

## INTRODUCTION

Welcome to **Trappe Pediatric Care**. Thank you for selecting us to care for your children. We take great pride in the care we offer to our patients. This book was compiled to help answer some common questions and offers information on what to do if your child is ill. Guidelines are provided to help you treat common problems and to inform you when you should seek additional help from the physician.

## OFFICE HOURS

<b>MONDAY</b>	<b>8:30 AM – 12:00 PM</b>	<b>1:00 PM – 8:00 PM</b>
<b>TUESDAY</b>	<b>8:30 AM – 12:00 PM</b>	<b>1:00 PM – 8:00 PM</b>
<b>WEDNESDAY</b>	<b>8:30 AM – 12:00 PM</b>	<b>1:00 PM – 8:00 PM</b>
<b>THURSDAY</b>	<b>8:30 AM – 12:00 PM</b>	<b>1:00 PM – 8:00 PM</b>
<b>FRIDAY</b>	<b>8:30 AM – 12:00 PM</b>	<b>1:00 PM – 8:00 PM</b>
<b>SATURDAY</b>	<b>8:30 AM – 12:00 PM</b>	

## APPOINTMENTS

Our office is open during the hours above. During these times you may call to schedule an appointment or to obtain any information. When calling for an appointment, please let the receptionist know what type of appointment is needed (example: well visit or sick visit, sports physical, etc.). Please tell the receptionist if more than one child needs to be seen so that enough time is allowed for the visit. Also, it is very beneficial if you schedule well visits in advance (you can schedule up to one year ahead). Please remember when scheduling in advance vacations or emergencies may arise and we will have to reschedule. We will try our best to accommodate you with another appointment as soon as possible.

We try to keep to our appointment schedule as much as possible. Therefore, please try to be on time for your appointment. You maybe asked to reschedule your appointment if you are more than 15 minutes late. If you cannot make an appointment, please call to cancel so your appointment may be offered to someone else. It is Einstein Physicians Montgomery policy to charge \$25.00 to patients that do not show for their scheduled appointment.

## TELEPHONE CALLS DURING OFFICE HOURS

Our trained nursing staff will be available Monday through Friday from **9:00a.m. - 4:00 p.m.** to answer your routine questions. If they cannot answer your questions, they will confer with one of the providers and get back to you as soon as possible. Please remember there are a large number of calls to handle on any given day and your patience is appreciated.

Please try to call early for sick appointments; this will give you a better choice of appointments.

If you need a prescription renewal, we ask that you call your pharmacy to request the refill.

## NIGHT AND WEEKEND CALLS

If an emergency occurs and you need to contact one of our providers, call our office telephone number. Our answering service will contact the provider on call. Someone is on call 24 hours a day, 7 days a week. Please use this service only if you feel it is unsafe to wait until the office reopens. Please do not use the on call service for prescription refills. **If you do not get a return call within twenty minutes, call our number again and notify the answering service you have not heard from the provider yet. They will page the provider again. IF IT IS A LIFE THREATING SITUATION, CALL 911.** Please have your pharmacy phone number available when you call.

## POISON CONTROL CENTER

**1-800-222-1222**

## INSURANCE

Every insurance company has different guidelines. Therefore, it is best that you know what your policy covers and does not cover. Your policy is a contract between you and the insurance company. **IT IS OUR CORPORATION'S POLICY THAT IF YOUR COPAY IS NOT PAID AT TIME OF SERVICE, THERE WILL BE A \$15.00 SURCHARGE.**

## REFERRALS

If at all possible, please call at least three days in advance for referrals. Some Aetna referrals require at least ten business days when the procedure cannot be performed at our capitation site.

## CONFIDENTIALITY

Your records and conversations with the physicians and staff are confidential. No information can be released to other physicians, insurance companies, attorneys, courts, your employer or the government without your written consent. **If you are sending someone else into the office with your child for an office visit of any kind, you must give us a written note of consent for treatment.**

## GUIDELINES FOR LIVING WITH CHILDREN

**Catch them being good:** Let your child know when he/she is behaving well for their age.

**Let them help you:** It is good to include them in your routine, to let them know they are important. Most children enjoy helping their parents and can learn a great deal while doing so.

**Parents are teachers:** Particularly with your younger children, what you do is much more important than what you say. If you pick them up only when they are crying, you teach them to cry and whine for attention. Praise them for little things; this will reinforce the positive behavior and make it more likely to be repeated.

**Follow a routine:** You should decide on a reasonable schedule of mealtime, playtime and bedtime for your child and **stick to it.**

**Discipline by time out:** Enforce broken rules consistently and fairly. It is much better to have a child immediately sit in a chair for a few minutes than to spank him. A good rule of thumb is one minute per year of age, up to five minutes. This allows the parents time to “cool off” also. Once the child has been disciplined, do not mention the incident again. \*\*\*Great Book - “1,2,3 Magic” Phelan et al.

**Take time for yourself:** Find a good babysitter, daycare or preschool so that you can take time for yourself. Choose caretakers wisely.

**Talk with and read to your children:** The stimulation your child receives from your voice cannot start too early. Your words will help them practice listening and communicating from an early age.

This booklet has been prepared with the hope that it will provide answers to many of your questions. However, every child is unique. There is no true “how-to” guide to childcare. Please do not hesitate to ask the nursing staff or your provider about your own child’s progress and care. Bring your questions to routine check-ups.

## **GENERAL INSTRUCTIONS FOR INFANT CARE**

### **HOME ENVIRONMENT**

The temperature of the infant's room should be between 66 to 70 degrees F. Overheating the baby's room may cause a heat rash or head congestion. Overheating is also associated with SIDS. If it feels too cool to you, dress the baby warmly rather than turning up the thermostat. A baby generally requires one more layer of clothing than you do. You may open a window when the weather is warm, but the baby should not get chilled or be in a direct draft of air.

