

## **Newborn Baby Procedures**

Carefully consider your newborn baby care options, especially when birthing in a hospital. Over 1 million healthy infants each year spent up to 3 days in the NICU for "observation" in the United States, with many unneeded interventions simply because the technology exists. This is a helpful handout to help you make the best decisions for you and your baby.

As a general rule of thumb, for your care and the care of your baby – it's always a good idea to have lots of information. Here's how:

- Ask what this test, procedure, intervention, or treatment is and what it is for.
- How will it be helpful?
- How accurate or effective is it?
- What are the risks (and do they outweigh the benefits)?
- What are the advantages and disadvantages?
- What will happen if we don't do it?
- What other approaches are there?

After asking these questions and doing a level of your own research (if time permits) you will be best prepared to make the best decision for *your* family. This is an important step into parenthood – making decisions from a place of evidence-based information rather than doing what everyone else does or what we now consider “routine” sets a good example for your child.

*If at any time you have questions about a procedure for your newborn, don't hesitate to ask.  
You are your child's first and foremost advocate - be the voice they lack.*

The most commonly performed routine newborn baby care procedures to consider are:

- Bathing Baby
- Vitamin K Injection
- PKU Test
- Erythromycin, Silver Nitrate or Antibiotic Eye Ointment
- Hepatitis B Vaccine
- Circumcision

### **TO BATHE OR NOT TO BATHE**

If there is one newborn baby care procedure that many families never consider, it's bathing a newborn. However, this may indeed be something a new family decides to decline. The vernix which coats the baby's extremely sensitive skin is the best natural moisturizer available and will protect it from infection when massaged into the skin. Additionally, a bath can cause a baby's body temperature to drop, thus necessitating further interventions to regulate it.

### **NEWBORN VITAMIN K INJECTION**

All newborns are born with a low level of Vitamin K which is responsible for preventing hemorrhage by enhancing the blood's clotting ability. In a small percentage of newborns, cerebral hemorrhage can occur which spurred the universal practice of newborn vitamin K injections in the United States. There are, however, some points to ponder when considering this intervention, especially the alternative of an oral dose or supplementation through the mother's breast milk which is a completely sufficient alternative.

### **PKU SCREENING**

Certain metabolic disorders, including a PKU test, are routinely screened for at birth through a heel stick blood sample. These disorders have devastating effects that are best handled with early detection and treatment to ensure the best possible outcomes. This is the least controversial newborn baby care procedure since the benefits clearly outweigh the risks.

### **SILVER NITRATE OR ANTIBIOTIC EYE OINTMENT**

To prevent the chance of blindness due to gonorrhea from an infected mother, hospital-born babies are given silver nitrate or other antibiotic drops in their eyes, even if the mother previously screened negative for this or other STDs in her pregnancy. Silver nitrate can cause pain, burning, swelling and blurred vision for the first days of life and in the vast majority of cases, is not needed when the mother is known to be free from infection.

### **HEP B VACCINE**

The Hep B Vaccine, a disease that is transmitted via infected blood and sexual intercourse, is given at birth in the hope of catching as many people as possible. It is not required for administration at birth and may be given at any time in childhood or adulthood. In low-risk families, it may be advisable to delay the administration to the weeks after birth, rather than injecting a minutes-old baby, causing pain as one of its first experiences outside the womb.

### **CIRCUMCISION**

Male circumcision, and female circumcision, for that matter, are very controversial subjects. Some religions require circumcision. However, there are no proven medical benefits to the procedure and significant drawbacks. It is now considered a cosmetic procedure and its routine performance is being phased out in many areas, the American Academy of Pediatrics no longer supports it and insurance companies are beginning drop coverage for the procedure.

Some people don't question whether or not to circumcise and assume that it is "just something we do". Concerns may rise about your child feeling different, but, you might be surprised to find that the national average of babies getting routine circumcisions is now at around 40% and going down every year. It's OK and healthy to question to practices that we were born into. Babies do not have to be circumcised simply because their father is – and there is nothing that the father should feel guilty or bad about if he is circumcised. Making decisions based on evidence based information rather than old school tradition is your right and responsibility as a parent to your child.

