

Introduction

This book serves as a starting point to help you with questions you may have. We would like to emphasize that your baby is an individual and no book or set of rules can cover all the needs and problems of each baby. Our philosophy is not to ask each newborn to conform to a set pattern of eating, sleeping, or other behaviors. Rather, we believe that each child is different and that care should be individualized. There are many different approaches to the care of a newborn. We will introduce you to methods that many physicians and parents have found to be useful. After trying them you may find that some variations work better for you and your baby. We will be happy to discuss alternatives with you.

Most helpful is a relaxed attitude toward problems concerning the care of your infant. Caring for a baby is not going to be difficult, even if you have no experience at all. Your own instincts will lead you to do the proper thing in almost all circumstances. Trust your feelings and don't be intimidated by the well-meaning criticism of friends, neighbors and relatives. It is well known that the natural loving care parents give their children is much more important than all the specific techniques of child rearing that have ever been written. Every time you pick him/her up, bathe him/her, feed him/her or smile at him/her, he/she is getting a feeling that he/she belongs to you and you belong to him/her. No one else in the world, no matter how skillful, can give this feeling to him/her.

Office Information

Office Hours

Office hours are 8:00AM to 5:00PM, Monday through Friday with Saturday hours offered in the winter season.

Appointments

Patients are seen in the office by appointment only, except in emergencies. This system provides adequate time for each patient and reduces waiting time as much as possible.

Please feel free to call anytime after 8:00AM to schedule a same day appointment. When you call, please inform the receptionist as to the nature of the visit so that adequate time can be scheduled.

If you would like to see a particular provider please ask for them by name when making your child's appointment.

Also, if you wish more than one child to be seen, please specify this when the appointment is made so enough time can be allotted for your family.

If you are unable to keep an appointment, please notify the office as soon as possible so that the time may be rescheduled for someone else.

Please call if you will be late for your appointment. Once you arrive, we will do our best to accommodate you in a timely fashion.

Schedule of Physical Exams (Well Child Checks)

We follow the American Academy of Pediatrics' recommended schedule for Well Child Checks. Regardless of this schedule, we will be happy to arrange for a Well Child appointment any time a patient or parent requests.

The purpose of the physical exam is to ensure that your child is healthy and meeting anticipated developmental milestones appropriately. Many examinations will include vaccinations. Sometimes, several vaccines will be given during one exam. Plan to bring your child into our office as indicated on the schedule below:

- 2-5 days
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 3 years
- 4 years
- Yearly

Medical Checkup on the 3rd or 4th Day of Life

Babies usually go home within 24 to 48 hours after birth. Your baby needs to be re-checked about two (2) days after discharge to check how well he/she is feeding, urinating, producing stools, gaining weight, and breathing. Your baby will also be checked for jaundice and overall health. We will then see your infant again a few days to a week later for a follow up visit and a second newborn screen.

This is also the time your family is under the most stress of adapting to a new baby. Bring a list of questions about your baby's health with you to office visits. We welcome the opportunity to answer your questions.

If you think your newborn is sick between routine visits, be sure to call us for help

A Quick Guide to Immunizations

Following is a brief overview of vaccinations and a review of the most common questions concerning vaccinations. Immunizations protect your child against several serious life-threatening diseases. We follow the recommendations of the American Academy of Pediatrics (www.aap.org) and Center for Disease Control (www.cdc.gov) and encourage all children to be vaccinated. However, if you have researched information about vaccines and do not wish to have your child vaccinated or wish to follow an alternative schedule, we are more than happy to discuss this with you. We use only thiomersal-free and mercury-free, single dose vaccines.

Why are vaccinations recommended?

Children who are vaccinated are at a much lower risk of catching the disease that is prevented by that particular vaccine. These diseases can cause multiple complications, including serious disability and death. While your child may not be exposed to these diseases in the immediate future, most vaccine immunity lasts many years. With some parents choosing not to vaccinate their children, some of these preventable diseases are becoming more prevalent.

How do vaccinations work?

Vaccines are made from a weakened portion or inactivated form of a virus or bacteria. Commonly, the vaccine contains the 'antigen' of the virus or bacteria. This is the portion of the germ that the body reacts to. The vaccine causes the body to react and make antibodies to the weakened form, so that if the body were to encounter the actual virus or bacteria, it would already be prepared to fight it off, causing little to no symptoms.

What side effects do vaccinations have?

Most vaccines have very mild side-effects. The most common ones include fever, fussiness, sleepiness, mild pain or redness at the injection site. Very rarely a child may have a more serious reaction or an allergic reaction to a vaccine.

Do vaccinations cause autism?

It is clear that vaccines do not cause autism. All of the research and studies regarding thimerosal and mercury in vaccines have not proven any relationship between vaccines and autism. In particular, the MMR vaccine has also not been shown to cause autism or autism-related disorders.

Why does my child need more than one dose of a vaccine?

One dose of a vaccine only gives partial immunity or protection from a disease. Multiple doses provide the full effect of immunity, as each dose allows the body to make more antibodies, thus better protection against the disease. Some vaccines, such as DTaP, have 'booster' doses later in life to ensure that protection does not wear off.

When can my child not be vaccinated?

Children that have high fever because of unknown cause or have been sick enough to miss daycare or school most likely will not be vaccinated that day. If the illness were to worsen, we would not know if it was a reaction to the vaccination or the normal course of the illness that the child already had. In addition, the immune system also may not

react completely to the vaccine as needed because it is already working to fight off another virus or bacteria.

