



PEDIATRIC ASSOCIATES

Your Child's
HEALTH RECORD



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with 27 neighborhood locations in
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Your Newborn's Information:

Name _____

Baby's Due Date _____

Birthdate _____

Hospital _____ Time _____

Birth Weight _____ Discharge Weight _____

Head Circumference _____ Length _____

Blood Type _____ APGAR _____

Obstetrician Name _____

Pediatrician Name _____ Tel # _____

Other Birth Details _____

Medical Conditions (if any) _____

Medications (if any) _____

POISON CONTROL CENTER: 1-800-222-1222

Table of Contents

The First Few Weeks at Home	4-7
Postpartum & Vaccines	8-9
Recommended Well Visit Schedule	10-11
Growth Chart & Health Record	12-13
One & Two Year Development	14-15
Allergy Record & Dosing Guide	16-17
Infant Nutrition	18-19

Place a photo
of your
baby here

It's a _____ !!!

Congratulations on the new addition to your family! The road ahead is going to be filled with joy...and questions! We are thrilled to be by your side as you embark on this fantastic journey.

The First Few Weeks At Home With Your Baby

FEEDING YOUR BABY WEIGHT GAIN

During the first months of your baby's life, your responsibilities are simply to love and feed your baby. All babies lose a few ounces during the first few days after birth. However they should be back up to their birth weight by the time they're 2 weeks old. Infants gain approximately one ounce per day during the early months. If milk is provided liberally, the normal newborn's hunger drive ensures appropriate weight gain.

BREASTFEEDING

Breastfeeding is the preferred source of nutrition for babies. A breastfeeding mother often wonders if her baby is getting enough calories, since she can't see how many ounces the baby takes. Your baby is doing fine if he/she demands to nurse every 2 to 3 hours, appears satisfied after feedings, and wets at least 6 diapers daily. Water is not needed. All formulas and breast milk are at least 70% water and provide adequate fluid intake for the baby. Breastfeeding mothers with questions or concerns can call our office, La Leche League at 954-574-6600, or a local qualified lactation specialist in your neighborhood.

FORMULA FEEDING

Formula fed babies will be discharged on the same formula they have been taking in the hospital nursery. Offer up to 3 ounces every 2 to 3 hours. Your baby will not take the same amount at each feeding until he/she settles into a schedule, which may take several days. Remember that there is plenty of water in the formula, and extra is NOT needed.

INFANT STIMULATION

For babies, infant stimulation includes activities that arouse, or “stimulate”, your baby’s sense of sound, touch, taste, and smell. Infant stimulation can improve your baby’s curiosity, attention span, memory and nervous system development.

SIGHT: At birth, an infant can clearly see an object 10-13 inches from their face.

TOUCH: Touching provides contact, reassurance, relaxation, and comfort. Babies like firm and gentle stroking.

TASTE AND SMELL: Research shows that new babies prefer sweet tastes from birth and will turn away or cry if given something bitter or sour to taste. Likewise, newborns will turn towards smells they prefer and turn away from unpleasant odors.

HEARING: Talk to your baby. Play musical toys or radios. Sing to your baby or read a story. Don’t make loud noises or put headphones on your baby.

COMMON CONCERNS

CARE OF THE CORD AND SKIN & BATHING: Babies do not require frequent bathing. Cleansers should be mild and you can just sponge bathe your baby until the umbilical cord detaches. Wiping the cord is optional. If the cord oozes, please contact our office. Tiny spotting of blood can be normal.

CIRCUMCISION: A coat of Vaseline alone will protect this area until it heals in a few days.

EYE DRAINAGE: This is most commonly due to a mild blockage of a tear duct. If this happens, cleanse them gently with warm water and gauze. If it lasts more than a few days, or if the eyes look red, please call the office.

BREAST SWELLING: This is normal for both boys and girls in the first month of life.

HICCUPS (LOTS OF THEM): They are normal and there is nothing you need to do.

PACIFIERS: Early pacifier use may reduce the risk of SIDS. Pacifier use may be initiated after breastfeeding has been established (usually at 3-4 weeks of age).

