

Treatment Options: Feeding, Sleeping/Soothing, and Diaper Rash

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Colorado Chapter

American Academy of Pediatrics
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Things to Consider:

- Caring for babies, toddlers, children, and teenagers is one of the hardest jobs in the world! It is okay if sometimes it feels hard, or if there are parts of parenthood that you don't enjoy. These feelings do not make you a bad parent. These feelings are normal, healthy, and okay!
- Early Intervention (EI) is a program that can help children under 3 with their development. Families can refer themselves or talk to their infant/child's primary care provider about referring to Early Intervention. If your baby qualifies, the services are free, and the development therapist will come meet you and your baby in your home. Early Intervention is one of the most proactive and preventative resources we have for infants' development and behavior.

Difficulty Feeding:

- Talk to your child's doctor about if occupational therapy (OT) might be beneficial. OT's are therapists that can help with feeding, sleep, a baby's ability to regulate and console, and more!
- Consider identifying at least one other support person (spouse, friend, family member, neighbor, etc.) you can trust to learn and practice how to soothe and feed the baby. As a parent, breaks are important!
- Feed the baby by holding them on their side (and slightly up) rather than on their back (known as side hold)



- Use a slow flow nipple so that the milk flows less quickly (i.e. premie nipple, flow level 1)



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- Consider doing more frequent feeds with less milk or formula (for example: rather than 4 ounces every 3 hours, consider 2 ounces every 2 hours).
- Try to burp the baby in the middle of feeds or after feeds to minimize gas. Strategies to deal with gas: Can lay infant across one leg so that there is pressure on the belly with the caregiver's leg (while supporting the head), bicycle legs, massage tummy, warm bath, warm receiving blanket wrapped around the tummy.



When to talk to your doctor

- If your infant is not gaining weight well (a good benchmark for a little baby is 1 ounce/ day for a baby less than 4 months).
- Choking or coughing with feeds.
- Taking longer than 30-45 minutes to take a bottle.
- Weak suck or a lot of milk dribbles out of the baby's mouth throughout the feed (not just when they are done feeding and getting sleepy).
- Other questions or concerns you have as a caregiver.

Fussiness:

- Try to stay calm. Infants can sense when we are stressed and irritated. Take care of yourself and take breaks. Take showers, go outside, take time for yourself, listen to music.
- Ask for help! Create a list of people who support you. Write them down at a time when things are calm. Make sure that at last one support person knows how to feed and console your baby. If you are feeling overwhelmed, reach out to someone on your list.
- Stay safe. If you are getting frustrated, put the baby down in a safe place and take a minute until you are calm. Also, remind yourself this is a normal feeling that most parents have.
- Use Dr. Harvey Karp's 5S's: Swaddle, Side or stomach position while holding, Shush, Swing, Suck
- Ensure infant is fed and changed
- Try a pacifier – some infants soothe by sucking, so this can be a way to provide comfort
- Movement can often help with fussiness – use a carrier, go for a walk or a drive, bounce on an exercise ball, or use an infant swing
- White noise/background noise can help. Infants are not used to really quiet environments - they listened to a heartbeat of the parent carrying them for 9 months. Consider using a sound machine or a soothing noise app on your phone.



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- Reduce stimulation – lower the lights and minimize interruptions
- Catch baby in the early cues for tiredness and feeding (lip smacking, fussing but not crying, rooting, rubbing eyes, pulling at ears, sucking, eyes look heavy, getting more clingy, etc.)

Worrisome Crying:

- Cries constantly for 3 hours or more
- Their cry sounds different (than baseline) or like they are in pain
- Vomiting, diarrhea, or poor feeding
- Can't be soothed or consoled
- Scared you are tired, angry, or might hurt the baby
- Signs of illness, especially fever 100.4°F (38°C) or higher

Skin Break Down:

- Change diapers frequently - maximum time between diaper changes should be 3-4 hours
- If you are noticing skin irritation or diaper rash, use water and soft cloth not wipes OR just WaterWipes



- Diaper free time when possible
- Bathe with just warm water (don't need to use soap), let soak for 10-15 minutes, pat dry
- Diaper creams: A&D, Aquaphor, Desitin Maximum Strength (Zinc Oxide), Critic-Aid Clear, Calmoseptine (look for it in the advance age section near adult diapers, etc.)
- Apply a barrier with every diaper change (A&D, Desitin)- a barrier means that it is applied thickly so that you can not see the skin (you are trying to keep the wet/dirty diaper off the sensitive and irritated skin)
- If a diaper rash is not improving after 72hrs with the use of a barrier cream, yeast is typically involved and you should reach out to your doctor.