Recommended Vaccination Schedule

AGE	VACCINES
Birth	Hepatitis B
1 month	Hepatitis B
2 month	Rotateq, DTaP, Hib, PCV, IPV
4 months	Rotateq, DTaP, Hib, PCV, IPV
6 months	Rotateq, DTaP, Hib, PCV, IPV
9 months	Hepatitis B
12 months	MMR, Varicella
15 months	DTaP, Hib, PCV
18 months	Hepatitis A
2-3 years	Hepatitis A
4-6 years	IPV, DTaP, MMR, Varicella
11 years	Tdap, menactra, HPV

Explanation of Abbreviations

DTaP = diphtheria, tetanus, pertussis (whooping cough)

Hib = Haemophilus influenzae type b

IPV = inactivated polio virus

MMR = measles, mumps, rubella

PCV = pneumococcal conjugate vaccine (pneumonia)

Tdap = tetanus, diphtheria, pertussis

Varicella = chicken pox

HPV = human papillomavirus

Don't Avoid Immunizations

Unnecessary precautions have led parents to postpone or cancel scheduled immunizations. A child **can** be given his/her vaccines if any of the following conditions are true:

- The child had soreness, redness, or swelling at the injection site after a previous shot.
- The child had a fever of less than 105°F (40.5°C) after a previous shot.
- The child has a mild illness such as a cold, cough, or diarrhea without a fever.
- The child has recently been exposed to an infectious disease.
- The child is taking antibiotics.
- The child was premature.
- The child's mother is pregnant.
- The child is breast-feeding.

- The child has allergies (unless it is an egg allergy).
- The child's family has a history of convulsion or sudden infant death syndrome.

Don't Avoid Immunizations

The two most recent outbreaks of measles in the United States were caused by un-immunized children from Europe who transmitted the disease to children who were not immunized or had not completed the recommended vaccine schedule for their age. Vaccine preventable diseases are serious and are still found in our communities.

Please note that Arizona law requires written consent from a parent or guardian for a child to receive vaccines. If a parent or guardian allows another adult to bring in the child, the parent or guardian is allowing this other adult to make decisions regarding the child's medical care, including the decision to give vaccines.

First Weeks at Home with a Newborn

Preventing Fatigue and Exhaustion

For most mothers, the first weeks at home with a new baby are often the hardest time of their lives. You will probably feel overworked, even overwhelmed. Inadequate sleep will leave you fatigued. Caring for a baby can be a lonely and stressful responsibility. You may wonder if you will ever catch up on your rest or work. The solution is asking for help. No one should be expected to care for a young baby alone.

Every baby awakens one or more times a night. The way to avoid sleep deprivation is to know the total amount of sleep you need per day and to get that sleep in bits and pieces. Go to bed earlier in the evening. When your baby naps, you should also try to nap. Your baby doesn't need you hovering while he or she sleeps. If sick, your baby will show symptoms. While you are napping, take the telephone off the hook and put up a sign on the door saying "Mother and Baby Sleeping". If your total sleep remains inadequate, hire a baby sitter or bring in a relative. If you don't take care of yourself, you won't be able to take care of your baby.

The Postpartum Blues

More than 50% of women have postpartum blues on the third or fourth day after delivery. The symptoms include tearfulness, tiredness, sadness, and difficulty in thinking clearly. The symptoms often start on the day mother and baby come home from the hospital. Many mothers feel sad and guilty about these symptoms because they have been led to believe they should be overjoyed about caring for their newborn. In any event, these symptoms usually clear in one to three weeks as the mother's hormone levels return to normal and she develops routines and a sense of control over her life.

There are several ways to cope with the postpartum blues.

- Acknowledge your feelings and talk about them with someone close to you. It's OK to cry.
- Get enough rest.
- Get help with all your work.
- Connect with other people; don't become isolated. Get out of the house at least once a week. Many hospitals have support groups for new moms.

If you don't feel better by the time your baby is one month old, see your doctor.

Helpers: Relative, Friends, Sitters

Everyone needs extra help during the first few weeks alone with a new baby. Ideally, you were able to make arrangements for help before your baby was born. The best person to help, if you get along with her, is usually your mother or mother-in-law. If this

is not possible, teenagers or other adults can come in several times a week to help with housework or to look after your baby while you go out or get a nap. If you have other young children, you will need daily help. Be clear that your role is looking after your baby. Your helper's role is to shop, cook, houseclean, and wash clothes and dishes, etc. If your newborn had a medical problem that requires special care, ask for home visits by a home health nurse.

Visitors

Only close friends and relatives should visit you during your first month at home. They should not visit if they are sick. To prevent unannounced visitors, the parents can put up a sign saying "MOTHER AND BABY ARE SLEEPING. NO VISITORS. PLEASE CALL FIRST". Friends without children may not understand your needs. During visits, the visitor should pay special attention to older siblings.

Feeding Your Baby: Achieving Weight Gain

Your main assignments during the early months of life are loving, feeding, and tending to the basic needs of your baby. All babies lose a few ounces during the first few days after birth. However, they should not lose more than 10% of their birth weight (usually about 8 ounces depending on your baby's birthweight). Most bottle-fed babies are back to birth weight by 10 days of age, and breast-fed babies by 14 days of age. Then, infants gain approximately one (1) ounce per day during the early months.

A breast-feeding mother often wonders if her baby is getting enough calories, since she can't see how many ounces the baby takes. Your baby is doing fine if he or she:

- Demands to nurse every 2 to 3 hours
- Appears satisfied after feedings
- Takes both breasts at each nursing
- Wets six (6) or more diapers each day
- Passes three (3) or more soft stools per day after day 3 or 4 of life

Crying

Crying babies need to be held. They need someone with a soothing voice and a soothing touch. You can't spoil your baby during the early months of life. Overly sensitive babies may need an even gentler touch. If nursing, once your milk supply is established and the baby is latching well, it is fine to offer you baby a pacifier for soothing.

Sleep Position

Remember to place your baby in his/her crib on his/her back. As of 1992, this is the sleep position recommended by the American Academy of Pediatrics for healthy babies. The back (or supine) position reduces the risk of Sudden Infant Death Syndrome (SIDS). Also, your infant should sleep on a firm flat surface with only a

sheet. Do not place loose blankets, stuffed animals or bumpers in the crib. Never put your baby on his/her tummy when you are not watching him/her.

Taking Your Baby Outdoors

You can take your baby outdoors at any age. Dress the baby with as many layers of clothing as an adult would wear for the outdoor temperature. A common mistake is overdressing a baby in the summer. In winter, a baby needs a hat. Cold air or winds do not cause ear infections or pneumonia.

