# BABY CARE Baby Medical Care

**DID YOU KNOW?** You have the right to ask questions about your baby's medical care and to say no to any treatment you don't feel comfortable with. Discuss with your health care provider any concerns or questions you may have.

# **Medical Care Given at Birth**

#### **Treatments**

#### **Vitamin K injection**

A shot given to boost your baby's level of vitamin K and prevent serious bleeding. Babies are born with very little vitamin K but need it to help their blood clot. If you don't want your baby to receive an injection, vitamin K can be given by mouth, but this is less effective.

#### **Eye treatment**

An antibiotic ointment used to prevent your baby from getting an infection when certain bacteria from your genitals get into their eyes during delivery. Left untreated, some infections can cause blindness.

# Screenings

#### **Newborn screening**

A blood sample taken from a prick in your baby's heel to screen for 27 rare but serious treatable disorders. Early treatment can prevent developmental delays, growth issues and lifethreatening health problems. If the screening result is positive, it doesn't mean that your baby has a disorder – only that they may need testing to find out for sure. Screening is done 24 to 48 hours after birth – before you and your baby leave the hospital or at home by your care provider if you had a home birth. For additional information on newborn screening if you are discharged early or had a home birth, visit PSBC website: perinatalservicesbc.ca/our-services/screeningprograms/newborn-screening-bc

# TRY THIS

Just before and while your baby's blood is being taken, comfort them and help reduce their pain with skin-to-skin cuddling or breastfeeding or chestfeeding.

# Early hearing screening

Testing done in hospital, at public health offices and community hearing clinics. Soft sounds are played in your baby's ears while a computer measures their response. Tests can be done while your baby is sleeping.

Because hearing can change, it's important to have your child re-checked if you have future concerns about their hearing, speech or language development.

**DID YOU KNOW?** If your baby doesn't pass the early hearing screening, they'll need further testing. But it doesn't mean that they have hearing loss.

# **Optional interventions**

#### Circumcision

Surgery to remove the foreskin covering the head of the penis. Although not recommended by the Canadian Paediatric Society and not covered by the Medical Services Plan, you may choose to circumcise your child based on your own beliefs and customs. Remember that your child can choose to get circumcised later in life.

Early hearing screening

# Immunization

What is immunization ("vaccination")?

Protecting your child from a disease before it has a chance to make them sick.

#### How it works

Immunizations, also known as vaccinations, help your baby make antibodies to fight diseases caused by germs like bacteria and viruses. They also help reduce the spread of disease to others. Immunizations are usually given by needle (injection), by nose ("intranasally") or by mouth ("orally").

#### Why immunize

Immunization is the best way to prevent your baby from getting serious diseases. What diseases do childhood vaccines protect against?

- Diphtheria
- Pertussis (whooping cough)
- Tetanus
- Hepatitis B
- Polio
- Haemophilus influenzae type b (Hib)
- Pneumococcal infections (including severe brain, blood, ear and lung infections)
- Rotavirus
- Menngococcal infections (including severe brain and blood infections)
- Measles
- Mumps
- Rubella
- Varicella (chickenpox)
- Human papillomavirus (HPV)
- Influenza (flu)
- COVID-19

Your child may be eligible for other vaccines, such as hepatitis A. Other vaccinations might also be recommended for your baby if you are planning to travel. Talk to your health care provider for more information.

Some of these diseases are now rare in Canada, thanks to immunization. But the germs that cause them still exist and can make a child very sick, especially if they're not immunized.

#### DID YOU KNOW?

When you immunize your child, you're also protecting the wider community. When more people are vaccinated, disease can't spread as easily and those most at risk – the elderly and babies too young for vaccination, for example – are safer.

#### When to immunize

It's important that your baby gets their immunizations on time. Some are given once or twice, and others are given in a series.

Children in British Columbia are usually immunized at 2, 4, 6, 12 and 18 months, at 4 to 6 years and in Grades 6 and 9. Immunization schedules can change, though. Talk with your health care provider, visit immunizebc.ca/children or call HealthLink BC at 8-1-1 if you have questions.

#### Is it safe?

Immunization is very safe. Some vaccines may cause soreness where the needle was given or slight fever, but these side effects are minor and usually last only 1 or 2 days.

#### The flu shot (influenza vaccine)

Children 6 months and older and their caregivers should get the influenza vaccine each flu season. Young children are at a higher risk of becoming seriously ill if they get the flu.



# Breastfeed or chestfeed your baby or simply hold them skin-to-skin before, during and after an immunization. Being held close will give your child comfort and

sucking will help distract them. Your milk has substances that can naturally calm them and reduce their pain.

**TRY THIS** Use the Child Health Passport (available through your public health nurse or community health nurse or see: healthlinkbc.ca/sites/default/files/ documents/child-health-passporteng.pdf to keep track of your child's immunizations.

**DID YOU KNOW?** Serious side effects to immunizations (such as high fever) are very rare. Choosing not to immunize is much more dangerous, since the risks of the disease are far greater than the risk of side effects.