There is little research supporting it as a routine procedure. If you are uncertain whether or not to circumcise your son, consider viewing a circumcision video to understand what your newborn will experience. The majority of circumcisions are done with little or no anesthesia as it can cause swelling which makes the surgery more difficult and can lead to further complications. Some will use topical anesthetic creams; however, these take 45 minutes to numb the area so most are not yet active when the surgery is performed, and their use has not been approved or studied in newborns.

Circumcision is a personal choice which should be considered heavily after doing your own research on the matter. If you do decide to circumcise your son, please consider being present for the experience so that he can at least hear a familiar voice for comfort.

## **Vitamin K at Birth: To Inject Or Not** **by Linda Folden Pakmer, DC**

Newborn infants routinely receive a vitamin K shot after birth in order to prevent (or slow) a rare problem of bleeding into the brain weeks after birth. Vitamin K promotes blood clotting. The fetus has low levels of vitamin K as well as other factors needed in clotting. The body maintains these levels very precisely.<sup>1</sup> Supplementation of vitamin K to the pregnant mother does not change the K status of the fetus, confirming the importance of its specific levels.

Toward the end of gestation, the fetus begins developing some of the other clotting factors, developing two key factors just before term birth.<sup>2</sup> It has recently been shown that Vitamin K is involved in regulating the rate of cell division in the fetus. It's possible that abnormally high levels of vitamin K can allow cell division to get out of hand, leading to cancer.

### **What's the Concern?**

The problem of bleeding into the brain occurs mainly from 3 to 7 weeks after birth in just over 5 out of 100,000 births (without vitamin K injections); 90% of those cases are breastfed infants,<sup>3</sup> because formulas are supplemented with unnaturally high levels of vitamin K. Forty percent of these infants suffer permanent brain damage or death.

The cause of this bleeding trauma is generally liver disease that has not been detected until the bleeding occurs. Several liver problems can reduce the liver's ability to make blood-clotting factors out of vitamin K; therefore extra K helps this situation. Infants exposed to drugs or alcohol through any means are especially at risk, and those from mothers on anti-epileptic medications are at very high risk and need special attention.

Such complications reduce the effectiveness of vitamin K, and in these cases, a higher level of available K could prevent the tragic intracranial bleeding. This rare bleeding disorder has been found to be highly preventable by a large-dose injection of vitamin K at birth.

The downside of this practice however is a possibly 80% increased risk of developing childhood leukemia. While a few studies have refuted this suggestion, several tightly controlled studies have shown this correlation to be most likely.<sup>4,5</sup> A more recent analysis of six different studies suggests it may be a 10 or 20% increased risk. This is still a significant number of avoidable cancers.<sup>6</sup>

Apparently the cell division that continues to be quite rapid after birth continues to depend on precise amounts of vitamin K to proceed at the proper rate. Introduction of levels that are 20,000 times the newborn level, the amount usually injected, can have devastating consequences.

### **The Newborn's Diet**

Nursing raises the infant's vitamin K levels very gradually after birth so that no dysregulation occurs that would encourage leukemia development. Additionally, the clotting system of the healthy newborn is well planned, and healthy breastfed infants do not suffer bleeding complications, even without any supplementation.<sup>7</sup>

While breastfed infants demonstrate lower blood levels of vitamin K than the "recommended" amount, they show no signs of vitamin K deficiency (leading one to wonder where the "recommended" level for infants came from). But with vitamin K injections at birth, harmful consequences of some rare disorders can be averted.

Infant formulas are supplemented with high levels of vitamin K, generally sufficient to prevent intracranial bleeding in the case of a liver disorder and in some other rare bleeding disorders. Although formula feeding is seen to increase overall childhood cancer rates by 80%, this is likely not related to the added vitamin K.

