

Your New Baby

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INTRODUCTION

Congratulations on the arrival of your new baby. Parenthood is one of the truly joyous and satisfying experiences of life, and we consider it a privilege to share in the care and marvel with you at the growth and development of your child.

This pamphlet contains no secret to being a good parent. We are convinced there is no single best approach to the challenge of parenthood. Your baby is an individual from the day he is born and since no two children are alike, your effectiveness as a parent depends considerably on your insight and ability to respond appropriately to the unique, individual needs of each of your children. Thus, this pamphlet contains general principles and instructions which you should adapt to your baby. Relax, enjoy your baby, and above all have confidence in yourself and your own common sense.

As your baby's pediatrician, it is our goal to protect his health by assisting you in recognizing and responding to his needs. Our aim is to recognize problems early or prevent them by regular well child check-ups during which all aspects of health, growth, and development will be evaluated. Your baby should have the first checkup at two weeks of age. (For your convenience, patients are seen by appointment only.) An appointment will be given to you before discharge. Our recommended well child checkup schedule is listed on page 17. An insert in this booklet lists the most current immunization schedule recommended for American children.

There are no fool-proof clues to indicate when a physician should be consulted about a sick child. We can only assure you that we are available and do not want you to hesitate to call when you are worried that your child is "not well." Our staff frequently answers questions and manages problems without the necessity of an office visit. If an examination is judged necessary, there will be open appointments daily. When the office is closed, our answering service will help you reach us.

The following suggestions will make our services and our telephone communication more efficient:

1. Please call during regular office hours whenever possible (8:30 a.m.-5:00 p.m.). It is easier to manage a problem when the records are immediately available. (Please call at night only if it is urgent).
2. Make the call yourself if at all possible. Relaying the message through a third party may result in misleading information.
3. Identify yourself and give your child's full name, age, and clinic number. Describe the condition in specific terms and be sure to state if the child was seen recently for the condition. If your child is ill, please take the temperature; feeling the forehead is inadequate and unreliable.

4. Don't hold a crying baby while trying to talk.
5. Have a pencil and paper handy when you call. Also the telephone number of your pharmacy.
6. Call us, if at all possible, before rushing to the emergency room, so the necessary arrangements can be made. With certain insurance programs, you **must** phone the pediatrician on call before going to the ER, or your insurance may not cover the visit.
7. If your call is not returned in a reasonable period of time, call back and verify to be sure we have the number correct.

INFANT NUTRITION

The cornerstone of infant nutrition is milk. We strongly believe that most infants need nothing in addition to milk except occasional iron, vitamins or fluoride for the first four to six months. The two best forms of milk for infants are breast milk and the commercially prepared formulas. Most babies will grow and develop well on either. However, breast feeding offers several advantages to both infant and mother, and we therefore recommend it very highly. Many infants have problems with cow's milk during the first year. Therefore we prefer to avoid its usage during year one.

Feeding Schedule

Whether nursing or bottle feeding, we suggest a SEMI-DEMAND FEEDING SCHEDULE. With a demand schedule, rather than forcing the baby to eat by OUR clock, he is allowed to sleep as long as he wishes and when he awakes hungry, he is fed as much as he wants. Infants will establish a pattern of eating approximately every 3-4 hours which is amazingly predictable. Nevertheless, this pattern will vary occasionally. Sometimes, they will go two hours, sometimes five hours between a feeding and at some meals they will act starved while seeming uninterested at others - this is only human. If the baby is awake and hungry before 3 hours, offer water and wait an hour to feed. If your baby sleeps much longer than 4-5 hours during the daytime, wake him and feed him. Let his long period of sleep be at night when you are sleeping. Most babies sleep all night, 8 hours or more, by age 2 months. However, some babies never wake for a night-time feeding, and it is not necessary to wake them. A convenient schedule for feeding is usually 6-10-2-6-10-(2). Unfortunately, there are also some babies who never sleep all night. These babies do not necessarily need to be fed whenever they wake up. In general, a demand schedule allows the infant to guide you in supplying his food needs rather than your forcing our often incorrect assumptions on him. Many crying infants may only need diaper changes, stimulation, exercise, or simply more opportunity to exercise their sucking needs. You will soon learn to recognize real hunger.

Breast Feeding

In our experience, mothers thoroughly counseled on what to expect during the initial adjustment period of breast feeding, have often found it to be a very enjoyable and fulfilling experience which they treasure.

Breast fed infants have fewer infection in early life, less colic, and fewer infantile allergies. Breast feeding is inexpensive and convenient. In addition, it affords a maximum of early and close bonding between infant and mother.

ADJUSTMENT PERIOD. In the hospital, the baby will be given water before his first feeding to make sure he can swallow and suck without difficulty. He will then be brought to you if there are no problems. A nurse will help you if you are breast feeding for the first time. At first, you will not have much milk. He will get nourishment from colostrum, the breast secretions of the first few days. Once your milk "comes in," usually by 3-5 days, your breasts will feel full and engorged.

