

**PEDIATRIC  
ASSOCIATES®**

# YOUR CHILD'S HEALTH RECORD



[www.PediatricAssociates.com](http://www.PediatricAssociates.com)

**1-855-KIDZ-DOC**

LOVING CARE, 365 DAYS A YEAR

## Your Newborn's Information:

Name \_\_\_\_\_

Baby's Due Date \_\_\_\_\_

Birthdate \_\_\_\_\_

Hospital \_\_\_\_\_ Time \_\_\_\_\_

Birth Weight \_\_\_\_\_ Discharge Weight \_\_\_\_\_

Head Circumference \_\_\_\_\_ Length \_\_\_\_\_

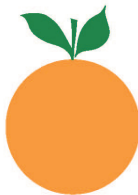
Blood Type \_\_\_\_\_ APGAR \_\_\_\_\_

Obstetrician Name \_\_\_\_\_

Pediatrician Name \_\_\_\_\_ Tel # \_\_\_\_\_

Other Birth Details \_\_\_\_\_

Medical Conditions (if any) \_\_\_\_\_



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**POISON CONTROL CENTER: 1-800-222-1222**

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# GETTING READY FOR YOUR CHILD'S BIRTH

Your baby is a unique individual with his or her own characteristics and personality. Each parent's experience is different and no two children are alike.

So whether this is your first child or your third; you will have questions – and we're here to help. In order to assist you through this new and wonderful experience, we've put together this guide to help answer some of the most often asked questions.

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## BEFORE BIRTH

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### 2-3 Months:

- Get the nursery ready: Let your baby's comfort and safety, and your convenience be your guide.
- Consider and schedule parent education classes including childbirth, CPR, breastfeeding and Daddy Can, Too. Schedule a complimentary prenatal visit.
- Speak to your OB about the following:
  - Recommended Tetanus-Pertussis and Flu vaccines (if it's flu season).
  - Circumcision: The AAP found the health benefits of newborn male circumcision outweigh the risks, but the benefits are not great enough to recommend universal newborn circumcision.
  - Delayed umbilical cord cutting: A delay of 30-60 seconds in umbilical cord clamping is recommended due to several health benefits.
  - Cord blood banking: The American Academy of Pediatrics (AAP) concluded that no scientific evidence supports the practice of banking a newborn's umbilical cord blood for future use. This decision is a personal choice. Public cord blood banking is the preferred method for using cord blood cells in transplantation in infants and children with fatal diseases.

### 1-2 Months:

- Get an approved convertible car seat installed and inspected.
- Contact your hospital and pre-register.
- Pack your hospital bag. Don't forget the camera/video camera, extra batteries and clothes for the hospital baby photo.
- Discuss and make decisions on the following important areas:

Breastfeeding or formula feeding, Hepatitis B immunization, cord blood banking and circumcision.

- Make decisions about child care plans, if returning to work or school.

## **Hospital:**

You will find that despite the best preparation, there's still so much to learn over the next few weeks. Although you may doubt yourself at times, you will find that a lot of what you think you do not know will come naturally. Once your baby is delivered, there will be a series of routine hospital procedures that you should have knowledge about.

- Birth: The baby will have a quick physical assessment at the time of the birth. His or her weight, length and head circumference will be measured. The baby will be scored on how he/she is transitioning to life outside of the womb (APGAR Score). The baby will receive a Vitamin K shot (needed for clotting of the blood) and medicated ointment or drops to the eyes (protects against bacterial infections).
- The hospital staff will contact your baby's pediatrician and a more thorough exam will be performed. State mandated tests are a hearing screen and the PKU/Newborn Screen (a blood test used to identify many life-threatening genetic illnesses).
- A test to check for jaundice, which simply means "yellow", will be done at 24-48 hours. Jaundice is a yellow appearance of the baby's skin and eyes and results from a normal body substance called bilirubin. The pediatrician will monitor your baby's bilirubin and treat it as necessary. The Hepatitis B vaccine will be administered.
- You will be given a form to fill out that will be your baby's official birth certificate. At this time, you can also indicate if you would like a Social Security Card for your baby.
- Your pediatrician will give you discharge instructions and a clinical summary. You must schedule the baby's first office visit for 24-48 hours after discharge.