PERIODIC BREATHING: In the first months of life, nearly all babies will have periods where they actually stop breathing for 5 to 10 seconds. The baby will then go into a pattern of more rapid breathing for 30 seconds. This cycle often repeats itself and is totally normal. However, a baby who stops breathing for more than 20 seconds or develops a blue color of the lips, is cause for alarm. If this happens, you should call 911 immediately.

SNEEZING: Lots of sneezing is normal. Runny noses are not.

STOOL (POOP): Your baby may have a bowel movement after each feeding or may have one or two stools a day. It is also normal for some babies to go 48 hours or longer without a stool. Your baby may appear to strain when they have a stool, but unless the stool is hard and pellet-like, this is perfectly normal. The typical breastfed infant's stool is loose and seedy or frothy. If the stools appear excessively watery, please let us know.

SPIT-UP: Nearly all babies spit up some of their feedings. Vomiting an entire feeding once a day is even common. However, this should not be painful or forceful. If the problem seems excessive, or if the baby seems constantly fussy, it is important to contact us.

If you are ever worried about your baby's weight gain, feeding, or stooling pattern, you can always schedule a visit, and we will help you figure it out.

STARTLING: This "shaking" is normal in response to stimulation.

SWADDLING: Although not recommended, many babies respond to swaddling, or tight blanket wrapping, of the upper body. If you do this, do not swaddle the legs, as this is associated with hip dislocation. Be sure to only use products that are labeled "SIDS Safe".

VAGINAL BLEEDING: This is normal. On occasion, infant girls may have a small amount of vaginal discharge or bleeding in the first weeks of life.

SLEEP

Infants should be placed in their beds on their backs. This has been shown to decrease the incidence of SIDS (Sudden Infant Death Syndrome). Babies will get as much sleep as they need. This will not necessarily be the same amount each day, and eventually they will develop a schedule. Babies usually tolerate a moderate amount of noise without waking, and it is not necessary to modify everyday household sounds.

VISITORS

Only close friends and relatives should visit you during your first month at home. They should not visit if they are sick. Friends who do not have children may not understand your needs. If you have other children, encourage visitors to pay special attention to them as well as the baby. Anyone who handles the baby should wash their hands with soap before and after.

DEALING WITH CRYING

All young babies will cry (not necessarily caused by hunger, sickness, or pain). Crying babies need to be held. They need someone with a soothing voice and a soothing touch. You can't spoil a baby with too much attention during the early months of life. If you think your child is crying because he/she is sick or in pain or if you need additional help with the crying, call our office.

DRESSING & TAKING BABY OUTDOORS

The most practical clothes for your newborn are nightgowns, stretch suits and snap clothing shirts. Begin with 3 to 6 month sizes rather than newborn layette sizes.

You can take your baby outdoors at any age. You already took the baby outside when you left the hospital, and you will be going outside again when you visit our office two days after discharge. Dress the baby in as many layers of clothing as an adult would wear for the outdoor temperature. A common mistake is overdressing babies in summer. Cool air or wind does not cause ear infections, pneumonia or other illness.

Protect your baby's skin from the sun with a hat and clothing that covers most of the body. Most sunscreens can be used at 6 months of age. Avoid crowded places during your baby's first two months of life.

HELPING HANDS

For most parents, the first weeks at home with a new baby are the hardest. You may feel overworked, fatigued, stressed out and even lonely. You may wonder if you will ever catch up on your rest or your work. The solution is to ask for help. Even if it's just to run errands or clean the house, the less additional work you have, the less stress you'll feel. Common options for this "helper" role are your spouse/partner, your parent, other relatives or friends. Whether you are the mother, the father, the grandparent or another primary caretaker of this new baby, you should not try to add "superhero" to your title!

Don't forget that fathers can take paternity leave under the Family Leave Act. In addition, if your baby has a medical problem that requires special care, ask our office about how to arrange home visits from a community health nurse.