All newborns sneeze and hiccup. Sneezing and nasal congestion do not mean that your infant is getting a cold. Congestion is common because babies cannot blow their noses and sneezing is how they clear the congestion and respiratory passageways. It is unusual for a baby to catch a cold in the first month of life. Nasal saline and suctioning will help (Nasal saline recipe .... 8 ounces warm water and ¼ tsp. of salt)

### **FIRST OUTING**

When you feel up to it, you may wish to take him/her outside for fresh air and a walk. This can be a great way to relieve your own sense of feeling "cooped up" and it gives the baby a refreshing change of surroundings as well. If the weather is hot, you can prevent overheating by dressing the baby as you would dress yourself and not over bundling your baby. Always protect him/her from direct sunlight. In cold weather, dress your baby warmly in layers, always remembering to cover the head with a warm hat. Babies lose a lot of heat through their heads.

### **VISITORS**

Everyone will be eager to meet your new addition, but use discretion. You should protect your baby from people who have colds, sore throats, skin infections, diarrhea or other illnesses that may be contagious. **Any fever in a baby less than eight weeks of age of 100.4 rectally or higher is considered an emergency. Please call the doctor immediately.** Encourage those who visit you and your infant to wash their hands before contacting the baby. Be cautious, too much stimulation and too many visitors at once may make your baby fussy. It may be helpful to keep waterless sanitizer in the baby's room.

## **FAMILY AND FRIENDS**

Most of your family and friends will be eager to give you advice about caring for your baby; however, remember each baby is an individual. Sometimes what is best for another person's baby may not be best for your baby. Take pride in learning your baby's needs through his/her own cues and enjoy growing up together. Your baby's needs should be satisfied in a happy family setting with a routine that is comfortable for both the parents, the baby and other siblings.

## **OLDER CHILDREN AND THE NEW BABY**

It is natural for an older child to be jealous of a new baby. The jealousy may manifest itself in many ways. The older sibling may begin to behave like the infant, start pinching, biting, acting out, or may even pretend the baby is not a member of the family. Remember to be patient. The life your older child knew and was used to has changed forever and this can be scary and hard to understand. It takes time to adjust.

Set time aside to give the older child individual attention. Allow the sibling to be helpful by offering age appropriate tasks they can do for you and the baby. Be careful only to reinforce behaviors you want to continue and do not give extra attention to behaviors that are inappropriate and attention-seeking.

## **HELPING YOUR BABY GROW AND LEARN**

Your baby learns as you touch, feed, and talk to him/her. Talk and sing as you bathe and feed. Call the baby by name. Pick your baby up when he/she cries, your infant will not be spoiled by this type of love. Your baby needs to look at your face and watch you smile and talk. Your baby will then respond to this attention and learn from it. Colorful mobiles that move above the crib help babies to focus with their eyes.

Carry on your usual family activities. Your infant will slowly adjust to your lifestyle. He/she will learn that the house is quieter at night than during the day and realize that this is a better time to sleep. You may want to keep the baby in your room for the first months of his/her life. Keeping the baby in a bassinet or crib in your room has been shown to decrease the chance of SIDS. Do not allow the baby to sleep with adults or in an open bed. Babies make "crawling" movements and may fall from an open bed and many babies die each year by being suffocated in bed with adults. The baby's crib should have high sides with foolproof latches. Many of the older cribs had slats that were too far apart and allowed injuries. Make sure that your crib is currently approved for safety. You may wish to use bumper guards to give extra protection and padding to the crib, but the bumper should be removed after baby starts rolling. A pillow should not be used. If you paint your crib, be certain the paint used is labeled lead free and safe for babies. Keep the crib away from electric cords, drapes and curtain rods, or tie up the cords so they are less than six (6) inches long and out of your child's reach.

## **SLEEPING PATTERNS AND HEALTH**

Each baby is unique with regard to the amount of sleep needed. Infants do need a regular schedule and will usually settle into a schedule that meets his/her own needs. Therefore, if you work evenings or nights and want to play with your baby when you come home, expect him/her to sleep later the next day.

Infants may begin to sleep through the night anywhere from two weeks to three months of age. Some babies are one to two years old before they begin sleeping all night. If you feel that your baby is not sleeping normally, talk to your doctor.

Many studies have linked sudden infant death syndrome **SIDS**, with infants who sleep on their stomachs. Until your child is old enough to roll over on his/her own, **INFANTS SHOULD ALWAYS SLEEP ON THEIR BACKS TO REDUCE THE RISK OF SIDS**. Use caution with soft mattresses, stuffed animals, and blankets in the crib. These surfaces may trap exhaled air, this is also associated with **SIDS**. Newer studies show that pacifiers may decrease the chance of **SIDS**.

## **INFANT SKIN CARE**

Newborn infants generally have dry and scaly skin. This condition needs no treatment and will improve with time. You may, however, wish to use a small amount of lotion or cream to help soften baby's skin. Use a lotion that was specially formulated for use on infants, free from fragrances, dyes and chemicals.

Babies develop rashes for many reasons and a rash does not mean that your baby is sick. Babies have very sensitive skin and reactions are common. These reactions occur after the use of soaps, lotions, or detergents, in response to various foods, or after contact with certain materials or clothing. Reactions usually result in a rash.

If your baby does get a rash, there are a few simple steps you can take at home.

- Stop using lotions, creams.
- Use only very mild soaps like Dove.
- Change to all cotton clothing.
- Investigate for any recent dietary changes and withhold new foods that may have been introduced just prior to the onset of the rash.

If the rash does not improve after a few days with this therapy or if the rash is associated with any other concerning symptoms, you should call your provider to discuss these concerns. A rash is not emergency unless it is associated with a high fever or difficulty breathing.

## **BATHING YOUR INFANT**

You may bathe your infant every day after you are discharged from the hospital. Sponge baths should be given daily until the baby's cord is off and well healed. It usually takes three weeks to heal completely. Until that time, use caution not to get the umbilical stump wet.

Have everything you need for bathing and dressing the baby ready and in easy reach before starting the bath. The bath should be uninterrupted and unhurried. Bathe items include: One large and two small bath towels, One soft wash cloth, One cotton blanket, A container for soiled clothing, Clean clothing for after the bath and diapers. Always have your hands on the baby. Do not leave the baby on an open bed or table while you turn to get ready for the bath. Do not turn away from the baby while bathing, babies can drown in a small amount of water. Remove all the jewelry that may scratch the baby. Be sure that the room is warm and is free from any drafts. Test the water with your elbow, it should feel warm to the touch but not hot. Use a soft cloth and a mild baby soap to wash your baby. You may wash the baby's head even if your baby has a runny nose. Remember to dry your baby thoroughly from head to toe.

