CONGRATULATIONS ON THE BIRTH OF YOUR NEW BABY

NORTHWEST GEORGIA MEDICAL CLINIC
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You and your family must be very proud of your newborn. A complete physical has been done on your child and any problems will be discussed with you. The enclosed information reviews some of the basics of newborn child care, and can answer many of the questions you might have as you begin to care for your baby.

About yourself: The most important jobs that you have as a new mother are taking care of the baby . . . and YOURSELF!! You need to rest and regain your strength. The house, laundry, yard, etc can all wait. Friends and family usually love to help out when new babies are born, so don't hesitate to accept all help that's offered. Ask for help when you need it.

About the baby:

Feeding: Breast feeding is best for the baby (and provides lots of benefits for you, too). However, your baby will do well on standard infant formula if you are unable to, or not interested in, nursing. Guidelines for both breast and bottle feeding are included in this packet. Newborn babies should have 6 to 8 wet diapers a day, as well as several "mustardy" stools per day.

Sleeping: Newborns sleep up to 16 to 20 hours a day at first. The time they spend awake is usually spent eating or fussing as they get ready to fall back to sleep. There is a very helpful handout on infant sleep cycles enclosed.

Skin care: The umbilical cord will fall off after several weeks. Until then, keep it dry by folding the diaper edge below it. At every diaper change clean around the base of the belly button by using a Q-tip dipped in rubbing alcohol. When the cord starts to separate, there may be a small amount of blood, which is normal. If there is any redness that extends onto the tummy, let us know as it could be a sign of infection.

If your infant son was circumcised, keep the penis covered with Vaseline-coated gauze for the first 24 hours. Change the gauze with each diaper change. After the first day, keep the penis clean with soap and water, rinse with clear water.

Please see the enclosed section on skin care for further details including bathing and clothing.

Contact: Even at this young age, your baby needs to be touched, cuddled , and loved. Tell him or her how much you love them often. They may not know the words, yet, but the soothing quality of your voice has meaning already. Babies prefer to look at faces; hold your child so that he or she can see yours often. Both parents should be very involved in the baby's routine care so that the baby becomes used to several different caretakers.

A FEW FINAL DISCHARGE INSTRUCTIONS:

1. You must have a car seat to take your new baby home from the hospital.

2. If the baby goes home before he or she is 48 hours old, a second Metabolic Screen (PKU) will be required at 7 to 10 days. Call our office to schedule an appointment.
3. Your baby's first doctor's visit is in the first week and at 2 weeks of age. Call our office for an appointment for this important visit. The rest of the "Well Child" visits are done at 2, 4, 6, 9, 12, 15, 18 and 24 months. After that, the visits are yearly. At some of these visits, your child will be given immunizations. You do not need go to the health department for these.
4. Your child's "Well Child" visits are important. If you realize you cannot keep a scheduled appointment, please call 24 hours in advance to reschedule.
5. If you qualify, there is a program called WIC. This program provides vouchers for formula and some foods. You can sign up for this at the health department. We can still provide all of the care for your child, even if you use WIC or Medicaid services.
6. If you have any questions or we can be of help, please call us. If your questions are urgent, call anytime as someone is always on call. Otherwise, please call during regular office hours, or write down your questions and we can discuss them at your baby's 2 week visit.

Again, congratulations on the birth of your new baby. We hope this information aids in caring for and enjoying your newborn.

Sincerely,

James T. Douglas, M.D. Lori Ponder, F.N.P.-C Emma Cordle, F.N.P.-C

NORTHWEST GEORGIA MEDICAL CLINIC, P.C.

Welcome to the FAMILY MEDICINE office of Northwest Georgia Medical Clinic, P.C. We provide care for patients of all types and ages . . . . . obstetrics, newborn, pediatric, teen, adult, and geriatric. Thank you for allowing us to be a part of your family's health care.

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OFFICE HOURS:

Monday – Thursday
8:30 to 5:00 pm
Friday
8:00 to 4:00 pm

*Dr. Douglas delivers babies and therefore sees patients in both the Family Medicine office and the Obstetrics and Gynecology office.

TELEPHONE CALLS:

Telephone calls with medical questions are usually handled by a nurse. You will be prompted to leave a message and a nurse or provider will return your call.

Calls for Dr. Douglas, Kristin Summey, Lori Ponder, or Emma Cordle will be returned as time allows, usually at lunch or the end of the day.

FOR MEDICINE REFILLS:

Call during regular office hours with your name, the medication name, date of birth, SS#, your phone number and your pharmacy phone number, or you may have your pharmacy call directly to our office.

SLEEPING PATTERNS IN NEWBORN INFANTS AND OLDER BABIES

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Every parent faces problems in dealing with sleeping patterns in their newborn and older infant. Recently, these patterns have been analyzed and our understanding of these patterns has been increased. If you know what your baby is doing-where they are in their sleep/wake cycle- then you will be able to care for your infant. At present, there has been very little written about sleep cycles in baby books, so I believe you will find this information both new and helpful.

I first learned about the sleep cycles during my family practice residency from Dr. Jack Rogers here in Rome, GA. These notes are taken from Dr. Rogers. The understanding about sleep cycles has helped my wife and me tremendously in understanding sleep patterns. We now realize that our children's attitudes are based on sleep. A well-rested child is more pleasant, and not cranky or fussy.

The sleep cycle describes the patterns of behavior a baby goes through during the day. Initially, your baby will be on a 3 or 4 hour cycle-wake, eat, fuss, sleep. Later, the cycles will get longer and the baby will be awake most of the day with a few naps (brief sleep cycles during the day) and a longer period of sleep at night. Adults are on one sleep cycle per day.

	Wide Awake		
Awake		Fussy Stage	Dopey Awake
Asleep		Deep Sleep	Light Sleep

Stage 1. This is the dopey awake state; like you feel when the alarm first goes off in the morning. The baby may just lie there or they may make a few fussy noises to let you know that they are up.

Stage 2. In this stage the child is fully awake. The baby will cry if they are uncomfortable- as when their diapers need changing, if they are too hot or too cold, or if they are hungry. When the baby has a dry diaper, is well fed and of the right temperature; the baby will be alert, looking around or may even play by themselves for their own amusement. They will talk, babble, coo and smile- in other words, they are as fully awake as one can be. Usually, you will feed them during this stage and they may move their bowels and soil their diapers.

Stage 3. This is the fussy stage. The most important thing to remember is that it is a normal and natural part of the sleep cycle and no action on your part is required. The setting to look for this is: the baby has been up for awhile, and their schedule suggests that is it is time for a nap or for bedtime. You have fed the baby and changed their diaper. The baby will slowly get more cranky and fussy. It occurs to you that the baby is sleepy and needs to go to bed. Put the child in the bed . . .that's all. Expect babies to cry for several minutes as they get ready for sleep . . . they seem to need to cry for a while and you don't need to try to (nor can you) do anything about it. If the crying persists, check a few common things – Is the baby hungry? Is the diaper wet? Is the baby too hot or cold? Is the diaper pin loose? Is the dog chewing on their foot? If

the common things aren't present, you have just fed the baby and it is time for them to go to sleep, then just let the baby fuss for awhile and go to sleep.

When I first learned about the sleep cycles, Dr. Jack Rogers, a pediatrician, informed me that he and his wife paced the floor with their new baby and sang to him. He stated, "I probably sang "Rock-A-Bye Baby" and "Waltzing Matilda" to my son a thousand times before I figured out that all the carrying, rocking and singing only seemed to exhaust me and to keep my son awake! My singing would keep anyone awake."

Breast feeding mothers sometimes assume that their milk isn't satisfying their baby, so they give up and put the infant on the bottle. Bottle feeding mothers often think that the baby is still hungry, so more formula is given. The baby is over fed, spits up and often gets a stomach ache and a real reason to cry.

While in the fussy stage, the baby needs to be left alone so that they can get to sleep. Note that I am not advising you to ignore the baby. Check for the common things first. If the baby has been fed and you know that the child is tired, then let them go to sleep. The fussy stage requires no action on your part. Would you awaken a child who is sound asleep to give medicine for sleep? As part of a bedtime routine, some rocking, a story or a song will be helpful in setting the mood for bedtime, but don't feel like it is your responsibilty to make the child go to sleep. As a parent, you can get your child to bed, but they must go to sleep on their own.

Stage 4. This is a light sleep stage. Dreaming occurs in this stage and the baby may smile, be restless, roll over or move its eyes behind closed lids. While asleep, the baby will alternate BETWEEN DEEP AND LIGHT SLEEP STAGES. This is normal. Some folks name this behavior "hiving", but the babies are just dreaming!

Stage 5. Deep sleep is being dead to the world. You can go into their room, trip over the wastebaket, turn on a light and the baby won't blink an eye or budge. You can return the child to the awake state by bothering them. If the child hasn't gotten the full amount of sleep needed, you may awaken them back into the fussy stage! Respect the baby's right to finish sleeping without being disturbed. Remember how your parents told you not to handle the puppies and kittens so you wouldn't make them sore. Let your infant finish sleeping.

An understanding of these sleep cycles will help you interpret the infant's needs until the baby learns to communicate better. Knowing these patterns in your baby will allow you a sense of when the baby is "off schedule." This will happen, for example, if the baby gets shots, gets an illness or gets excessively tired. I believe that some of the crying that peole call colic is really just an excessively tired infant who wants to go to sleep, but no one will put them down for some rest. Your understanding of the sleep cycles will help both you and the baby get the rest you need.

Information from Your Family Doctor

Deciding about circumcision

Deciding whether to have your newborn son circumcised may be difficult. You will need to balance both the benefits and the risks of circumcision while making your decision. Other factors, such as your culture, religion and personal preference, will also affect your decision.

The information about circumcision in this handout may help you make your decision. After you have read the handout, talk with your doctor about any concerns you have. The decision about whether to have your son circumcised should be made before your baby is born.

What is circumcision?

During a circumcision, the foreskin, which is the skin that covers the penis, is removed. Circumcision is usually performed on about the first or second day after birth. It becomes more complicated and riskier in boys older than two months and in men. The procedure takes only about five to ten minutes. A local anesthetic may be given to your baby so he does not feel pain from the procedure.

Are there any benefits from circumcision?

