



NEW BORN TOPICS

Jaundice

Jaundice is the yellowish discoloration of the skin caused by the breakdown of red blood cells and the subsequent rise of bilirubin in the blood. When the baby is still in the womb, it needs a higher number of red cells to carry oxygen to the rest of the body. However, after birth, there is a richer oxygen supply and the red blood cells are broken down by the liver. This increased load on the immature liver results in increased levels of bilirubin as the liver may not be able to break it all down. Usually this is a benign process, but we are more cautious if the mother and baby have incompatible blood groups or if there is any evidence of infection.

Breast Feeding

Unfortunately, **breast feeding** may exacerbate the signs of jaundice as it takes a few days for the milk to come in and the baby may become dehydrated. Breast milk can also interfere with the liver's ability to process the bilirubin. If the baby's skin becomes significantly jaundiced, we need to obtain a **bilirubin level**. If it is extremely high we need to intervene as high levels can cause damage to the nervous system. We may need to supplement breast feeding with formula for a short period of time and put baby under phototherapy to help break down the bilirubin to a more soluble form so it can be excreted in the urine.

Circumcision

If you are going to have a boy, it is a good idea to decide about **circumcision** ahead of time. It has become culturally acceptable for boys to be circumcised in the US. It does have some medical benefits too. There is a slight decreased incidence of urinary tract infections in circumcised boys and a decreased incidence of cancer in the glans penis (a very rare disorder). When a circumcision is performed by an experienced physician or a religious expert, it is a quick and safe procedure. There may be some bleeding or infection that needs to be closely followed. If you do not want your boy to be circumcised, it is purely a decision

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of the parents and as long as good hygiene is practiced there should be minimal risk of any problems.

Blood Testing

In all States in the United States we do routine **testing of blood** to detect very serious illnesses. These are very difficult to pick up clinically in the first few days of life or even in the first few months. They include the **PKU**, phenylketonuria, which can cause mental retardation if undetected, but can be avoided if the child is placed on a special diet.

Tests are also done for *hypothyroidism* and in some States for *congenital adrenal hyperplasia*. Both of these conditions can be treated with hormone medication. We also test for *sickle cell disease* which is prevalent in certain population groups. In Illinois there is an extended list of conditions that are tested.

Sleep

Your baby will go through cycles of **sleep** and arousal during the day. The cycle usually begins with a feed, burping and changing of the diaper, then drowsiness and sleep for one to three hours depending on the time of day and each individual baby. The baby has only one way of **communicating** and which is **crying**. It will take you some time before you feel comfortable as to what each cry means and how to take care of your baby's needs. The period shortly after the baby is born is one of euphoria and exhaustion. It may be helpful to have family members help with household routines so the mother can take care of the baby and rest when the baby rests.

Immunizations

The miracle of **immunizations** against deadly childhood illnesses has changed the practice of pediatrics. We believe that they are essentially safe, but as with all medications there may be some small side effects. The benefits far outweigh any risk. The fear that immunizations have caused autism has been extensively researched and no such correlation has been found. Most childhood vaccines have no **Thiomerasol** (a preservative that has trace amounts of

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mercury). The only vaccine that still has Thiomerasol is the flu vaccine, but there is a Thiomerasol-free alternative vaccine which is slightly more expensive.

Fever

Fever is the body's way of helping us fight an infection. In the first 2 months of life a fever would indicate that your baby has an infection but as newborn's immune systems are not well developed we need to examine and treat your baby as soon as possible. As your child gets older your pediatrician will not be as concerned about the fever itself but will want to know about your child's **behavior and symptoms**. The most important factor in treating a baby with a fever is keeping the child **well hydrated** and giving Tylenol/Motrin to make them comfortable not necessarily to take the fever away. If at any point you are worried about your child, take him/her to the doctor.

What to expect from your pediatrician?

- Most pediatricians offer a **no-charge** initial meet and greet consult.
- Take that opportunity to meet with a pediatrician in your area.
- It is important that the doctors are **board certified** and are on staff at reputable hospitals.
- Their office staff need to be friendly, welcoming and competent; the pediatrician should make themselves available to their patients.
- Office hours that are available for your needs.
- Ancillary services for your convenience.
- Find a pediatrician who takes the time to really **listen** and wants to **hear** your concerns.

Know how to access your doctor **after hours** for emergencies. Find out which hospital they are on staff at. The **telephone** is a valuable tool in communicating with your doctor but it is very **limiting** in making accurate diagnoses, so if you are concerned we recommend making an appointment.

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