The skin of babies is more sensitive to the sun than the skin of older children. Keep sun exposure to small amounts - 10 to 15 minutes at a time. Protect your baby's skin from sunburn with longer clothing and a hat.

Crowds should be avoided during your baby's first two months of life. Also, during your baby's first year of life, try to avoid close contact with people who have infections.

Feeding Your Newborn

One of the first decisions you will make regarding your baby is how to feed him/her. Although you will get a great deal of advice from family and friends, this is a very personal decision. What you feed your infant will depend on your particular set of circumstances and feelings. You will have a healthy baby whether you breast feed or give formula. Whatever decision you make, do so with confidence.

Breast Feeding

It's a great idea to breast-feed and we encourage you to do so! Generally babies who are breast-fed are less ill during the first year of life than babies who are given formula.

Breast feeding is definitely the healthiest source of nutrition for babies. However some parents may choose to formula feed their babies. We support either choice, as long as the parents make an informed decision regarding this issue. Breast feeding can be difficult at first, especially for first-time moms, and often requires additional support from your pediatrician or a lactation specialist.

If your baby is healthy, you may nurse your infant in the delivery room and, thereafter, every two to three hours. Your infant's sucking will help you to produce milk. The more you nurse, the more milk you will make. Your milk may not come in for up to 8 days, but your infant will receive colostrum. This initial milk is not only nutritious fluid but also beneficial to the developing digestive system and contains valuable immune components that help him/her fight infection.

General Information

Feeding should be a pleasurable experience for both you and your baby. Whether you breast feed or bottle feed your baby, always hold the baby in a semi-upright position and one that is comfortable for you. Your baby derives a great deal of pleasure and security when fed properly - you should **never** prop a bottle.

During the first few days of life, it is normal for babies to lose weight, but by the fourth or fifth day your baby will begin to gain weight. A baby will usually empty a breast in about ten (10) minutes. Do not offer the other breast until the first is emptied which is when your breast feels soft. Change the breast you start with each time.

Sometimes it is difficult to know if your baby is getting enough breast milk. Usually, your baby should have six (6) or more wet diapers and at least four (4) stools each day. Also, your baby should be gaining weight.

Mom's Diet

Your diet while nursing need not be changed, although it should include the normal variety of foods as well as a great deal of water, milk or juice. Some foods you eat may upset your baby - for example, they may increase gas, cause constipation, etc. It's a good idea to watch your diet closely and notice any changes in your baby such as increased gas, fussiness or blood in the stools.

Vitamin Supplementation

Breast milk does not have enough vitamin D. It is now recommended that all breastfed infants receive vitamin D daily through a liquid vitamin such as D-visor. After 6 months of age breastmilk does not contain an adequate amount of iron and starting iron fortified cereal is recommended. Another option is to give a daily dose of liquid vitamins such as polyvisor with iron. If more than 50% of your baby's nutrition comes from formula, you do not need to give vitamins since infant formula is fortified with the necessary vitamins.

Formula Supplement

There may be occasions when you wish to substitute a bottle for breast-feeding. We usually recommend doing this only after your milk supply has been firmly established, usually within 4 to 6 weeks. A supplemental feeding allows you to be free when the occasion demands it as well as allowing another family member the opportunity to participate in the care of the baby. You may use pumped breast milk or a formula as your supplement.

Pumped breast milk can be stored for 5-7 days in a refrigerator and up to 6 months in a deep freezer. It is important to label and date your stored breastmilk. To thaw breast milk, place container in warm water. Do not microwave breast milk as this can cause there to be hot spots in the milk that can burn your baby's mouth.

Painful Breasts

Sometimes breasts get swollen 2-4 days after birth. You should breast feed often to relieve this swelling. If your breasts are very hard before feeding, make sure to express some milk before starting to feed, as this will make it easier for your baby to latch.

Formula Feeding

Breast milk is best for babies, but breast-feeding isn't always possible. If you choose to bottle-feed, be sure to always use formula until your baby is one year old. When your baby is a year old, you may start to give him/her whole cow's milk.

Formulas are made especially for babies. Most are made with cow's milk. Others are made from soybeans for babies who have a hard time digesting or are allergic to regular formula. Excellent formulas are available which are similar to breast milk. You may discuss with us which formula we recommend. Powdered formulas are the cheapest.

Always follow the directions when mixing formula. Do not add more powder or liquid or water than you are directed. If the formula is too concentrated or too diluted, your baby will not get what he/she needs and may become ill.

Most city water supplies are safe. If you are making one bottle at a time, you can use cold water from your tap. Let the water run for two (2) minutes before you use it, Do not use warm or hot tap water. The warm water can cause lead to get into the water from the pipes. After you mix the formula with cold water, you can heat the bottle to the temperature your baby prefers. Be careful about heating formula in the microwave because high temperatures can be reached quickly. If you use a microwave, be sure to shake the bottle thoroughly after heating and test the temperature of the formula and nipple. You can also use bottled water to mix with powdered formula.

If you would prefer to make a batch of formula, use boiled or bottled water. Follow the directions on the side of the formula can. Place it in the refrigerator and use it within 48 hours.

It is good for you to hold your infant during feedings. Feeding is the newborn infant's greatest joy and it is good to link this feeling with his/her mother's presence and his/her mother's face. A word of warning - allowing an infant to take formula by propping the bottle or lying flat increases your baby's risk of ear infections. This is especially true if your baby has a cold. Therefore, we recommend **not** propping the bottle.

Sterilization

Sterilization of your infant's bottles is no longer necessary. Be sure that bottle and nipples are rinsed well.

Interval between Feedings

Most babies need:

- 6 to 8 feedings per day for the first 3 weeks
- 5 to 6 feedings per day from 1 to 3 months
- 4 to 5 feedings per day from 3 to 7 months
- 3 to 4 feedings per day from 7 to 9 months

At first, most infants want to be fed at two to four hour intervals. This varies from infant to infant and also from one feeding to the next. We do not recommend setting a rigid schedule for all infants. Feed your baby when he/she appears to be hungry. It should not be necessary to feed him/her more often than every two-to-three hours. A healthy baby will always let you know when he/she is hungry. Therefore, unless it is for your own convenience, it is best not to awaken the baby for a feeding. Most babies will take all the milk they want within 20-30 minutes. The average age at which a baby sleeps through the night is about three-to-six months of age; it is not related to his/her size, the amount of feeding, or whether or not the child is on solid foods.