Studies about the benefits of circumcision have provided conflicting results. Some studies show certain benefits, while other studies do not.

Several potential benefits of circumcision appear to be supported by most studies. Boys who have been circumcised are less likely to have urinary tract infections. Urinary tract infections can lead to other, more serious problems. Circumcision also appears to reduce the risk of sexually transmitted diseases (STDs) in men, including a lower risk for human immunodeficiency virus (HIV) infection. Circumcision also appears to protect against penile cancer later in life and may help reduce the risk of cervical cancer in female sex partners.

Study results are mixed about the question of whether circumcision helps prevent certain problems with the penis, such as infections and swelling. Some studies show that keeping the penis clean can help prevent these problems just as well as circumcision. These problems are not serious and can usually be easily corrected if they do occur.

What are the risks of circumcision?

Like any surgical procedure, circumcision has some risks. The rate of problems after circumcision is low. Bleeding and infection in the circumcised area are the most common problems. Sometimes the skin of the newly exposed penis becomes irritate by the pressure of diapers and ammonia in the urine. The irritation is usually treated with petroleum ointment (Vaseline) put directly on the area. This problem will usually lessen after a few days.

How do I care for my baby's genitals if I choose not to have him circumcised?

Simply keeping the area clean with soap and water helps reduce the risk of problems or infections.

In older boys and adult men, the foreskin slides back and forth over the penis, allowing the area underneath to be cleaned. The foreskin doesn't retract in boys until about age three or four. Don't try to force the foreskin to retract, because this can cause problems. When the foreskin is ready to retract, you can teach your son how to retract it himself and clean the skin underneath. Daily washing should be sufficient.

How do I care for my baby's genitals after circumcision?

Gently clean the area with soap and water every day and whenever the diaper area becomes soiled. Some swelling of the penis is normal after a circumcision. A clear crust will probably form over the area. After the circumcision, you may notice a small amount of blood on the baby's diaper. If the bloodstain is larger than the size of a quarter, call your doctor right way. In Addition, you should call your doctor if a Plastibell device was used during the circumcision and the device doesn't fall off with 10 to 12 days. Signs of infection also signal the need to call your doctor. These signs include a temperature of 100.4 or higher, redness, swelling and /or a yellowish discharge.

This information provides a general overview on newborn circumcision and may not apply to everyone. Talk to your family doctor to find out if the information applies to you and to get more information on the subject.

JAUNDICE OF THE NEWBORN

DEFINITION

In jaundice the skin and the whites of the eyes (the sclera) are yellow because of increased amounts of a pigment called bilirubin in the body. Bilirubin is produced by the normal breakdown of red blood cells. Bilirubin accumulates if the liver doesn't excrete it into the intestines at a normal rate.

TYPES OF JAUNDICE

Physiological (Normal) Jaundice

Physiological jaundice occurs in more than 50% of babies. An immaturity of the liver leads to a slower processing of bilirubin. The jaundice first appears at 2 to 4 days of age. It usually disappears by 1 to 2 weeks of age and the levels reached are harmless.

Breast-milk Jaundice

Breast-milk jaundice occurs in 1% to 2% of breast-fed babies. It is caused by a special substance that some mothers produce in their milk. This substance (an enzyme) increases the resorption of bilirubin from the intestine. This type of jaundice starts at 4 to 7 days of age and may last from 3 to 10 weeks.

Blood Group Incompatibility (Rh or ABO Problems)

If a baby and mother have different blood types, sometimes the mother produces antibodies that destroy the newborn's red blood cells. This causes a sudden buildup in bilirubin in the baby's blood. This type of jaundice usually begins during the first 24 hours of life. Rh problems formerly caused the most severe form of jaundice but are now preventable with an injection of RhoGAM to the mother within 72 hours after delivery. This prevents her from forming antibodies that might endanger subsequent babies.

TREATMENT OF SEVERE JAUNDICE

High levels of bilirubin (usually above 20 mg/ 100 ml) can cause deafness, cerebral palsy, or brain damage in some babies. High levels usually occur with blood-type problems. These complications can be prevented by lowering the bilirubin using phototherapy (blue light that breaks down bilirubin in the skin). In many communities phototherapy can be used in the home.

In rare cases where the bilirubin reaches dangerous levels, an exchange transfusion may be used. This technique replaces the baby's blood with fresh blood. Physiologic jaundice does not rise to levels requiring this type of treatment.

Treatment of breast-milk jaundice

The bilirubin level can rise above 20 mg/ 100 ml in less than 1% of infants with breast-milk jaundice. Almost always, elevations to this level can be prevented by more frequent feedings. Nurse your baby every 1 ½ to 2 ½ hours. Since bilirubin is carried out of the body in the stools, passing frequent bowel movements is helpful. If your baby sleeps more than 5 hours at night, awaken him for a feeding.

Occasionally the bilirubin will not come down with frequent feedings. In this situation the bilirubin level can be reduced by alternating each breast feeding with formula feeding for 2 or 3 days. Supplementing with glucose water is not as helpful as formula for moving the bilirubin out of the body. Whenever you miss a nursing, be sure to use a breast pump to keep your milk production flowing. Breast-feeding should never be permanently discontinued because of breast-milk jaundice. Once the jaundice clears, you can return to full breast-feeding and you need not to worry about the jaundice coming back.

CALLING OUR OFFICE

Newborns often leave the hospital within 48 hours of their birth. Parents therefore have the responsibility to closely observe the degree of jaundice in their newborn. The amount of yellowness is best judged by viewing your baby unclothed in natural light by a window.

CALL OUR OFFICE

Immediately if

- Jaundice is noticed during the first 48 hours of life.
- Jaundice involves the arms or legs.
- Your baby develops a fever over 100 F (37.8) measured rectally.
- Your baby also starts to look or act sick.

During office hours if

- The color gets deeper after day 7.
- Jaundice is not gone by day 14.
- Your baby is not gaining weight well.
- You are concerned about the amount of jaundice.

DIAPER RASH

DEFINITION

Diagnostic Finding

Any rash on the skin area covered by a diaper is a diaper rash.

Causes

Almost every child gets s diaper rashes. Most of them are due to prolonged contact with moisture, bacteria, and ammonia. The skin irritants are made by the action of bacteria from bowel movements on certain chemicals in the urine. Bouts of diarrhea cause rashes in most children. Diaper rashes occur equally with cloth and disposable diapers.

Expected Course

With proper treatment these rashes are usually better in 3 days. If they do not respond, a yeast infection (Candida) has probably occurred. Suspect this if the rash becomes bright red and raw, covers a large area, and is surrounded by red dots. We will need to prescribe a special cream for a yeast infection.

HOME CARE

Change Diapers Frequently. The key to successful treatment is keeping the area dry and clean so it can heal itself. Check the diapers about every hour, and if they are wet or soiled, change them immediately. Exposure to stools causes most of the skin damage. Make sure that your baby's bottom is completely dry before closing up the fresh diaper.

Increase Air Exposure. Leave your baby's bottom exposed to the air as much as possible each day. Practical times are during naps or after bowel movements. Put a towel or diaper under your baby. When the diaper is on, fasten it loosely so that air can circulate between it and the skin. Avoid airtight plastic pants for a few days. If you use disposable diapers, punch holes in them to let air in.

Rinse the Skin with Warm Water. Washing the skin with soap after every diaper change will damage the skin. Use a mild soap (such as Dove) only after bowel movements. The soap will remove the film of bacteria left ton the skin. After using soap, rinse well. If the diaper rash is quite raw, use warm water soaks for 15 minutes three times every day.

Nighttime Care

At night use the new disposable diapers that are made with materials that lock wetness inside the diaper and away from the skin. Avoid plastic pants at night. Until the rash is better, awaken once during the night to change your baby's diaper.

Creams and Powders

Most babies don't need any diaper creams or powders. If your baby's skin is dry and cracked, however, apply an ointment to protect the skin after washing off each bowel movement. A barrier ointment is also needed whenever your child has diarrhea. Cornstarch reduces friction and can be used to prevent future diaper rashes after this one is healed. Recent studies show that cornstarch does not encourage yeast infections. Avoid talcum powder because of the risk of pneumonia if your baby inhales it.

Prevention of a diaper rash. Changing the diaper immediately after your child has a bowel movement and rinsing the skin with warm water are the most effective things you can do to prevent diaper rash. If you use cloth diapers and wash them yourself you will need to sue bleach (such as Clorox, Borax, or Purex) to sterilize them. During the regular cycle, use any detergent. Then refill the washer with warm water, add 1 cup bleach, and run a second cycle. Unlike bleach, vinegar is not effective in killing germs.

CALL OUR OFFICE

Immediately if

- The diaper rash develops any big (many than 1 inch across) blisters or open sores.
- The face becomes bright red and tender to the touch.
- Your child starts acting very sick.

Within 24 hours if

- The rash isn't much better in 3 days.
- The diaper rash becomes solid and bright red.
- Pimples, blisters, boils, sores, or crusts develop.
- The rash becomes raw or bleeds.
- The rash spreads beyond the diaper area.
- Your child is male and circumcised, and the end of the penis develops a sore or scab.
- An unexplained fever (over 100 F) occurs.
- The rash causes enough pain to interfere with sleeping.
- Your have other concerns or question.

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 in 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 each 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 must also nap. Your baby doesn't need you hovering while he or she sleeps. If the baby is 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 babysitter or bring in a relative. If you don't care of yourself, you won't be able to take care of your baby.

THE POSTPARTUM BLUES

More than 50% of women experience postpartum blues on the third or fourth day after delivery. The symptoms include tearfulness, tiredness, sadness, and difficulty in thinking clearly. The main cause of the temporary reaction is probably the sudden decrease of maternal hormones. Since the symptoms commonly begin on the day the mother comes home from the hospital, the full impact of being totally responsible for a dependent newborn may also be a contributing factor. Many mothers feel let down 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 1 to 3 weeks as hormone levels return to normal and the mother develops routines and a sense of control over her life. There are several ways to cope with the postpartum blues. First, acknowledge your feelings. Discuss them with your husband or a close friend. Also discuss your sense of being trapped and your feeling that these new responsibilities are insurmountable. Don't feel you need to suppress crying or put on a "supermom show" for everyone. Second, get adequate rest. Third, get help with all your work. Fourth, mix with other people, don't become isolated. Get out of the house at least once every week- go to the hairdresser, go shopping, visit a friend, or see a movie. By the third week, setting aside an evening each week for a "date" with your husband is also helpful. If you don't feel better by the time your baby is 1 month old, see your physician about the possibility of needing counseling for depression.

