrier - You can place a baby into the front carrier and your baby will benefit from the movement, warmth and swaddling against your chest, while you are able to benefit by having hands free to do other things.
✓ Let your baby rest on your chest or abdomen before putting the baby down.
✓ Use noises or music. Try a radio station, white noise, fan or hair dryer, etc. A variety of dulling sounds can be calming to a baby.
✓ Try tight swaddling. In other words, wrap your baby tightly in a blanket so the distraction of their arm and leg movement is decreased.
✓ Try a pacifier. It may be necessary to hold it in your baby’s mouth at first, or place a drop of breast milk or formula on it before giving it to the baby. Your baby will be soothed and occupied by sucking for a while.
✓ Try skin to skin contact-parent to baby. Try stroking and massaging your baby.
✓ When trying to help a crying baby, try to relax yourself. Practice “letting go” of your body muscles, similar to relaxation in child birth classes or Yoga. This helps transmit a sense of security and calm. Hold your baby firmly and close to your body and breathe slowly.
✓ Try holding your baby’s arms crossed across the chest with firm, but gentle pressure. Use your face and your voice to help calm the baby.
✓ Exercise your right as a parent to some relief, sleep and time for yourself. Get a family member, friend or sitter to stay with your baby while you sleep, or go out for a while.
✓ **NEVER SHAKE YOUR BABY!** Always handle your baby gently. If all else has failed and you’re feeling emotionally overwhelmed, or at your “wits end”, safely put your baby down in their crib and walk out of the room. Immediately call a friend, family member or 1-800-CHILDREN for help and emotional support. Phone lines are open 24 hours a day, 7 days a week.
IMMUNIZATIONS AND POSSIBLE SIDE EFFECTS

The following is a list of recommended immunizations and possible side effects.

**Pentacel (DTaP, Hib, Polio) & DTaP (Diphtheria, Tetnus, Pertussis):**

- Fever up to 103. Fussiness first 48 hours. Temporary tenderness, swelling, redness at injection site. Painless, small, hard nodule at injection site for up to 2 months after injection.

**IPV (Polio Vaccine):**

- Temporary redness at injection site.

**Rotateq (Rotavirus Vaccine):**

- Mild diarrhea or vomiting.

**Prevnar (Pneumococcal Vaccine):**

- Temporary redness, tenderness, swelling, fever or fussiness.

**Varicella (Chicken Pox Vaccine):**

- Temporary soreness, redness, swelling, stiffness at injection site for the first 48 hours. Fever, tiredness, nausea, fussiness up to 48 hours. Up to one month after injection may break out into rash or develop a few chicken pox lesions. If breakout with active chickenpox spots, report to physician for further instructions.

**MMR (Measles, Mumps, Rubella Vaccine):**

- Temporary redness, soreness at injection site. A small red rash can appear over body between days 3-14 after injection. Rash is NOT contagious. Fever may occur with rash.

**Hepatitis A:**

- Temporary soreness at injection site. May have headache, loss of appetite, tiredness first 48 hours.
Hepatitis B:

- Temporary redness, swelling at injection site. Low grade fever and muscle pain may appear in first 48 hours after injection.

Tdap (Adult Tetanus, Diphtheria, Pertussis-whooping cough booster):

- Temporary soreness, redness, swelling at injection site.

Menactra (Meningococcal Vaccine):

- Temporary redness, soreness at injection site.

Gardasil:

- Temporary pain, swelling, itching or redness at injection site. Mild fever possible.

If any of the following side effects occur, please notify your doctor:

- Fever greater than 103.
- High pitched, persistent crying lasting more than 3 hours.
- Excessive sleeping where you have difficulty rousing the child.
- Limpness
- Seizures