During this adjustment period, your nipples may be sore and even crack and there is frequently leakage of milk between nursing periods which is a nuisance. Nevertheless, all of these unpleasanties are ALWAYS temporary. The milk ducts stretch and adjust to the presence of milk and even though you are producing twice as much milk, the engorged feeling disappears. Likewise, the nipples toughen, the leakage stops, and the pain is replaced by a distinctly pleasurable sensation.

HOW TO BEGIN: First, wash your hands with soap and water, then your nipples with warm water. Find a place where you can relax and find a position in which you are comfortable. There is no single position that is best for breast feeding; it is only important that the baby be held in such a way that he can grasp the nipple without straining, and that you are comfortable. See to it that the nipple is well back in the baby's mouth and that he is not sucking just on the tip. Keep the breast clear of his nose with your fingertip.

We recommend nursing at both breasts each feeding. The length of time you nurse is important. A baby gets most of the milk from one breast in the first five minutes of good strong nursing. Allow the baby to nurse five minutes on each breast the first day, 10 minutes the second day, and 15 minutes by the third day and thereafter. Begin each feeding with the breast used last at the previous feeding. Once your milk is established, feed approximately 10-15 minutes on the first breast, then 5-10 minutes on the second.

After the adjustment period is over and nursing sessions are going smoothly, usually by 2-3 weeks, you may substitute a bottle of formula at one feeding. This may often be helpful at the before bedtime feeding. This will make it easy for you to leave the baby occasionally which is good for your health. Also it gives "DAD" a chance to enjoy

feeding the baby. The easiest way to prepare a single bottle of formula is to use either the powdered formula (2 scoops to 4 oz. water) or the ready-to-feed single nursing bottles, since an entire can of concentrated or ready-to-feed liquid will not keep if it is used for only one bottle per day. Also, you may pump your breasts and then refrigerate the breast milk to use as a supplementary bottle. A nurse can show you how to express milk by hand or pump while you are in the hospital.

If you must stop breast feeding for several days because of infection or medication you must take temporarily, you may use a breast pump to keep your milk supply and prevent engorgement of your breasts until you are ready to resume breast feeding.

DIET: The mother's diet should be well-balanced. The baby will usually tolerate any foods the mother has eaten, although it is probably best to avoid chocolates, strong vegetables such as cabbage and onions, and highly spiced foods. Drink lots of fluid, not necessarily milk, at least an extra quart a day. It is best to drink more fluids during the day since the baby will nurse more during the day. Most drugs taken by the nursing mother will reach the baby via the breast milk. Some of these drugs may have undesirable or dangerous side effects in babies. Ask your doctor before taking any medicines or drugs other than vitamins or iron. Although small amounts of alcohol consumption are probably safe, we do not recommend drinking alcoholic beverages while breast feeding. We strongly urge you not to smoke, but if you do, not around your children. Second hand smoke is a risk factor for Sudden Infant Death Syndrome (SIDS) and significantly increases the number of ear infections, colds and breathing problems your infant will have. If you choose to smoke, please smoke outside. Smoking does not contaminate your breast milk, however, you should not smoke and breast-feed at the same time.

Common Problems

1. **Leakage:** It is perfectly normal for breasts to leak milk before and during feedings. Use absorbent nursing pads inside bra to prevent staining and keep nipples dry.
2. **Cracked nipples:** The best treatment is prevention. Ideally, nipples should be "toughened up" prior to baby's birth by daily washing and gentle manipulation. After baby arrives, be sure to allow nipples to fully air-dry after each feeding. If a nipple become tender or shows early signs of cracking, apply lanolin between feedings or expressed breast milk.
3. **"Caked" breast:** This painful condition occurs when one of the milk ducts in the breast becomes clogged with thickened secretions, causing part of the glandular tissue to become engorged. This causes a tender lump to appear in the affected breast, and

may sometimes be accompanied by a low-grade fever. If this occurs, DO NOT discontinue nursing. Rather, increase the frequency of nursing on the affected breast, drink plenty of fluids, and rest as much as possible. Warm compresses may ease the discomfort until the condition clears. If symptoms persist for longer than 24 hours, call the doctor.

4. Is my baby getting enough?: The most common problem in breast feeding is the mother's anxiety about whether the baby is getting enough milk. The best indication of this is whether the baby seems satisfied, after feeding. If the baby does not seem satisfied, you may offer him a bottle of sugar water (1 teaspoon of Karo[®] syrup or sugar in 4 oz. of water) or formula after nursing to be sure he is getting enough from the breast. If he takes less an 1 oz. from the bottle and does not wake for the next feeding for 3 or 4 hours then he probably does not need a supplement. It is important to remember that nervousness can decrease milk production. Remember to relax and enjoy the experience. If you are not sure he is getting enough, call the office and we will arrange to weigh the baby to determine if he is gaining weight.