HELPER: RELATIVES, FRIENDS, SITTERS

As already emphasized, everyone needs extra help during the first few weeks alone with a new baby. Ideally, you were able to make arrangements for help before you baby was born. The best person to help (if you get along with her) is usually your mother or mother-in-law. If not, teenagers or adults can come in several times per week to help with housework or look after your baby while you go out or get a nap. If you have other children, you will need daily help. Clarify that your role is looking after your baby. Your helper's role is to shop, cook, houseclean, and wash clothes and dishes. If your newborn has a medical problem that requires special care, ask for home visits by a community health nurse.

THE FATHER'S ROLE

The father needs to take time off from work to be with his wife during labor and delivery, as well as on the day she and his child comes home from the hospital. If the couple has a relative who will temporarily live in and help, the father can continue to work after the baby comes home. However, when the relative leaves, the father can take saved-up vacation as paternity leave. At a minimum, he needs to work shorter hours until his wife and baby have settled in. Not only does the mother need the father to help her with household chores, but also the baby needs to develop a close relationship with the father. Today's father helps with feeding, changing diapers, bathing, putting to bed, reading stories, dressing, disciplining, homework, playing games, and calling the physician when the child is sick. A father may avoid interacting with his baby during the first year of life because he is afraid he will hurt his baby or that he won't be able to calm the child when the baby cries. The longer a father goes without learning parenting skills, the harder it becomes to master them. At a minimum, a father should hold and comfort his baby at least once each day.

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 and feeding your baby. All babies lose a few ounces during their first few days after birth. However, they should never lose more than 7% of their birth weight (usually about 8 ounces). 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 1 ounce per day during the early morning. If milk is provided liberally, the normal newborn's hunger drive ensures appropriate weight gain. 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 1 ½ to 2 ½ hours, appears satisfied after feedings, takes both breasts at each nursing, wets six or more diapers each day, and passes four or more soft stools per day. When ever you are worried about your baby's weight gain, bring your baby to our office for a weight check. Feeding problems detected early are much easier to remedy than those of long standing. A special weight check 1 week after birth is a good idea for infants of a first-time breast-feeding mother or a mother concerned about her milk supply.

DEALING WITH 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. For additional help, request "The Crying Baby" handout.

TAKING YOUR BABY OUTDOORS

You can take your baby outdoors at any age. You already took your baby outside when you left the hospital, and you will be going outside again when you go for the baby's 2-week checkup. 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 because there is often not much hair to protect against heat loss. 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 bonnet. Camping and crowds should probably be avoided during your baby's first month of life. Also, during your baby's first year of life try to avoid close contact with people who have infectious illness.

THE 2-WEEK MEDICAL CHECKUP

This checkup is probably the most important medical visit for your baby during the first year of life. By 2 weeks of age your baby will usually have developed symptoms of any physical condition that was not detectable during the hospital stay. Your child's physician will be able to judge how well your baby is growing from height, weight, and head circumference. This is also the time your family is under the most stress of adapting to a new baby. Try to develop a habit of jotting down questions about your child's health or behavior at home. Bring this list with you to office visits to discuss with your child's physician. We welcome the opportunity to address your agenda, especially if your questions are not easily answered by reading or talking with other mothers. If at all possible, have your husband join you on these visits. We prefer to get to know the father during a checkup rather than during the crisis of an acute illness. If you think your newborn is sick between these routine visits, be sure to call our office for help.

NORMAL NEWBORN SKIN CARE

BATHING

Bathe your baby daily in hot weather and once or twice each week in cool weather. Keep the water level below the navel or give sponge baths until a few days after the cord has fallen off. Submerging the cord could cause infection or interfere with its drying out and falling off. Getting it a little wet doesn't matter. Use tap water without any soap or a nondrying soap such as Dove. Don't forget to wash the face; otherwise, chemicals from milk or various foods build up and cause an irritated rash. Also, rinse off the eyelids with water.

Don't forget to wash the genital area. However, when you wash the inside of the female genital area (the vulva), never use soap. Rinse the area with plain water and wipe from front to back to prevent irritation. This practice and the avoidance of any bubble baths before puberty may prevent many urinary tract infections and vaginal irritations. At the end of the bath, rinse your baby well; soap residue can be irritating.

CHANGING DIAPERS

After wet diapers are removed, just rinse your baby's bottom off with a wet washcloth. After soiled diapers, rinse the bottom under running warm water or in a basin of warm water. After you finish the rear area, cleanse the genital area by wiping front to back with a wet cloth. For boys, carefully clean the scrotum; and in girls, the creases of the vaginal lips (labia).

SHAMPOO

Wash your baby's hair once or twice weekly with a special baby shampoo that doesn't sting the eyes. Don't be concerned about hurting the anterior fontanelle (soft spot). It is well protected.

LOTIONS, CREAMS, AND OINTMENTS

Newborn skin normally does not require any ointments or creams. Especially avoid the application of any oil, ointment, or greasy substance, since this will almost always block the small sweat glands and lead to pimples or a heat rash. If the skin starts to become dry and cracked, use a baby lotion, hand lotion, or moisturizing cream twice daily. Cornstarch powder can be helpful for preventing rashes in areas of friction. Avoid talcum powder because it can cause a serious chemical pneumonia if inhaled into the lungs.

UMBILICAL CORD

Try to keep the cord dry. Apply rubbing alcohol to the base (where it attaches to the skin) of the cord twice each day (including after the bath) until 1 week after it falls off. Air exposure also helps with drying and separation, so keep the diaper folded down below the cord area or use scissors to cut away the wedge of the diaper in front.

FINGERNAILS AND TOENAILS

Cut the toenails straight across to prevent ingrown toenails, but round off the corners of the fingernails to prevent unintentional scratches to your baby and others. Trim them weekly after a bath when the nails are softened. Use clippers or special baby scissors. This job usually takes two people unless you do it while your child is asleep.

NEWBORN RASHES AND BIRTHMARKS

After the first bath, your newborn will normally have a ruddy complexion from the extra high count of red blood cells. The baby can quickly change to a pale- or mottled-blue color if the baby becomes cold, so keep the baby warm. During the second week of life, the skin normally becomes dry and flaky. This guideline covers seven rashes and birthmarks. Save time by going directly to the one that pertains to your baby.

ACNE OF NEWBORN

More than 10% of newborns develop acne of the face, mainly small red bumps. This neonatal acne begins at 3 to 4 weeks of age and lasts until 4 to 6 months of age. The cause appears to be the transfer of maternal androgens (hormones) just before birth. Since it is temporary, no treatment is necessary. Baby oil or ointments will just make it worse.

DROOLING RASH

Most babies have a rash on the chin or cheeks that comes and goes. This often is due to contact with food and acid that has been spit up from the stomach. Some of this can be helped by placing an absorbent diaper under your baby's face during naps. Also rinse the face with water after all feedings.

Other temporary rashes on the face are heat rashes in areas held against the mother's skin during nursing (especially in the summertime). Change your baby's position more frequently and put a cool washcloth on the area. No baby has perfect skin. The babies in advertisements wear makeup.

ERYTHEMA TOXICUM

More than 50% of babies get a rash called erythematic toxicum on the second or third day of life. The rash is composed of ½ to 1 inch red blotches with a small white lump in the center. They look like insect bites. They can be numerous, keep occurring, and be anywhere on the body surface. Their cause is unknown; they are harmless and resolve themselves by 2 weeks of age (rarely 4 weeks).

FORCEPS OR BIRTH CANAL TRAUMA

If delivery was difficult, a forceps may have been used to help the baby through the birth canal. The pressure of the forceps on the skin can leave bruises or scrapes or can even damage fat tissue anywhere on the head or face. Skin overlying bony prominences (such as the sides of the skull bone) can become damaged even without a forceps delivery by pressure from the birth canal. Fetal monitors can also cause scrapes and scabs on the scalp. The bruises and scrapes will be noted on day 1 or 2 and disappear by 1 to 2 weeks. The fat tissue injury won't be apparent until day 5 to 10. A thickened lump of skin with an overlying scab is the usual finding. This may take 3 or 4 weeks to resolve. If it becomes tender to the touch or soft in the center or shows other signs of infection, call our office.

MILIA

Milia are tiny white bumps that occur on the faces of 40% of newborn babies. The nose and cheeks are most often involved, but milia are also seen on the forehead and chin. Although they look like pimples, they are smaller and not infected. They are blocked-off skin pores and will open up and disappear by 1 to 2 months of age. No ointments or creams should be applied to them.

Any true blisters or pimples (especially of the scalp) that occur during the first month of life must be examined and diagnosed quickly. If they are caused by the herpes virus, treatment is urgent. If you suspect blisters or pimples, call our office immediately.

MONGOLIAN SPOTS

A Mongolian spot is a bluish gray flat birthmark that is found in more that 90% of American Indian, Oriental, Hispanic, and black babies. Mongolian spots occur most commonly over the back and buttocks, although they can be present on any part of the body. They vary greatly in size and shape Most fade away by 2 or 3 years of age, although a trace may persist into adult life.

STORK BITES (PINK BIRTHMARKS)

Flat pink birthmarks (also called capillary hemangiomas) occur over the bridge of the nose, the eyelids, or the back of the neck in more than 50% of newborns. The birthmarks on the bridge of the nose and eyelids clear completely by 1 to 2 years of age. Most birthmarks on the nape of the neck also clear, but 25% can persist into adult life.

WEANING PROBLEMS

DEFINITION

Breast- or bottle-feeding can be considered prolonged after about 18 months of age, but delayed weaning is not always a problem. The older toddler who only occasionally nurses or drinks from a bottle doesn't necessarily need to be pressured into giving up the bottle or breast. Delayed weaning should be considered a problem only if it is causing one or more of the following types of harm:

- Refusal to eat any solids after 6 months of age
- Anemia confirmed by a routine screening test at 1 year of age
- Tooth decay or baby-bottle caries
- Obesity from overeating
- Daytime withdrawal and lack of interest in play because the child is always carrying a bottle around
- Frequent awakening at night for refills of a bottle
- Inability to stay with a babysitter because the child is exclusively breast-fed and refuses a bottle or cup

If any of these criteria apply to your baby, proceed to the following section. Otherwise, continue to breast- or bottle-feed your baby when the baby wants to (but less than four times each day) and don't worry about complete weaning at this time.