### **The Numbers**

Extracting data from available literature reveals that there are 1.5 extra cases of leukemia per 100,000 children due to vitamin K injections, and 1.8 more permanent injuries or deaths per 100,000 due to brain bleeding without injections. Adding the risk of infection or damage from the injections, including a local skin disease called "scleroderma" that is seen rarely with K injections,<sup>8</sup> and even adding the possibility of healthy survival from leukemia, the scales remain tipped toward breastfed infants receiving a prophylactic vitamin K supplementation. However, there are better options than the .5 or 1 milligram injections typically given to newborns.

### **A Better Solution**

The breastfed infant can be supplemented with several low oral doses of liquid vitamin K<sub>9</sub> (possibly 200 micrograms per week for 5 weeks, totaling 1 milligram, even more gradual introduction may be better). Alternatively, the nursing mother can take vitamin K supplements daily or twice weekly for 10 weeks. (Supplementation of the pregnant mother does not alter fetal levels but supplementation of the nursing mother does increase breastmilk and infant levels.)

Either of these provides a much safer rate of vitamin K supplementation. Maternal supplementation of 2.5 mg per day, recommended by one author, provides a higher level of vitamin K through breastmilk than does formula,<sup>10</sup> and may be much more than necessary.

Formula provides 10 times the U.S. recommended daily allowance," and this RDA is about 2 times the level in unsupplemented human milk. One milligram per day for 10 weeks for mother provides a cumulative extra 1 milligram to her infant over the important period and seems reasonable. Neither mother nor infant require supplementation if the infant is injected at birth.<sup>11</sup>

### **The Bottom Line**

There is no overwhelming reason to discontinue this routine prophylactic injection for breastfed infants. Providing information about alternatives to allow informed parents to refuse would be reasonable. These parents may then decide to provide some gradual supplementation, or, for an entirely healthy term infant, they may simply provide diligent watchfulness for any signs of jaundice (yellowing of eyes or skin) or easy bleeding.

There appears to be no harm in supplementing this vitamin in a gradual manner however. Currently, injections are provided to infants intended for formula feeding as well, although there appears to be no need as formula provides good gradual supplementation. Discontinuing routine injections for this group alone could reduce cases of leukemia.

One more curious look at childhood leukemia is the finding that when any nation lowers its rate of infant deaths, their rate of childhood leukemia increases.<sup>12</sup> Vitamin K injections may be responsible for some part of this number, but other factors are surely involved, about which we can only speculate.

# Hep B Vaccine

## WHAT IS IT?

The Hep B vaccine, the first of many such vaccines that are routinely administered to US children, is injected into the newborn shortly after birth. It is given over three doses: the minimum recommended dosing intervals are 4 weeks between the 1st and 2nd and 8 weeks between the 2nd and 3rd. The minimum interval between the 1st and 3rd dose is 16 weeks. The injection is given in the thigh or the upper arm muscle for infants whereas the biceps are the preferable injection sites for adults/teens.

Hepatitis B is caused by virus which attacks the liver. Transmission occurs through several sources, including:

- blood born contact
- unprotected sex with an infected person
- sharing drug paraphernalia
- infected mother to baby during birth
- from workplace accidental exposure to sharps or other infected items

Those are greatest risk for infection include:

- Intravenous drug users
- Contact with chronically infected people
- Multiple sex partners
- Diagnosis of an STD
- Homosexual activity
- Healthcare workers
- Patients who receive hemodialysis
- Children of infected mothers
- Residence in areas of high infection

## WHO SHOULD NOT BE VACCINATED?

The Hep B vaccine is grown in a yeast culture, so persons who are allergic to yeast should not receive the vaccine.

## PRECAUTIONS

When pregnant, get a blood test for Hep B. Infants born to infected mothers should be given HBIG (hepatitis B immune globulin) and vaccinated within 12 hours after birth.

Carefully consider the advisability of getting tattoo or body piercing during pregnancy. If you do choose to do so, ensure the artist uses the appropriate universal precautions to prevent the transmission of infection.

If you work in an at-risk profession, observe barrier precautions and follow all approved safety precautions for handling and removal of sharps.