Bottle Feeding

If you wish to bottle feed, there are a number of prepared formulas from which to choose. Most are available in three preparations. We do not condone propping the bottle or taking the bottle to bed. These practices damage teeth, cause ear infections, and can cause aspiration or choking.

1. Powdered Formula: Generally the cheapest. This is prepared by adding one scoop of powder to each two ounces of water, and stirring.
2. Ready-To-Feed Formula comes in small disposable bottles and in quart cans. It needs no preparation prior to giving it to the baby and is the most convenient and also the most expensive form.
3. Concentrated Liquid Formula is more convenient than Powdered Formula and less expensive than Ready-To-Feed. It is prepared by mixing equal amounts of Concentrate and water (1 can Concentrate to 1 can water).

Formula may be heated or given at room temperature. Be sure to store under refrigeration after mixing. Evaporated milk mixtures are not as good as prepared formulas. We do not recommend their usage.

All prepared formulas are available with and without iron. It is important that you purchase the kind with iron in order to prevent anemia. If you are breast feeding, additional iron is also required by one to two months of age. Microwaving bottles is not recommended. Sealed bottles may break, or the formula may be heated unevenly. In addition, nutrients may be lost during microwaving.

STERILIZATION. Sterilization is not necessary or recommended if you have safe drinking water. If you have well water that has been tested and is safe, it does not need to be boiled or sterilized. If you have city water, it does not need sterilization. If you have unsafe well water, then bottles and water should be sterilized by one of the following methods.

1. **TERMINAL HEATING METHOD:** Wash all equipment (bottles, nipples, discs, and rings) with hot soapy water, then rinse several times in hot water. Measure the required amount of lukewarm water into a pitcher or mixing bowl, add prescribed amount of formula, and mix. Pour into nursing bottles, invert nipples on bottles, and loosely attach discs and rings. Place bottles in a sterilizer or large pot and add three inches of water. A wire rack or clean cloth should be placed in the bottom of the sterilizer. When the water boils, cover and let boil for 25 minutes. Then remove from heat but do not uncover until sterilizer is cool to touch. Tighten rings and store in refrigerator.
2. **ASEPTIC METHOD:** After washing and rinsing equipment thoroughly, place it in a sterilizer with 2 or 3 inches of water. When the water boils, cover and let boil for 15 minutes. At the same time, boil the water required for the formula in a covered saucepan for 5 minutes. Let it cool to lukewarm still covered, before adding the prescribed amount of formula. (If ready to feed formula is used, only the bottles, nipples, discs, and rings need to be sterilized.) Mix and pour into bottles. Using tongs, place inverted nipples, discs and rings on bottles and tighten. Store in the refrigerator.
3. **SINGLE BOTTLE METHOD:** Wash all bottles, nipples, discs and rings thoroughly. Add prescribed ounces of water to each bottle. Invert nipples and apply discs and rings loosely. Place bottles in sterilizer in 3 inches of water and boil uncovered for 25 minutes. Take sterilizer from heat and remove bottle rack. Allow 20 minutes for cooling. Then tighten rings and store in any convenient location at room temperature. At feeding time, add prescribed amount of concentrated liquid (same as amount of water) or powdered formula (1 scoop to 2 oz. of water) to a single bottle of water. Place nipple in feeding position, shake bottle well, and feed. Heating is usually not required.

Vitamins and Fluoride

Supplemental vitamins may be given to the baby if you are breast feeding. Vitamin supplementation is particularly important for breast fed African-American babies to prevent rickets. Cases of rickets in these infants have been reported in NC and is easily prevented by vitamin D supplementation. Caucasian and Hispanic breast fed babies may need

vitamins. The doctor will discuss this with you on your first visit. Prepared formulas already contain vitamins. Supplemental fluoride should be given if you are breast feeding, using Ready-To-Feed formula, or mixing formula with water that is low in fluoride. Some water supplies have fluoride added; if yours does not, it will be prescribed for the baby at your first office visit. Fluoride is important because it helps prevent cavities in teeth, even while the teeth are still forming under the gums. It is recommended that the fluoride be given till adolescence if it is not present in your drinking water.

Most baby vitamins, containing vitamins A,D, and C, and Iron are satisfactory. They should be given once a day as directed by the doctor. If vitamins AND fluoride are needed, these will require a prescription from your doctor. If fluoride is needed, it will be prescribed.

It is important to use the correct dose with any vitamins or fluoride, because too much may be just as bad or worse than not enough. If you are not sure how to give the vitamins, be sure to ask. You may wish to delay these drops a few days to a couple of weeks if your child gags on the vitamins. It is often easier to have the child suck the drops from the dropper.

Solid Foods

Although many babies these days are started on solid foods very early in life, it has been WELL ESTABLISHED that infants need nothing but milk during the first 4-6 months of life. We ask that solids not be started prior to the first well-baby checkup. Early solids have been associated with fatter babies, increased expense of feeding, bowel disturbances, and allergies. If you try solids before 4 months, you will notice the infant has trouble swallowing solids. They are not developmentally ready to coordinate swallowing easily. There is also NO EVIDENCE to show that the solids will increase the length of sleeping.

