

# Congratulations on the birth of your new baby!

One of our Paediatricians may be asked by your Obstetrician to see your baby. This may be due to an instrumental delivery, a concern regarding your baby, or at your request. We are all general Paediatricians trained in the management of newborn babies (neonatology).

Your Paediatrician will remain responsible for the overall care of your baby whilst in hospital. A different Paediatrician may be asked to see your baby, such as out of hours or on weekends. We all work together and share similar practice principles.



## Accounts

You will receive an account for the care of your baby from your Paediatrician after you are discharged from hospital. Please be aware that this account may not be sent for a couple of months for hospital administration reasons. This fee reflects the need for 24-hour paediatric cover for the hospital in case your baby becomes unwell. It also covers attendance at your baby's delivery (if required), subsequent reviews and a baby check before discharge. Our fees are lower than recommended rates from the Australian Medical Association.

There will be an out of pocket expense as part of this account, which is generally no more than \$500, although often much less than this. You will receive a rebate through your health insurance fund (if your baby is admitted to the SCN) or Medicare (for all other babies). If you have reached your Medicare safety net the rebate you receive will be significantly higher. If other Paediatricians are asked to see your baby whilst your primary Paediatrician is unavailable, they will not send you an out of pocket account unless their services were requested at times such as the evening or early morning hours.

# Paediatrics Ballarat

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# The First Week of Life

## Feeding

Breast-feeding is the best option for feeding newborn babies and a lovely way to get to know your baby. It is cheap, safe, helps with mother-baby attachment and improves immunity.

It may take some time to establish good breast-feeding, and our midwives will assist you with this. Your initial milk supply (colostrum) will often be small in volume, but is an important source of nutrition and sugar for your baby. Normal breast milk supply usually begins to 'come in' after the first 72 hours. Some mothers will need to 'express' their breast milk initially if their supply is low, the baby is not attaching well or if the baby is losing too much weight. The midwives will assist you with this process as well.

Some babies require extra 'top up' feeds if they do not maintain their weight initially. This may be done with expressed breast milk (EBM), although formula may also be required. This is safe and effective and will improve your baby's strength to breast-feed. The aim will be to move to full breast-feeding as soon as possible.

Breast-feeding is not for everyone, and many small babies (less than 3kg) require formula for feeding. Formula is a safe and effective way to feed, and you should not feel guilty if you choose this for yourself and your baby. Most babies are very comfortable with normal cow's milk based formulas (e.g. Heinz, Karicare, Nan, S26 (Alulua)). These are all government controlled and are very similar. Swapping between these different formulas is not likely to make a big difference to constipation, irritability or many other symptoms. Some babies require a specialized formula (e.g. Peptijunior, Alfare, Neocate, Elecare), although this should be discussed with your doctor.

## Jaundice

Many babies will become mildly jaundiced after day two of life, which is quite normal. Babies may also be sleepy or feed poorly when they are jaundiced. If the level of jaundice (bilirubin) appears too high or occurs too early, we will check the bilirubin level with a

blood test. Treatment for high bilirubin levels involves phototherapy ('lights'), a very safe and effective way to prevent extremely high jaundice levels causing harm to your baby. Your Paediatrician will talk to you about this if required.

## Weight Loss

It is normal for babies to lose weight in the first few days after birth. Your baby will have his/her weight checked on day three of life. If your baby loses more than 10% of his/her birth weight, your Paediatrician will offer advice regarding feeding and any additional tests required to reduce the chance of your baby becoming unwell.

## Vitamin K

This is an intramuscular injection given to all babies within the first few hours of life. Vitamin K is required to prevent bleeding in newborn babies. Unfortunately, very little vitamin K is passed to your baby through the placenta or via breast feeding. This medication is injected into the muscle because oral absorption of vitamin K in the newborn is poor and is less effective at preventing the risk of bleeding. Vitamin K is proven to be extremely safe and very effective at preventing severe bleeding in the newborn.

## Hepatitis B Immunization

This is the first immunization in the routine schedule for Australian babies, and substantially decreases the risk of contracting hepatitis B. This will be offered to your baby shortly after birth and has been shown to be both safe and effective. We strongly recommend this for all babies.

## Newborn Screening Test

Babies in Australia are routinely tested for many rare diseases at birth. These problems are important to know about early as many have very effective treatments. This is done via a 'heel prick' blood test on day three of life. Results are only notified to the treating doctor if they are abnormal.

## Newborn Hearing Screen

Your baby will have a routine hearing check whilst in hospital. This is a screening process to detect those babies with possible hearing problems, and if your baby does not pass this screen a formal hearing test will be arranged at a later date.

## Vitamin D Deficiency

Mothers who have low levels of vitamin D during pregnancy, even if treated, need their babies to be supplemented with vitamin D to avoid low calcium levels. This is done using Ostevit D Liquid 0.1ml (2 drops) daily for the first 6-12 months of life. If required, your Paediatrician will discuss this.

## Admission to Special Care Nursery (SCN)

Some babies require admission to the SCN for reasons such as prematurity (less than 37 weeks), low birth weight (less than 2.5 kg), poor feeding, breathing problems, infection and low blood sugar levels. You will have unrestricted access to the SCN as parents, although other visitors are limited for infection control reasons. Your Paediatrician will continue to provide care in the SCN and inform you of treatment requirements.

## After Discharge from Hospital

Your baby will have ongoing appointments with your local Maternal and Child Health Nurse after discharge to review his/her progress and discuss any concerns you may have. We also advise that you have a local General Practitioner for your baby for any health needs. Many babies will also need a Domiciliary Nursing (home) visit after discharge to check on feeding, jaundice levels, weight gains and other issues.

Common practice is for babies to have a six-week medical check of development, growth and feeding, as well as discuss any concerns you may have. This can be done either by your General Practitioner or your Paediatrician. If you would like your Paediatrician to perform this check, or if your Paediatrician has requested to see your baby, we would ask you to call our rooms to request a 'six-week check' as early as possible.