HOW TO ELIMINATE EXCESSIVE BREAST OR BOTTLE FEEDINGS

To decrease breast or bottle feedings to a level that won't cause any of the preceding side effects, take the following steps:

1. Reduce milk feedings to 3 or 4 per day. When your child comes to you for additional feedings, give the baby extra holding and attention instead. Get your child on a schedule of 3 main meals per day plus 2 or 3 nutritious snacks.
2. Introduce cup feedings if this was not done at 6 months of age. Cup feedings are needed as substitutes for breast- or bottle-feedings regardless of the age at which weaning occurs. The longer the infant goes without using a cup, the less willing he will be to try it. Starting daily cup feedings by 5 or 6 months of age is a natural way to keep breast- or bottle-feedings from becoming overly important.
3. Immediately stop allowing your child to carry a bottle around during the day. The companion bottle can interfere with normal development that requires speech or two-handed play. It also can contribute to problems with tooth decay. You can explain to your child that "it's not good for you" or "you're too old for that".
4. Immediately stop allowing your child to take a bottle to bed. Besides causing sleep problems, taking a bottle to bed carries the risk of causing tooth decay. You can offer the same explanations as in the preceding paragraph.
5. Once you have made these changes, you need not proceed further unless you wish to eliminate breast- or bottle-feedings completely. Attempt total weaning only if your family is not under stress (such as might be caused by moving or some other major change) and your child is not in crisis (from illness or trying to achieve bladder control, for example). Weaning from breast or bottle to cup should always be done gradually and with love. The "cold turkey", or abrupt withdrawl, approach will only make your child angry, clingy, and miserable. Although there is no consensus about the best time to wean, there is agreement about the appropriate technique.

HOW TO ELIMINATE BREAST-FEEDING COMPLETELY

1. Offer formula in a cup before each breast-feeding. If your child refuses formula, offer expressed breast milk. If that fails, add some flavoring he likes to the formula. If your child is older than 12 months, you can use whole milk. Some infants won't accept a cup until they've nursed for several minutes.
2. Gradually eliminate breast-feedings. First, eliminate the feeding that is least important to your child (usually the midday one). Replace it with a complete cup feeding. About once every week drop one more breast feeding. The bedtime nursing is usually the last to be given up and there's no reason why you can't continue it for months if that's what you and your child wants. Some mothers prefer to wean by

decreasing the length of feedings. Shorten all feedings by 2 minutes each week until they are 5 minutes long. Then eliminate them one at a time.

3. Relieve breast engorgement. Since the breast operates on the principle of supply and demand, reduced sucking time eventually reduces milk production. In the meantime, express just enough milk to relieve breast pain resulting from engorgement. (This is better than putting your baby to the breast for a minute, because she probably won't want to stop nursing.) Remember that complete emptying of the breast increases milk production. An acetaminophen product also may help relieve discomfort.
4. If your child asks to nurse after you have finished weaning, respond by holding the baby instead. You can explain that "the milk is all gone". If the baby has a strong sucking drive, more pacifier time may help.

HOW TO ELIMINATE BOTTLE-FEEDING COMPLETELY

1. Offer formula in a cup before each bottle-feeding. Use whole milk if your child is 1 year of age or older.
2. Make the weaning process gradual. Eliminate one bottle feeding every 3 or 4 days, depending on your child's reaction. Replace each bottle feeding with a cup feeding and extra holding.
3. Eliminate bottle-feedings in the following order: midday, late afternoon, morning, and bedtime. The last feeding of the day is usually the most important one to the baby. When it is time to give up this feeding, gradually reduce the amount of milk each day over the course of the week.
4. After you have completed the weaning process, respond to requests for a bottle for a bottle by holding your child. You can explain that bottles are for little babies. You may even want to have your child help you carry the bottles to a neighbor's house. If your child has a strong need to suck, offer a pacifier.

CALL OUR OFFICE

During regular hours if:

- Your child is over 6 months of age and won't eat any food except mild and won't drink from a cup.
- Your child has tooth decay.
- You think your child has anemia.
- This approach to weaning has not been successful after trying it for 1 month.
- Your child is over 3 years old.
- You have other questions or concerns.

SPITTING UP

DEFINITION

Diagnostic Findings of Spitting up (Regurgitation)
Regurgitation is the effortless spitting up of one or two mouthfuls of stomach contents. It is usually seen shortly after feedings. It mainly occurs in children under year of age and begins in the first weeks of life. More than half of all infants have it to some degree.

Cause
A lack of closure of the valve at the upper end of the stomach is responsible. This condition is also called "gastro esophageal reflux" (GE reflux) or "chalasia".

Expected Course
Spitting up improves with age. By the time your baby has been walking for 3 months it should be totally cleared up. Many babies get over it even sooner.

Home Care

Feed Smaller Amounts. Overfeeding always makes spitting up worse. If the stomach is filled to capacity, spitting up is more likely. Give your baby smaller amounts (at least 1 ounce less than you have been giving). Your baby doesn't have to finish a bottle. Wait at least 2 ½ hours between feedings because it takes that long for the stomach to empty itself.

Burp Your Child to Prevent Spitting Up. Burp your baby several times during each feeding. Do it when the baby pauses and looks around. Don't interrupt the baby's feeding rhythm in order to burp the baby. Keep in mind that burping is less important than giving smaller feedings.

Positioning. After meals, try to hold your baby in an upright position using a front pack, backpack, or swing. Avoid infant seats because they increase the contact of stomach acid with the lower esophagus. When your infant is in a crib, always place the baby on his or her abdomen to protect the lower esophagus. Try to elevate the head of the bed a bit. After your child is 6 months old, a walker can be helpful for maintaining an upright posture after meals. To make the walker safe, try to remove the wheels. Make sure the stairways are closed off securely. Avoid Pressure on the Abdomen. Avoid tight diapers. They put added pressure on the stomach. Don't double your child up during diaper changes. Don't let people hug your child or play vigorously right after meals.

Cleaning Up. One of the worst aspects of spitting up in the past was the odor. This was caused by the effect of stomach acid on the butterfat in cow's milk. The odor is not present with commercial formulas because they contain vegetable oils. A more common concern is clothing stains from milk spots. Use the powdered formulas, they stain the least. Also, don't pick up your child when you have your best clothes on. Try to confine your baby to areas without rugs (for example, the kitchen).

CALL OUR OFFICE

IMMEDIATELY IF

- There is blood in the spit-up material
- The spitting up causes your child to choke or cough.

During office hours if:

- Your baby doesn't seem to improve with this approach.
  (We can discuss how to thicken feedings with cereal and how to use a chalasia or reflux harness after meals.)
- Your baby does not gain weight normally
- Your baby becomes cranky.
- The spitting up continues after your baby has been walking for more than 3 months.
- You have other concerns or questions.

BLOCKED TEAR DUCT

DEFINITION

Diagnostic Findings

- Continuously watery eye
- Tears running down the face even without crying
- During crying, nostril on blocked side remains dry
- Onset at birth to 1 month of age
- Eye not red and eyelid not swollen (unless the soggy tissues become infected)

Cause

Your child probably has a blocked tear duct on that side. This means that the channel that normally carries tears from the eye to the nose is blocked. Although the obstruction is present at birth, the delay in onset of symptoms can be explained by the occasional delay in tear production until the age of 3 or 4 weeks in some babies. Both sides are blocked 30% of the time.

Expected Course

This is a common condition, affecting 6% of newborns. Over 90% of blocked tear ducts open up spontaneously by the time the child is 12 months of age. If the obstruction persists beyond 12 months of age, an ophthalmologist (eye specialist) can open it with a probe.

HOME CAR FOR PREVENTING INFECTION

Because of poor drainage, eyes with blocked tear ducts become easily infected. The infected eye produces a yellow discharge. To keep the eye free of infection, massage the lacrimal sac (where tears collect) twice a day. Always wash your hands carefully before doing this. The lacrimal sac is located in the inner lower corner of the eye. This sac should be massaged to empty it of old fluids and to check for infection. Start at the inner corner of the eye and press upward using a cotton swab. (Caution: Massaging downward is not helpful and may lead to infection.) If the eye becomes infected, it is very important to begin antibiotic eye drops.

CALL OUR OFFICE

IMMEDIATELY IF

- The eyelids are red or swollen.
- A red lump appears at the inner lower corner of the eyelid

During office hours if

- The eyelids are stuck together with pus after naps
- Much yellow discharge if present
- Your child reaches 12 months of age and the eye is still watering
- You have other concerns or questions

TEETHING

DEFINITION

Teething is the normal process of new teeth working their way through the gums. Your baby's first tooth may appear any time between the ages of 3 months to 1 year old. Most children have completely painless teething. The only symptoms are increased saliva, drooling and a desire to chew on things. It occasionally causes some mild gum pain, but it doesn't interfere with sleep. The degree of discomfort varies from child to child, but your child won't be miserable. When the back teeth (molars) come through (age 6 to 12 years), the overlying gum may become bruised and swollen. This is harmless and temporary.

Since teeth erupt continuously from 6 months to 2 years of age, many unrelated illnesses are blamed on teething. Fevers are also common during this time because after 6 months infants lose the natural protection provided by their mother's antibodies.

DEVELOPMENT OF BABY TEETH

Your baby's teeth will usually erupt in the following order:

1. Two lower incisors
2. Four upper incisors
3. Two lower incisors and all four molars
4. Four Canines
5. Four Second Molars

HOME CARE

Gum Massage. Find the irritated or swollen gum. Vigorously massage it with your finger for 2 minutes. Do this as often as necessary. If you wish, you may use a piece of ice to massage the gum.