ROUTINE BABY CARE

Bath

During the first week or so give the baby a daily "sponge bath" using warm water, a washcloth, and a mild soap such as Ivory. It is important to keep the cord clean and dry. The cord usually falls off between 1-3 weeks after birth and you may expect some bleeding at the separation site for a day or two. Wash around the base with soap and water after cord has come off. Since we want to keep the cord dry, it is necessary to limit bathing to a sponge bath until the cord has fallen off. Thereafter, you may immerse the baby in the sink or a small plastic tub. Do not tamper with the eyes, ears, or nose as they usually do not require any special care. Especially do not put anything sharp or pointed into the ears. Please do not try to clean wax from the ear canals with

cotton swabs. This merely packs the wax out of sight deep in the ear canal. Wash the scalp and hair with the same mild soap. It is safe to wash over the soft spot, too.

If your son is circumcised, the end of the penis will look red and tender for several days. During the first few weeks, apply some petroleum jelly to end of penis after squeezing soapy water over it from a wash cloth and rinsing. After the circumcision site has healed, it is important at each bath to gently retract any foreskin, wash away any white secretions that have accumulated, and then pull the foreskin forward again. Likewise it is important to routinely wash away secretions which accumulate between baby girls's labia (lips of vagina). Little girls should always be washed from the front backwards.

Care of Diapers

Diapers usually do not need soaking in any special solution. Diapers should be rinsed if they are soiled and then washed in a mild soap or detergent. Do not use a detergent containing Borax[®], Ivory[®] is the mildest soap to use. Fabric softeners will make the diapers soft but will also make them repel water and occasionally it and other strong ingredients may cause or contribute to diaper rashes. An extra rinse will remove extra detergent or bleach. In clothing put 1 cup white vinegar in last rinse water to remove extra detergent or bleach.

Disposable diapers do NOT keep the baby drier than cloth diapers. Disposable diapers need to be changed just as often as cloth diapers, and perhaps more often. They are great to have available for trips, and outings. Plastic or rubber pants also keep the diaper wet and contribute to diaper rashes.

Care of Diaper Area and Skin

At each diaper change, wipe the area with a warm wet wash cloth. Then dry thoroughly before diapering. In general, we do not recommend the use of powders, creams, lotions, oils, or liniments. Some of these products cause skin irritation and rashes. In addition, powders can be inhaled and cause lung disease or breathing problems. Do not worry about dry skin unless it is severe. This is normal and oil does not help. If the baby gets a diaper rash, the best treatment is to keep the skin clean, cool, and dry. Leave his diapers off as much as possible, especially at night or naptime. For mild rashes you may want to use Desitin[®] or A & D[®] ointment. Call your doctor for severe or persistent diaper rashes. Get in the habit of changing diapers in the crib or on a blanket on the floor. Do not leave the baby unattended in a place where he may roll off, such as a bed or sofa. Many babies can roll over in the first month.

Dressing the Baby

The baby needs as much or as little clothing as you do to be comfortable under the same conditions, indoors or outdoors. If you need a sweater, then he does. If you are wearing a bathing suit, then all he needs is a diaper. Overdressing can be worse than underdressing.

Shoes

Shoes during the first year are only a foot covering. At the time that an infant spends more time on his feet than his seat, he is ready for shoes. Support is not the question: protection to the foot from gravel and splinters supplies the real reason for the first shoes. A soft or semi-soft sole should be used.

Taking the Baby Outside

The newborn baby is protected from many infections during the first few months because of protection passed on from the mother. There are also many infections he is not protected from, including the common cold, so it is best to avoid exposure to people or crowds for the first month or so. Especially avoid people known to have colds. However, there is no reason to shelter him from his world and his admirers if common sense is used. Trips outside are good stimulation; however, it is a good idea to avoid extremes of weather, especially very hot weather. Never leave a baby in direct sunlight.

NORMAL NEWBORN BEHAVIOR AND CHARACTERISTICS

All babies cry, cough, sneeze, spit up a little, hiccough frequently and make strange noises at times. These need only be reported if excessive. Babies cry for many reasons - because they are hungry, tired, cold, wet, or want to be picked up. Many babies have fussy crying periods, sometimes at the same time each day, when nothing seems to stop them from crying. At these times it is perfectly safe to let the baby cry for a while, provided he later returns to his usual easily-calmed behavior.

If possible, it is preferable for the baby to sleep in a separate room so that you are not disturbed by every little noise, and so that he is not disturbed by you.

During the newborn period, your baby will probably demonstrate some of the following characteristics which might concern you if you do not realize they are normal. Immediately after birth, your baby's head and face may be lopsided. This is due to the molding of the skull as the head is squeezed through the birth canal. This disappears within a week. Many babies have red marks on their eyelids, forehead and neck. These are "birth marks" which fade away without treatment.