# **Silver Nitrate And Prophylactic Eye Ointments For Newborns**

## **WHAT IS IT?**

The application of silver nitrate or a similar antibiotic ointment such as tetracycline or erythromycin into the eyes of newborn babies just minutes after birth is another routine procedure commonly performed in the United States.

## **Possible Side Effects:**

Silver nitrate bonds with the eye membranes which results in redness, blurred vision, and swelling for several days.

Early visual perception development is altered which impacts the baby's ability to adjust to the world outside the womb.

## **WHY IS IT DONE?**

The routine administration of eye ointment is required in most instances by state law on the grounds of preventing blindness from exposure to maternal gonorrhea during birth.

The glaring flaw in this logic is that STD screening is also standard procedure as part of prenatal care. Even if a pregnant woman has screened negative for gonorrhea earlier in her pregnancy, the law assumes infidelity during pregnancy that will result in repeated exposure to STDs.

In addition, eye ointment doesn't have a 100% success rate in preventing blindness. As a result, some hospital policies dictate injecting every newborn with penicillin at birth. However, this practice helps breed antibiotic-resistant bacteria and puts the infant at risk of allergic reaction while in their most vulnerable state.

## **Your Options/Alternatives**

1. Choose delayed administration. - This will allow bonding time between you and your new baby without inflicting pain as one of the child's earliest sensory experiences.
2. Request a non-irritating eye ointment, such as tetracycline. - This allows the benefits of prevention without introducing the painful side effects.
3. Refuse the procedure if it is not state law and you know you don't have an STD (It is NOT required in the State of Michigan). - If there are no risk factors, then administration has little to no benefit.

## Vaccinations

Vaccinations are another one off those things we should not simply do because we believe everyone else is doing it or because we feel pressured by the medical community. It is important to treat each issue as though you have never heard of it and do your research accordingly. All parents take a risk, whether they choose to immunize or not. Our responsibility as parents is to weigh up those risks to minimize the trauma to our children.

After doing your research, you may decide to prescribe the routine vaccination procedures to your child or you may be concerned about the safety of vaccines and considering an alternative vaccination schedule, selective vaccination for your baby or, you may choose not to vaccinate at all and seek homeopathic immunization alternatives.

Elizabeth Cohen, senior medical correspondent for CNN's Health, Medical and Wellness unit, lays out some general guidelines to think about when selecting an alternative vaccination schedule for young children. She says, "Don't give the Hepatitis B vaccine to newborns in the hospital. Because this shot can cause fever, lethargy, and poor feeding (problems you don't want to see in a newborn), it's better to delay this shot for the first two months of life, especially since the disease doesn't even occur in newborns (it's a sexually-transmitted disease)." Ms. Cohen suggests getting fewer shots at each infant checkup and spreading the shots out over more time.

It can be confusing and it takes time to get through all the information in order to make that big decision. But, it will be time well spent when you will have chosen the "right" immunization schedule for children - your children. That gives peace of mind.

There are a number of medical doctors that outline an alternative vaccination schedule. Following is an examination of the the options and differences in the recommendations of 3 of these medical doctors.

Dr. Donald W. Miller, Jr., MD. who believes that vaccines given in multiple doses, close together, to very young children following the CDC's Immunization Schedule is causing neurologic and immune system disorders.

Dr. Miller makes the following suggestions:

No vaccinations until a baby is 2 years old  
No vaccines that contain thimerosal (mercury)  
No live virus vaccines (except for smallpox, should it recur) - this eliminates MMR

Beginning at 2 years old, give the following one at a time, spaced at every six months:

Pertussis (acellular - aP, not whole cell)  
Diphtheria (D)  
Tetanus (T)  
Polio (the Salk vaccine, cultured in human cells - a dead virus)

Dr. Stephanie Cave, M.D. a DAN! Practitioner (doctor specializing in biomedical approach to autism treatment) is author to the book, "What Your Doctor May Not Tell You About Children's Vaccinations"

In contrast to the 32 shots by age 2, recommended on the CDC schedule, Dr. Cave's alternative vaccination schedule suggests 21 vaccines within that time period. She recommends just 1 live virus vaccine within that time, in contrast to 4 outlined on the CDC list.