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## **FIRST OFFICE VISIT**

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- Remember to bring the following items: Baby's discharge summary, hearing screen certificate and immunization tracker if the Hepatitis B vaccine was administered in the hospital.
- Don't forget to add your newborn to the insurance and select a pediatrician.
- Upon arrival to the office, you will be given a personalized well visit schedule for the first year of life.
- At the first office visit, the pediatrician will examine the baby and determine if a bilirubin test needs to be done. Important discussion points will be feeding concerns and baby's weight.

# 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 NEW BABY

### FEEDING YOUR BABY

Feeding your infant during the first year should be a joyful experience, but it can sometimes cause anxiety. There is no single “right” way to feed an infant. We hope you use these guidelines as a starting point toward healthy nutrition for your baby. Remember that your pediatrician is always available for questions or concerns.

### WEIGHT GAIN

All babies lose a few ounces during the first few days after birth and should be back up to their birth weight by 2 weeks of age. Infants gain about one ounce (30 grams) per day during the early months. Your pediatrician will monitor your baby’s growth and provide guidance during this critical time.

### BREASTFEEDING

Infants should be fed breast milk, if possible. It is the best and most natural nutrition for your baby. Although “the best” for your baby, it is not always “the easiest” process to get started. Here are some suggestions that will help you get ready for this wonderful experience.

1. **Be Knowledgeable;** take lactation classes at your hospital or at Pediatric Associates. The more you know, the more comfortable you will feel.
2. **Take care of yourself** so you can take care of your baby. Get enough rest, eat healthy and keep yourself well hydrated. Continue to take your prenatal vitamins once the baby is born.
3. **Remember you’re not alone;** there are many resources to provide support during this period. Breastfeeding support is available virtually via KidzDocNow or via La Leche League at [llusa.org](http://llusa.org).

4. Read “You, Your Baby and Breastfeeding...” on page 21 of this booklet. It will provide you with tips and answers to commonly asked breastfeeding questions

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## FORMULA FEEDING

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Most formula fed babies will be discharged from the hospital on an iron-fortified cow’s milk-based infant formula that will be continued for the first 12 months, unless changed by your baby’s doctor. The amount of formula taken at each feeding, as well as how often a baby feeds, may vary from day to day. The following chart can be used as a general guide.

Age	Feeds/Day	Quantity/Feed
Birth to 1 Week	8 to 12	1 1/2 to 2 oz.
1 Week to 1 Month	7 to 8	2 to 4 oz.
1 - 3 Months	5 to 7	4 to 6 oz.
3 - 7 Months	4 to 5	6 to 7 oz.

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## RESPONSIVE FEEDING

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Even if they can’t talk yet, babies have all kinds of ways to communicate when they’re hungry or satisfied. It’s important to respond promptly in a warm and loving manner. This is called “responsive feeding” and it’s a great way to establish healthy eating habits from the start.

For babies less than 4 months of age, if your baby closes their mouth or falls asleep during the feed, it usually means that they are satisfied. Sleeping through the night has more to do with infant development than hunger. Despite common belief, adding cereals and purees to your baby’s bottle will not help them sleep at night, and it could even start a path to future weight problems. Therefore, solid foods should not be offered to babies less than 4 months, unless instructed to do so for a medical reason.

When it is finally time to offer more than just breast milk or formula, your pediatrician will provide advice.

Based on the most recent guidance, most babies will be able to start most types of foods after 4 months, including eggs and peanut products. Before introducing foods, please discuss with your pediatrician. Look for signs of possible food allergies that may include: rash, vomiting, diarrhea or extreme fussiness that can occur immediately to 4 hours after the first or second ingestion of the food. If this occurs, please contact your pediatrician.

Signs that your baby is ready for this big step include:

- Being able to sit with support
- Watching you eat with interest
- Reaching for food from your plate
- Copying your eating behaviors
- Being able to close his/her mouth around a spoon and move food from front to back of the mouth.

Remember to never give your baby honey before the age of 1 year! Honey has a type of spore in it that could cause babies permanent weakness and even paralysis. Do not give your baby juice, unless the doctor has specifically told you to do so for medical reasons.

