

SCALP CARE

CLINICALLY
MILDNESS
PROVEN

Johnson's® baby Oil with Aloe Vera & Vitamin E
Rubbed gently on the scalp, it helps soften the crusts associated with infant cradle cap, so they can be gently washed away. Massage into scalp, leave for a few hours or overnight. Gently comb the hair against the direction of hair growth to help lift the crusts. Shampoo using a pure, mild and gentle product especially formulated for baby's delicate skin.



Johnson's® baby Shampoo

A pure, mild and gentle shampoo that will not sting your baby's eyes or irritate the scalp. Its No More Tears® formulation ensures that the shampoo lather is as gentle as pure water. Used regularly it helps to prevent cradle cap. Leaves hair soft and shiny.



Johnson's® baby Shampoo plus Conditioner

Contains a conditioner which makes your baby's hair easier to comb, tangle free and more manageable.



EAR & NOSE CARE

Johnson's® baby Cotton Buds®

Specially designed to give added safety and softness for use on babies. The special safety rim limits penetration to help protect your baby's ear and nose canals.



EYE CARE

Johnson's® Cotton Balls

Soft on baby's skin. Use for your baby's general care.



best for baby. best for you.

YOUR GUIDE TO THE FIRST TWO YEARS

Good news for new parents. The team at Johnson & Johnson Professional & Educational Services has put together a book which gives you the information you need to feel confident about caring for your baby.



It's called **Johnson's® babytalk®** and is divided into six key sections, which relate to your baby's development stages.

There is advice from midwives, child health care nurses and doctors, as well as tips from Australian mums and dads who give you the benefit of their experience.

The cost of **Johnson's® babytalk®** is just \$25.00 including GST, postage and handling.

If you would like to purchase the **Johnson's® babytalk®** book, please call the **Johnson's® babytalk®** number on 1800 066 726.

Johnson's® babytalk® is only available in Australia.

www.jnjaust.com.au

For further information about **Johnson's® baby** products, call our Consumer Service Centre on 1800 029 979 or in New Zealand on 0800 446 147.

For additional copies of this leaflet, please call Johnson & Johnson Professional & Educational Services on 1800 640 617 or in New Zealand on 0800 807 606.

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Johnson & Johnson

PROFESSIONAL & EDUCATIONAL SERVICES

Health Care for Life

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endorsed by



Scalp, Eye, Ear, Nose and Mouth Care for Infants



best for baby. best for you.

**Johnson's®
baby**

CHARACTERISTICS OF THE NEWBORN/INFANT

SCALP

The head of a newborn baby is large and may be moulded from the passage through the birth canal. There are two soft spots (fontanelles) where the bones have not yet fused. The larger fontanelle at the front of the head closes within 18 months. The smaller fontanelle is at the back of the head and closes within 8-12 weeks. The skin over these spots is strong, so don't be concerned about touching these spots.

Hair may or may not be present at birth. It might gradually fall out during the first weeks and be replaced by new hair.

Note: when referring to babies in our educational literature we alternate between male and female pronouns, to avoid awkwardly trying to cover both each time with 'he/she' or 'his/her'.

Cradle Cap



This is as normal as any dry or peeling skin problem. It is not a form of dandruff and has nothing to do with incorrect hygiene practices. Cradle Cap is a cementing of brown-yellow crusty material on the scalp, often concentrated over the anterior fontanelle.

To remove the crusts, massage warm baby oil well into the scalp and leave for a couple of hours (or overnight). Comb your baby's hair against the direction of her hair growth to gently dislodge the crusts. Wash her head well with a gentle baby shampoo. Regular brushing and shampooing (even if your baby has little hair) may help prevent cradle cap. Don't be concerned about massaging the soft spots (fontanelles). They are covered by a very tough membrane and there is no threat of damaging them with normal handling.

The Australian College of Midwives Incorporated endorses the educational material contained within this brochure.

EYES

Your baby's eyes may be red and his eyelids puffy from the pressures of birth. Tears are not usually present at birth – they appear at about six weeks. Changes in the colour of the eyes are common in the first six months.