You may see in your baby indications of hormones which are main-

tained during your pregnancy. The breast may be swollen and secrete a few drops of milk. In baby girls there may be a mucoid vaginal discharge that may have streaks of blood at 5 to 7 days of age. These changes are transient and require no treatment.

Because the baby's skin has always been in water and after birth it is now exposed to air it frequently peels a superficial layer. On the hands and feet the drying is usually most prominent and requires a little lotion to prevent the skin from cracking too deeply. All babies sneeze frequently to remove dust from the nose and usually between three or six weeks they begin breathing very "snorty" and congested. The nasal congestion is from mucus and does not mean the baby has a "cold." We suggest using a 3 ounce rubber bulb syringe to help your baby clear the mucus from his nose. Newborns hiccough after most feedings and pass a lot of gas. Neither indicates indigestion.

You may notice some small white bumps on your baby's face. These are clogged oil glands and require no treatment.

You may notice your baby "jumps" at times. This is a normal reflex and shows the pathways to his brain are developed properly. It does not mean he is "nervous" and there is no need to tiptoe around.

Burping

A baby may swallow a considerable amount of air during feeding or crying. This may cause temporary discomfort which may be relieved by burping the baby, usually in the middle of the feeding and at the end of each feeding. Hold the baby upright with his hands on your shoulder and pat him gently on the back. He may burp up some milk with the air.

Spitting

Most babies "spit up" during the first few months of life. This may occur only with burping or when the baby is lying in his crib after a feeding, or it may occur all day long. As long as the baby retains most of his feeding and seems satisfied until time for the next feeding then there is usually no problem. If the baby vomits forcefully, this is not normal and should be reported to us if it continues. If he vomits green bile-stained material, this should be reported at once.

Sleeping

During the first few weeks the average baby sleeps most of the time, as much as 18-20 hours per day. It is not abnormal if he sleeps less than this, as every baby has a different sleep requirement. Babies always get enough sleep. It will be more convenient for you if the baby gets most of his sleep at night, so if your baby sleeps all day and stays awake at night, try to keep him awake more during the day until he

knows day from night. We feel that it is a good idea that your baby receive stimulation.

Mouthing Objects and Hands

Your infant will attempt to mouth every object with which he comes in contact. Let him chew his sleeves or fingers; his greatest appreciation for the world now rests in oral contact.

If a pacifier settles your infant and you wish to use one there is no harm in doing so. Thumb sucking is normal until approximately 4 1/2 years of age. Permanent injury to the teeth rarely occurs during this time. The attempt to prevent thumb sucking during this period may create an unhappy child and parent or a habit less desirable than thumb sucking.

Nails

As your infant's nails grow he may scratch his face. Keep nails trimmed. This may be best accomplished while the infant is asleep.

Urine and Bowel Movements

During the first few months the infant voids approximately every hour. Intervals of dryness may become longer after this time, but poor bladder control continues for at least the first two years.

The first stools passed by a newborn baby are called meconium. This is a thick, sticky, black material. Stools of the breast fed infant are then generally more loose, watery, frequent and less offensive than the stools of the formula fed infant. Up to six and eight bowel movements a day are not unusual. The color of the bowel movement in the first few months may be varied; green is not abnormal in an apparently otherwise healthy acting infant. Diarrhea is more than loose stools. It is water-like with little or no solid matter. Streaks of blood may be seen on a dry or firm bowel movement; this is the result of stretching of a normally snug anal sphincter. Spontaneous dilation by further large stools or manual dilation by the physician will correct this problem. Some infants may pass a stool no more often than every two or three days and if there is no attendant discomfort should not be considered abnormal. Hard, dry rock-like pieces of stool are abnormal and are typical of constipation. For constipation, we add one teaspoon of Karo[®] syrup to three or four bottles of milk per day. Never give enemas, laxatives or suppositories unless advised by the Doctor. If constipation persists, call for advice.

COMMON PROBLEMS

Rashes

Most babies develop rashes in the first few weeks. These are usu-

ally mainly on the face and consist of small red bumps, sometimes with small white heads. They may be due to overactive oil glands or as a reaction to soap, sheets, your clothes, or foods. Washing with water and a mild soap is usually all that is necessary, and most rashes will soon go away.

Cradle Cap

This refers to the yellowish scales and crusts that form on the scalp. This can usually be prevented by shampooing the hair during the baths. If it occurs soak the crusts with a moist cloth before shampooing and then brush or comb the crust away. Remember that the fontanelles (soft spots on top of the baby's head) are tough and can be brushed briskly. Avoid using oils or lotions on the scalp, as these often make cradle cap worse.