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## INTRODUCING FOODS

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### **FIRST FOODS:**

The first food introduced is usually an iron-fortified whole-grain cereal although there are no strict rules. You may choose to start with a fruit, vegetable or even meat. Try different times of the day and alternate between before or after receiving breast milk or formula. Only introduce a new food every 3-5 days. Look for signs of possible food allergies that may include: rash, vomiting, diarrhea or extreme fussiness. Once your baby is eating 3-4 tablespoons per meal it is usually a good time to introduce a second meal. The goal is 3 meals per day by age 7-8 months but interest in food may vary from day to day. Do not force feed your baby! Remember to relax and smile as you want to teach your baby that this is a fun and enjoyable time.

### **HOME PREPARED FOODS:**

If you are making your own food, remember to wash all fresh fruits/vegetables. Bake, boil or steam food until soft and allow time to cool. Favorite first foods include: oatmeal and barley cereals, apple sauce, bananas, carrots, pears, squash, avocados and sweet potatoes. Fruits should be pureed or strained and wait at least 3-5 days before starting another new food!



## **BEGINNING PROTEINS:**

Beginning at 6 months of age, and after talking to your pediatrician, infants may begin meat, poultry, fish and eggs. These foods should be thoroughly cooked and the meats should be finely ground. Avoid processed meats such as ham, hot dogs and deli meats, as they are high in salt and unhealthy additives. In addition, in families without a history of food allergies, you may be able to start other foods, including those made from peanuts, if approved by your pediatrician.

## **INTRODUCING A CUP:**

Water should not routinely be given to babies under 6 months of age as breast milk and formula provide all the fluids babies need. Between 6 to 9 months of age, it is recommended to introduce a few ounces of fluorinated water 2-3 times per day. You can also start practicing with a sippy-cup, straw-type cup or even an open cup. As soon as the first tooth arrives you should start gently cleaning it before bed and again in the morning. It is also important to stop all night feedings because it can cause tooth decay and early cavities.

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## **COMMON CONCERNS**

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**CARE OF THE CORD AND SKIN & BATHING:** Babies do not require frequent bathing. Cleanser should be mild and you can just sponge bathe your baby until the umbilical cord detaches. Cleaning the cord with alcohol is no longer recommended. It should be left alone to let the natural process of separation occur. If the cord oozes, please contact our office. Tiny spotting of blood can be normal.

**CIRCUMCISION:** After a circumcision, the tip (head) of the penis is normally red, swollen and may appear bruised. After a few days, it may develop a yellowish coating. This is healing tissue and should not be of concern unless it is oozing or has a foul smell.

To prevent pain and irritation, apply petroleum jelly (Vaseline) or an antibiotic ointment (Bacitracin or Neosporin) to the head of the penis after each diaper change for the first 5-7 days. Tylenol is not needed or recommended for circumcision discomfort.

**EYE TEARING/DRAINAGE:** This is most commonly due to a mild blockage of a tear duct. It may last from weeks to months. If this happens, cleanse them gently with warm water and gauze. If the eye looks red or swollen, please call the office.

**EYE CROSSING:** Eyes crossing from time to time is considered normal up to 3 months of age.

**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. Normal infant stool may vary in color from yellow to green or brown. If the stools are red, white or black, please call us.

**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".

**TEETHING:** Most babies start drooling and sticking their hands in their mouth at 3-4 months old, but teething does not usually start

until 7 months old, and it does NOT cause fever or any severe symptoms. The mild discomfort can usually be treated by rubbing the area of the gum where the tooth is pushing through or by providing cool (not frozen) teething rings or objects to chew on. Occasionally Acetaminophen or Ibuprofen (over 6 months) may be needed for the discomfort. Numbing gels, teething tablets and amber teething necklaces are not recommended due to risk of injury and dangerous side effects.

**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.

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## SLEEP

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Infants should always sleep on their back and alone in a crib. This practice 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 every day, and eventually they will develop a schedule.

The AAP recently expanded their guidelines for infant sleep safety:

- Always use a firm surface.
- The baby should sleep in the same room (but not in the same bed) as the parent at least for the first 6 months and up to a year.
- No pillows, blankets or bumper pads in the crib.
- No wedges or positioners should be used.
- Pacifier may be offered at nap time and bedtime.
- Avoid smoke exposure.
- Baby monitors do NOT prevent SIDS.

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## VISITORS

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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.

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## DEALING WITH CRYING

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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.