THE POSTPARTUM BLUES

More than 50% of women experience postpartum “blues” on the third or fourth day after delivery. The symptoms include tearfulness, tiredness, sadness and difficulty thinking clearly. The main cause of this temporary reaction is the sudden decrease of maternal hormones after delivery. Since the symptoms commonly begin after the mother comes home from the hospital, the full impact of being responsible for a dependent newborn may also be a contributing factor. Many mothers feel guilty about the symptoms because they have been told that they should be overjoyed with their new baby. The symptoms usually clear up in one to three weeks as hormone levels return to normal and the mother develops a sense of control over her life.

There are several ways to cope with the postpartum blues:

- Acknowledge your feelings and discuss them with your significant other, a close friend, your pediatrician or obstetrician. If you are feeling trapped and overwhelmed by your new responsibilities, discuss that, too.
- Do not try to suppress crying or put on a “supermom” show for everyone.
- Get adequate rest.
- Get help with your work.
- Mingle with other people, do not let yourself become isolated, and get out of the house at least once every week.
- If you do not feel better by the time your baby is one month old, or if you feel that you are having trouble coping, talk to your physician or pediatrician.

Vaccines and Preventable Diseases in Children

DTaP (Diphtheria, Tetanus, Pertussis): This vaccine works to prevent three infections.

- **DIPHTHERIA** is caused by bacteria that live in the mouth and throat and may lead to a sore throat, suffocation, paralysis, heart failure, coma and even death.
- **TETANUS** is caused by a puncture in the skin and may lead to headaches, severe muscle spasms (including the mouth and jaw), breathing problems, severe heart damage, lung infections, coma and death.
- **PERTUSSIS (WHOOPIING COUGH)** is caused by bacteria and may lead to severe coughing, pneumonia, seizures, brain infection and death.

HEPATITIS A: This infection, transmitted by contaminated water and food, causes vomiting, diarrhea, jaundice (yellow skin and eyes), bleeding problems and fever.

HEPATITIS B: This infection, transmitted by contact with blood and other body fluids, can lead to vomiting, diarrhea, jaundice (yellow skin and eyes), liver damage, liver cancer and death.

HIB (HAEMOPHILUS INFLUENZAE TYPE B): This infection is spread through the air by coughing, sneezing and breathing. This may lead to meningitis, pneumonia, inflammation of the throat, brain damage and death.

GARDASIL (HPV): HPV is the most common sexually transmitted disease and can lead to cervical, vaginal, and vulvar cancers in females, and genital cancers in males. This can also cause genital warts in males and females.

INFLUENZA (FLU): This is a seasonal illness that can cause fever, chills, severe muscle aches, headaches, pneumonia, swelling of the brain and death.

IPV (POLIO): This infection, transmitted primarily through the ingestion of material contaminated with the virus found in stool, can lead to flu-like symptoms, paralysis, difficulty breathing and death.

MENACTRA (MENINGOCOCCUS): This can be spread by coming into close contact with an infected person and the fluid in their mouth (kissing, sneezing, sharing drinks). It can cause fever, headache, stiff neck, vomiting, an inflammation of the protective layer around the brain and spinal cord and death.

MMR (MEASLES, MUMPS, RUBELLA): This vaccine works to prevent three infections.

- **MEASLES (RUBEOLA)** is spread through the air by coughing, sneezing and even breathing. It can cause a rash, fever, runny nose, cough, pneumonia, ear infections, brain damage, seizures and death.
- **MUMPS** is spread from person to person through the air and can cause fever, headaches, swelling of the cheeks and jaws, deafness and death.
- **RUBELLA (GERMAN MEASLES)** is spread through the air and can cause fever, rash, swollen glands and birth defects such as deafness, blindness, mental retardation and heart defects.

PREVNAR (PNEUMOCOCCUS): This infection, caused by a bacteria and spread through the air, can lead to ear infections, sinus infections, meningitis, blood infections and death.