Colic and Crying

This term refers to a fussy infant in the first few months of life. It is often associated with crying, spitting up, burping, and passing gas. Nearly every baby does this at times. There should be no real concern unless the symptoms are persistent. If so, call for advice. Nearly all babies "outgrow" colic by age 3-4 months. Paregoric should never be used for colic. Crying is your infant's only means of communication. He cries for many reasons unknown to us. If allowed to find his own comfort without being routed out of his bassinet or crib after the first few minutes of crying, he may quickly relax and fall back to sleep. Checking him when crying is certainly in order, but if he is alright he should be given the opportunity to settle down on his own. Every cry does not mean hunger.

Refusal of Feeding

Infants frequently skip a feeding or refuse a particular food. If a baby skips two or more feedings in a row, this may be a sign of illness, especially if the baby is not acting normally.

Fever (temperature of 100.5° rectally or higher)

This is usually a sign of illness. It is impossible to tell fever without taking the temperature with a thermometer, since most babies "feel warm." Do not take the temperature routinely, only if the baby seems sick or is not acting normally. It is important to have a thermometer and know how to use it. Have someone show you if you do not already know how. If your baby has a fever of 100.5° rectally or higher during the first 2 months, call immediately. As the infant becomes older, fever will often be a part of many routine illnesses.

Temperature

Temperature above 100.5° rectally is one of the most common signs

of illness. It is one of the prime defenses the body has against disease and should therefore be considered as a desirable factor if infection is present. However, we make the following suggestions to lower the fever if the temperature goes above 104° rectally:

1. Keep your child from becoming overheated by avoiding heavy clothing, extra blankets, and by not turning up the heat in your home. Just as a thermos jug keeps liquid hot for a long period of time, so will extra coverings keep your child's temperature elevated for a long time. (So, take all his clothes off and get as much skin exposed to the air as possible.)
2. Sponging for 20 minutes in a tub of lukewarm water will help to drop the temperature most quickly. Hot or cold water will make things worse. NEVER, NEVER, use Alcohol for sponging.

Medication Dosages For Fever

Acetaminophen can be given up to every 4 hours (no greater than 4 doses per day). Aspirin relieves pain and fever, but it should never be used in infants or children because of its serious side effects (Reye's Syndrome). Ibuprofen is not used until 6 months of age and older.

Colds

Stuffy nose, cough, or sneezing may be symptoms of a cold, although they also occur in normal infants. Babies are rarely very sick with colds, but they may be somewhat uncomfortable and fussy and they usually sound noisy because they are breathing through a congested nose. A vaporizer or humidifier is probably the best treatment for a cold. Also, you may use a nose or ear syringe to suck the mucus from the nose, especially before feeding, so that he can breathe and swallow better during feeding. If the baby does not improve, consult the doctor. Do not use any medications unless they are recommended for the baby by the doctor.

Stimulation

Even though your child cannot understand much of what he hears and sees, he learns from his surroundings right from birth. Sights and sounds give him great pleasure and provide the building blocks for future learning. We suggest talking and singing to him, music, mobiles, pictures, colorful toys, and frequent warm physical contact. The television is not a very good source of stimulation for babies, and we do not recommend using it as a "babysitter" or a substitute for parental attention.

Some General Advice

This is your child. Give him love and security. Also give him a feeling of your confidence as a parent. A child raised confidently by parents

making an occasional mistake, but exercising their love, instinct, and common sense, is far better off than turning to the next chapter in a book of child psychology to see what to do next.

Analyze yourself as individuals and as parents collectively and avoid overindulgence or overprotection. Be sure to find a competent babysitter and plan on leaving the infant occasionally starting at an early age.

In the course of instituting punishments in the home, remember that “yes” and “no” “right” and “wrong,” are not understood by a child until ten to eighteen months of age. Physical punishment is not comprehended until eighteen to thirty months. Before this time try to anticipate trouble and avoid situations rather than punish after they occur. Use “no” sparingly, but once instituted follow through to the “bitter end.” The final caution about punishment is to be consistent as parents. Don’t allow your child to pit one against the other. Back each other up. If you disagree about discipline, do it quietly alone as a couple, not as irrational “adult children” in front of other adults and especially in front of your child.

Returning Home from the Hospital

Those of you who are returning home to a recently deposed crown prince or princess may feel that your reception is not a very enthusiastic one. The other children may feel that they were abruptly dropped in favor of the new arrival. The following suggestions may help to ease your baby into their good graces.

Permit DAD to carry the new baby from the car to the house, and to tend to the baby’s needs for the first half hour.

Bring small gifts, to let them know you remembered. Make yourself available to them for the first half hour you are home. Do not pursue them, but sit quietly and let them know you have time for them, unencumbered by the new baby’s presence. They may have nothing to do with you, but at least let them know that you are solely available to them.

Set aside some time each day when you and the other children can share each other’s company without interruptions. They need to be repeatedly reassured that their place in your affections is secure.

Accident Prevention

Accidents and poisonings are by far the most frequent causes of death and crippling among children. It is up to you to provide safety for your child...don’t wait until your baby has already been hurt before you make his home safe for him!