Teething Rings. Your baby's way of massaging his or her gums is to chew on a smooth, hard object. Solid teething rings and ones with liquid in the center (as long as it's purified water) are fine. Most children like them cold. A wet washcloth placed in the freezer for 30 minutes will please many infants. He may also like some ice, Popsicle, frozen banana or a frozen bagel. Avoid hard foods that your baby might choke on (such as raw carrots, but teething biscuits are fine.

Diet. Avoid salty or acid foods. Your baby probably will enjoy sucking on a nipple, but if he or she complains, use a cup for fluids temporarily. A few babies may need acetaminophen for pain relief for a few days.

Common Mistakes in Treating Teeth. Teething does not cause fever, sleep problems, diarrhea, diaper rash, or lower resistance to any infection. It probably doesn't cause crying. If your baby develops fever while teething, the fever is due to something else.

- Special teething gels are unnecessary. Since many contain benzocaine, there is a risk that they may cause choking by numbing the throat or may cause a drug reaction.
- Don't tie the teething ring around the neck. It could catch on something and strangle your child. Attach it to clothing with a "catch-it" clip.

Call our office

During regular hours if

- You have other question or concerns.

THRUSH

DEFINITION

Diagnostic Findings

- White, irregularly shaped patches that coat the inside of the month and sometimes the tongue, adhere to the mouth, and cannot be washed away or wiped off easily like milk (If the only symptom is a uniformly white tongue, it's due to a milk diet, not thrush).
- Bottle-fed or breast-fed child

Cause

Thrush is caused by yeast (called *Candida*) that grows rapidly on the lining of the mouth in areas abraded by prolonged 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 may also occur when your child has recently been on a broad-spectrum antibiotic. Thrush is not contagious since it does not invade normal tissue.

HOME CARE

Nystatin Oral Medicine. The drug for clearing this up is nystatin oral suspension. It requires a prescription. Give 1 ml of nystatin four times daily. Place it in the front of the mouth on each side (it doesn't do any good once it's swallowed). If the thrush isn't responding, rub the nystatin directly on the affected areas with a cotton swab or with gauze wrapped around your finger. Apply it after meals or at least don't feed your baby anything for 30 minutes after application. Do this for at least 7 days or until all of the thrush has been gone for 3 days. If you are breast-feeding, apply nystatin to the irritated areas on your nipples.

Decrease Sucking Time During Thrush. If eating and sucking are painful for your child, temporarily use a cup and spoon. In any event, reduce sucking time to 20 minutes or less per feeding.

Restrict Pacifier to Bedtime. Eliminate the pacifier temporarily except when it's really needed for going to sleep. If your infant is using an orthodontic-type pacifier, switch to a smaller, regular one. Soak all nipples in water at 130 degrees F (55 degrees C; the temperature of most hot tap water) for 15 minutes. If the thrush recurs and your child is bottle fed, switch to a nipple with a different shape and made from silicone.

Diaper Rash Associated with Thrush. If your child has an associated diaper rash, assume it is due to yeast. Request nystatin cream and apply it four times daily.

Call our office

During regular hours if

- Your child refused to eat.
- The thrush gets worse on treatment.
- The thrush lasts beyond 10 days.
- An unexplained fever (over 100 F) occurs.
- You have other concerns or questions.

FORMULA FEEDING

Breast milk is best for babies, but breast-feeding isn't always possible. Use an infant formula if

- You decide not to breast-feed.
- You need to discontinue breast-feeding and your infant is less that 1 year of age.
- You need to occasionally supplement your infant after breast-feeding is well established.
- Note: If you want to breast-feed but feel your milk supply is insufficient, don't discontinue breast-feeding. Instead seek help from our physician or a lactation nurse.

COMMERCIAL FORMULAS

Infant formulas are a safe alternative to breast milk. Infant formulas have been designed to resemble breast milk and fulfill the nutritional needs of your infant by providing all known essential nutrients in their proper amounts. Most formulas are derived from cow's milk. A few are derived from soybeans and are for infants who may be allergic to the types of protein in cow's milk. Bottle-fed babies grow as rapidly and are as happy as breast-fed babies. A special advantage of bottle-feeding is that the father can participate.

Use a commercial formula that is iron fortified to prevent iron deficiency anemia, as recommended by the American Academy of Pediatrics. The amount of iron in iron-fortified formula is too small to cause any diarrhea or constipation. Don't use the low-iron formulas.

Most commercial infant formulas are available in three forms: powder, concentrated liquid, and ready-to-serve liquid. Powder and ready-to-use liquids are the most suitable forms when a formula is occasionally used to supplement breast milk.

PREPARING COMMERCIAL FORMULAS

The concentrated formulas are mixed 1:1 with water. Two ounces of water are mixed with each level scoop of powder formula. Never make the formula more concentrated by adding extra powder or extra concentrated liquid. Never dilute the formula by adding more water than specified. Careful measuring and mixing ensure that your baby is receiving the proper formula.

If you make one bottle at a time, you can use warm water directly from the tap rather than boiled water. This method saves you the time of warming up or cooling down the formula. Most city water supplies are quite safe. If you have well water, either boil it for 10 minutes (plus one minute for each 1000 feet of elevation) or use distilled water until your child is 6 months of age. If you prefer to prepare a batch of formula, you must use boiled or distilled water and closely follow the directions printed on the side of the formula can. This prepared formula should be stored in the refrigerator and must be used within 48 hours.

HOMEMADE FORMULAS FROM EVAPORATED MILK

If necessary, you can make your own formula temporarily from evaporated milk. Evaporated milk formulas have some of the same risks as whole cow's milk. This formula needs supplements of vitamins and minerals. It also requires sterilized bottles because it is prepared in a batch. If you must use it in a pinch, mix 13 ounces of evaporated milk with 19 ounces of boiled water and 2 tablespoons of corn syrup. Place this mixture in sterilized bottles and keep them refrigerated until use.

WHOLE COW'S MILK

Whole cow's milk should not be given to babies before 12 months of age because of increased risks of iron deficiency anemia and allergies. The ability to drink from a cup doesn't mean you should switch to cow's milk. While it used to be acceptable to introduce whole cow's milk after 6 months of age, recent studies have shown that infant formula is the optimal food during the first year of life for babies who are not breast-fed. Skim milk or 2% milk should not be given to babies before 2 years of age, because the fat content of regular milk (approximately 3.5% butterfat) is needed for rapid brain growth.

TRAVELING

When traveling, use powdered formula for convenience. Put the required number of scoops in a bottle, add warm tap water, and shake. A more expensive alternative is to use throwaway bottles of ready-to-use formula. This product avoids problems with contaminated water.

FORMULA TEMPERATURE

In summer many children prefer cold formula. In winter most prefer warm formula. By trying various temperatures, you can find out which your child prefers. If you do warm the formula, be certain to check the temperature before giving it to your baby. If it is too hot, it could burn your baby's mouth.

AMOUNT AND SCHEDULES

The amount of formula that most babies take per feeding (in ounces) can be calculated by dividing your baby's weight (in pounds) in half. Another way to calculate the ounces per feeding is to add 3 to your baby's age (in months) with a maximum of 8 ounces per feeding at 5 or 6 months of age. The maximal amount per day is 32 ounces. If you baby needs more than this and are not overweight, consider starting solids.

In general, your baby will need six to eight feedings per day for the first month; five to six feedings per day from 1 to 3 months; four to five feedings per day from 3 to 7 months; and three to four feedings per day thereafter. If your baby is not hungry at some of the feedings, the feeding interval should be increased.

LENGTH OF FEEDING

A feeding shouldn't take more than 20 minutes. If it does, you are over feeding your baby or the nipple is clogged. A clean nipple should drip about 1 drop per second when the bottle of formula is inverted. At the end of each feeding, discard any formula left in the bottle, because it is no longer sterile.

EXTRA WATER

Babies do not routinely need extra water. They should be offered a bottle of water twice daily, when they have a fever or the weather is hot and dry.

BURPING

Burping is optional. Although it may decrease spitting up, air in the stomach does not cause pain. Burping two times during a feeding and for about 1 minute is plenty.

VITAMINS/IRON/FLUORIDE

Commercial formulas with iron contain all of your baby's vitamin and mineral requirements except for fluoride. (Note: All soy-based formulas are iron fortified.) In the United States, the most common cause of anemia in children under 2 years old is iron deficiency (largely because iron is not present in cow's milk). Iron also can be provided at 4 months of age by adding iron-fortified cereals to the diet.

From 2 weeks to 12 years of age, children need fluoride to prevent dental caries. If the municipal water supply contains fluoride and your baby drinks some water each day, this should be adequate. Otherwise, fluoride drops or tablets (without vitamins) should be given separately. This is a prescription item that can be obtained from your child's physician. Added vitamins are unnecessary after your child has reached 1 year of age and is on a regular balanced diet, but continue the fluoride.

CUP FEEDING

Introduce your child to a cup at approximately 4 to 6 months of age. Total weaning to a cup will probably occur somewhere between 9 and 18 months of age, depending on your baby's individual preference.

BABY-BOTTLE CARIES: PREVENTION

Sleeping with a bottle of milk, juice, or any sweetened liquid in the mouth can cause severe decay of the newly erupting teeth. Prevent this tragedy by not using the bottle as a pacifier or allowing your child to take it to bed.

NEWBORN EQUIPMENT AND SUPPLIES

Before the baby is born, most parents prepare a special room. They buy a layette including clothing, a place to sleep, feeding equipment, bathing equipment, and changing supplies. This preparation is called the nesting behavior. The most common mistake parents on a limited budget can make during this time is buying something they don't need at all or buying an expensive (often fancy) version of an essential piece of equipment.

ESSENTIAL EQUIPMENT

Safety car seat. Child restraint seats are essential for transporting your baby in a car. They are required by law in most states. Consider buying one that is convertible and usable until your child reaches 40 pounds and 40 inches. Until your child weighs more than 20 pounds the car seat faces backward; after that time it is moved to a forward-facing position. Car seats must conform to federal safety standards; also, they are ranked by consumer magazines. Many hospitals have a rental program for car seats that can save you money unless you are going to have several children.

