



Feeding my baby

Complete breastfeeding is recommended for the first 6 months. If your baby is able to latch on directly, you should put him/her to your breast. Do not feel disheartened if you fail to feed your baby adequately on the first few attempts. If your baby is unable to suckle well initially, try to express your milk. This ensures establishment of a good flow of breastmilk, so that when your baby is ready, you will have sufficient milk for him/her. Remember to enjoy nursing your baby. The more you breastfeed, the more milk will be produced.

Feed your baby on demand. Your baby will come off the breast on his/her own when he/she has finished the feed.

Some hunger cues you can look out for include:

- Opening of mouth, stretching out of tongue
- Turning of head to look for breast
- Soft sucking sound
- Rooting reflex sucking on objects that come into contact with the mouth e.g. fingers; or turning towards a finger that is placed near the corner of the mouth
- Crying is a late cue

Adequate intake can be assessed by looking at your baby's urination, bowel habits and weight gain.

- Generally, infants should produce 1 to 2 wet diapers per day on Days 1 and 2 of life
- By Days 3 and 4 of life, there should be 3 to 4 wet diapers per day
- By Day 5 of life onwards, there should be more than 5 wet diapers per day

Bowel patterns may vary considerably. If you breastfeed completely, your baby's stools will usually be golden-yellowish in colour, appear loose to pasty, and be passed several times a day. If your baby is formula-fed, stools will probably be soft, greenish-yellow to brown in colour, and be passed every 1 to 2 days. Take note of the normal frequency and consistency of your baby's stools so that you can recognize any changes.

In general, babies will lose weight initially and may only regain their birth weight by about 7 to 10 days of life.

Consult a doctor if you observe the following:

- Poor feeding or difficulty in feeding your baby
- No urine for more than 12hours
- Dark-coloured urine
- Constipation hard, dry or pellet-like stools
- Persistent regurgitation of feeds or excessive vomiting
- Vomitus that is stained green or red

My baby's skin looks yellow

Jaundice is a medical term for yellow discolouration of the skin and whites of the eyes. It is caused by too much yellow pigment in the blood, which is usually cleared away by the liver. This normally clears within 7-10 days, as the liver matures.

However, there are many other causes of jaundice in babies, and it is important that you bring the baby back to clinic for check-ups. Regular blood tests may be required to monitor your baby's jaundice levels.

If your baby's jaundice level is too high for the liver to clear on its own, your doctor may advise you to admit your baby to hospital for treatment using phototherapy, which is a special blue light that helps to break down the extra yellow pigments in the blood. Avoid practices such as "sunning" your baby, as this may lead to dehydration and skin burns.

In addition, jaundice which lasts more than 10 days should also be reviewed by a doctor.

My baby is crying persistently

There are many reasons why babies cry. Common reasons include:

- Wet or dirty diapers
- Discomfort
- Feeling hot or cold
- Hunger
- Attention-seeking

If you have checked the various possible reasons for your baby's crying and cannot find anything wrong, it may be a sign that he/she is sick or in pain. If your baby cries for an unusually long time in a way that is different from his/her usual pattern, you should seek a doctor's opinion. Never shake your baby to try to stop him/her from crying. Shaking your baby can result in bleeding in the brain, leading to brain damage and even death. If you have difficulty dealing with your crying baby or feel depressed, please approach any medical or nursing staff in the clinics, or call our helpline.

Shhh... My baby's asleep

On average, infants need 16 to 20 hours of sleep in a day. However, individual babies may vary in their needs. As they grow older, the amount of sleep decreases.

Ensure that your baby lies on his/her back during sleep. Never let your baby sleep on his tummy, as this increases the risk of Sudden Infant Death Syndrome (SIDS). Clear your baby's surroundings of any potential dangers that can lead to suffocation e.g. stuffed toys, blankets and large pillows. Always monitor your baby during sleep and avoid leaving him/her alone in the bedroom.

