



Newborn Check Up

TODAY'S DATE: _____

PATIENT NAME: _____

BIRTH DATE: _____

PARENTS: _____

AGE TODAY: _____

PARENTS' CONCERNS

List concerns you have? 1.

2.

3.

Answer the questions below and / or check YES or NO.

PATIENT HISTORY

D E L I V E R Y

Birth Date: _____ Birth Weight: _____
 Discharge Date: _____ Discharge Weight: _____
 Gestational age: _____ weeks

How was your baby delivered? Vaginal C-section → Why?
 Hospital: St.Elizabeth's BryanLGH East Other:
 Obstetrician: _____

Y N

Did you have any prenatal problems?
 Did baby have any problems after delivery? Call with rectal temp >100.4°

F A M I L Y

Y N

Is mother experiencing any "baby blues?"
 Is there a family history of inheritable diseases? What?
 Are there any stresses in the family? If yes, what?

Are there any smokers in your child's home? No outside other room
 Protect baby from 2nd hand smoke.

N U T R I T I O N

FORMULA FEEDING:
 How many ounces in 24 hrs? _____ What formula? _____

BREAST FEEDING:
 How many months do you plan to breastfeed? _____ (12 months is recommended)
 Has your milk come in yet? no not sure coming in now came in on day _____
 Mom's medications: prenatal vitamin Ibuprofen Narcotic pain med Other: _____
 Stop regular doses of narcotics as milk comes in, as it can make baby sleepy.

IN THE PAST 24 HOURS:
 Latched _____ times Average minutes each time: _____
 Pain with latching is none mild moderate severe
 Swallowing sounds heard? yes, regularly sometimes not sure never
 Was baby still fussy / hungry after nursing? no sometimes always
 Did you have to wake baby for feedings? no sometimes always
 Pumped _____ times Total ounces: _____
 Fed _____ ounces of pumped milk Fed _____ ounces of formula – type: _____

BREAST FEEDING RECOMMENDATIONS

- Weigh baby within 48hrs of hospital discharge.
- Don't allow weight loss of more than 10%.
- Should gain 1oz each day by day 4.
- Should be back to birth weight by 2 week check.
- If milk comes in after day 4-5 or in low supply and/or weight loss is more than 10%, you may need to supplement and pump until issues resolve.
- If latch is painful or inconsistent, using a shield, excessive weight loss, etc, ask for a lactation consult.
- Before milk is in, alternate breasts equally.
- As milk comes in, cluster feeding stimulates supply and alleviates engorgement.
- When milk is in, empty the 1st breast before switching to the 2nd, so higher calorie hind milk is consumed.
- Most babies take 1½ breasts each session, but some need only one, and others empty both each feeding.
- Breast compressions prompt baby to keep swallowing milk.
- 8-12 feedings in 24hrs is typical.
- Nurse at least every 3 hours during the day PLUS on demand.
- After milk is in and gaining well, allow 5hr stretches of sleep at night. Allow longer sleeps when back to birth weight.
- Request a weight check if baby is excessively sleepy, fussy, or not clearly gaining weight.
- No pacifier – assume hunger! OK when nursing well and gain establishes.
- Vitamins as prescribed by the doctor.

RISK FACTORS FOR POOR MILK REMOVAL:

- shield use
- born less than 38 wks
- latch/ nipple issues (pain, flat, large, vasospasm)
- sleepy / poor suck (jaundice, premi, health issue, maternal meds)
- poor let down (pain, stress, plugged ducts, alcohol)

RISK FACTORS FOR LOW MILK SUPPLY:

- previous low supply
- advanced maternal age
- maternal health issues
- polycystic ovary syndrome
- breast surgery
- c-section/difficult delivery
- engorgement / mastitis
- prematurity
- medications /alcohol /tobacco
- excess weight loss

How many of each per day? spit ups: _____ wets: _____ stools: _____
 Stool color: black brown green mustard (should be yellow by day 5)

STOOLING EXPECTATIONS
BREAST FED: By 1 week old, expect 6 wets and 3-4 mustard stools per day, with possible smear in every diaper change.
FORMULA FED: Stool frequency is variable, but should not be hard balls.

PHYSICAL EXAM		Lab/Immunizations
Ht _____ Wt _____ HC _____ VS: _____		
EXAM:		
ASSESSMENT	PLAN	

PLEASE COMPLETE OTHER SIDE OF FORM 11/18

Patient Name:

Birth Date:

Newborn

DEVELOPMENT AND BEHAVIOR

Yes No Do you have concerns about baby's development or behavior?

Y N

- Does baby look at your face and follow you with his/her eyes?
- Does s/he startle to sound?
- Does baby move arms and legs equally?
- Are arms and legs flexed?
- Do you think your baby cries a normal amount of time?
- Does baby hiccup, sneeze and strain a lot?
(Hiccups are common. Feed through them. They're due to an immature nerve by the esophagus and will soon resolve.)
(Sneezing does not mean allergies or a cold. Baby's body is trying to clear the airways.)

**S
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P**

How many hours does baby sleep at a time?

Y N

- Does your baby sometimes breathe irregularly, ie fast panting and then pause?
(This is normal and will resolve soon. It is called "periodic breathing" and is of no concern, as long as there are no blue or pale limp spells.)
 - Do you put him/her down on his/her back?
 - Do you avoid stuffed animals, bumpers and blankets in the crib?
 - Do you alternate baby's head position to prevent flattening of the skull?
 - Do you try to avoid falling asleep with baby in your bed or while resting on a couch or soft chair?
- Where does baby sleep?

SAFETY AWARENESS

Y N

- Is baby's car seat rear-facing in the back seat?
- Do you monitor baby closely around young siblings or pets?
- Do you avoid putting necklaces or pacifiers on strings around baby's neck?
- Are you aware that shaking your baby could cause permanent brain damage?

2019 Nebraska Car Seat Law:

Kids ride rear-facing until they turn 2. It is safest to stay rear-facing for as long as possible, until they reach the upper weight or height limit allowed by the car seat's manufacturer. Kids under 8 must ride in the back seat.

11/18

Who answered the above questions?

Thank you for helping us help you and your child!!