Crib. Since your baby will spend so much unattended time in the crib, make certain it is a safe one. Federal safety standards require that all cribs built after 1974 have spaces between the crib bars of 2 3/8 inches or less. This restriction is to prevent a child from getting the head or body stuck between the bars. If you have an older crib, be sure to check this distance, which is approximately the width of three fingers. Also, check for any defective crib bars. The mattress should be the same size as the crib so that your baby's head can't get caught in the gap. It should also be waterproof. Bumper pads are unnecessary because infants rarely strike their heads on the railings. The pads have the disadvantage of keeping your baby from seeing out of the crib; they are also something to climb on at a later stage. During the first 2 or 3 months of life it may be more convenient to have your baby sleep in a drawer, a cardboard box, or a basket that is well padded with towels or blankets.

Bathtub. Small plastic bathtubs with sponge lining are available. A large plastic dishpan will also suffice for the purpose. A molded sponge lining can be purchased separately. As a compromise, a kitchen sink works well if you are careful about preventing your child from falling against hard edges or turning on the hot water, there by causing a burn. Until the umbilical cord falls off, keep the water level below the navel. Most children can be bathed in a standard bathtub by 1 year of age.

Bottle and Nipples. If you are feeding your baby formula, you will need about ten 8-ounce bottles. Although clear plastic bottles cost twice as much as glass ones, you will be glad you bought the unbreakable type the first time you or your baby drops one. You will also need a corresponding number of nipples. If you prepare more than one bottle at a time, you will need a 1-quart measuring cup and a funnel for mixing a batch of formula.

Diapers: Reusable vs. Disposable. Let's compare disposable diapers to cloth diapers. The rate of diaper rashes is about the same. If you're concerned about using safety pins, worry not. Modern cloth diapers come with Velcro straps. The main advantage of disposable diapers is that they are very convenient-freeing the family to travel easily and day-care centers to operate efficiently. The diapers made with super absorbent gel have the advantage of not letting urine leak. The main disadvantage of disposable diapers is that they cost more. Disposable diapers average about 20 cents per diaper vs. 12 cents per diaper from the diaper service or 3 cents per diaper if you wash our own diapers (after their initial purchase).

Because of the ecological ramifications of disposable diapers, which type of diaper to use is the controversial issue. Why not take advantage of both options? Use cloth diapers when you are home. Use disposable diapers when you are traveling or as backup if you are out of the home. Use disposables when your child has diarrhea because they prevent leakage of watery stools. (Some parents also prefer disposable diapers at night because they are leak proof.) During the first 2 or 3 months of life, when most mothers are exhausted by new baby care, consider a diaper service rather than washing the diapers yourself. You will find that modern diaper services are very efficient, provide excellent sterilized diapers, and pick them up weekly.

Pacifier. A pacifier is useful in soothing many babies. To prevent choking, the pacifier's shield should be at least 1 ½ inches in diameter and the pacifier should be one single piece. Some of the newer ones are made of silicone (instead of rubber), which lasts longer because it doesn't dry out. The orthodontic-shaped pacifiers are accepted by some babies but not by others.

Nasal Suction Bulb. A suction bulb is essential for helping young babies with breathing difficulties caused by sticky or dried nasal secretions. A suction bulb with a blunt tip is more effective than the ones with long tapered tips (which are used for irrigating ears). The best ones on the market have a small clear plastic tip

(mucous trap), that can be removed from the rubber suction bulb for cleaning.

Thermometer. A rectal thermometer is most helpful if your baby becomes sick. The digital thermometers that display the temperature in 30 seconds are worth the extra few dollars. If you buy a glass thermometer, the ones with four color zones are easier to read.

Humidifier. A humidifier will be helpful in dry climates or areas with cold winters. The new ultrasonic humidifiers are quieter and have other advantages. Do not buy a vaporizer (a gadget that produces steam) because it can cause burns in children and doesn't deliver humidity at as fast a rate as a humidifier.

Diaper and Bottle Bag. For traveling outside the home with your baby, you will need an all-purpose shoulder bag to carry the items that allow you to feed your baby and change diapers.

High Chair. During the first 6 months of life your baby can be held when being fed. Once your child can sit unsupported and take solid foods, a high chair is needed. The most important feature is a wide base that prevents tipping. The tray needs to have a good safety latch. The tray should also have adjustable positions to adapt to your infant's growth. A safety strap is critical. Plastic or metal chairs are easier to clean than wooden chairs. Small, portable, hook-on high chairs that attach directly to the tabletop are gaining in popularity. They are convenient and reasonably priced. The ones with a special clamp that keeps your child from pushing the chair off the tabletop with his feet have a good safety record.

Food Grinder. The time comes when your baby must make the transition from baby foods to table foods. A baby-food grinder takes the work out of mashing up table foods. It's as effective as a blender, easier to clean, and less expensive. Food processors have the advantage of allowing you to make larger quantities fasters than in a grinder.

Training Cup. By the time your child is 1 year old, he will want to hold his own cup. But a spill-proof one with a weighted base, double handles, a lid, and a spout.

Bib. To keep food off your baby's clothes, find a molded plastic bib with an open scoop on the bottom to catch the mess.

Safety Gadgets. Once your child is crawling, you will need electric-outlet safety pugs, cabinet door safety locks, bathtub spout protectors, plastic corner guards for sharp table edges, and so forth.

HELPFUL EQUIPMENT

The following items mainly provide your child with forms of transportation or special places to play.

Changing Table. Diapers need to be changed 10 to 15 times daily. Although a bed can be used for changing, performing this task without bending over prevents back strain. An old dining table or buffet can work as well as a special changing table.

Automatic Swing. Although swings are entertaining to most babies, they are especially helpful for crying babies. They come in windup-spring, pendulum-driven, or battery-powered models. The latter two have quieter mechanisms. Again, a sturdy base and crossbars are important for safety.

Front Pack or Carrier. Front packs are great for new babies. They give your child a sense of physical contact and warmth. In fact, they have been shown to promote bonding. They allow you freedom to use your hands. Buy one with head support. Carrying a baby in front after 5 or 6 months of age can cause a backache for the parent.

Backpack. Backpacks are useful in carrying babies who are 5 or 6 months old and have good head support. They are an inexpensive way to carry your baby outside when you go shopping, hiking, or walking anywhere. The inner seat can usually be adjusted to different levels.

Stroller. Another way to transport a baby who has outgrown the front pack is in baby stroller. The most convenient ones are the umbrella type, which fold up. A safety belt is important to keep your baby from standing up and falling.

Infant Seat. An infant seat is a good place to keep a young baby who is not eating or sleeping. Infants prefer this inclined position so they can see what is going on around them. Buy one with a safety strap, but don't substitute it for a car seat. Once children reach 3 to 4 months of age, they can usually tip the infant seat over, so discontinue using it.

Playpen. A playpen is a handy and safe place to leave your baby when you need uninterrupted time to cook a meal or do the wash. Babies like playpens because the slatted or mesh sides afford a good view of the environment. Playpens can be used both indoors and outdoors. As with cribs, the slats should be less than 2 ¾ inches apart. The playpens with fine-weave netting are also acceptable although sometimes older infants can climb out of them. Bottomless playpens are gaining in popularity. Your baby should be introduced

to the playpen by 4 months of age in order to build up positive associations with it. It is very difficult to introduce a playpen after a baby has learned to crawl. Avoid stringing any objects on a cord across the playpen, because your baby could become entangled in them and strangle.

Gates. A gate is essential if your house has stairways that your baby must be protected from. A gate also helps to keep a child in a specific room with you and out of the rest of the house, as when you are working in the kitchen. Many rooms can be closed off with doors. All gates should be climb resistant. The strongest gates are spring loaded.

UNNECESSARY EQUIPMENT

Some baby equipment is usually not worth the investment, but your judgment may be different. You can bathe you baby without a special

Bathinette. Nursery monitors or intercoms will not prevent crib deaths and may interfere with the learning of self-comforting behavior. Baby carriages or buggies generally have been replaced by baby strollers, front packs, or backpacks.

You can determine if your baby is being fed enough without a baby scale. An infant feeder is a bottle with a nipple on one end and a piston on the other and is used to feed young babies strained foods. They are advertised as a "natural" step between bottle- and spoon-feeding. Since babies don't need any food except formula or breast milk until at least 4 months or age (at which time spoon feeding works fine), this item is unnecessary and can lead to forced feedings. You can prepare warm formula without a bottle warmer. Finally, shoes are not needed until your child has to walk outdoors.

POTENTIALLY HARMFUL EQUIPMENT: WALKERS

Over 40% of children who use walkers have an accident requiring medical attention. They get skull fractures, concussions, dental injuries, and lacerations. There have even been some deaths. Most of the serious walker injuries occur from falling down a stairway. When a crawling child falls down some unprotected steps, he or she tumbles and breaks his or her fall. When a child goes down a stairway in a walker, he or she accelerates and crash-lands at the bottom.

Some parents believe walkers help children learn to walk. On the contrary, walkers can delay both crawling and walking if used over 2 hours per day. Don't buy a walker. But if you have one, be sure to keep the door to any stairway locked. Children in walkers have crashed right through gates.

Successful Breastfeeding

You've probably heard that "**Breast milk is best**" for your new baby. In fact it is recommended that all infants be nursed, ideally for the first year! However, any amount of time (even 4 to 6 weeks) will be helpful to both your baby AND you. While infant formulas are certainly healthy for a baby, researchers are constantly discovering new components in breast milk that just can't be replicated in formula. Besides the "custom fit" of breast milk to infant nutrition, episodes of gastroenteritis ("stomach flu") and a decreased chance of developing allergies (even if the baby's mom or dad has a history of allergies). Breast milk even helps to protect the baby if mom should get sick after the baby is pregnancy weight, and quicker return of the pelvic organs to "normal" (not to mention how much more convenient breastfeeding can be).

Hopefully, you knew you wanted to breastfeed when the baby was born, and had a chance to nurse your newborn in the delivery room. If you didn't or are just deciding now to breastfeed, it's not too late!