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## **DRESSING & TAKING BABY OUTDOORS**

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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 illnesses.

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.

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## **WHAT ABOUT YOU?**

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For most parents, the first few weeks at home with a new baby are the hardest. Here are some of the expected challenges, and possible solutions, to keep in mind:

1. Physical fatigue: ask for help with errands and housework from parents, family and friends. Try to get adequate rest.
2. Feelings of loneliness or isolation: Try to do something fun outside of the house at least once a week. Don't forget about the Family Leave Act that allows for paternity leave.
3. Medical Challenges: Ask our office about how to arrange home visits from a community health nurse for babies who require special care.
4. Postpartum "blues": Feelings of sadness and tearfulness are experienced by 50% of new moms on the 3rd or 4th day after delivery. These feelings disappear in 1-3 weeks as hormone levels return to normal. Ways to cope include: Sharing your feelings, getting out of the house and mingling with others.
5. If you are still having problems regaining a sense of control over your life by the time your baby is 1 month of age, talk to your physician or pediatrician. There is always help available; do not try to add "superhero" to your title!

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## WHAT ABOUT SIBS?

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It is hard to exactly predict how siblings will react to a new baby, as each child and situation is unique. It is important to remember that despite all preparation, they will feel a rapid change in their world. Your biggest challenge will be dividing your time between all your children, but these small and simple gestures will surely help with the adjustment process:

1. Involve siblings in the preparation and homecoming of the baby.
2. Involve siblings in caring for the baby.
3. Get ready for regression, and allow your children to verbalize negative feelings, without getting upset or feeling betrayed.
4. Praise positive behavior and ignore negative behavior.
5. Maintain your children's regular routine to the best of your ability. This includes going to bed on time and keeping the rules the same. This makes them feel safe, even if they may not be happy in the moment.
6. Help the older children feel special. Here are some practical suggestions:
  - Go for a walk with only one child
  - Slip a note into their lunch box
  - Let your children overhear you saying something wonderful about them
  - Highlight a talent
  - Make them a special treat

These tips will help your children understand their special place in your family. Do not worry, as the happy times will far outweigh the stressful ones.



### At Pediatric Associates:

- **We firmly believe that vaccinating children and adults is one of the most important ways that parents and pediatricians can protect children.**
- We know that while vaccines may sometimes cause side effects (fever, aches, etc.) these symptoms are minor when compared to suffering from the actual disease the vaccine is preventing. Every day, serious complications, hospitalizations and even death still occur from vaccine-preventable diseases.
- We firmly believe that vaccines are safe, appropriate and effective. We expect that all of our patients agree to a minimum number of mandatory vaccines by specific ages.

### Vaccines for Grownups:

- Moms, dads, grandparents and anyone who will be around your baby often will need vaccines too. That's because if you're vaccinated against preventable diseases like whooping cough (pertussis) and influenza (the Flu) you're less likely to pass them on to the little ones.
- **The best way to provide protection to the babies is to follow these recommendations:**
  1. **Tdap:** protects babies against whooping cough, a potentially deadly disease.
    - All expectant mothers should ideally be immunized. The best protection is achieved when the vaccine is given during the third trimester, between 27-36 weeks of pregnancy.
    - Immunize all the people who will be in contact with the baby.
    - Immunize your baby starting at 2 months of age as per the AAP guidelines.
  2. **Flu vaccine:**
    - The Flu vaccine will protect pregnant women and their unborn babies. It will also protect the baby after birth for up to six months of life.
    - The flu shot is safe to give at any point during the pregnancy.
    - Immunize all people who will be in contact with the baby.
  3. **COVID-19 vaccine:** Expectant mothers and family member who will be around the baby should be immunized based on current guidelines.

# 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.

**HPV (HUMAN PAPILLOMAVIRUS):** 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 virus can also cause genital warts and oropharyngeal cancer 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.

**MCV (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.

**COVID-19:** Illness from this virus can be mitigated by following current vaccine guidelines.

# 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](http://www.pediatricassociates.com) and clicking on "Make an Appointment".