Some Suggestions

1. See that crib sides are up and latched whenever you turn away from the baby.
2. Do not leave the baby unattended on anything from which he may fall.
3. Permit only safe, unbreakable toys without sharp edges or small parts which might break off and choke the baby.
4. Position pots and pans on the stove so that children cannot grab the handles. Freshly poured, hot liquids, such as coffee and soup, can cause severe burns.
5. Cover all electrical outlets when not in use; mock plugs are available at hardware stores.
6. ABOVE ALL, keep medicines in a LOCKED box (a fishing tackle box is an ideal solution), and all cleaning supplies locked up or out of reach as well.
7. Whenever your baby is in an infant seat, the seat should be placed on the floor and never left on a couch or table top. This is only inviting disaster. Be careful when bending over that the baby does not slide out the top.
8. From the beginning get your baby in the habit of being in an infant or car seat while in the automobile. The infant or child should be in the back seat at all times. There are several excellent infant and child car seats that are approved and have federal safety stamps on them. In general, they should be of vinyl construction, non-folding, with the seat itself secured by a seat belt and the infant in a harness inside the seat. It is also an excellent idea for the parent to provide a good example for the child and wear a seat belt at all times while in the car. Children learn by example and safety should be taught early in life.
9. Be sure older siblings are instructed never to give the baby any food, as a piece of candy or peanut could cause choking.
10. Never leave plastic bags or thin plastic coverings near an infant.
11. Drano[®], Easy-Off Oven Cleaner[®] and furniture polish should be used and then discarded. They are too dangerous to keep in the house!!!
12. Infant walkers have been responsible for numerous serious injuries. They do not help babies learn to walk, and we do not recommend their routine use.

THINGS TO HAVE AT HOME

1. Rectal thermometer
2. Suction bulb - 3 ounce size
3. Vaporizer (cool air type) may be needed for respiratory infections, especially croup.

BOOKS ON BABY CARE AND DEVELOPMENT

Caring for Your Baby and Young Child - Birth to Age 5

Published by the American Academy of Pediatrics

Your Baby's First Year

Published by the American Academy of Pediatrics

Guide to Your Child's Nutrition

Published by the American Academy of Pediatrics

Guide to Your Child's Symptoms

Published by the American Academy of Pediatrics

Parent Power

By John Rosemond, Ph.D.

Your Child's Health - A Pediatric Guide for Parents

By Barton D. Schmitt, MD

Infants and Mothers, Differences in Development

By T. B. Brazelton, MD

Focus on the Family

Complete Book of Baby and Child Care

Fathers and Babies: How Babies Grow and What They Need From You, Birth to 18 Months

By Jean Marzollo

WEB SITES

American Academy of Pediatrics - www.aap.org

Center for Disease Control and Prevention - www.cdc.gov

National Library of Medicine -

(access to Grateful Med search engine) - www.nlm.nih.gov

North Carolina Child Advocacy Institute - www.NCChilds.org

North Carolina Pediatric Society - www.ncped.s.org

LimiTV - www.LimiTV.X5.com

Dr. C. Everett Koop - www.drkoop.com

WELL CHILD CHECKUP AND IMMUNIZATION SCHEDULE

4 to 6 days	Weight check for breast-fed babies
2 weeks	Well Child Visit ⁽¹⁾
2 months	Well Child Visit - Immunizations ⁽²⁾
4 months	Well Child Visit - Immunizations
6 months	Well Child Visit - Immunizations
9 months	Well Child Visit - Immunization
12 months	Well Child Visit Hemoglobin and Lead Screen if indicated Immunizations
18 months	Well Child Visit - Immunization
2 years	Well Child Visit Urinalysis and Lead Screen if indicated
3 years	Well Child Visit
4 years	Well Child Visit Vision and Hearing testing (a) Hemoglobin and Urinalysis (b) Immunizations (a) and (b) may be given at 5 year visit (pre-school exam) instead of this visit
5 years	Well Child Visit Vision and Hearing testing (a) and (b) of 4 year visit, if not done at that time
6 years and older	Routine exams and evaluations every 2 years Td ⁽³⁾ boosters are given every 10 years (done at school) Hep B ⁽⁴⁾ and MMR ⁽⁵⁾ boosters are given at school in 6th grade

⁽¹⁾ The Well Child Visit varies somewhat by age, but usually includes evaluation of growth, monitoring of development and nutrition, a physical exam, discussion of safety issues and discussions of what to expect regarding behavior and development from your child during the interval between your visit and the next scheduled checkup.

⁽²⁾ Immunization recommendations and schedules change from time to time. The most current recommendations from the American Academy of Pediatrics Red Book Committee and the Immunization Branch of the State of North Carolina will be given to you as a separate hand-out. We strongly urge parents to immunize their children.