Although it seems like nursing should be "natural", both mom and baby require some practice to get good at nursing. Here are some tips on getting started:

1. In order to successfully nurse, especially at the beginning, you need to be relaxed and well rested. Drink 8 glasses of water, milk or juice a day, and try to nap whenever the baby naps, if possible. Continue to take your prenatal vitamin, or a multivitamin, and eat an extra 500 calories a day (don't worry that this will keep you from losing weight-the nursing will actually help you a lot).
2. When you first start nursing (the first few times), limit the time nursing per side to 3-5 minutes until you know that baby is latched on correctly (your areola-the colored ring around the nipple-should be almost completely in the bay's mouth, and the baby's sucking should not be painful). After the first few times, or even right away of you are sure that the baby is latched on properly, nurse 5-10 minutes on the first side, and finish on the second side (usually another 10 minutes or so, although some babies nurse up to 40 minutes, total). If you are not sure about the baby's position, ask a nurse for assistance.
3. With each feeding, alternate the breast you start nursing with. If you notice any soreness, also alternate the position you are holding the baby in (cradle hold, football hold, or side-to-side).
4. After nursing, express a small amount of milk onto the nipples, then let them air-dry when you can. The natural fats in breastmilk helps lubricate and protect the nipple.
5. If you want to switch sides and the baby won't let go, use your clean finger to gently break the baby's suction on your nipple.

Remember that although your milk doesn't come in until the second or third day after the birth of your baby, the liquid your breasts make first, colostrums, is very important for the baby, and is usually all the liquid they need. In fact, supplementing with formula at any time can actually cause your breast milk supply to decrease and make it harder to successfully nurse.

If you are concerned that your baby might not be getting enough milk (or colostrums in the first few days), listen for swallowing. Other signs of good milk supply (after your milk comes in) include: breasts that feel less full after nursing, milk dripping from the breast you are not nursing from, and milk inside the baby's mouth. The baby should also have 6-8 wet diapers a day, and several stools. If you don't notice these signs or are still concerned, please call our office.

There are many excellent references to choose from if you are interested in reading more, including:

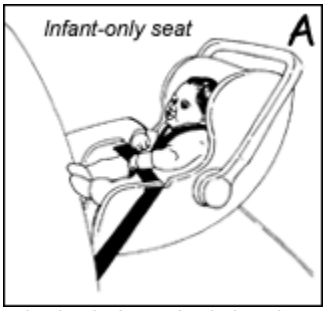
The Nursing Mother's companion, by Kathleen Huggins
And The Womanly Art of Breastfeeding, by the LaLeche League.

Floyd Medical Center also sponsors a support group for nursing mothers. Call 706-509-6548 for more information. If you get home with your new baby and start having problems breastfeeding, call 678-991-0240 Monday through Friday, 8:00 am to 4:30 pm and they will call you back.

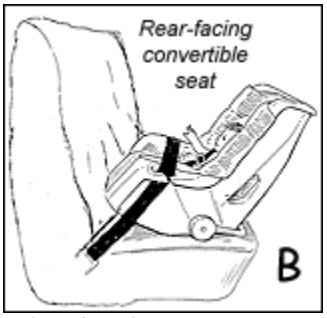
Finally, remember that we are always available to answer questions about breastfeeding. We want you and your child to have a healthy, positive experience!!

Children's Car Seat Safety Guide

How to protect your new baby in the car



This kind of seat fits babies less than 20 pounds and always faces the rear.



Infants less than 1 year, over 20 lbs. ride in a seat approved for heavier infants rear facing.

After 1 year and at least 20 lbs.

Everybody would be safest facing backward while riding in a car.

Babies are lucky to have seats that work this way. Infants are safest when riding facing the rear, because the back of the safety seat supports the child's back, neck, and head in a crash. So, whichever seat you choose, your baby should ride rear facing until about one year of age and at least 20 pounds.

Two kinds of safety seats are made for babies:

1. Small, lightweight "infant only" safety seats are designed for use rear facing only. This kind can be used only as long as the baby's head is enclosed by the top rim of the seat (**A**). The label on the seat gives the upper weight limit (17 to 22 pounds). One seat can be converted into a car bed for babies who must lie flat.

2. Larger "convertible" seats usually fit children from birth to about 40 pounds. Some new models have weight limits as high as 30 to 32 pounds for rear-facing use. These products are especially good for babies under age one who are growing more rapidly than average (**B**). It may be turned around to face the front when the baby is about one year old and at least 20 pounds (**C**).

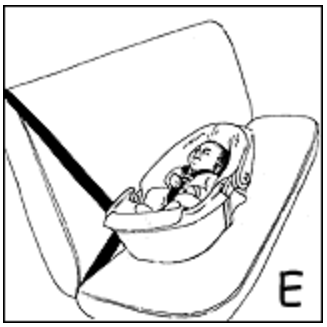
How to choose the best seat for your baby:

The simplest and least expensive model usually will work as well as one with fancy features. Choose a seat that you find easy to use and that fits in your vehicle. Before you buy a seat, try it in your car to make sure it fits and can be buckled in tightly. If you choose a convertible seat, try it facing both rearward and forward. Look for the seat you can use facing the rear as long as possible. Read the labels to check weight limits. If you buy an infant-only seat, you will need a convertible seat later. Most babies need to use rear-facing convertible seats as they get larger, because they outgrow their infant-only seats before age one. Some products are made to carry a baby over 20 pounds facing the rear. Look for a seat with a higher weight limit when you shop.

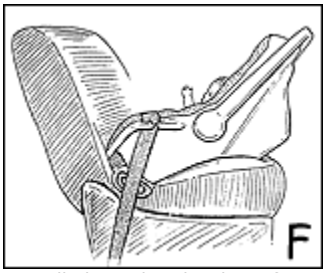
Practice buckling the seat into your car before your baby's first ride.

More tips on choosing a seat:

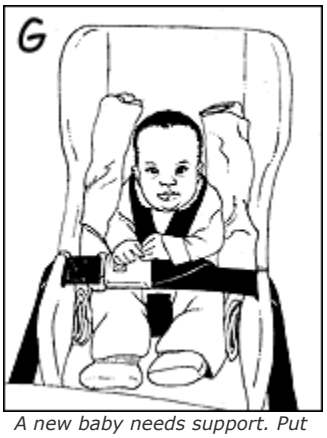
You'll save a little money if you buy one convertible seat to do the job from birth to 40 pounds, but an infant-only seat may be easier for you to use and may fit your newborn baby better. An infant-only seat can be carried with you wherever you go. It can be used at home also. Some infant-only seats come in two parts. The base stays buckled in the vehicle, and the seat snaps in and out. You may find these convenient. If you want to use a convertible seat for a newborn baby, choose one without a padded shield in front of the baby. Shields do not fit small newborn babies properly. The shield comes up too high and may make proper adjustment of the harness difficult (**D**).



In this car bed a newborn baby can ride lying flat. This product converts to a rear-facing seat.



A rolled towel under the safety seat makes it tip back just far enough so the baby's head lies back comfortably. A baby should recline half way back.



A new baby needs support. Put rolled up towels or diapers on each side, not under the infant.

What about seats for preemies?

A baby born earlier than 37 weeks may need to use a car bed if he or she has any possibility of breathing problems when sitting semi-reclined. Ask your baby's doctor if your baby needs to be tested before discharge for breathing problems (**E**).Use a seat with the shortest distances from seat to harness strap slots, and from back to crotch strap. Use rolled blankets to keep the baby's head from slumping (G, see below). Never place any extra cushioning under or behind the baby.

What to do if your baby's head flops forward?

It's important for an infant to ride sitting semi-reclined (halfway back or 45 degrees from horizontal). In the car, you may find that the safety seat is too upright for a new baby who can't hold up his or her head. You can put a tightly rolled bath towel under the front edge of the safety seat to tilt it back a little so your baby's head lies back comfortably (**F**). Do not recline it too far.

Harness straps must fit snugly on the body.

Use lowest harness slots for a newborn infant. Keep the straps in the slots at or below your baby's shoulders for the rear-facing position. It is very important for harness straps to fit properly over the shoulders and between the legs. Dress your baby in clothes that keep legs free. If you want to cover your baby, buckle the harness around him first, and then put a blanket over him. A bulky snowsuit or bunting can make the harness too loose. To fill empty spaces and give support, roll up a couple of small blankets and tuck them in on each side of your baby's shoulders and head (**G**). If he still slumps down, put a rolled diaper between his legs behind the crotch strap. Thick padding should not be put underneath or behind the baby.

Bags, Belts, Boosters & Kids
Buckling up kids from 3-12

Finding the best way to buckle up a toddler, preschooler or school-age child can be confusing. Almost half of those children ride without the protection of a child safety seat or safety belt. What' the best way to protect them?

Air Bag Danger: The rear seat is the safest place for all children

In any vehicle, passengers in the rear seat are safer than in the front. Those in the rear are farther from the point of impact in serious head-on crashes. *If your vehicle has a passenger air bag, the rear seat is on the ONLY safe place for children*. Given what we know today, a child under age 13 and about five feet tall is NOT safe riding in the front seat. Even if your child is correctly buckled up, there is a high risk of serious injury or death when the force of the air bag is unleashed. Because air bags in cars today are designed to fire in very low-speed crashes, the danger is very real if parents and children ignore this warning. If you have absolutely no way to avoid putting a child in the front seat, the tallest child should be the one selected. Take these steps to reduce the risk. Move the seat as far back as possible. Make sure the child uses the full restraint system and does not lean forward. (Never put a rear-facing infant in front!) Be sure to read the vehicle owner's manual for information about the specific restraints installed in your vehicle. Some trucks have air bag shut-off switches, because there is no back seat for children. Other vehicles with special air bag features may become available soon.

When can my child stop using a convertible or toddler seat?

Do not push your child out of a safety seat too soon. A restraint with two shoulder straps and a shell is generally more protective that a booster seat or a safety belt. A child should use a convertible or toddler seat as long as it fits, which means until the:

- Upper weight limit is reached, usually 40 lbs.
- Shoulders are above the strap slots
- Ears are above the back of the restraint

Some built-in child seats in new vehicles have harnesses with two shoulder straps for children up to 60 pounds. If your vehicle has this kind, take advantage of it!

An auto booster seat-the next step

A booster seat is the best option for children over 40 pounds. Vehicle belts seldom fit 3 to 8 year old children properly. Serious spinal and abdominal injuries can occur if the lap belt doesn't fit. Check out all the vehicles in which your child rides. Check how the lap belt lies across your child's body. Does your child tend to slouch in the vehicle? Does the belt go up across the belly? Does the shoulder belt cross his throat? These are signs of poor fit. Booster seats are designed to improve the fit of safety belts. Most children under 7, 8, or even 9 years of age will get better protection from a booster seat than a belt alone. See the back for information on types of boosters.