ROTATEQ (ROTAVIRUS): This is a highly contagious virus that affects nearly all children by their fifth birthday. Symptoms may include fever, vomiting, and watery diarrhea that can last from 3 to 9 days; and can quickly lead to dehydration (loss of body fluids).

VARICELLA (CHICKEN POX): This infection spreads through the air or through contact and can cause an itchy rash all over the body, fever, skin infections and death.

Recommended Well Visit Schedule

Dear Parent,

We look forward to providing your child with the best healthcare. The following is a schedule of suggested dates for your child's well exams. Please be sure to schedule your child's exam by visiting our website at www.pediatricassociates.com and clicking on "Make an Appointment".

Your Baby's Required Exams	Vaccines/Tests for		Discussion Points	
2-5 days	N/A		Feeding	Jaundice
2 Weeks	Hepatitis B (if not given in the hospital)		Car Seat Safety	Weight Gain
1 month	N/A		Sleep Pattern Feeding Colic	Weight Gain Stool Pattern
2 months	Diphtheria Whooping Cough Meningitis-Hib Rotavirus	Tetanus Polio Pneumococcus Hepatitis B	Sleep Pattern Baby Sitters Feeding	Infant Interaction Injury Prevention
4 months	Diphtheria Whooping Cough Meningitis-Hib Rotavirus	Tetanus Polio Pneumococcus	Introducing Solid Foods Read/Play Teething	Motor Skills Sibling Jealousy No Walker
6 months	Diphtheria Whooping Cough Meningitis-Hib Rotavirus Hepatitis B	Tetanus Polio Pneumococcus Influenza	Weaning Night Time Feeding Motor Skills Childproofing Home	Sunscreen Cup and Fluoridated Water
9 months	Hepatitis B (if not given at 6 months)		Dental Care/Sleep Issues Developmental Screening	Appetite Changes Childproofing Home
12 months	Chicken Pox Mumps Hepatitis A Anemia Test	Measles Rubella Lead Level	Water Safety Transitioning to Whole Milk Car Seat Anemia	Separation Anxiety Diet Lead Exposure Dentist
15 months	Diphtheria Whooping Cough Pneumococcus	Tetanus Meningitis-Hib	Temper Tantrums Following Commands	Bedtime Rituals
18 months	Hepatitis A		Vocabulary Developmental Screening	Safety/Toilet Training Helping with Tasks
24 months	Lead Level	Anemia Test	Combining Words Social Skills Developmental Screening	Nutrition/Cholesterol Car Seat Forward
30 months	N/A		Developmental Screening Verbal Skills	Motor Skills
3 years (and annually until 18)	Blood Pressure	Vision Test	Dental Care Age Appropriate Topics	Safety Bed Wetting

Updated 6/13

Vaccine Administration Record

Vaccine	Type of Vaccine (generic abbreviation)	Date Given (mo/da/yr)	Vaccine
			Lot #
Hepatitis B (e.g. HepB, Hib-HepB, DTap-HepB-IPV)			
Diphtheria, Tetanus, Pertussis (e.g., DTap, DTap-Hib, DTap-HepB-IPV, DT)			
Haemophilus influenzae type b (e.g., Hib, Hib-HepB, DTap-Hib)			
Polio (e.g., IPV, DTap-HepB-IPV)			
Pneumococcus (e.g., PCV7, PCV13, conjugate; PPSV23, polysaccharide)			
Measles, Mumps, Rubella (e.g., MMR, MMRV)			
Varicella (e.g., Var, MMRV)			
Hepatitis A (HepA)			
Td Tetanus Diphtheria (Td, Tdap)			
Rotavirus (RV1, RV5)			
Meningococcal (e.g., Menactra [MCV4 conjugate])			
Influenza (e.g., TIV, inactivated; LAIV, live attenuated)			
Human Papillomavirus (HPV)			
PPD			
Other Vaccines			