## Your Baby's Required Exams

## Vaccines/Tests For

## Discussion Points

<b>2-5 days</b>	N/A		Feeding	Jaundice
<b>2 weeks</b>	Hepatitis B (if not given at the hospital)		Car Seat Safety	Weight Gain
<b>1 month</b>	N/A		Sleep Pattern Feeding Colic	Weight Gain Stool Pattern
<b>2 months</b>	Diphtheria Whooping Cough Meningitis-Hib Rotavirus	Tetanus Polio Pneumococcus Hepatitis B	Sleep Pattern Baby Sitters Feeding	Infant Interaction Injury Prevention
<b>4 months</b>	Diphtheria Whooping Cough Meningitis-Hib Rotavirus	Tetanus Polio Pneumococcus	Introducing Solid Foods Read/Play Teething	Motor Skills Sibling Jealousy No Walker
<b>6 months</b>	Diphtheria Whooping Cough Meningitis-Hib Rotavirus Hepatitis B	Tetanus Polio Pneumococcus Influenza	Weaning Night Time Feeding Motor Skills Childproofing Home	Sunscreen Cup and Flouridated Water
<b>9 months</b>	Hepatitis B (if not given at 6 months)		Dental Care / Sleep Issues Developmental Screening	Appetite Changes Childproofing Home
<b>12 months</b>	Chicken Pox Mumps Hepatitis A Anemia Test	Measles Rubella Lead Level	Water Safety Transitioning to Whole Milk Anemia Separation Anxiety	Diet Lead Exposure Rear-Facing Car Seat Dental Care
<b>14 months</b>	Diphtheria Whooping Cough Pneumococcus	Tetanus Meningitis-Hib	Temper Tantrums Following Commands Rear Facing Car Seat	Bedtime Rituals Dental Care
<b>18 months</b>	Hepatitis A Lead Level	Anemia Test	Vocabulary Dental Care	Rear-Facing Car Seat
<b>24 months</b>			Combining Words Social Skills Dental Care	Nutrition / Cholesterol Forward Facing Car Seat
<b>30 months</b>	N/A		Verbal Skills	Dental Care
<b>3 years</b> (and annually until 18)	Blood Pressure	Vision Test	Dental Care Age Appropriate Topics	Safety



# YOUR CHILD'S SAFETY

## WHEN SHOULD YOU RUSH YOUR CHILD TO THE ER?

Determining what is in fact an “emergency” can be a confusing and nerve wracking experience for parents who want to make the right decision. First aid training can help parents stay calm and manage the situation more effectively. If in doubt, call our office. We are available for guidance and support even after our offices are closed. Our nurse triage line and telemedicine platform KidzDocNow are both available 24/7.

## BOUNCER SEATS

Infant bouncer seats should be placed in stable locations, and safety restraints should be used to protect infants from falling.

## SLEEP POSITIONERS

Sleep positioners should never be used. In fact, the AAP urges parents not to use sitting devices including car safety seats, strollers, swings or infant carriers for routine sleep.

## INFANT TUBS

Infant tubs made on or after 10/2/17 must have improved warning labels that give information on how to avoid drowning and fall hazards.

## SWIMMING LESSONS

Swimming lessons: should be initiated between 18-24 months of age. Sun screen is recommended at 6 months of age.

## SCREEN TIME

The AAP has published the following guidelines for children’s media use:

- Children younger than 18 months: Avoid the use of screen media.
- Children ages 18-24 months: Parents who want to introduce digital media should choose high-quality programming/apps and use them together with children.
- Children 2-5 years: Limit screen time use to 1 hour per day of high quality programs.
- Children age 6 and older: Place consistent limits on the time spent using media.

## GUN SAFETY

The AAP recognizes that “the safest home for a child is one without guns”. If guns are in the home, however, the AAP recommends that all household firearms be kept locked, unloaded and separate from ammunition.

# YOUR CHILD'S EARLY DEVELOPMENT IS A JOURNEY

**Start Here**

- Looks at your face
- Reacts to loud sounds

- Smiles when you talk to or smile at her
- Holds head up when on tummy



**30 MONTHS**

- Says about 50 words
- Uses things to pretend, like feeding a block to a doll as if it were food
- Shows you what she can do by saying, "Look at me!"
- Jumps off the ground with both feet

**2 YEARS**

- Tries to use switches, knobs, or buttons on a toy
- Kicks a ball

- Looks at your face to see how to react in a new situation
- Says at least two words together, like "More milk."