Blocked tear ducts, sticky eyes, and squints are the most common eye problems.

Blocked Tear Ducts

Most babies cry without tears until they are about six weeks old. Once tear secretions begin it is quite normal for a baby's tear ducts to become blocked. If your baby's tear ducts are blocked his eyes will look wet. A blocked tear duct usually rights itself within six months but a little gentle massage and eye cleansing may help it along. If your baby's eye becomes infected or if the duct has not unblocked itself after six months you should consult your doctor.

Sticky Eyes



This is a very common mild infection which appears as crusting on the eyelids and eyelashes and often produces a yellowish discharge.

Regular bathing of the eyes with cotton balls dampened with warm sterile water or normal saline will help. Gently wipe your baby's eyes, using one cotton ball for each wipe, from the inside corner outwards. If you feel an infection may be present, consult your family doctor.

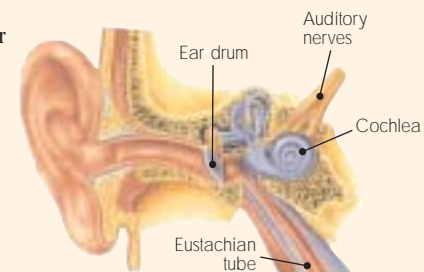
Squints



Many babies appear to have a squint in the early days of life. If your baby has a wandering eye this will usually correct itself as he strengthens and learns to control the muscles around his eyes. You can expect the correction to occur by the time your baby is six months old. If one eye has a permanent turn then you should consult your doctor at once, as early treatment is essential – and highly successful.

EARS

It is normal for your baby to produce ear wax. It is not normal for your baby's ears to produce anything else. If you notice a pus discharge, treatment is urgent – so consult your doctor immediately.



Ear infections are quite common. They develop in the middle ear which is situated behind the ear drums.

Ear Infection (otitis media)

Ear infections can occur after a head cold. If your baby has an ear infection you will need to take her to the doctor. Your doctor will usually prescribe oral antibiotics and paracetamol for pain and fever.

Ear Cleansing

Gently remove visible dirt and wax around the outer surface of your baby's ear. To avoid probing deeply into her ear canal, use cotton buds with a safety rim.

NOSE



A newborn baby's nose looks flat. Breathing is often irregular – either slow and deep or fast and shallow. Babies sneeze and cough to clear mucus. The nose, chin and neck may have tiny white spots called milia. These are quite normal and will disappear within two weeks of birth.

Nose Cleaning

Gently remove visible mucus and dirt around your baby's nasal flares with *Johnson's® baby Cotton Buds®* or the corner of a washcloth. To avoid probing deeply into his nose, use cotton buds with a safety rim.

MOUTH

Epstein's Pearls

Some babies may have yellowish white spots on the roof of their mouth at birth. They are not uncommon and are no cause for concern. They will disappear without treatment.

Teething

Some babies are born with teeth, but this is the exception rather than the rule. You can expect your baby's first tooth to come through when she is 5-6 months old. Teething can cause some pain and discomfort in the gums which can increase salivation and dribbling. Teething may make your infant grizzly, put her 'off her food' and may alter bowel motions. Paracetamol† for pain and fever and a teething ring or teething gel for relief of the discomfort may be helpful. Give her a soft toothbrush to suck so that she can get used to it before proper teeth cleaning commences at around two years of age.

Sucking Blisters

These are made by the baby herself from the sucking action while feeding. They will disappear in their own time as the lips toughen.

Oral Thrush



Thrush is caused by a fungus called *Candida albicans*. They appear as patches of white on an otherwise pink tongue which don't disappear and which bleed if you try to remove them.

It may have been introduced as your baby entered the world through your birth canal or later by contamination from a teat, bottle, dummy or hand. It is quite common and easily treated with cream prescribed by your doctor. Thrush can sometimes be painful and it is advisable to seek your doctor's advice.

† Administration to children under one month is not recommended. Paracetamol should not be administered for more than 48 hours without seeking medical advice.