Water

Extra water is usually not needed since there is sufficient water in the milk. However, in hot weather there are times when a baby might be thirsty. We recommend offering no more than 2 oz. of water per day.

Juices

Non-citrus juices (apple, grape, pear, etc.) may be started at nine (9) months of age. Either baby-food juices or regular juice diluted half-strength with tap water may be offered once a day. Citrus juice may be given after twelve (12) months of age. **Infants and children should not drink more than 4-6 ounces of juice per day.**

Solid Food

Milk is the natural food for an infant and is a complete food containing all the nutrients a baby needs for the first several months. We recommend starting infants on solid food no earlier than four (4) months of age. The ideal time to start solids is four (4) to six (6) months of age, when your baby can sit with some support.

Rice cereal is usually the first solid food given. Cereals should be given on a small spoon and not added to your baby's bottle. Oatmeal cereal can be added 2-3 weeks

after rice cereal. Oatmeal cereal is also good for constipation (hard stools in the shape of balls).

Once your child can eat cereals, vegetables can be added. The vegetables can be pureed or strained. Offer one new food every three (3) to five (5) days in order to allow for observation of any adverse reactions that a new food may cause. Strained or pureed meats can be added around eight (8) or nine (9) months of age, as well as cottage cheese, yogurt, cheese, etc. Jarred foods are easy to use, but fresh foods that are mashed or pureed are just as good. Finger foods, such as Cheerios, cheese slices, slices of fruit, breads, cookies and crackers can be started between nine (9) and ten (10) months of age. Finger foods are a good way for your baby to feed him-/her-self.

Foods to introduce after age one (1) year are egg whites, citrus juice, shellfish and foods containing peanuts. Also, after one year of age, most children will be eating the same meals you are eating.

Jaundice of the Newborn

Jaundice is when your new baby has yellow-looking skin. The white of your baby's eyes may also be yellow.

This happens for the following reasons:

- **Normal Jaundice** occurs because the baby's liver isn't able to get rid of all of the yellow pigment (called bilirubin). This type of jaundice starts when the baby is 2 or 3 days old. It goes away by the time your baby is 2 weeks old. This happens to about half of all babies.
- **Breast-feeding Jaundice** happens when your baby does not drink enough breast milk.
- **Breast-milk Jaundice** does not happen very often. It starts when the baby is 4 to 7 days old. It may last 3 to 10 weeks.
- **Rh or ABO problems.** This serious type of jaundice most often starts the first day of life, because of different blood types between mother and baby.

Infants are typically screened for jaundice (hyperbilirubinemia) at 36 hours of age before leaving the hospital. A blood test may be needed once the baby is home to help decide if the jaundice needs to be treated. Jaundice is treated by placing the baby under ultra-violet lights. Usually, it takes only a few days for jaundice to be treated.

To help your baby with jaundice associated with breast-feeding or breast-milk, breast-feed often. Nursing your baby every 1 to 2 hours can help lower the bilirubin. You may also place the baby near a window as this indirect sunlight may help to decrease the bilirubin level slightly; if severe, however, your baby will likely need to be treated as described above.

Call your baby's doctor right away if

- You think your baby is not getting enough fluid.
- Your baby gets a fever of 100.4° or higher.
- Your baby also starts to look or act sick.
- Your baby seems extremely irritable or very lethargic and hard to arouse.
- Your baby does not seem hungry for 2 consecutive feedings (or goes more than 8 hours without a feeding)

Newborn Screening Tests

What are newborn screening tests?

Newborn screening tests are tests to check for treatable diseases that can appear early in life. These tests can detect certain diseases before they cause serious damage. The tests are performed by the Arizona Department of Health.

While newborn screening tests are likely to find newborns with diseases, like all tests, they are not perfect. Sometimes they incorrectly report a disease a child does not actually have. Therefore, all children who test positively for a disease should be tested again. Rarely, the tests do not identify children that actually do have the disease.

What diseases are tested for?

The Arizona screening panel includes:

- 6 amino acid disorders
- fatty acid oxidation disorders
- 9 organic acid disorders
- Biotinidase deficiency
- Classic galactosemia
- Congenital hypothyroidism
- Congenital adrenal hyperplasia
- 3 hemoglobin diseases
- Cystic Fibrosis

If these rare diseases are diagnosed and treated early, they can be improved or cured. For example, if untreated, hypothyroidism and PKU cause mental retardation.

How are the tests done?

The tests are run on small amounts of blood taken from the baby's heel. Infants are tested in the hospital and then again at 1-2 weeks of age.

If a test does suggest your child has a disease, the health department will contact you and your baby's doctor. If the tests do not show any diseases, you will generally not be contacted. We receive copies of the newborn screening test results.

Newborn "Issues"

Crying

Babies cry for many reasons - they may be hungry or thirsty, too warm or too cold, need to have a diaper changed, be in an uncomfortable position, or are just having the usual periodic fussiness that is normal for infants. In fact, infants cry for an average of two (2) hours a day for the first two (2) months. Although crying is not harmful, it can certainly be annoying and make even the calmest of parents feel helpless at times. When infants are fussy, extra handling may only make things worse. If a little comforting does not calm him/her down, then we suggest you try putting him/her to bed. It is quite likely he/she will cry for ten to fifteen (10-15) minutes and fall asleep.

Hiccups

Most babies have hiccups from time to time. They do not bother the baby and will disappear usually within fifteen (15) minutes. If not, feeding a little warm water may help.

Sneezing and Congestion

Congestion is normal in babies since they only breathe through their noses. Sneezing is also common for most infants. It is their normal way of clearing the nasal passages. This does not mean they are coming down with a cold. No special treatment is needed.