Wash your baby's scalp regularly to help avoid "cradle cap", a common flaking rash that may occur. If cradle cap forms, you may continue to gently wash the area with a mild baby shampoo such as Johnson's Baby Shampoo. Apply baby oil or lotion to the scalp and use a fine-toothed comb to brush the lotion through your baby's hair.

Gently clean your baby's ears and nose with the wash cloth. Do not use q-tips, oils, or lotions in the ears or nose. Foreign material may cause perforation or infection to the fragile tissues.

Wash the genitals last. Wash your baby girl from front to back. Use a clean part of the wash cloth with each wipe. If your baby boy has been circumcised, you may remove the bandage after 24 hours. Sponge bathe the genitals and gently pat him dry. Apply Vaseline or other petroleum jelly liberally to the end of his penis after the bath and each time the diaper is changed for the first 10 to 14 days. If your baby boy has not been circumcised, wash his penis with soap and water. Be very gentle until the opening in the skin is large enough for the foreskin to slide easily over the head of the penis. It may take several years before the foreskin can be completely retracted.

When the bath is finished, pat dry your baby completely and dress him/her immediately. Remember, being organized before the bath will help you to keep your baby safe and warm after his/her bath.

## **DIAPERS**

Diapers are available as both reusable cloth diapers and commercial disposable diapers. Cloth diapers are made from soft gauze. Prior to the first use and after each subsequent use, cloth diapers need to be washed in hot water with a good detergent such as Ivory Snow or Dreft and rinsed at least twice so that the diaper remains soft and absorbent. If the cloth becomes unusually dirty, it may be presoaked in water with or without detergent. Diaper services are available for those who wish to use cloth diapers. Check the yellow pages for a phone number.

Disposable diapers are an alternative to the more traditional cloth diapers. They are convenient but also more expensive. Each brand has a variety of types of diapers, differing in size, texture, material and absorbencies. Use the least expensive diaper that fits your infant well and does not cause a contact rash or other problem.

No matter what type you choose, always remember to change your infant as soon as possible after diaper becomes soiled or wet.

## **PREVENTING DIAPER RASHES**

- Check the diaper frequently. Change it as soon as you note it wet or soiled.
- Wash off residual urine and stool from your infant's diaper area with water and a soft cloth each time you change your baby.
- Use over the counter, presoaked diaper wipes with caution. These wipes contain chemicals and fragrances that may irritate your baby's skin. Diaper rashes usually heal much faster if wipes are discontinued.
- Use a small amount of skin protective cream on clean skin in the diaper area after each bowel movement. Creams such as Vitamin A&D, Desitin, or Balmex work well.
- Do not use talcum powder, cornstarch or oil at any time on the diaper area.
- When a rash is noticed, take immediate action.
  - Leave the diaper area open to air as much as possible.
  - Discontinue any commercial brand diaper wipe.
  - Use only warm water and a soft cloth to clean diaper area.
  - Use barrier skin protecting creams liberally.
  - Diaper rashes are often the result of an overgrowth of yeast and frequently respond to over-the-counter anti-fungal creams such as Lotrimin.
  - Call your physician if the rash is not improving after one to two days, or if there is any bleeding, broken skin or fever.

## **CARE OF THE CORD**

The cord begins to separate 6 to 14 days after birth, but it usually takes 14 to 21 days for it to completely detach and heal. In the meantime, there are some things you can do to protect the site.

Some hospitals will apply a blue dye called Triple Dye to the cord. This dye will make the cord appear dark blue and will aide in drying it for healing. This dye should not be used at home.

The most important thing you can do for the cord is to keep it clean and dry. Do not submerge your baby in a tub until the cord is completely healed. In the meantime, sponge bathe your infant. When diapering, let air get to the cord by folding down the diaper. In the past, alcohol was used on the cord. This practice is no longer recommended on a routine basis. If the cord becomes contaminated with stool or urine, it may be cleaned with cotton or gauze moistened with 70% rubbing alcohol. It is not unusual for the healing umbilicus to appear moist yellow/green at its base. Contact your baby's provider if the base of the cord appears red and inflamed and if there is pus or discharge draining from it.

## **CARE OF THE EYES**

It is a state law that an antibiotic ointment be applied to your infant's eyes to reduce the risk of infection. This is done in the hospital nursery. The ointment may cause your infant's eyes to be a little red and the eyelids to be a little puffy for the first week. It is also normal to see a small amount of clear to white drainage from the eyes. A blocked tear duct is very common in the first few weeks or months of life. This results in pale yellow discharge and crusting from one or both eyes. The white of the eye remains clear and not bloodshot. Move your finger from the corner of the eye down the side of the nose with gentle pressure. This is referred to as tear-duct massage.

You may wash your baby's eyes daily during bath time with a warm wet washcloth without soap. Be sure to use a different part of the washcloth for each eye and to wash the eyes and face before the rest of the body. Do not try to wash out your baby's eyes with eye drops. If redness and drainage last more than a few days, make an appointment for the baby to see the provider.

## **BREASTS**

Your baby's breasts may be swollen for the first two weeks to six months of life and occasionally milk will drain from your baby's nipples. This lactation and swelling is related to maternal hormones that remain with the baby after birth and will gradually decrease as the hormone levels decrease. Do not squeeze or rub your baby's breasts even if a milky discharge is seen. Call your baby's doctor if the breasts become red or hot.

## **VAGINA**

Infant girls often have a white vaginal discharge during the first week of life. At times, a few streaks of blood may be seen in the discharge. This is normal and will clear without any treatment. Keep the area clean by wiping from the front of the baby to the back with a clean, moist cotton ball or wash cloth during diaper changes.