1st Year Development & Skills

Child's Age	Mastered Skills (most kids can do)	Emerging Skills (half of kids can do)	Advanced Skills (a few kids can do)
1 Month	<ul style="list-style-type: none"> Lifts head when lying on tummy Responds to sound Stares at faces 	<ul style="list-style-type: none"> Follows objects briefly with eyes Vocalizes: oohs and aahs Can see black-and-white patterns 	<ul style="list-style-type: none"> Smiles, laughs Holds head at 45-degree angle
2 Months	<ul style="list-style-type: none"> Vocalizes: gurgles and coos Follows objects across field of vision Notifies their hands Holds head up for short periods 	<ul style="list-style-type: none"> Smiles, laughs Holds head at 45-degree angle Makes smoother movements 	<ul style="list-style-type: none"> Holds head steady Can bear weight on legs Lifts head and shoulders when lying on tummy (mini-pushup)
3 Months	<ul style="list-style-type: none"> Recognizes your face and scent Holds head steady Visually tracks moving objects 	<ul style="list-style-type: none"> Squeals, gurgles, coos Blows bubbles Recognizes your voice Does mini-pushup 	<ul style="list-style-type: none"> Rolls over, from tummy to back Turns toward loud sounds Can bring hands together, bats at toys
4 Months	<ul style="list-style-type: none"> Smiles, laughs Can bear weight on legs Coos when you talk to them 	<ul style="list-style-type: none"> Can grasp a toy Rolls over, from tummy to back 	<ul style="list-style-type: none"> Imitates sounds: "baba," "dada" Cuts first tooth May be ready for solid foods
5 Months	<ul style="list-style-type: none"> Distinguishes between bold colors Plays with his hands and feet 	<ul style="list-style-type: none"> Recognizes own name Turns toward new sounds Rolls over in both directions 	<ul style="list-style-type: none"> Sits momentarily without support Mouths objects Separation anxiety may begin
6 Months	<ul style="list-style-type: none"> Turns toward sounds and voices Imitates sounds Rolls over in both directions 	<ul style="list-style-type: none"> Is ready for solid foods Sits without support Mouths objects Passes objects from hand to hand 	<ul style="list-style-type: none"> Lunges forward or starts crawling Jabbers or combines syllables Drags objects toward himself
7 Months	<ul style="list-style-type: none"> Sits without support Drags objects toward herself 	<ul style="list-style-type: none"> Lunges forward or starts crawling Jabbers or combines syllables Starts to experience stranger anxiety 	<ul style="list-style-type: none"> Waves goodbye Stands while holding onto something Bangs objects together Begins to understand object permanence
8 Months	<ul style="list-style-type: none"> Says "mama" or "dada" to parents (isn't specific) Passes objects from hand to hand 	<ul style="list-style-type: none"> Stands while holding onto something Crawls Points at objects Searches for hidden objects 	<ul style="list-style-type: none"> Pulls self to standing, cruises Picks things up with thumb-finger pincer grasp Indicates wants with gestures
9 Months	<ul style="list-style-type: none"> Stands while holding onto something Jabbers or combines syllables Understands object permanence 	<ul style="list-style-type: none"> Cruises while holding onto furniture Drinks from a sippy cup Eats with fingers Bangs objects together 	<ul style="list-style-type: none"> Plays patty-cake and peek-a-boo Says "mama" or "dada" to the correct parent
10 Months	<ul style="list-style-type: none"> Waves goodbye Picks things up with pincer grasp Crawls well, with belly off the ground 	<ul style="list-style-type: none"> Says "mama" or "dada" to the correct parent Indicates wants with gestures 	<ul style="list-style-type: none"> Stands alone for a couple of seconds Puts objects into a container
11 Months	<ul style="list-style-type: none"> Says "mama" or "dada" to the correct parent Plays patty-cake and peek-a-boo Stands alone for a couple of seconds Cruises 	<ul style="list-style-type: none"> Understands "no" and simple instructions Puts objects into a container 	<ul style="list-style-type: none"> Says one word besides "mama" or "dada" Stoops from standing position
12 Months	<ul style="list-style-type: none"> Imitates others' activities Indicates wants with gestures 	<ul style="list-style-type: none"> Takes a few steps Says one word besides "mama" or "dada" 	<ul style="list-style-type: none"> Walks alone Scribbles with a crayon Says two words besides "mama" or "dada"