Teething

Teething usually starts between six (6) and nine (9) months of age. Sometimes, teeth come in as early as four (4) months. Rarely, the first tooth may not come in until 18 months of age. Teething may cause some mild fussiness and drooling, but it usually requires very little treatment. A cold teething ring, a topical application of a teething gel, or a dose of Tylenol may help. Teething is not the cause for fevers, vomiting, diarrhea, or rashes. **The newest recommendation from the FDA and American Academy of Pediatrics discourages use of teething gel under the age of 2 years.**

Thumb sucking

Thumb sucking is normal in early infancy and may be related to lack of sucking at the bottle or breast to satisfy sucking needs. You do not need to be concerned when an infant sucks his/her thumb for only a few minutes just before his/her feeding time. If

your baby begins to suck his/her thumb, finger or hand, it is preferable not to stop him/her directly, but try to give him/her more opportunity to suck at the bottle or breast or even a pacifier (especially during the first 3 months of life).

Thumb sucking that lasts longer than six (6) months of age is a comforting mechanism.

You may worry about thumb sucking. It is true that thumb sucking may push the upper teeth forward and the lower teeth backward. Dentists, however, point out that this tilting of the baby teeth has no effect on the permanent teeth, which begin coming in at about 6 years of age. In other words, if thumb sucking is given up by six years of age, as it usually is, there is very little chance of hurting the permanent teeth.

What should you do about thumb sucking? Generally nothing. Do not use restraints or bad-tasting material on the thumb. For the rare child still sucking his/her thumb beyond five years of age, you have a fair chance of success by using a good bribe. Never nag the child!

Pacifiers

A pacifier is sometimes helpful in infancy for fussiness or to prevent thumb sucking. For colic, in which the pain is very definite, the pacifier may give at least partial relief. Give the pacifier when the baby is happy. Pacifier sucking is less likely to push teeth out of position than thumb sucking. Irritable crying and colic are about over in most cases by six (6) months of age and the use of the pacifier can then be stopped so that it won't become a long lasting habit. After one year of age, there is no good medical or social reason for an infant to remain on a pacifier.

Bowel Movements

The first stools passed by your infant, called meconium, will be black and sticky. Gradually, they change to a yellow pasty or seedy looking stool. Breast fed infants typically have more frequent bowel movements and they are less formed. They are "loose", yellow or green and seedy. Formula fed infants tend to have a smaller number of stools that may be more formed. Your child's stools may vary on a day to day basis in form and color. Changing formulas or adding formula to a breast-fed infant may change your child's stool color and consistency; adding solids may change your child's stool patterns.

Constipation

Constipation is defined as hard, dry bowel movements. Skipping a day or more without a bowel movement does not mean your child is constipated. Some children have daily bowel movements while others may only go once or twice a week. It varies. If your child has had a hard, dry stool, try increasing the amount of fluids your child receives. Remember, most babies will grunt, strain, turn red, and they may pull up their legs while

passing stools. This is normal. If stools are soft, even though infrequent, there is no need to intervene.

Diarrhea

Most infants can continue to breast feed or bottle feed through mild bouts of diarrhea as long as they are making wet diapers and there is no sign of dehydration. Dehydration is defined as less than one wet diaper in 12 hours. For severe bouts of diarrhea or signs of dehydration, please give us a call.

Thrush

Thrush is an infection caused by a yeast or fungus called Candida. In babies, thrush often occurs in area where the lining of the mouth is cracked and moist. Thrush causes mild mouth discomfort. If your child has thrush, he or she will have:

- White, patchy areas on the inside of the mouth and sometimes on the tongue. If the only symptom is a uniformly white tongue, it's due to a milk diet, not thrush.
- White coating that sticks to the mouth and cannot be washed away or wiped off.

Most people already have yeast in their mouths and other parts of their bodies. Sometimes certain conditions, such as use of an antibiotic or too much moisture can cause the yeast to grow rapidly and cause thrush. In babies, thrush often occurs in areas where the lining of the mouth is cracking and moist from sucking (as when a baby sleeps with a bottle or pacifier). A large pacifier or nipple can also injure the lining of the mouth. Thrush is generally not spread to others. However, if you are breast-feeding and your baby has thrush, the yeast could cause thrush on your breasts.

Ways to treat thrush include

- ***Nystatin oral medicine*** - The drug for clearing this up is nystatin oral solution. It requires a prescription. If you are breast-feeding, your doctor will need to prescribe medication for you too; apply nystatin cream to any irritated areas on your nipples.
- ***Decrease sucking time during feeding*** - If sucking on a nipple is painful for your child, temporarily use a cup and spoon. In any case, while your child has thrush, reduce sucking time to 20 minutes or less per feeding. If the thrush comes back after treatment and your child is bottle-fed, switch to new nipples, preferably silicone nipples. Soak all nipples in water at 130°F (60°C) for 15 minutes.
- ***Restrict pacifier use to bedtime*** - While your child has thrush don't give him/her a pacifier, except when it's really needed for going to sleep.
- ***Diaper rash associated with thrush*** - if your child has a diaper rash as well as thrush, assume the rash is caused by yeast. Ask for a prescription for nystatin cream and put it on your baby's bottom four (4) times a day.

Call us during office hours if:

- Your child refuses to drink.
- The thrush gets worse during treatment.
- The thrush lasts beyond ten (10) days.
- You have other concerns or questions.

Blocked Tear Duct (dacryostenosis)

When the pathway that carries tears gets blocked, that is called a blocked tear duct. This happens often in very young babies. Most of the time, only one tear duct is blocked at a time.

Your baby may have a blocked tear duct when:

- One eye is always watery.
- Tears run down the face even when your baby does not cry.
- When your baby cries, the nostril on the blocked side is still dry.
- The eye on the blocked side is not red, and the eyelid is not swollen.
- The problem starts before your child is one (1) month old.

Treating a Blocked Tear Duct

Gently rub the inner, lower corner of your baby's eye with a clean cotton swab. Doing this helps get rid of old tears that can build up. To do this:

- Wash your hands.
- Start at the inner corner of the eye
- Gently press upward.
- A small amount of clear fluid should come out.