## **JAUNDICE**

Many infants develop a yellow color of skin and eyes in the first few days of life. This yellow color is due to a pigment named bilirubin, and there are several reasons why it develops. Most of the time, the bilirubin level in the blood is not excessive and will drop to normal within a few days. If jaundice does not decrease soon after your infant comes home or if he/she is not eating or stooling well, you should call your provider for advice. Placing the baby in indirect light with his/her eyes shaded will help the bilirubin to resolve. Expose as much body surface area to the indirect light as possible.

## **STOOLS**

The stooling patterns of infants vary with each baby and with time. Some infants stool with each feeding and some only once every three days. Both patterns are normal. Breast-fed babies tend to stool more frequently than bottle-fed babies. Straining with a bowel movement is normal as long as the stools remain soft. If you notice formed or hard stools, or if they become more watery or contain mucous or blood, contact your baby's provider. Do not use suppositories, castor oil or other laxatives, unless directed by the provider. Used without direction, these products may become dangerous. If the baby's stool is hard and you suspect constipation, one tablespoon of light karo syrup can be added to 2 ounces of formula to encourage bowel movement. This should only be used occasionally.

## **TEETHING**

Teething begins sometime after the third month, but teeth generally do not appear before the fifth to sixth month (some as late as one year). Symptoms include drooling and putting hands into the mouth. The baby is sometimes irritable and doesn't sleep soundly, relief of these symptoms maybe helpful with Tylenol or Motrin. Teething does not cause fever, however, it could cause diaper rash, loose stools, drooling, clear runny nose and appetite variations.

## **VITAMIN SUPPLEMENTATION**

According to AAP, November 2008, guidelines, the following recommendations are suggested. To prevent rickets and vitamin D deficiency in healthy infants, children, and adolescents, a vitamin D intake of a least 400 IU/day is recommended. To meet this intake requirement, we make the following suggestions:

- Breastfed and partially breastfed infants should be supplemented with 400 IU/day of vitamin D beginning in the first few days of life.
- Supplementation should be continued unless the infant is weaned to at least 32 oz. of vitamin-D fortified formula or whole milk.
- All non-breastfed infants, as well as older children who are ingesting less than 32 oz. of vitamin-D fortified formula or milk, should receive a vitamin D supplement of 400 IU/day. Other dietary sources of vitamin D, such as fortified foods, may be included in the daily intake of each child.
- Adolescents who do not obtain 400 IU of vitamin D per day through vitamin-D fortified milk (100 IU per 8-oz serving) vitamin-D fortified foods (such as fortified cereals and egg yolks) should receive vitamin D supplement of 400 IU.

## **CRYING AND COLIC**

Babies have limited ways to communicate with the people in their lives. They will cry for all of their needs until they can develop more sophisticated ways to communicate with them. Babies also cry when the environment overwhelms them because of too many people, poorly controlled temperature, bright lights or loud noises.

Sometimes, it may be difficult to find the reason for your baby's outbursts. It is natural to feel upset and at time helpless if your efforts to understand your baby's tears do not alleviate his or her distress. After you have ensured that your infant is fed, the diaper is dry and positioned properly, and the temperature of the environment is acceptable, look for other causes. Take your baby to a quiet room with gentle lighting. Look him/her over head to toe to make sure that the clothing is not scratching or pinching his skin. Make sure his fingers and toes move freely. Then swaddle your baby snugly and securely in a blanket. Talk softly and calmly while walking to various places until you find a rhythm that works.

## **CRYING AND COLIC (continued)**

As many as one in five babies have a condition called colic. Colic is believed to be caused by gas that builds in your baby's stomach throughout the day. The crying usually occurs in the late evening and may last for hours. Techniques that work during the day to soothe your baby may only work for a few minutes during these crying spells. It is difficult but important to relax as much as you can. Continue to talk softly, rock, cuddle and hold your baby. If you feel yourself becoming overwhelmed, it is okay to allow someone else to hold your baby or to lay your baby safely in the crib for a few minutes so you can take a deep breath and then return to your efforts to console. Remember, colic is temporary and rarely lasts longer than one to two months.

Other suggestions that may help you console a colicky baby include changing the environment by moving to a different room, adding background noise from a washing machine or the radio turned on low, or changing the rhythm of your step or the tone of your voice.

## **GENERAL FEEDING INSTRUCTIONS**

The best food for your infant is human milk. If you are unable to nurse or elect not to nurse, commercially available formulas with iron should be used. Do not use evaporated milk or cow's milk. Your baby will not be able to digest these and severe complications and problems may occur. If your family has a history of allergies, discuss this with your doctor.

Your infant should receive only breast milk or commercial formula with iron for the first three to six months of life. Wait until your baby's provider gives you the okay before starting cereal or strained foods. Certain developmental milestones need to be reached before these become safe.

## **BREASTFEEDING**

Human milk is best for human babies and we encourage you to breastfeed your infant. These suggestions are helpful:

1. It takes 3 to 5 days for your body to begin to produce milk. Before this time, you will have Colostrum (early milk). Colostrum is thick and deep yellow. It contains concentrated nutrition and is full of antibodies that help your infant fight infection. Sucking during this phase signals your body to produce more milk. It is therefore important that you nurse regularly even if you are not yet producing milk.
2. Until a schedule is established, nurse your baby on demand, whenever he/she appears hungry. In the beginning, allow your baby to nurse 20 to 30 minutes on each breast.
3. After the fifth day, let your baby empty one breast at a feeding and nurse the other breast for a few minutes. Alternate starting sides. You may wish to pin a safety pin on the bra side you started to help you remember for the next feeding.