2nd Year Development & Skills

Child's Age	Mastered Skills (most kids can do)	Emerging Skills (half of kids can do)	Advanced Skills (a few kids can do)
13 Months	<ul style="list-style-type: none"> • Uses two words skillfully (e.g., "hi" and "bye") • Bends over and picks up an object 	<ul style="list-style-type: none"> • Enjoys gazing at his reflection • Holds out arm or leg to help you dress them 	<ul style="list-style-type: none"> • Combines words and gestures to make needs known • Rolls a ball back and forth
14 Months	<ul style="list-style-type: none"> • Eats with fingers • Empties containers of contents • Imitates others 	<ul style="list-style-type: none"> • Toddles well • Initiates games • Points to one body part when asked • Responds to instructions (e.g., "give me a kiss") 	<ul style="list-style-type: none"> • Uses a spoon or fork • Matches lids with appropriate containers • Pushes and pulls toys while walking
15 Months	<ul style="list-style-type: none"> • Plays with ball • Uses three words regularly • Walks backward 	<ul style="list-style-type: none"> • Scribbles with a crayon • Runs • Adopts "no" as his favorite word 	<ul style="list-style-type: none"> • "Helps" around the house • Puts his fingers to his mouth and says "shhh"
16 Months	<ul style="list-style-type: none"> • Turns the pages of a book • Has temper tantrums when frustrated • Becomes attached to a soft toy or other object 	<ul style="list-style-type: none"> • Discovers the joy of climbing • Stacks three blocks • Uses spoon or fork • Learns the correct way to use common objects (e.g., the telephone) 	<ul style="list-style-type: none"> • Takes off one piece of clothing by himself • Gets finicky about food • Switches from two naps to one
17 Months	<ul style="list-style-type: none"> • Uses six words regularly • Enjoys pretend games • Likes riding toys 	<ul style="list-style-type: none"> • Feeds doll • Speaks more clearly • Throws a ball underhand 	<ul style="list-style-type: none"> • Dances to music • Sorts toys by color, shape, or size • Kicks ball forward • Throws a ball overhand
18 Months	<ul style="list-style-type: none"> • Will "read" board books on their own • Scribbles well 	<ul style="list-style-type: none"> • Strings two words together in phrases • Brushes teeth with help • Stacks four blocks 	<ul style="list-style-type: none"> • Takes toys apart and puts them back together • Shows signs of toilet training readiness
19 Months	<ul style="list-style-type: none"> • Uses a spoon and fork • Runs • Throws a ball underhand • Enjoys helping around the house 	<ul style="list-style-type: none"> • Understands as many as 200 words • Recognizes when something is wrong (e.g., calling a dog a cat) 	<ul style="list-style-type: none"> • Washes and dries own hands with help • Points to picture or object when you call it by name • May know when they need to pee
20 Months	<ul style="list-style-type: none"> • Feeds doll • Takes off own clothes • Dumps an object in imitation, such as throwing garbage away 	<ul style="list-style-type: none"> • Learns words at a rate of ten or more a day • Can walk up stairs (but probably not down) 	<ul style="list-style-type: none"> • May start exploring genitals • Draws a straight line • Names several body parts
21 Months	<ul style="list-style-type: none"> • Can walk up stairs • Able to set simple goals (e.g., deciding to put a toy in a certain place) 	<ul style="list-style-type: none"> • Throws a ball overhand • Kicks ball forward • Stacks six blocks 	<ul style="list-style-type: none"> • Names simple picture in a book • Can walk down stairs
22 Months	<ul style="list-style-type: none"> • Kicks ball forward • Follows two-step requests (e.g., "Get your doll and bring it here") 	<ul style="list-style-type: none"> • Does simple puzzles • Draws a straight line • Names several body parts 	<ul style="list-style-type: none"> • Puts on loose-fitting clothes • Might be ready for a big bed • Understands opposites (e.g., tall vs. short)
23 Months	<ul style="list-style-type: none"> • Names simple picture in a book • Uses 50 to 70 words 	<ul style="list-style-type: none"> • Opens doors • Sings simple tunes • Takes more of an interest in playing with other kids 	<ul style="list-style-type: none"> • Talks about self (likes, dislikes) • Asks "why?"
24 Months	<ul style="list-style-type: none"> • Names at least six body parts • Half of speech is understandable • Makes two- to three-word sentences 	<ul style="list-style-type: none"> • Talks about self • Arranges things in categories • Can walk down stairs 	<ul style="list-style-type: none"> • Begins to understand abstract concepts (e.g., sooner and later) • Becomes attuned to gender differences • Learns to jump