**3 YEARS**

- Talks with you in conversation
- Draws a circle, when you show him how

- Notices other children and joins them to play
- Uses a fork

*Check off the milestones your child has reached and share your child's progress with the doctor at every visit.*

## 6 MONTHS



- Knows familiar people
- Takes turns making sounds with you
- Reaches to grab a toy he wants
- Rolls from tummy to back

- Plays games with you, like pat-a-cake
- Calls a parent "mama" or "dada"

12 MONTHS

## 18 MONTHS

- Copies you doing chores, like sweeping with a broom
- Tries to use a spoon

- Points to show you something interesting
- Tries to say three or more words besides "mama" or "dada"

- Puts something in a container, like a block in a cup
- Pulls up to stand



## 4 YEARS

- Answers simple questions like "What is a coat for?"
- Names a few colors of items
- Unbuttons some buttons
- Likes to be a "helper"

## 5 YEARS

- Follows rules or takes turns when playing games with other children
- Uses or recognizes simple rhymes
- Writes some letters in her name
- Hops on one foot

# FACTS ABOUT FEVER

Please read the following to help you understand fever and to know when medical attention may be necessary:

- Fever helps the body fight infection by turning on the body's immune system.
- Fever needs to be treated with medication **only** if it causes discomfort. The most important thing to do when your child has a fever is to make sure they drink enough fluids to stay hydrated and monitor for signs and symptoms of serious illness such as stiff neck, severe headache, unexplained rash, or repeated vomiting or diarrhea.
- Fever that is high does not necessarily correlate with a more serious illness. It is really how your child looks that is most important, not their exact temperature. Call the doctor if the child looks very ill, is unusually drowsy, or is very fussy once the fever is brought down.
- A rectal temperature is recommended for babies under 6 months old

## **CALL YOUR CHILD'S DOCTOR IF ANY OF THE FOLLOWING ARE TRUE:**

- Your child is younger than 3 months of age and has a temperature of 100.4°F (38°C) or higher.
- Your child has a fever and also has an immune system problem such as sickle cell disease or cancer, is taking steroids, or is not immunized appropriately for their age.
- Fever rises above 104°F (40°C) repeatedly for a child of any age.
- Fever persists for more than 24 hours in a child less than 2 years of age.
- Fever persists for more than 3 days in a child 2 years of age or older.

**REMEMBER:** Fever itself is not dangerous or harmful to the body. It is just a sign that your child is fighting some type of infection. Febrile seizures cause no permanent harm, usually stop within 5 minutes, are relatively rare (<4% children), and are uncommon in children older than 5 years of age.

## **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.

# YOU, YOUR BABY AND BREASTFEEDING

Congratulations on your new baby and on your decision to breastfeed! Here are a few tips and commonly asked questions and answers regarding breastfeeding.

**The American Academy of Pediatrics recommends breastfeeding as the best nutrition for your baby, especially in the first 12 months of life.**

- Breastfeeding can help decrease the risks of your baby getting many common infections like colds, stomach viruses and ear infections.
- Babies who drink breast milk have higher IQ scores.
- Moms benefit from breastfeeding also! Moms who breastfeed reduce their risk of Type 2 Diabetes, Breast Cancer and Ovarian Cancer.

## **Important tips to remember in the first few days of breastfeeding:**

- Remember to take care of yourself so you can take care of your baby. Sleep when your baby sleeps, keep yourself well hydrated and continue to take your prenatal vitamins.
- The milk produced in the first few days is called colostrum. It is full of antibodies, which will help your baby fight infections.
- Most women's milk comes in by 2-5 days of life, but if you have had a C-section, it may take up to 7 days. Do not get discouraged!
- Breastfeeding is all about supply and demand, so offer your baby the breast every 2-3 hours, whether your breasts feel full or not.
- Most babies nurse from each breast for about 15-30 minutes and about 8-12 times per day. The infant should be allowed to feed from the first breast until coming off on his/her own or falling asleep.
- If your baby shows interest in feeding more after burping or changing the diaper, the second breast should be offered. This method provides the largest amount of higher fat milk, which comes towards the end of a feeding session, as you completely empty the breast.
- To get your milk production going, and to keep it going, it is important to breast feed or pump at least every 2-3 hours.
- Most newborns drink about 1-3 ounces of milk every 2-3 hours. You can be sure that your baby is receiving enough nutrition if:
  - Baby nurses every 2-3 hours and appears satisfied after eating.
  - Baby has at least one wet diaper per day of life, up to 6-8 diapers per day, or until your milk has come in.
  - The stool changes from dark and tarry, to green and then yellow and seedy, which is a good sign of milk production.