## **BREASTFEEDING (continued)**

4. The time it takes to nurse will vary and depend on the infant. Some babies are very efficient and finish quickly while others seem to take their time at the breast. In general, it should take 20 to 30 minutes every 2 to 3 hours to fully nurse your infant. If your infant seems to fall asleep quickly and before completing the meal, you can loosen the blankets and gently rub the soles of his/her feet. Do not be too alarmed, however, ninety percent of the milk is taken in the first five minutes of nursing and an occasional shortened feeding is okay.
5. When you have finished nursing, gently slip a finger into the corner of your baby's mouth to break the suction, then move his/her head away from the breast.
6. Wear a well-fitted nursing style bra all day and night for the first several weeks of nursing. This will provide you with additional support and help ease the discomfort you may initially feel from the fullness of the milk. Avoid bras with underwires as these may increase your risk for engorgement.
7. Make sure your provider knows you are nursing and do not take medications without first discussing them with your provider. These recommendations include the use of over-the-counter medications.
8. It is important to continue a healthy, nutritious diet while you are nursing. On the average, nursing women use 500 more calories/day than non-nursing women. The extra calories should be from foods high in protein. See your provider for a list of recommended foods.
9. Drink at least one to two quarts of fluids each day. You do not need to drink milk to have milk.
10. Continue your prenatal vitamins while you are nursing.

For more information about nursing you can contact – **ADVISORY HOTLINE FOR NURSING MOTHERS AT 215-572-8044.**

### **HUMAN MILK STORAGE**

Room Temperature	One Hour
Refrigerator	Five Days
Freezer	Six Months
Thawed Milk (previously frozen)	24 Hours (in refrigerator) One Hour (room temperature)

### **HOW TO WARM THE MILK**

Thaw frozen milk gradually. In the refrigerator, it will take about 18 hours for frozen milk to thaw. If you will need it sooner than this, you may thaw it in a cold water bowl outside the refrigerator.

Never thaw frozen breast milk under hot water. Never heat any breast milk in the microwave and never bring to boiling. Thawed milk should be warmed under running water until it is nearly body temperature. Shake the milk gently to even the temperature and reconstitute the cream. Always test the temperature before feeding it to your infant.

## **WEANING**

When you have decided to stop nursing your infant, you will need to begin to wean him/her. This process is best done gradually to help ease the transition for both you as the nursing mom and your baby.

Begin the process by first substituting one nursed feeding for formula. A late morning meal is usually the easiest to substitute when beginning the transition. Continue to nurse at all other regular times.

After about one week, substitute a second nursed feeding for formula. A late afternoon feeding works well for the second substitution. Two nursed meals are now replaced. Continue to substitute nursed feedings for formula during the third and fourth weeks. Substitute the morning feedings first and then the afternoon feedings.

By the end of the fourth week you should only be nursing at night, just prior to bedtime. It is important to stop this feeding last. Your infant relies on this for comfort and security. After about a week of having this as the only nursed feeding, it can be substituted as well. During this weaning process, you will continue to produce milk. If you express out the milk, your body will continue to produce it. It is important, therefore, that you wear a good support bra to help ease the discomfort. Consult your physician if engorgement develops.

## **SUCCESSFUL FORMULA FEEDING**

If you plan to supplement while nursing or formula feed alone, always use a commercially prepared formula. Remember breast is best and if you supplement formula and do not pump at that time, you will produce less. Many brands are on the market. Each brand is designed to provide the vitamins, protein, fats and iron that are specifically needed for the rapid growth and neurological development of infants. Never use homogenized milk or evaporated milk for any baby less than 12 months of age as serious developmental and life-threatening health problems may develop.

Formula may be purchased as ready-to-eat, concentrated liquid, and dry powder. Always follow the directions precisely when preparing the formula. If you have questions on preparation, do not guess or approximate, ask your nurse or provider.

City tap water is sufficient. The water does not need to be sterilized and bottled water is not recommended due to lack of regulations. If you have well water, check with your local authorities to determine if it is approved safe.

Formula should be prepared fresh at the time of each feeding. Any unused portion should be discarded and the bottles and nipples rinsed immediately.

## **BOTTLE FEEDING**

1. Feeding times should be relaxed and not rushed. Both you and your baby should be comfortable and your baby should be hungry, warm and dry.
2. Feeding time is bonding time and your baby should be attended to constantly.
3. Do not force your infant to eat. Allow your baby time to take as much as she/he wants.
4. Always tip the bottle so that the nipple is filled with formula to prevent your baby from swallowing air.
5. Burp your baby midway through the feeding and at the end of the feeding. Some babies will spit out a small amount of formula with burping and after being put into the crib. This is normal. If the spitting is forceful or contains anything other than formula you should report this concern to the provider.
6. Each feeding usually takes between 15 and 25 minutes. Most infants will be hungry about every three to four hours. Your baby will set his/her own feeding schedule usually within the first month.
7. Refrigerated formula should be poured into the bottle and warmed to room temperature before feeding. You can warm the formula by running warm water over the bottle, never microwave or bring it to boiling. Test the temperature by putting a few drops on your wrist. Discard any formula not taken at the time of feeding.
8. Always rinse bottles and nipples with water immediately after use and wash them thoroughly with hot soapy water before the next use.
9. Never put cereal or other food in a bottle without notifying your physician.
10. By about seven months of age, you can introduce your baby to a cup. Gradually increase feedings from the cup until the bottle is no longer used. A baby should be completely off all bottles by 12 to 15 months of age.
11. Babies who go to bed with a bottle of milk, formula or juice are more likely to have tooth decay and suffer from ear infections. Avoid using the bottle at night to help with transitioning with sleep.

## **ADDITION OF SOLID FOODS**

Check with your provider before beginning solid foods. Your infant needs to achieve certain developmental milestones, be an adequate size, and consume a sufficient amount of human milk or formula before solids can safely be started. Cereal is a solid food and should never be given in a bottle.

Single grain cereals are usually started between 4 and 6 months. Start by mixing 1 to 2 tablespoons of rice cereal with formula or human milk. Initially, your baby will prefer a thin mixture. You may need to add more liquid than suggested by the directions until your baby has adjusted to the change in texture and taste. Feed your infant in a seated position. Offer the cereal from a spoon. Feed your infant cereal once a day until your baby begins to learn how to take from the spoon well and without sucking. Increase the frequency and amount of cereal as your baby's appetite increases. By 6 months of age,

## **ADDITION OF SOLID FOODS (Continued)**

Some infants are eating 2 to 3 tablespoons of cereal twice a day.

Do not make cereal feedings too large or too frequent. Your baby will still need about 32 ounces of formula to meet nutritional demands.