Care of my baby's umbilical cord

Keep the cord clean and dry. Regular cleansing with cotton balls soaked in cool, boiled water is sufficient. Slight bleeding or discharge is expected when the umbilical cord has just detached or is about to be detached. Signs of infection include redness of the umbilical area, thick yellow or foul-smelling discharge and fever. Consult a doctor if these signs are present, or if there is persistent discharge several days after the umbilical cord has detached.

Vaccination and Health Checks

The first dose of BCG and Hepatitis B vaccine is usually given before your baby is discharged. Subsequent vaccinations can be given at your nearest polyclinic, by your family doctor or paediatrician. You can also come back to the SGH Baby and Child Clinic located in the O&G Centre for vaccinations. Remember to follow the schedule of vaccinations listed in your baby's health booklet. You may wish to consult your doctor regarding other non-compulsory vaccinations such as Rotavirus or chicken-pox vaccine.

Care of the BCG Vaccination site

About 2 to 3 weeks after BCG vaccination, a small red lump will appear at the injection site. This lump will slowly increase in size for about a week. In almost all cases, the lump, which will be slightly tender, will develop into a small superficial ulcer. This ulcer will heal spontaneously, and the crust formed on the surface will drop off to leave a small scar. In most cases, healing will be complete by the twelfth week and the scar will be a permanent indication that the vaccination has been performed.

The ulcer should be left untreated. Do not apply plasters, ointment or powder to the ulcer. Sterile gauze may be applied only when there is a lot of pus discharging. It is important that the gauze dressing should be light and porous, otherwise the ulcer will become soggy and it will take a longer time to heal.

Consult a doctor if pus discharge is persistent, lumps form in the armpit area or there is an associated fever.





Available Children's Outpatient Services:

During office hours:

- 1. SGH Baby and Child Clinic
- 2. Polyclinics
- 3. General Practitioner/Paediatric Clinics

After office hours:

- 1. KKH Children's Emergency Department
- 2. NUH Accident & Emergency Department
- 3. 24 Hour Clinics

SGH Neonatal Ward Helpline: 6321 4543

Please note that the SGH Department of Neonatal and Developmental Medicine only re-admits jaundice cases for phototherapy. All other cases requiring admission will be referred to KKH or NUH.

If your baby has been given a follow-up appointment to SGH Baby and Child Clinic, remember to bring along his/her health booklet and birth certificate. You can use the developmental milestones recorded in the health booklet to discuss your child's development during the visit. Singaporeans are able to use their Child Development Account (CDA) to pay for enhanced vaccinations. If you are keen, please bring the CDA-NETS card with PIN number (OCBC/Standard Chartered).

If your baby has been referred to see specialists in other hospitals, you should bring along the referral letter as well. You may also wish to bring a list of questions or concerns that you would like to discuss during the clinic visit, in addition to other items like baby food, a toy or book and a blanket.

When should I call 995 for emergency help?

You should call 995 for emergency services if the following are observed:

- Infant has difficulty breathing (rapid or laboured breathing)
- Infant turns grey, blue or pale
- Infant is not waking up despite stimulation or is unresponsive

If your baby has fever within the first 3 months of life, defined as temperature more than 38.0 degrees Celsius, not related to vaccinations, seek medical attention promptly.

Class status	

My Baby's Follow-up Appointments:

Duration	Specialty/Service	Date/Time	Location
	☐ Neonatologist		SGH Baby & Child Clinic O & G Centre Block 5, Level 1
	☐ Cardiologist		KKH Cardiac Centre Children's Tower, Level 2
	Physiotherapist		NHCS-Level 7 Rehabilitation Centre
	Imaging (Please specify)		SGH Dept of Diagnostic Radiology Block 2, Level 1
	Others (Please specify)		

9 h	Singapore General Hospital
	SingHealth

Singapore 169608

Department of Neonatal & Developmental Medicine Block 5 Level 1 Outram Road

www.sgh.com.sg General Enquiries: 6222 3322

Appointments: 6321 4377

Reg. No: 198703907Z

Information correct as at Apr 2016

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Patient Contact				