How should the lap belt fit?

The lap belt should fit low and tight across the top of the thighs, not upon the belly. If a child is too short to sit upright with buttocks against the seatback, it will be hard to fit the lap belt right and keep it there.

How should the shoulder belt fit?

The shoulder belt should cross the shoulder, not the throat or face. Many children are too short for the belt to be comfortable, so they misuse it in dangerous ways. It is very hazardous to put the belt under the arm which can lead to life-threatening internal injuries. Putting the belt behind the back increases the risk of serious head injury.

Some vehicles have built-in shoulder belt guides or height adjusters to help the belts fit better. Most high back boosters have shoulder belt guides. Add-on shoulder belt adjusters are not controlled by federal standards. In some cases they may make belts work less well. An add-on adjuster should not be used instead of a safety seat or booster. A belt-positioning booster seat raises the child up so that both shoulder and lap belt fit better.

More about Bags, Belts, Boosters, and Kids

Which type of booster is best?
Which type you choose depends on the safety belt systems in the vehicles in which your child rides. These are the types and features:

- Belt-positioning booster (BPB): a booster without a shield designed to be used with a lap and shoulder belt. The belts restrain the child. The BPB provides better protection than a shield booster because the shoulder belt reduces the distance that the child's head can move in a crash-and limits what it could hit. This kind should never be used with only a lap belt.
- BPB with a high back (upper right) is best if your vehicle has low seatbacks. Some models also have an internal harness for use as a conventional forward-facing seat for children under 40 lbs.
- Shield booster (lower right) is intended for use with a lap belt. The shield restrains the child. This kind is less effective as children get taller. None has a high back. (All shield boosters made today have removable shields.)
- Booster with are movable shield can be used with either type of belt system. This can be very convenient, especially if the shield is easily taken off and replace. None has a high back.

What if I have a shield booster and my car has shoulder belts?
If you want the best benefit your child, switch to a BPB. If you choose to continue using the shield booster, most instructions state that the shoulder belt should go behind the back rather than across the child's chest. Shield boosters are meant to work with the child's body wrapping around the shield in a crash. If the shoulder belt is in front, it could prevent the shield from functioning correctly.

Should I use a locking slip with a booster seat?
Yes, with a shield booster. The locking clip secures the booster by holding the lap belt tight around the shield or through the base of the booster.
No, with belt-positioning boosters. The BPB merely positions the child beneath the lap/shoulder belt. The belt functions properly without a locking clip. Century is the only manufacturer recommending the locking clip with a BPB at this time.

When can I safely move my child from a booster to a belt?
This depends on when the safety belts in your vehicle properly fit your child. As your child grows, try on the belts from time to time. Avoid pushing her too early into a poorly fitting belt.
Instructions for most no-back booster seats state that a child should stop using the seat when his or her ears are above the seatback. This reduces the chance of whiplash injury in rear-end collisions. Depending on the height of the seatback, even a fairly short child may be too tall when using a booster without a back. A high-back booster can be used if your vehicle has lap and shoulder belts.
If your vehicle has seats with low backs and only lap belts, you will have to make a choice. You can continue booster seat use to reduce the known risk of serious injury from poor belt fit. Or you can use the lap belt alone to limit whiplash. If you decide to stop using the booster, be very particular about lap belt fit. Make sure your child always sits straight and keeps the lap belt tight and low.
Tips for Parents

- Avoid calling boosters "baby seats"- astronauts, pilots, and race cars drivers buckle up.
- Always follow child seat and vehicle manuals.
- Insist that everyone in your car buckles up- no exceptions.
- Set a good example-buckle up yourself!

Selecting restraints for children over 40 pounds (top priority listed first)

1. Belt-positioning booster with lap & shoulder belt-a high back BPB is most preferred.
2. Booster with removable shield, if your child will ride in positions with both types of belts.
3. Shield booster if only a lap belt is available.
4. Lap/shoulder belt for taller child, when both belts fit correctly.
5. Lap belt alone for shorter child or if no shoulder belt is available and if belt fits correctly.

When do children and teens need vaccinations?

Age	HepB Hepatitis B	DTap/ Tdap Diphtheria, tetanus, pertussis	Hib Haemophius influenza type b	Polio	PCV Pneumococcal conjugate	Rota Rotavirus	MMR Measles, mumps, rubella	Varicella Chickenpox	Hep A Hepatitis A	HIPV Human papillomavirus	MCV4 Meningococcal conjugate	Influenza
Birth	*											
2 Months	* (1-2 mos)	*	*	*	*	*						
4 Months	*	*	*	*	*	*						
6 Months	* (6-18 mos)	*	*	* (6-18 mos)	*	*						*
12 Months		*	* (12-15 mos)		* (12-15 mos)		* (12-15 mos)	* (12-15 mos)	*			
15 Months									* (2 doses given 6 mos apart at 12-23 mos)			
18 Months			CATCH-UP		CATCH-UP		CATCH-UP	CATCH-UP				
19-23 Months	CATCH-UP	CATCH-UP		CATCH-UP								
4-6 Years		*		*			*	*	CATCH-UP			Any child or teen who wants to avoid influenza may be vaccinated; all children with risk factors should be vaccinated.
7-10 Years		CATCH-UP		CATCH-UP			CATCH-UP	CATCH-UP				
11-12 Years		*								* * * (Females Only)	*	
13-18 Years		CATCH-UP								CATCH-UP	CATCH-UP	

A Vaccines may hurt a little . . . but disease can hurt a lot!!

After the Shots ● ● ●
What to do if your child has discomfort

Your child may need extra love and care after getting vaccinated. Some vaccinations that protect children from serious diseases also can cause discomfort for a while.
Here are answers to questions many parents have after their children have been vaccinated. If this sheet doesn't answer your questions, call your clinic or healthcare provider.

Clinic or health care provider phone number: 706-291-0884

I think my child has a fever. What should I do?

Check your child's temperature to find out if there is a fever. Do not use a mercury thermometer. If your child is younger than 3 years of age, taking a temperature with a rectal digital thermometer provides the best reading. once your child is 4 or 5 years of age, you may prefer taking a temperature by mouth with an oral digital thermometer. Tympanic thermometers, which measure temperature inside the ear, are another option for older babies and children. If your child is older than 3 months of age, you can also take an underarm (axillary) temperature, although it is not as accurate.

Here are some things you can do to help reduce fever:
• Give your child plenty to drink.
• Clothe your child lightly. Do not cover or wrap your child tightly.
• Give your child a fever-reducing medication such as acetaminophen (e.g., Tylenol®) or ibuprofen (e.g., Advil®, Motrin®). **Do not give aspirin.** Recheck your child's temperature after 1 hour.
• Sponge your child in 1–2 inches of lukewarm water.

My child has been fussy since getting vaccinated. What should I do?

After vaccination, children may be fussy due to pain or fever. You may want to give your child a medication such as acetaminophen (e.g., Tylenol®) or ibuprofen (e.g., Advil®, Motrin®) to reduce pain and fever. **Do not give aspirin.** If your child is fussy for more than 24 hours, call your clinic or health care provider.

My child's leg or arm is swollen, hot, and red. What should I do?

- Apply a clean, cool, wet washcloth over the sore area for comfort.
- For pain, give a medication such as acetaminophen (e.g., Tylenol®) or ibuprofen (e.g., Advil®, Motrin®). **Do not give aspirin.**
- If the redness or tenderness increases after 24 hours, call your clinic or health care provider.

My child seems really sick. Should I call my health care provider?

If you are worried **at all** about how your child looks or feels, call your clinic or healthcare provider!

Medications and Dosages to Reduce Pain and Fever

Important notes:

- Ask your health care provider or pharmacist which formulation is best for your child.
- Give dose based on your child's weight. If you don't know the weight, give dose based on your child's age.
- Do not give more medication than recommended.
- If you have questions about dosing or any other concern, call your clinic or health care provider.
- Always use a proper measuring device. For example:
    - When giving infant drops, use only the dosing device (dropper or syringe) enclosed in the package.
    - When giving children's suspension or liquid, use the dosage cup enclosed in the package. If you misplace the dosage cup, consult your health care provider or pharmacist for advice. (Kitchen spoons are not accurate measures.)
- **WARNING:** If you're also giving your child over-the-counter (OTC) medications such as cold preparations, be aware that these may contain pain or fever reducers such as acetaminophen or ibuprofen. Be sure to read all OTC medication labels carefully to ensure your child is not receiving more acetaminophen or ibuprofen than recommended.

Acetaminophen Dosing Information (Tylenol or another brand)

Give every 4-6 hours, as needed, no more than 5 times in 24 hours (unless directed to do otherwise by your health care provider).

Weight of Child	Age of Child	Infant Drops 0.8 mL=80 mg	Children's liquid or suspension 1tsp (5 mL)=160 mg	Children's Tablets 1 tablet=80 mg
6-11 lbs (2.7-5 kg)	0-3 mos	½ dropper 0.4 ml	_____	_____
12-17 lbs (5.5-7.7 kg)	4-11 mos	1 dropper 0.8 ml	½ tsp	1 tablet crushed
18-23 lbs (8.1-10.5 kg)	12-23 mos	1 ½ dropper 1.2 ml	¾ tsp	1 ½ tablet crushed
24-35 lbs (10.9-15.9 kg)	2-3 yrs	2 dropper 1.6 ml	1 tsp	2 tablets
36-47 lbs (16.4-21.4 kg)	4-5 yrs	_____	1 ½ tsp	3 tablets

IBUPROPHEN DOSAGE CHART (Motrin, Advil)

Give every 6-8 hours, as needed, no more that 4 times in 24 hours (unless directed to do otherwise by your health care provider).

Weight of Child	Age of Child	Fever 102.5 F or below	Fever 102.5 F or above
13-17 lbs	6-11 mos	¼ tsp	½ tsp
18-23 lbs	12-23 mos	½ tsp	1 tsp
24-35 lbs	2-3 yrs	¾ tsp	1 ½ tsp
36-47 lbs	4-5 yrs	1 tsp	2 tsp