Call us if:

- Your baby's eyelid is very red or swollen.
- There is a red lump at the inner lower corner of the eyelid.
- There is a lot of yellow discharge from your baby's eye.
- Your child is more than one (1) year old.
- You have other questions or concerns.

Diaper Rash

Almost every child gets diaper rashes. The mixture of bacteria from bowel movements (BMs) and urine irritates the skin. Diarrhea causes rashes in most children, too. If rashes do not get better, your child may get a yeast infection. You will know your baby has a yeast infection when the rash becomes bright red and raw, covers a large area, and is surrounded by red dots.

Treating Diaper Rash

- *Change diapers frequently* - Keep the area dry and clean. BMs cause most of the skin damage.
- *Let your baby's bottom get more air* - Leave your baby's bottom exposed to the air as much as possible each day. When the diaper is on, fasten it loosely so that air can get between the diaper and the skin.
- *Rinse the skin with warm water* - Don't use soap or wipes.
- *Use creams and ointments* - Most babies don't need any diaper cream unless the skin is dry and cracked. An ointment is also needed whenever your child has diarrhea.

- *Use bleach on cloth diapers* - If you use cloth diapers and wash them yourself, use bleach to clean them. During the regular cycle, use any detergent. Then run a second cycle with warm water and one (1) cup of bleach.

Call us if:

- The rash looks infected (pimples, blisters, boils, sores).
- Your child starts acting very sick.
- The rash isn't much better in three (3) days.
- The diaper rash becomes bright red and raw.
- You have other questions or concerns.

Flattened Heads

Babies who stayed in one position in the uterus continue to lie in that position after they are born. They may not have the strength to change their position without some help from their parents.

A newborn's head is soft and easily molded into a flat shape. **If** your baby continues to lie with his/her head turned to one side all the time, the head will become flattened and eventually the baby may have asymmetry. You can start to see flattening as early as 4 to 6 weeks of age. You may notice facial changes by 3 to 4 months.

If you pay close attention to your baby's head position and make sure that his/her head is in many different positions throughout the day and night, you can prevent head flattening.

Here is what you can do:

- *Sleeping: Always lay your baby down to sleep on his/her back* - This is important to prevent sudden infant death syndrome (SIDS). However, change your baby's head position each time you put him/her down. Lay your baby with the head towards the top of the crib one time and the next time lay him/her down with his/her head at the other end. Babies like to look out towards the room and this encourages a baby to move his/her head to a different side each time he/she is laid down.
- *Infant seats, strollers, bouncy seats, and swings* - Watch to see if your baby likes to put his/her head to the same side all the time while sitting in a seat. Roll up a blanket or use a neck roll to put around the baby's head to keep the head in the center.
- *Playtime* - It is very important to start placing your baby on his/her stomach for playtime once the umbilical cord has dried up and fallen off. Time spent lying on the tummy helps develop neck, stomach, arm and back strength. It also helps to get the baby ready for rolling, sitting, and crawling. Babies don't like lying on their tummies at first because they are weak and it is hard for them to push up. Don't worry if your baby fusses some of the time. Begin for short periods of time (2-3 minutes), 3 or 4 times a day. Try it after a feeding or a diaper change. Talk to your baby, place toys in front of him/her, encourage him/her to lift his/her head and begin to push up. Gradually increase the time spent on the tummy and your baby will get stronger and eventually like to play on his/her tummy. "Tummy

time" is a time for playing with your baby. DO NOT allow your baby to fall asleep while lying on the stomach.

- *Carry your baby* - Your baby's favorite place is in your arms. Holding your baby or wearing your baby in a front pack is a great way to get him/her off his/her head and move the head in different positions. This also allows your baby to experience a variety of positions and is great for bonding and play.

Call us during office hours if your baby always wants to lie in one position and resists changing that position.

Signs of a Sick Newborn

When to Call the Doctor

A newborn is a baby less than one (1) month old. He/she mainly eats, sleeps, cries a little, and needs a lot of love and his/her diapers changed frequently. If a newborn is ill, the symptoms can be subtle. Also, an ill newborn can very quickly get much sicker. If a newborn is sick at all, the illness can be serious.

It is important to buy a thermometer and know how to take a baby's temperature rectally. This is the most accurate way to take an infant's temperature the first year of life.

Call our office **immediately** if:

- Your baby is less than one (1) month old and sick in any way (for example, with a cough or diarrhea or looks pale).
- Your newborn's appetite or suck becomes poor.
- Your newborn sleeps excessively - for instance, past feeding times.
- Your newborn cries excessively.
- Your newborn develops a fever over 100.4°F (38°C) measured rectally.
- Your newborn's temperature drops below 96.8°F (36°C) measured rectally.
- You have urgent questions.

Burn Safety: Hot Water Temperature

The leading cause of death and injury to children at home is accidents. Scalding from hot water is one of the most dangerous of these accidents. Children are busy and can get to sinks and bathtubs quickly. They can burn themselves severely before they can get out of the water. Infants are unable to move away from hot water if it is accidentally left too hot.

Your hot water heater should be set at 120°F to 125°F or 49°C to 52°C. If your child comes in contact with water hotter than this for just two (2) seconds, your child will receive a burn bad enough to require medical treatment.

Some concerns about hot water heater settings:

- Turning the hot water heater setting down won't make it difficult to get dishes and clothes clean. Major soap manufacturers design their soaps to work best in water between 120°F and 125°F (49°C and 52°C).
- It is true that turning the water heater temperature down will cause you to run out of hot water sooner, but this is a small price to pay to protect your child.
- Turning down the temperature setting will save you money on your utility bills. On average, for every 10°F (6°C) that you turn the temperature down, you will save 4% on the water-heating portion of your utility bill.
- If you don't know the temperature of your hot water, check it.

The best way to do this is to measure it in the morning, before anyone in your home has used any hot water. Turn on the hot water at the kitchen sink and let it run for two (2) minutes. Then, using an outdoor thermometer, hold the thermometer in the stream of the water until the reading stops going up. If your water-heater setting is at a safe level (between 120°F and 125°F or 49°C and 52°C), you don't have to do anything. If your hot water setting is too high turn it down.