# **Common Health Concerns**

## **Ear infection**

The most common cause of hearing problems in very young children.

#### How will you know?

If your baby has an ear infection, they may:

- be fussy
- have pain
- put their hand or fist to their ear
- have a fever
- have fluid leaking from their ear
- have trouble hearing

#### What can you do?

See your health care provider right away if your baby has any of these symptoms.

**DID YOU KNOW?** Babies who live in homes with cigarette smoke get more ear infections.

# Crossed ("wandering") eyes

A normal occurrence in the first 6 months.

#### How will you know?

Your baby may have wandering eyes if their eyes cross constantly or if they continue to cross after 6 months. Children with a family history of crossed eyes are more likely to be affected.

#### What can you do?

Contact your health care provider or HealthLink BC at 8-1-1.

# Thrush

An infection that occurs when a yeast called "candida," which normally lives in your body, grows out of control. Babies get thrush because their immune systems are not yet strong enough to control yeast from growing.

#### How will you know?

If your baby has thrush, they may:

- have thick white patches in their mouth that don't wipe away, or a red rash in their diaper area
- refuse to feed
- gain weight slowly
- be gassy and cranky

### What can you do?

If you think your baby might have thrush, contact your health care provider. Thrush is a common and treatable infection. The yeast that causes thrush can pass between you and your baby during breastfeeding or chestfeeding. Discuss with your health care provider about treatment options and whether both you and your baby need to be treated.

# **BE AWARE**

Health Canada warns that gentian violet (also known as crystal violet) can increase the risk of cancer. If you're breastfeeding or chestfeeding, don't use it to treat thrush or any other condition.

# High temperature or fever

#### How will you know?

If your baby has a fever, they may:

- be flushed, pale, sweaty or hot on the back of their neck
- feed poorly
- be uninterested in things they usually enjoy
- be extra sleepy

# **DID YOU KNOW?**

Armpit measurements are often easiest with babies, but they're not always accurate. Even if your baby has a "normal" armpit temperature – 36.5 to 37.5°C (97.8 to 99.5°F) – they may have a fever. Watch your baby for other signs and symptoms.

# ноw то

#### Check your baby's temperature

- **1.** Put the tip of a digital thermometer in the middle of their armpit.
- **2.** Tuck their arm snugly against their body.
- **3.** Comfort and distract them.
- **4.** Gently remove the thermometer when it beeps.
- 5. Check under the other arm.

**Don't** use a mercury (glass) thermometer (which can be dangerous) or forehead strips, pacifier thermometers or ear thermometers (which are less accurate). Rectal temperatures are very accurate. Only use this method if you have a thermometer that's meant to be used in the rectum, if you've been taught how to use it safely by a health care provider and if you feel comfortable doing so.

	Method	Normal temperature range
	Armpit	36.5 to 37.5°C (97.8 to 99.5°F)
	Ear	35.8 to 38°C (96.4 to 100.4°F )
	Mouth	35.5 to 37.5°C (95.9 to 99.5°F)
	Rectum	36.6 to 38°C (97.9 to 100.4°F)

#### What can you do?

If your baby shows signs of fever or if their temperature is above the normal range shown on the chart, speak to your health care provider or call HealthLink BC at 8-1-1. Let them breastfeed or chestfeed more (or give them more to drink) and take off any extra clothing they're wearing.

Acetaminophen (Tylenol) can help. Talk with your health care provider or call HealthLink BC at 8-1-1 before giving it to your baby, then follow the package directions.



a sign of a more serious illness.

DANGER Never give your baby Aspirin or anything else containing acetylsalicylic acid (ASA), which can damage their brain and liver. If your baby is less than 6 months old, talk with your health care provider before giving them ibuprofen (Children's Advil or Motrin). Always check with your health care provider before giving your baby any medication.

# **Food allergy**

A potentially dangerous reaction to food.

#### How will you know?

Symptoms of an allergic reaction can be mild to severe. They often show up within minutes of eating the food. Your baby may get hives, swelling, redness, rash, stuffy or runny nose or itchy or watery eyes. They may cough or vomit.

Once a person has a food allergy, a reaction will happen every time they eat that food.

Over time, though, some children outgrow some allergies. Your child's health care provider can help you determine if this is true of your child.

#### What can you do?

Stop giving your baby any food you think they might be allergic to and talk with your health care provider.





- swelling of their mouth, tongue or throat
- hives that are spreading
- trouble breathing or swallowing
- repetitive coughing or wheezing
- a hoarse voice or cry
- pale or bluish face or lips
- faintness or weakness or has passed out

### Jaundice

A yellowing of the skin and the whites of the eyes caused by too much bilirubin in your baby's blood.

#### How will you know?

Jaundice usually appears on the face and chest during the first week and lasts a few days. In most cases, it will go away with extra feeding. As your baby takes in more milk, they'll usually poop out the excess bilirubin. Some babies need phototherapy lights to help break down the bilirubin through the skin.

Your baby may be checked for jaundice before you leave the hospital. Your health care provider will also check during follow-up visits after the birth.