Important Medication Administration Tips

- ✓ Always dose in milliliters (mL).
- ✓ Know your baby's weight.
- ✓ Get the correct milliliter dose for your baby's weight from your pediatrician.
- ✓ If the medication comes with its own measuring device, always use that device.
- ✓ Do not use a household teaspoon to measure medication.
- ✓ Stay on schedule.
- ✓ Keep a record of how much medicine you give and when it's given.
- ✓ Don't increase the dosage because your child seems sicker.
- ✓ Don't give medicine in the dark.
- ✓ Doses may be given every 6 to 8 hours for Ibuprofen, and every 4 to 6 hours for Acetaminophen.

Ibuprofen Dosage Guide

(Ibuprofen is the generic name. Some common product names are Infant's or Children's Advil, Infant's or Children's Motrin, or you may inquire with your local pharmacy for their own "store" brand form of children's or infant's Ibuprofen.)

Infant's Concentrated Drops 50mg/1.25mL

Children's Syrup 100mg/5mL

		Infant's Ibuprofen Concentrated Drops 50mg/1.25mL	Children's Ibuprofen Syrup 100mg/5mL
Dosage Instrument (comes with product)		Dropper (mL)	Medication cup (mL)
Weight	Age		
Under 6 months		Do not administer. Consult with pediatrician.	Do not administer. Consult with pediatrician.
12-17 lb	6-11 mos	1.25 mL	-----
18-23 lb	12-23 mos	1.875 mL	-----
24-35 lb	2-3 years	-----	5 mL
36-47 lb	4-5 years	-----	7.5 mL
48-59 lb	6-8 years	-----	10 mL
60-71 lb	9-10 years	-----	12.5 mL
72-95 lb	11 years	-----	15 mL

Acetaminophen Dosage Guide

(Acetaminophen is the generic name. A common product name is Infant's or Children's Tylenol or you may inquire with your local pharmacy for their own "store" brand form of Infant's or Children's Acetaminophen.)

160mg/5mL concentration

(Infant Oral Suspension & Children's Syrup)

Weight (lb)	Age (mos)	Dose (mL)
6-11 lb	0-3 mos (call the pediatrician first)	1.25 mL
12-17 lb	4-11 mos	2.5 mL
18-23 lb	12-23 mos	3.75 mL
24-35 lb	24-36 mos	5 mL
36-47 lb	4-5 years	7.5 mL
48-59 lb	6-8 years	10 mL
60-71 lb	9-10 years	12.5 mL
72-95 lb	11 years	15 mL

A Word About Breastfeeding...

*Congratulations on your new baby and on your decision to breastfeed!
Nursing is the best and most natural nutrition for your baby.
Here are a few tips and commonly asked questions
and answers regarding breastfeeding.*

Exclusive breastfeeding is best for mom and baby.

Breastfeeding decreases the risks of your baby getting many common infections, such as ear infections, stomach viruses and colds. Babies who are exclusively breastfed also have higher IQ scores. In mothers, a history of breastfeeding has been shown to reduce the risk for type 2 diabetes, breast cancer and ovarian cancer.

Tips to remember in the first few days of nursing:

Most women's milk comes in by day 2-5 of life. But some women who have had a cesarean section (c-section) may not produce milk until day 7. It is very important to offer your baby the breast at least every 3 hours, whether your breasts feel full or not. This will help stimulate your breasts to make more milk.