### **Dr. Cave's full recommendation list:**

Birth - Hepatitis B only if mom is Hepatitis B Positive; otherwise, no vaccine shot

4 months - Hib, IPV (polio)

5 months - DTaP

6 months - Hib, IPV

7 months - DTaP

8 months - Hib

9 months - DTaP

15 months - Measles

17 months - Hib, IPV

18 months - DTaP

24 months - Prevnar (1 dose only)

27 months - Rubella

30 months - Mumps

4 years - Varicella - chickenpox (if not immune already)

4-5 years - Hepatitis B series

4-5 years - DTaP, IPV boosters

4-5 years - Test titers for MMR and do not give unless not immune. Immunize only for vaccines found to be negative.

Dr. Robert Sears, MD. author of "The Vaccine Book: Making the Right Decision for Your Child (Sears Parenting Library)", suggests kids get all the shots and start at 2 months, as do conventional shots, but spreads them out more. Dr. Sears asserts: "By only giving two vaccines at a time (instead of as many as 6), I decrease the chance of chemical overload from grouping so many vaccines chemicals all together at once. This allows a baby's body to better detoxify the chemicals one or two at a time."

### **Following is Dr. Sears Alternative Vaccination schedule:**

2 Months - DTaP (diphtheria, pertussis (whooping cough) and tetanus), Rotavirus

3 Months - Pc(pneumococcal disease), HIB (Haemophilus influenzae type B)

4 Months - DTaP, Rotavirus

5 Months - Pc, HIB

6 Months - DTaP, Rotavirus

7 Months - Pc, HIB

9 Months - Polio, Flu (2 doses)

12 Months - Mumps, Polio

15 Months - Pc, HIB

18 Months - DTaP, Chickenpox

21 Months - Flu

2 Years - Rubella, Polio

2 Years 6 Months - Hep B, Hep A

3 Years - Hep B, Measles, Flu

3 Years 6 Months - Hep B, Hep A

4 Years - DTaP, Polio, Flu

5 Years - MMR, Flu

6 Years - Chickenpox

12 Years - DTaP, HPV (papillomavirus - sexually transmitted infection)

12 Years 2 Months - HPV

13 Years - HPV, Meningococcal (Meningococcus - a bacterium that causes meningitis)

**For parents who want to avoid the more risky vaccines, Dr. Sears suggests the following "selective" schedule, although shots still start at 2 months:**

2 months - DTaP, Rotavirus

3 months - Pc, HIB

4 months - DTaP, Rotavirus

5 months - Pc, HIB

6 months - DTaP, Rotavirus

7 months - Pc, HIB

15 months - Pc, HIB

18 months - DTaP, chickenpox

21 months - Flu

5 years - Tetanus booster

10 years - Blood tests for measles, mumps, rubella, chickenpox, and hep A immunity (titer testing) consider a 3-dose polio series if travel to Africa or Asia

11 years - HPV

12 years - Hep B

If you do choose to vaccinate and find the vaccination itself is distressing, here are some homeopathic remedies to care for your child: Give *Aconite* if there is shock, *Arnica* for bruising at the site of injection, *Staphysagria* if there is anger, betrayal, hurt, resentment, or *Stramonium* if your child suffers from nightmares after. Seek help from a local naturopathic doctor for dosage information.

**Seek help if:**

You suspect or know instinctively that your child's health has suffered as a result of immunizations. It is beyond the scope of a home prescriber to treat these effects: A professional homeopath will be able to help your child regain his or her former vitality. Report any symptoms that develop as a result of vaccination in writing to your doctor.

**Resources:**

NVIC.org – National consumer group advocating for vaccine safety.

AAP.org – American Academy of Pediatrics

CDC.gov – Center for Disease Control

ThinkTwice.com – Public Health Statistician made website regarding uncensored information regarding vaccination.