- Gas hot water heaters usually have a thermostat outside the tank at the bottom. Electric water heaters usually have either two (2) panels screwed to the top and bottom of the tank or one panel along the side of the tank. Thermostats are located under these panels.
- The thermostat should be set on the "low" setting or within the "energy efficient range". After changing the thermostat setting, you can test the hot water temperature again about 24 hours later. If you test it in less than 24 hours, you will not get an accurate reading.

Take some time to think about the danger your child might be in with hot water in your home. When your children are at least four (4) years old, you can turn your hot water heater up to a higher temperature.

Poison Control

(800) 222-1222

(602) 253-3334

E-mail: poisoncenter@BannerHealth.com

Call the Poison Center IMMEDIATELY any time you think your child has swallowed a poison. Do not make your child vomit until you are sure it is necessary and safe. Vomiting of certain poisons (such as acids) is harmful. Vomiting more than one (1) hour after swallowing most poisonous substances is not helpful.

Be prepared to answer the following questions:

- What was swallowed?
- How much was swallowed? Estimate the maximum amount.
- When was it swallowed?
- How does your child look? (for example, awake or sleepy)

If products such as toilet bowl cleaners, drain cleaners, lye, dishwasher detergent, ammonia, bleaches, kerosene, gasoline, furniture polish or lighter fluid are swallowed, vomiting can damage the throat and/or lungs. **Do not make your child vomit!** Give your child 1-2 glasses of milk or water to drink to wash out the throat. Keep your child sitting or standing to protect the throat. Do not let him/her lie down. Go to the nearest Emergency Room. Bring the container the poison was in with you.

Most prescription drugs, chemicals, and many plants are poisonous substances. Non-prescription medicines such as vitamins, Tylenol, Motrin and aspirin can be poisonous too. If these are swallowed, call the Poison Center.

Some Examples of Non-toxic Substances

Candles
Ballpoint pens
Detergents
Greases
Hand lotions
Perfumes
Shampoos
Cosmetics (except hair dye and nail polish remover)
Chalk
Felt tip pens
Soaps
Oils
Dog or cat food
Petroleum jelly

Shaving cream
Lead pencils (the "lead" is actually graphite)
Crayons
Deodorants
Dirt
Hair sprays
Lipsticks
Rouge
Sun-tan lotion
3% Hydrogen Peroxide

Remember to do the following:

- Keep all poisonous household products and medications up, out of sight and locked.
- Put all poisonous household products and medications away immediately after use.
- Watch carefully for scorpions and black widow spiders.
- Keep all purses out of your child's reach.
- Keep poisonous materials in original containers.
- Use child-resistant tops on household products and medications.
- Poison-proof ahead of your child's growth. Remember, rapid growth and development bring new poison-proofing challenges.

Safety Check List

Avoid Falls

- Do not leave your baby alone on a changing table, countertop, bed, etc. Babies can scoot off, even while in an infant seat.
- Keep crib and playpen sides up.
- Do not put your baby in a walker. Walkers can often lead to accidents. Babies who spend a lot of time in a walker actually walk later than those not placed in a walker.
- Get down on the ground (your baby's view) and remove all items that may be dangerous.
- Don't underestimate your child's ability to climb.
- Install safety gates to guard stairways.
- Lock doors to dangerous areas like the basement or garage.
- Remove things that can fall on a toddler and secure things to the wall (dressers, bookshelves, etc.).
- Check the stability of drawers, furniture, and lamps. Teach your child not to climb on furniture or cabinets. Avoid placing furniture (on which children may climb) near windows or on balconies.
- Do not allow your child to climb on ladders, chairs or cabinets.
- Make sure windows are closed or have screens that cannot be pushed out.
- Lock second story windows.

- Install window guards on windows above the first floor (unless this is against your local fire codes).

Fire Prevention- Prevent Fires, Burns, Scalds

- Turn your water heater down to 120°F (50°C).
- Install smoke detectors. Check them periodically to make sure they work.
- Keep a fire extinguisher in or near the kitchen.
- Develop and practice a fire escape plan.
- Never eat, drink, or carry anything hot near your child or while you are holding your child.
- Don't smoke inside the house or near your child.
- Check formula temperature carefully. Formula should be warm or cool to the touch.
- Check food temperatures carefully, especially if foods have been heated in a microwave oven.
- Keep hot foods and liquids out of reach.
- Put plastic covers in unused electrical outlets.
- Throw away cracked or frayed old electrical cords. Watch for electrical cords your baby can reach.
- Keep all electrical appliances out of the bathroom.
- Don't cook when your child is at your feet.
- Use the back burners on the stove with the pan handles out of reach.
- Keep lighters and matches out of reach. Teach your child to never play with matches or lighters
- Don't let your child play near the stove.
- Don't allow your child to use the stove, microwave oven, hot curlers, or iron.
- Teach your child emergency phone numbers and to leave the house if fire breaks out.

Avoid Suffocation and Choking

- Use a crib with slats not more than 2 and 3/8 inches apart.
- Place your baby in bed on his/her back.
- Use a mattress that fits the crib snugly.
- Keep plastic bags, balloons, and baby powder out of reach.
- Remove hanging mobiles or toys before the baby can reach them.
- Keep cords, ropes, or strings away from your baby, especially near the crib. Ropes and strings around the baby's neck can choke him/her.
- Use only unbreakable toys without sharp edges or small parts that can come loose.
- Keep all small, hard objects out of reach. If the object can fit inside a roll of toilet paper, it's too small for your baby and can get stuck in his/her throat.
- Avoid foods on which a child might choke (such as candy, hot dogs, grapes (unless cut in half), popcorn, peanuts). These foods can be given after the age of 4.
- Cut food into small pieces - about half the width of a pencil.
- Store toys in a chest without a dropping lid. All toy chests should have holes in them, so if a child gets stuck, he/she can still get air.
- Do not let your infant play with balloons.