Always wait about one week before adding a new food to your baby's diet. Always add food one at a time. Never add mixed foods until all components of the mixture have been separately tested for at least one week. These steps will help you to identify food allergies or intolerance. If your infant develops a new rash, vomiting, or diarrhea after starting a new food, discontinue it and contact your infant's provider.

After successfully adding single grain rice cereal to your infant's diet, you can begin other food by the above guidelines. Try another single grain cereal like oatmeal. After about one week more, try vegetables.

After successfully adding a variety of vegetables to your infant's diet, you can next begin with strained, natural fruit. Start first with pears, applesauce or bananas. Again, always wait a week before adding a new food and do not use mixed fruit or fruit dessert.

Strained meats are started last and not before 9 months of age. Always feed vegetables first, fruits second and meats last. Only offer the meats if the vegetables and fruits were taken well. When adding strained meats, start with chicken. After about one week, add turkey followed by veal. Do not add beef or pork until you have assured tolerance to the other meats.

If you prepare your own strained foods, avoid anything spicy and do not add salt or pepper. Be sure all pieces are blended or mashed thoroughly to avoid risk of choking.

The following table of meals is suggested for a 9 to 12 month old baby.

<b>BREAKFAST</b>	<b>LUNCH</b>	<b>DINNER</b>	<b>BEDTIME</b>
Cereal Fruit Breast Milk/Formula	Vegetable Fruit Meat Breast Milk/Formula	Cereal Meat Breast Milk/Formula Fruit/Vegetables	Breast Milk/Formula

"Finger foods" may also be started at 7 to 9 months. Cheerios or dried cereals and small pieces of bananas are good examples of finger foods. Make sure that they are small and easily dissolvable. Do not give raisins or peanuts at this age. Be careful to always watch your infant during meal times, avoid small, hard foods that may cause choking and know what to do if he/she begins to choke.

## **ADDITION OF SOLID FOODS (Continued)**

Junior foods are not necessary. Small amounts of food should be offered. Do not over feed. An average serving size is about the size of your child's fist, or one to two tablespoons. Use very little seasoning. Fried foods and highly seasoned, fatty foods will not be digested well and should be avoided.

## **TAKING A TEMPERATURE**

You must use a thermometer to take an accurate temperature. Digital thermometers are preferred and the proper technique is important for an accurate reading. Rectal or axillary temperatures should be done for all children less than 5 years old. If your five year old child is cooperative, you can begin checking temperatures orally.

To check a rectal temperature:

1. Clean the end of the thermometer with rubbing alcohol or soap and water. Rinse it with cool water. Do not rinse it with hot water.
2. Put a small amount of lubricant, such as petroleum jelly, on the end.
3. Place your child belly down across your lap or on a firm surface. Hold him placing your palm against his lower back, just above his bottom. Or place your child face up and bend his legs to his chest. Rest your free hand against the back of the thighs.
4. With the other hand, turn the thermometer on and insert it ½ inch to 1 inch into the anal opening. Do not insert too far. Hold the thermometer in place loosely with two fingers, keeping your hand cupped around your child's bottom. Keep it there for about 1 minute, until you hear the "beep". Then remove and check the digital reading.
5. Be sure to label the rectal thermometer so it's not accidentally used in the mouth.

A normal rectal temperature is about 99.6 degrees. Your provider needs to be notified of any temperature of 100.4 or more in an infant less than 2 months old.

To check an oral temperature:

1. Clean the thermometer with lukewarm soapy water or rubbing alcohol. Rinse with cool water.
2. Turn the thermometer on and place the tip under your child's tongue towards the back of his mouth. Hold in place for about 1 minute, until you hear the "beep." Check the digital reading.
3. For a correct reading, wait at least 15 minutes after your child has had a hot or cold drink before putting the thermometer in his mouth.

A normal oral temperature is about 98.6 degrees. If your child's temperature reading is not near your expected reading, you can confirm it with a rectal temperature.

To check an axillary temperature:

1. Hold digital thermometer under arm with skin surfaces touching until device beeps.
2. Axillary temperature is approximately a degree lower than a temperature taken by other methods.
3. When communicating with office staff, tell us exactly what temperature reading you received and how you obtained it.

### **REDUCING A FEVER**

Fevers do not always need to be treated. They help the body to fight infection and normally vary through the day even in healthy children. A fever needs to be treated when it is associated with discomfort, irritability, pain or weakness.

#### **DO**

- Offer plenty of clear fluids such as juices, Pedialyte, flat Gingerale.
- Sponge bathe your child with lukewarm water.
- Retake the temperature before each dose of medication. Record the time, temperature, how it was taken and the medication given.
- Watch your child for other signs of infection such as breathing patterns, stooling and voiding patterns, food intake, vomiting, irritability, pain, etc.

#### **DO NOT**

- Sponge your child with alcohol.
- Over bundle him/her with multiple blankets/bedding.
- Put your child in a tepid bath, lowering the body temperature too rapidly may cause it to rebound even higher. Avoid shivering which can increase body temperature.

#### **CALL THE OFFICE**

- If the temperature is not decreasing with the medication.
- Your child complains of pain or appears very uncomfortable or irritable.
- Your child is vomiting and unable to keep anything in his/her stomach for over twelve hours.
- If your child is urinating less than is normally expected.
- If a rash appears.
- Any seizure activity, convulsions or fits.
- For a rectal temperature
  1. In a newborn up to 8 weeks of age
    - \* Greater than 100.4
    - \* Do not give medicine unless directed to do so
    - \* Call immediately
  2. An infant from 8 weeks to 12 months
    - \* Greater than 103
    - \* Any temperature that persists more than 24 hours
  3. In any older child
    - \* Greater than 103
    - \* Any temperature that persists more than 2-3 days

## **UPPER RESPIRATORY INFECTIONS (COMMON COLD)**

The common cold may be caused by any one of a number of different viruses. Symptoms generally are at their worst for the first 2 to 3 days before they begin to improve. Colds usually resolve by about one week. If fevers last more than 2 to 3 days or if the cold persists beyond one week, notify your physician.