The milk that comes in the beginning is called colostrum. This special milk contains very important antibodies to help your baby fight diseases. Even when a mom thinks she is producing nothing, it is still crucial to nurse or pump every 3 hours to help the milk come in.

Monitoring the number and consistency of stools is also important in the first few days. The color of bowel movements is generally dark and tar-like in the beginning and then transitions to a green-to-yellow color with seedy granules. Once the stool is yellow and seedy, this is a good sign of milk production. Some breastfed babies poop after every feed. Most breastfed babies have 6-8 wet (with urine) diapers per day.

Offering each breast for 20 minutes is sufficient time for the baby to suckle and get the milk they need. If the baby still seems hungry after 40 minutes of good nursing (not falling asleep on the breast and or crying), then it may be a good idea to supplement with formula. This decision should be made with your doctor. If the baby falls asleep early during the feed, try to nurse skin to skin; get the baby undressed, tickle the feet or wet the forehead.

Perceived insufficient milk is the most common reason women stop breastfeeding in the first 2 weeks of life. Measuring the number of stools and wet diapers per day is a way to determine that the baby is getting enough milk. A good guideline would be at least 1 wet diaper and 1 stool per day of life until your milk is in. More than 4 stools and 6 urine diapers is an adequate amount. As long as the baby seems full, he/she has generally had enough.

Pumping is another good measure of how much milk a mom is producing. Most newborns drink 1½ to 3 ounces of milk per feed every 2 to 4 hours. If the total amount of milk pumped from both breasts is 2 ounces, that should be sufficient for most babies. However, if the baby seems hungry after drinking from both breasts, of-

fering expressed breast milk or formula may be indicated. Always check with your doctor first.

Vitamin D Supplementation

Vitamin D deficiency leads to Rickets which can cause brittle bones and multiple fractures. Rickets is more common in African American children who don't absorb much sunlight.

Giving babies 1 ml of any vitamin D containing infant drop (sold over the counter without a prescription) each day can help prevent Vitamin D deficiency. Each ml contains 400 IU of Vitamin D. If your baby spits out the dose, you can offer it in a pumped bottle of milk.

Signs of Mastitis

Mastitis is an infection of the breast which presents as red, sore nipples (or any part of the breast) and may be associated with a high fever, chills and pain. The plugged ducts of mastitis usually improve with warm compresses and pumping or nursing. But, mastitis will not resolve without antibiotics. Many antibiotics are safe to take while nursing. Your doctor can prescribe the medication for you. It is encouraged to continue nursing while you have mastitis, unless you are feeling very sick.

Sore nipples and pain are not a reason to stop breastfeeding. In the first few days of nursing, nipple tenderness is normal. Your breasts are getting used to your new baby. The baby must be trained to latch on properly to avoid cracked and sore nipples. A comfortable position for the mom and baby is important. Pain that continues while nursing is not normal. Encourage the baby to latch well by touching his nose to the nipple or expressing some milk. By doing this the baby will open his/her mouth wide as if he were yawning and not purse the lips only around the nipple. If the latch needs to be broken to re-position, simply place your clean pinky finger into the baby's mouth and gently move your nipple out of the mouth.

Lanolin ointment is safe and recommended to use after a session of nursing. Cooling gel pads are also very soothing to the nipples. However, if nipples are cracked and or bleeding, this may become a risk for mastitis. You should see your doctor if this develops. Websites such as babycenter.com have valuable information about which medications are safe while breastfeeding. Tylenol and Motrin are fine, but cold medicines may decrease your supply of breast milk. It is a good idea to always check with your pediatrician before taking any medication while nursing. As for alcohol, it is acceptable to occasionally have a drink. Mothers should nurse first, then have one drink and wait at least 2 hours before nursing. If you feel affected by the drink, then do not nurse; pump and dump the milk.

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*Pediatrician survey did not include Enfagrow® products. †LGG is a registered trademark of Valio Ltd.