Avoid Cuts and Injuries

- Remove or pad furniture with sharp corners, especially coffee tables and fireplaces.
- Do not allow your child to be near knives, power tools, or mowers.
- Keep sharp objects out of reach.

Drowning Prevention

- Never leave a child alone in water.
- Make sure pool gates are used properly and locked. Never prop open a pool gate.
- All caretakers should know CPR.
- Always watch your child around any water, including toilets and buckets. Infants can drown in a bucket that has water in it. Empty all water and store buckets turned over.
- Enroll your child in swimming lessons; keep in mind that swimming lessons DO NOT lower the risk of drowning.

Pedestrian and Bike Safety

- Hold onto your child when you are around traffic.
- Supervise outside play areas.
- Provide a play area where balls and riding toys cannot roll into the street.
- Teach your child to never ride a tricycle or bicycle in the street.
- All family members should use a bicycle helmet.
- Watch all street crossings.
- Do not allow your child to ride a bicycle near busy streets.
- Don't buy a bicycle that is too big for your child. Children who ride bicycles that are too big for them are more likely to be in bicycle accidents. Make sure the size of the bicycle your child rides is appropriate. Your child's feet should both touch the ground when your child stands over the bicycle. The top tube of the bicycle should be at least two (2) inches below your child's pelvis.

Sun Safety

- It is best to keep your child out of the sun as much as possible.
- Early mornings and late afternoons are the best times to be out with your child.
- If your child is in the sun, use a hat and sunscreen that has a SPF rating of 24 or higher. Use waterproof sunscreens with UVB and UVA protection.

Safety Around Strangers

- Teach your child the first and last names of family members.
- Teach your child never to go anywhere with someone he/she doesn't know.
- Safety outside the home is very important to discuss with your child.

- Teach your child his/her full name, address, and phone number. He/She should know how to contact you at work.
- Remind your child that no adult needs help from a child and to never go with an adult who is asking for help (as in finding a cat, etc.).

Gun Safety

Whether you have an infant or a teenager, keeping a gun at home poses a very real danger to your family. The safest thing is to not have a gun in your home, especially not a handgun. If you already own one or plan to keep one in your home, please read the following information:

If you keep a gun, empty it out, lock it up!

- Always keep your gun unloaded and locked up.
- Lock and store bullets in a separate location.
- Make sure children don't have access to the keys.
- Ask police for advice on safe storage and gun locks.
- The best way to reduce gun risks is to remove the gun from your home.

Even if you don't own a gun

- Talk with your children about the risk of gun injury outside the home in places where they may visit and play.
- Tell your children to steer clear of guns when they are in the homes of their friends. Explain that if they do encounter a gun in someone's home they are to NOT touch the gun and to immediately find an adult.
- Speak with the parents of your children's friends to find out if they keep a gun at home.
- If they do, urge them to empty it out and lock it up.

Toddlers and Young Children

- Because even the best-behaved children are curious by nature and will eagerly explore their environment, the safest thing is to not keep a gun at home.
- Explain to your children that guns are dangerous and that children should never touch guns. Tell your child if he/she sees a gun to go get an adult.
- Tell your children that gun violence on TV and in the movies is not real. Explain that in real life children are hurt with guns.
- Children learn gradually and often forget and test the rules, so periodically, repeat the message to stay away from guns.

Pre-Teens and Teenagers

- Talk to your children about ways to solve arguments and fights without guns or violence.
- Keep in mind that teenagers don't always follow the rules. Also remember that pre-teens and teens are attracted to guns and see guns as symbols of power. Since you cannot always count on teens to stay away from guns, you have to keep guns away from them.

- Depressed pre-teens and teens commit suicide with guns more often than by any other method. No longer children and not yet adults, they may consider suicide if they're sad, angry, not being taken seriously, or if they feel ignored.
- Be extremely cautious about allowing children to participate in shooting activities.

General Information for Children of all Ages

Foreskin Care and Problems

At birth, the foreskin is normally attached to the head of the penis (glans) by a layer of cells. Over the next 5 or 10 years, the foreskin will naturally separate from the head of the penis without any help from us. It gradually loosens up a little at a time. Normal erections during childhood probably cause most of the change by stretching the foreskin.

The foreskin generally causes no problems. However, pulling the foreskin back too vigorously before it has fully loosened can cause it to get stuck behind the head of the penis, resulting in severe pain and swelling. If retraction causes bleeding, scar tissue may form and interfere with natural retraction. Occasionally, the space under the foreskin becomes infected. Most of these problems can be prevented.

During the first year of life, clean only the outside of the foreskin. Don't try to pull back the foreskin. Don't put cotton swabs in the opening.

Gentle, partial retraction can begin when your son is 1 or 2 years old. It can be done once a week during bathing. Perform retraction by gently pulling the skin on the shaft of the penis downward towards the stomach. This will make the foreskin open up, revealing the end of the penis.

During retraction, the exposed part of the penis should be cleaned with water. Wipe away any whitish material that you find there. This whitish material is simply the accumulation of dead skin cells that are normally shed from the glans and lining of the foreskin throughout life. Do not use soap or leave soapy water under the foreskin because this can cause irritation and swelling. After cleansing, always pull the foreskin forward to its normal position.

Avoid vigorous retraction because this can cause the foreskin to become stuck behind the head of the penis. Retraction is excessive if it causes any discomfort or crying.

By the time your son is 5 or 6 years old, teach him to retract his own foreskin and clean beneath it once a week during baths to prevent poor hygiene and infection. Gentle reminders are necessary in the early years.

Keep in mind that any degree of foreskin movement is normal as long as your boy has a normal urine stream. There should be no rush to achieve full retraction. Full retraction always occurs naturally by puberty. As the foreskin becomes retractable on its own, your son should clean beneath it to prevent infections.

When to Call Our Office Call us immediately if:

- The foreskin is pulled back and stuck behind the head of the penis.
- Your child can't pass any urine.
- Your child starts acting very sick.

Call within 24 hours if:

- The foreskin looks infected (yellow pus, spreading redness or streaks).
- You have other concerns or questions.