This slide set provides an overview of the fundamental content of the newborn visit, including what to pay attention to, what to present to attendings, and how to think about follow-up.
The arrival of a new baby is a massively transforming event.

In the first few days after a baby is born, some parents will be radiant.

Others will feel like they’ve been hit by a bus. (It’s usually a happy bus, but it still feels like a bus when you’re being hit.)

While pediatricians tend to focus on identifying problems, the newborn visit should be viewed as a privileged opportunity to support parents through an exciting, often crazy time. It’s also the first time a family comes in contact with our clinic system—an opportunity to show them what we have to offer.
Elements of the NB visit

• Assessment of
  — Support
  — Weight and feeding
  — Jaundice

Keeping in mind the big picture, here are the key elements of the newborn visit:

Assessment of:

• Support/coping with the transition
• Weight and feeding
• Jaundice
One way to open a newborn visit is to ask, “What’s it like to have a newborn baby?” Ask parents how they are doing, what are they concerned about, what they are finding most enjoyable and most challenging.
From there, ask who is at home – who is helping with the baby. Who is providing advice – and how does that feel? If the father of the baby is not there for the newborn visit, ask about the parents’ relationship. To what extent is the father involved? Is there any tension in the relationship, any concerns about safety?
The next key issue is feeding.

Two questions here:

• Is the baby getting enough food?
• Is the baby’s feeding pattern sufficient to support the parents’ goals?
The clues to determining whether a baby is eating enough include

- Weight gain or loss in the first week
- Stool timing and appearance
- Feeding pattern and behavior

When signing out to an attending, present all of these together – to allow a fully informed assessment of feeding.
Most of the time at the first newborn visit, the baby will still be losing weight. Up to 10% loss from birth weight is normal in the first 2 weeks of life. More than that signals a need for further inquiry and intervention.
Details

- Birth weight
- Weight at hospital discharge
- Current weight
- Change from Birth weight to Current weight (% down)
- Breastfeeding history

Key details to gather and document or present:

- Birth weight
- Discharge weight
- Current weight at the NB visit
- Change from Birth weight to Current weight (e.g. down 5%)
- Mothers’ experience with breastfeeding - particularly duration – for babies with older siblings
Once a baby has hit its weight nadir, a weight gain of 30 grams/day is optimal. In a breast feeding baby, 30 grams per day means that the mom has sufficient milk – and that the milk is being transferred adequately from mother to infant.

If weight gain is slower than 30 grams/day – probe carefully for additional details about feeding.
As the mother transitions from colostrum to milk, the baby’s stools will transition from dark brown or black to green to yellow.

Several yellow stools per day is a good sign that the baby is receiving adequate milk.
Babies who are feeding well and getting adequate milk usually feed actively for 20-30 minutes then fall asleep for 1.5-2 hours. A baby who takes a full hour to eat or falls asleep after 5 minutes and wakes 10 minutes later is probably not latching and feeding as well as he could. Again, probe carefully for additional details.
Breastfeeding is good for babies -- and often challenging for moms. Many mothers feel frustrated or inadequate if feeding isn’t going as easily as they’d envisioned.

Our role as pediatricians is to provide support for mothers through this process – including support for their decisions on how to feed their kids. Reassure mothers that supplementing with formula is not a sign of failure. Frame the transition to breastfeeding as one in which the baby needs time and practice to learn. (In other words, blame the baby; let the mother off the hook.)

For mothers who are committed to breastfeeding - if a baby is gaining 30 grams a day and putting out several yellow stools, the removal of milk is probably sufficient to allow mom’s milk to will continue. Slow weight gain – signaling inadequate removal of milk - may ultimately limit the mom’s supply. In that case, probe for more details about feeding. Arrange for a lactation consult, if available, and arrange close follow up in clinic to provide support.
The third key issue at the newborn visit is hyperbilirubinemia.

We can divide this into two elements:

- Risk factors for hyperbilirubinemia
- Clinical jaundice
At LPCH and in most other hospitals, a baby’s risk for significant hyperbilirubinemia is assessed by drawing a serum bilirubin at 24 hours of life. Look for the Bhutani nomogram (see bilitool.org) to gauge an infant’s level of risk.
Risk Factors

• Mother’s blood type
• Significant jaundice in a sibling
• Feeding difficulty or excessive weight loss

Additional risk factors to identify and present:

• Mother’s blood type (risk of ABO incompatibility)
• Significant jaundice in a sibling
• Feeding difficulty or excessive weight loss
In addition to reviewing and presenting risk factors, you will make a clinical assessment of jaundice.

Although you will get to a point of being able to sign out that a baby’s exam was “entirely normal” – the presence or absence of jaundice is something to convey explicitly when presenting to a clinic attending.
Follow-up

• Babies learning to breastfeed: 2-3 days for weight check

• Nearly all babies benefit from follow-up within 5 days.

Once you have finished the NB visit, determine follow up.

Nearly all families will benefit from a visit within 2-5 days of the first NB visit.

Babies who are learning to breastfeed, in particular, usually have a weight check within 2-3 days.
**Summary**

- Support
- Feeding
- Hyperbilirubinemia

**Summing up**

The newborn visit is an opportunity to be part of family’s transition to a new state of being.

Core elements of the visit include assessment of:
- Parental support
- Feeding
- Hyperbilirubinemia

As you scan for problems and concerns – be mindful of the NB visit as a time to share a sense of excitement and joy.