⁽³⁾ Tetanus and Diphtheria

⁽⁴⁾ Hepatitis B

⁽⁵⁾ Measles, Mumps and Rubella

OFFICE INFORMATION

Office Hours

Monday through Friday 8:30 a.m. until 12 Noon
1:30 p.m. until 5 p.m.

Call 786-1144 for the Concord office.

Please try to anticipate needs in advance, such as sports or camp physicals. Routine physicals should be scheduled in advance. 24 hour notice is requested for cancelled appointments. There will be a charge for missed appointments.

Sick Visits

If your child is sick or has an acute problem, please call the office and we will give you the best time for you to come appropriate to the problem.

Minimal waiting will occur if you call. No sick child has ever been turned away, so please be patient and we will see you as soon as possible.

Evenings & Weekends

After hours a doctor is available, on an as needed basis, for acutely ill children and teenagers. Patients may be seen in the office or at a site designated by the on call physician. Please call before hand so that on call doctor's time can be efficiently managed in order to minimize your waiting time. IF YOU ARE COVERED BY AN HMO PLAN OR BY CAROLINA ACCESS YOU MUST CALL THE PHYSICIAN FIRST BEFORE GOING TO THE EMERGENCY DEPARTMENT UNLESS YOU FEEL IT IS AN OBVIOUS SERIOUS INJURY OR MEDICAL CONDITION. It is not appropriate to see chronic problems after hours. Acute complications occurring during a chronic problem may be an appropriate reason to be seen. Call the office to discuss this with the triage nurse or with the physician on call.

A pediatrician is on call from the time the office closes until 8:30 a.m. the following morning through the week, as well as from noon on Saturday until 8:30 a.m. on Monday. If you need to speak with the doctor on call during this time, call 786-1144. After hours, pediatric nurses who follow strict protocols, will handle your calls to the office. They are authorized to call in certain prescription medications. They will refer all calls they are in doubt about to the physician on call.

Telephone

Our office has trained personnel to assist you with problems. Our phones are answered from 8:00 a.m. until closing Monday through

Friday. On Saturday morning, the phone is answered from 8:30 until Noon. If you wish to speak directly to a doctor during office hours, please leave your name and number with the receptionist, and your call will be returned as soon as possible. It is quite helpful if you will make your routine calls during daytime office hours, and reserve night calls for immediate problems.

Prescriptions

We will be glad to assist you during office hours for common minor illnesses, such as colds, coughs, and stomach viruses. We feel that all illnesses, such as sore throats and sinus infections, require an examination for accuracy of diagnosis. Our group has a policy of not calling in antibiotics. Refills of medicine will be called in during office hours. Your cooperation in these areas will be appreciated.

Choice of Doctors

We would like you to feel free to choose any of our doctors for routine care. We feel that it is wise to see all of our doctors at some point, in order that you and your child might get to know all of us, and vice-versa. During sick visits on a work-in basis, it will speed up your visit if you see the first available doctor, although you are welcome to wait until the doctor of your choice is available.

Fees

All of our fees are available to you on request. Payment is expected at the time of your visit. If this is not possible, other arrangements can be made in advance. We do accept Visa and MasterCard payment. If you are having financial problems or problems with your bill, please feel free to discuss this with our Clinic Manager.

WCC

IMMUNIZATION SCHEDULE

2 months	DTaP ⁽¹⁾ , Hib ⁽²⁾ , IPV ⁽³⁾ , Prevnar
4 months	DTaP ⁽¹⁾ , Hib ⁽²⁾ , IPV ⁽³⁾ , Prevnar
6 months	DTaP ⁽¹⁾ , Hib ⁽²⁾ , HepB ⁽⁴⁾ , Prevnar
9 months	HepB, IPV
12 months	DTaP ⁽¹⁾ , Hib ⁽²⁾ , IPV ⁽³⁾ , MMR ⁽⁵⁾ , Varivax ⁽⁶⁾ , Prevnar
18 months	None
2 Years	None
3 Years	None
4 years	DTaP ⁽¹⁾ , IPV ⁽³⁾ , MMR ⁽⁵⁾ These immunizations may be given at the 5 year (preschool visit)
5 years	DTaP ⁽¹⁾ , IPV ⁽³⁾ , MMR ⁽⁵⁾ If not given at the 4 year visit
6 years and older	Td ⁽⁷⁾ boosters are given every 10 years (done at school) HepB and MMR boosters are given at school in 6th grade if not previously given

⁽¹⁾ Diphtheria, Tetanus, and Acellular Pertussis

⁽²⁾ Haemophilus Influenza Meningitis

⁽³⁾ Inactivated Polio Vaccine (shot)

⁽⁴⁾ Hepatitis B

⁽⁵⁾ Measles, Mumps and Rubella (German Measles)

⁽⁶⁾ Chickenpox

⁽⁷⁾ Tetanus and diphtheria

⁽⁸⁾ Prevnar

Immunization schedule may vary based on the discretion of the physician or nurse practitioner.

WCC

IMMUNIZATION SCHEDULE

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