### **Symptoms of the Common Cold**

1. Nasal congestion with stuffiness and a runny nose-discolored secretions are not uncommon with a cold.
2. Cough that is usually dry and worse at night.
3. Fever, especially for the first two days.
4. Poor appetite.
5. Irritability with increased fussiness.
6. Loose stools.
7. Vomiting of mucous.

### **Treatment**

1. Acetaminophen to reduce fever greater than 102 or aches and pains.
2. Encourage fluids, nurse frequently.
3. Offer bland foods but do not force your child to eat.
4. Use a humidifier or vaporizer to moisten the air and loosen secretions.
5. Keep your child at home if he/she has fever.
6. Dress appropriately for the weather, do not overdress.
7. Keep the room a comfortable temperature (65-70 degrees).

### **Call your provider if**

1. Breathing appears difficult or labored.
2. Infant is too congested to nurse or eat properly.
3. Wetting fewer than one diaper every 6 hours.
4. Symptoms persist more than seven days.
5. Ear pain or drainage develops.
6. Any unusual symptoms develop.
7. Your child appears sicker than expected.

## **TREATING COMMON AILMENTS**

### **HOME SAFETY**

Poisoning and accidents are the leading cause of death in infants and children. Keep your house safe and clean, have emergency supplies on hand, and know what to do if your child becomes ill or injured. Preventing illness and injury is the first step in treating common ailments.

1. Baby proof your home before your child learns to crawl.
2. Take a first aid class for basic life support and CPR.
3. Never leave your infant unattended.
4. Always keep a hand on your infant when on the bed, sofa, a table, or anyplace from which he/she may fall.
5. Use a gate at all stairways and doorways.
6. Use child safety covers on all outlets.
7. Use child safety latches on all cabinets, drawers, doors.
8. Keep buckets empty.
9. Have your water thermostat set to a maximum temperature of 120 degrees.
10. Do not use toys with small, removable parts or sharp edges.
11. Keep older children's toys in a separate room, away from infant.
12. Keep medicines and cleaning supplies locked away in high cabinets.
13. If you think your child swallowed poison, call for help immediately.
14. Always place child in car seat.
15. Use helmets when child is on a bike or scooter.

### **MEDICINE CABINET SUPPLIES FOR FAMILY CARE**

1. Digital thermometer
2. Nasal suction bulb
3. Acetaminophen (Tylenol)
4. Medicine dropper or measuring cup
5. Vaporizer or humidifier
6. Band-aids/bandages
7. Petroleum jelly
8. Antibiotic ointment
9. Benedryl elixer for allergic reaction  
Benedryl Dosing: 12.5 mg/5ml 2-6 years - ½ tsp. Every 4-6 hours as needed  
6-12 years - 1 to 2 tsp. Every 4-6 hours as needed  
over 12 years- 2 tsp. Every 4-6 hours as needed

### **POISON CONTROL CENTER**

**1-800-222-1222**

## **HOW TO CLEAN A HUMIDIFER**

Under certain circumstances, bacteria can build in humidifiers. Therefore sanitizing is highly recommended. Every three days fill the container with one gallon cool tap water. Add ½ cup household bleach to the water. Replace the cover. Plug the vapor outlet with a piece of cloth so that **NO** vapor can come out. The bleach solution could damage furniture or walls. Plug in and allow to run for 1 to 1½ hours (longer than 1½ hours can cause motor damage). Disconnect cord, pour water out, and rinse thoroughly with warm water. Allergists often suggest avoiding humidifiers in homes with children who have allergies.

## **DIARRHEA**

Every infant will normally produce an occasional soft, runny stool. A green stool is the result of increased bowel activity, and is not a cause for concern. Foul smelling, bloody stools indicate a need for an office visit. Frequent watery stools are the hallmark of diarrhea with dehydration from fluid loss being the primary complication. If symptoms of diarrhea persist for more than 8 to 12 hours, especially in newborns and infants, call your provider. If your child is having less wet diapers and decrease in urination, call your provider. If an office visit were needed, it would be helpful to bring a soiled diaper with you.

### **Treatment**

1. To prevent dehydration, the water loss must be replaced. Offer the child clear liquids such as Pedialyte or Kao Lectrolyte. They can be purchased in drug store and supermarkets.
2. Put the child's stomach at rest by only offering breast milk or clear liquids for 12 hours. Do not give milk or solid food. At the end of this period of rest, the child may have a soft stool with mucus, which is no cause for concern.
3. After 12 hours of clear liquids, offer ½ strength formula, preferably soy formula for the second day.
4. Advance the diet after 12 hours as tolerated (BRAT-banana, cooked rice, applesauce, and dry toast-may also give cheerios).
5. Low or non-fat yogurt with live cultures, 1-3 tablespoons per day will aid in reducing symptoms.

**PERSISTANT SYMPTOMS, IN SPITE OF THE ABOVE REGIMEN, OR DECREASED URINE OUTPUT INDICATES A NEED FOR AN OFFICE VISIT.**

## CONSTIPATION

Firm, hard to pass stools are the hallmarks of constipation. It is the texture of the stool not the interval between bowel movements which is important. An infant or child can go as long as a week without a bowel movement as long as stools are soft and the child is comfortable.

### Treatment

1. Increase water or juice intake.
2. Increase intake of fruits such as peaches, apricots, plums, pears, prunes or the juices of these fruits. Avoid constipating fruits such as bananas and apples. Cheeses and milk should be avoided.
3. Light karo syrup (clear) can be used. 1-2 teaspoons to every 2-4 ounces of water or formula.

## VOMITING

Dehydration from fluid loss is the main concern. Most vomiting will respond to stomach rest followed by gradual increase in fluid intake. Clear fluids outlined under the section on diarrhea are helpful. Milk, juices and solids should be discontinued until symptoms are relieved. Room temperature beverages are often better tolerated than hot or cold ones.

### Treatment

1. Nothing by mouth for the first ½ hour.
2. Next ½ hour, one teaspoon of flat Classic Coke, Pedialyte, or Kao Lectrolyte every 10 minutes.
3. Second ½ hour, two teaspoons of flat Classic Coke, Pedialyte or Kao Lectrolyte every 10 minutes.
4. Third ½ hour, one ounce of flat Classic Coke, tea solution, Pedialyte, or Kao Lectrolyte every 10 to 20 minutes.
5. Advance diet as tolerated. If vomiting recurs, start over again.