# **MEDICAL EMERGENCY**

+ Although jaundice is common in newborns, in rare cases it can be severe. And if untreated, severe jaundice can lead to long lasting problems. Call your health care provider right away if your baby seems very sleepy and cranky and refuses to drink and if their skin or the whites of their eyes look yellow.

### **Diaper rash**

A red, painful reaction in the diaper area caused by dampness, a yeast infection, soap, perfume or oils.

#### What can you do?

You can help ease diaper rash by:

- changing diapers as soon as they're wet or dirty
- cleaning with warm water without soap, drying well and using a thin layer of zinc-based cream
- letting your baby go diaper-free a few times each day, like during tummy time
- using unscented detergents and wipes
- adding vinegar when you wash cloth diapers
- not using plastic pants

Contact your health care provider if the rash lasts longer than 5 days, if it's mainly in the skin creases or if there are blisters, pus, peeling or crusty patches.

# Other rashes

#### How will you know?

In the first few weeks, your baby may have tiny white raised dots on their face ("baby acne"). In the first few months, they may get blotchy red pinpoints on their body.

#### What can you do?

Both will clear up on their own. Call your health care provider if a rash suddenly becomes red and itchy and oozes fluid.

You can soothe your baby's skin by:

- keeping them warm but not hot
- giving them short baths in lukewarm water every second or third day only
- dressing them in cotton
- · moisturizing them with a small amount of non-medicated, unscented lotion
- not using perfumed soaps, lotions or fabric softeners

# **DID YOU KNOW?**

The less product you put on your baby's sensitive skin, the better. Test a small amount on your baby first, then use as little as possible. Talk with your health care provider about what products might be right for your baby.

# **Cradle cap**

#### What can you do?

A bit of scaliness on your baby's scalp is normal. If it's crusty, try rubbing in a drop of unscented oil. Then gently brush out the scales and wash the oil off well.

### **Coughing and sneezing**

Your newborn will cough and sneeze to clear their nose and lungs, but this doesn't mean they have a cold. Don't give them cough or cold medicine unless recommended by your health care provider.

# **Constipation**

#### How will vou know?

Once they're a few weeks old, some babies will poop every day, while others will go once a week. Both are normal. It's also normal for your baby to grunt and get red in the face when they poop, even when they're not constipated.

#### What can you do?

See your health care provider or call HealthLink BC at 8-1-1 if:

- your baby is less than 2 weeks old and they poop less than twice a day
- their poop is dry and hard or they have trouble passing it for more than a week
- there's fresh blood in their poop

Laxatives, suppositories and enemas should only be used if prescribed by your health care provider.

**DID YOU KNOW?** A baby who's only breastfed or chestfed rarely gets constipated.

### Vomiting

#### How will you know?

Most babies spit up. Spit-up rolls out of the mouth, sometimes with a burp, and doesn't usually bother a baby.

Vomiting is much more forceful. And if your baby is throwing up more than a few tablespoons of liquid, they may become dehydrated.

#### What is projectile vomiting?

Milk or formula ejected very forcefully in an arc – sometimes over a distance of several feet. Projectile vomiting usually happens right after a feeding but can happen hours later. In some cases, it means the passage between your baby's stomach and intestines is too small ("pyloric stenosis"). This can be fixed, but needs immediate medical treatment.

### What is reflux?

Reflux is common in babies and children, and it's most often not a sign of a serious problem. It is common for babies to spit up (have reflux) after they eat. Discuss with your health care provider if you have concerns.

# **MEDICAL EMERGENCY**

See your health care provider right away if:

- your baby can't keep fluids down or seems dehydrated
- · there are streaks of blood in the spit-up
- spitting up causes your baby to choke, gag or turn blue
- · your baby is projectile vomiting

# Diarrhea

#### How will you know?

If your baby's poop is watery and bad-smelling, they may have diarrhea. Usually, you can treat them at home by giving them plenty of human milk, or formula if they're being formula fed.

# MEDICAL EMERGENCY When diarrhea leads to

dehydration, your baby can become very sick, very quickly. Get medical help right away if your baby:

- is very sleepy and hard to wake up
- has a very dry mouth and tongue
- has very dry eyes, with no tears or fewer tears than normal
- is peeing less than usual, with fewer than 4 wet diapers in 24 hours
- has a soft, sunken spot on their head
- has a faster heartbeat
- has sunken eyes
- has greyish skin



# Flat areas on the head

Because your baby's skull is soft, they can get a flat area if they always rest on the same part of their head. This will likely go away on its own.

#### What can you do?

You can help avoid flat areas by:

- having supervised tummy time several times a day while your baby is awake (see Healthy Habits)
- using different positions to hold your baby
- placing them with their head at one end of the crib one day and at the other end the next day (always on their back)
- limiting time in a bouncy seat, infant swing, stroller and car seat to 1 hour

# **DID YOU KNOW?**

A flat area on your baby's head won't affect their brain development.

- TRY THIS

If you're driving a longer distance, take breaks so you can take your baby out of the car seat every hour.