- If your baby's stool is red, white or gray, please contact your baby's doctor/health care provider immediately.
- If you are worried that you are not making enough milk, there are safe supplements and teas that can help with the production of breast milk. Always ask your doctor before starting any vitamins or supplements.
- In the first few days of breastfeeding, nipple tenderness is expected.
- In order to avoid very sore and cracked nipples, the following suggestions may be helpful:
  - Ensure proper latching, and find a comfortable position for you and your baby.
  - Apply Lanolin ointment to nipples after breastfeeding.
  - A red, sore nipple with pain and/or fever, may be a sign of an infection called Mastitis, and requires a call to your Obstetrician.

### Vitamin D

- Vitamin D is essential for your baby to keep their bones and teeth strong, and studies suggest that it also supplies protection against multiple diseases.
- Babies do not make enough of their own Vitamin D, and unfortunately, breast milk cannot provide enough either.
- Without the right amount of Vitamin D, babies can get Rickets, a condition that results in brittle bones, which can lead to fractures.
- It is recommended that moms continue to take their prenatal vitamins and that babies be supplemented with liquid Vitamin D.
- We recommend the following Vitamin D containing preparations for your baby: D-Vi-Sol, Tri-Vi-Sol, Poly-Vi-Sol or Carlson's Vitamin D Drops. Please follow the dosing recommendations on the bottle. If your baby spits out the dose, you can offer it in a pumped bottle of milk.



## Medications/Supplements for Moms

- The LactMed database contains information on medications and other chemicals to which breastfeeding moms may be exposed. It includes information on the levels of such substances in breast milk and infant blood, and the possible effects on the breastfed baby.
  - LactMed can be accessed as an application through the App store or on [www.toxnet.nlm.nih.gov](http://www.toxnet.nlm.nih.gov)
- In general, acetaminophen or ibuprofen products are fine, but cold medicines may decrease your supply of breastmilk.
- If you feel that your milk supply is low, there are safe teas (Mother's Milk Tea) and supplements (Fenugreek) that can be purchased over the counter. It is a good idea to always check with your pediatrician before taking any medication or supplement while breastfeeding.

## Breastmilk Storage

- When trying to remember how long expressed breastmilk can be kept, an easy guideline to remember is "The Rule Of Three's": 3 hours at room temperature, or 3 days in the refrigerator or 3 months in the freezer.
- When returning to work, it is advisable to pump on the same schedule as your baby feeds.
- If you feel stressed, your milk supply will decrease. Drink lots of water and try to relax while pumping.

## Colic

- A gassy or colicky baby is not a reason to stop nursing!
- Some foods are especially difficult for some women: broccoli, cauliflower, cabbage, garlic, tomato, peanuts, dairy and soda.
- Breastfeeding moms should not go on a strict diet, but try to eat gas-producing foods in moderation if they seem to bother your baby.
- If a mother feels strongly about a particular food being the cause of their baby's discomfort, then try eliminating the food for a few days to determine if doing so makes any changes in the baby's behavior.

## You, Your Baby and Breastfeeding

- Sometimes the stress of a new baby, breastfeeding, and being physically exhausted can feel overwhelming. Once you get through those first couple of weeks, breastfeeding will be a wonderful bonding experience for you and your baby.
- Most hospitals and some of our offices offer breastfeeding support groups, as does your local branch of La Leche League.
- Certified lactation consultants are on staff at most hospitals and some are in private practice and make home visits.
- Please know that you can call our office for advice and support 24-hours a day, including weekends and holidays.
- **At Pediatric Associates, we are here for YOU, YOUR BABY and YOUR FAMILY.**



## Providing Loving Care to Families Across Florida

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- Orlando
- Lakeland/Winter Haven
- Jacksonville
- Panama City

For those visits that may not require a trip to the doctor's office, we have dedicated pediatricians **available virtually 24/7 via KidzDocNow.**

SCAN TO SEE  
OFFICE LOCATIONS  
NEAR YOU