**IF VOMITING PERSISTS FOR MORE THAN 8 TO 12 HOURS, ESPECIALLY IN NEWBORNS AND INFANTS, AND URINE OUTPUT DECREASES, AN OFFICE VISIT IS NEEDED. PRESENCE OF PERSISTENT FEVER, HEADACHE AND VOMITING (WITH OR WITHOUT A STIFF NECK) IS AN ABSOLUTE INDICATION FOR AN OFFICE VISIT.**

## **INJURIES**

### **Cuts and Scrapes**

Superficial abrasions and lacerations should be cleaned thoroughly with soap and water and covered with a clean dressing such as a Band-Aid. Apply an antibiotic ointment such as Bacitracin and change the Band-Aid 3 to 4 times daily. Keep the bandage clean and dry.

A laceration probably requires attention if the edges are gaping, if it is deep, or has uncontrollable bleeding. Most minor suturing can be done in the office. Any sore not improving with OTC treatment should be evaluated to determine need for cultures.

### **Head Injuries**

Head injuries are always potentially serious, and you should not hesitate to consult your provider about them. With any significant fall or with any of the following symptoms, a provider's examination is indicated:

1. Persistent vomiting. It is not unusual to vomit once or twice after a head injury.
2. Excessive sleepiness or difficulties in arousing the child from sleep.
3. Seizure or "fit".
4. Severe headache or confusion.
5. If one pupil becomes larger than the other.
6. Double vision.

### **Lost or loose teeth**

Injuries to the mouth involving teeth may require a dental evaluation. Please save the lost tooth and wrap it in a clean, damp cloth or placing in milk and call your dentist as soon as possible. An emergency dental kit for lost teeth is available in pharmacies.

### **Eye Injuries**

Persistent pain, blurred vision, squinting, redness, crusting, or tearing requires an examination by the provider. Foreign substances should be flushed with water for 15 minutes or longer.

### **Suspected Broken Bones**

Call your provider. Usually an X-ray is required.

### **Burns**

Immerse in water until pain stops, ½ to 2 hours. Leave blisters intact. Call your provider. Do not use Vaseline or any grease or ointments – these will retain heat and make the burn worse.

## URINARY TRACT INFECTIONS

Little girls are especially prone to urinary tract infections. Symptoms include frequent urination (more than usual), burning, bleeding, and unusual bedwetting. Shampoo, bubble bath, and soap bars in the bath water are common causes of urinary tract infections. Suspected UTI's requires an office visit.

## BEE STINGS

Remove the stinger – using a credit card to scrape it out will help. Put ice on the sting immediately. You may use a paste of baking soda or meat tenderizer to ease discomfort. Benadryl by mouth lessens the effect of the sting. Watch for hives and/or difficulty breathing. If this should happen, call the provider immediately.

## ANIMAL BITES

Wash wound with soap and water. Apply antibiotic ointment, such as Bacitracin. Watch for signs of infection. For domestic animals make sure rabies vaccine is up to date. For wild animals, report to the police and contact our office for possible rabies problems. Animal bites usually require prophylactic oral antibiotics. Call the office for any animal bites.

## HUMAN BITES

Wash wound with soap and water. Apply antibiotic ointment, such as Bacitracin. Call the provider, an oral antibiotic may be needed.

## LICE

Buy RID or NIX Shampoo over the counter. Shampoo child's hair and repeat in one week. Follow all directions on product's box exactly. Overuse of these products can be toxic.

## CHICKEN POX

The child is contagious for about one week (until all blisters are crusted over).

### Treatment

1. Bathe child twice a day and wash hair once a day. You can add ½ cup cornstarch, baking soda, or Aveeno to the bath water. Cut child's nails short.
2. **Do not give aspirin to any child under 14 years old.**
3. Give Tylenol or Motrin and Benadryl for fever and discomfort.
4. Call for an appointment if the child has a fever over 102 degrees rectally, as infections can develop.

## AIRPLANE TRAVEL

Traveling with a child is not a problem. To help relieve some of the ear pressure when taking off or landing, give the baby a bottle or offer a pacifier to promote swallowing. An older child can be given gum to chew to relieve the pressure. If there is any sign of an upper respiratory infection, see a physician before flying.

## AUTOMOBILE SAFETY

Each year more than 70,000 children under the age of five are injured in car accidents because they are improperly restrained. It is important to know which car safety seats are appropriate for the ages and sizes of your children and how to use them correctly. Many automobile dealerships and children's merchandise stores offer free car safety seat evaluations and training sessions. Have everyone involved in transporting your child by automobile attend one of these classes.

While traveling in a car, your arms are the most dangerous place for your baby. Beginning with the first ride home from the hospital, all infants should be seated in a semi-reclined position in an infant car seat, facing the rear of the car, and anchored securely to the back seat with a seat belt. This is the safest position for any child.

Between 20 and 40 pounds and 12 months old to 4 years old, your child must remain in a toddler seat anchored to the rear seat of the car, facing the front of the car.

All children between 40 and 80 pounds and 4 to 8 years old must remain in a booster seat with both lap belt and shoulder strap properly in place. The lap belt should be low and tight across the lap and upper thigh if the child. The shoulder strap fit snug across the chest and shoulder and below the neck. All children less than 12 years old must ride in the back seat of the car. Everyone in the car must be restrained with proper belts.

AGE	Birth to 24 Months	2 to 4 Years	4 to 8 Years	8 to 12 years and 57 inches tall
Keep child rear facing until at least 2 years of age, longer if possible. Keep in car seat until he or she reaches the height or weight limit allowed by the seat's manufacturer.				
SEAT TYPE	Infant only or convertible	Forward facing or convertible	Forward facing or booster seat	Shoulder and lap belts
SEAT POSITION	Back seat rear facing	Back seat forward facing	Back seat	Back seat

**Questions concerning car seats use and safety can be answered by the Academy of Pediatrics HOTLINE AT 1-800-CAR-BELT.**