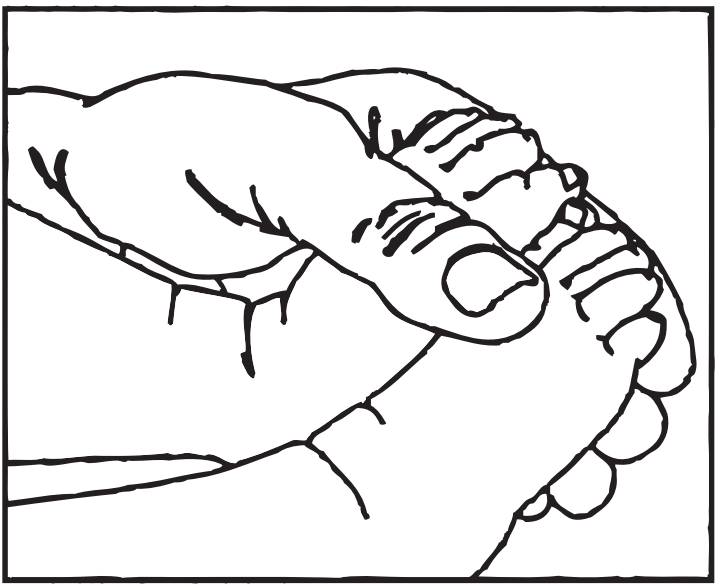
YOUR NEW BABY



Jerry A. Miller, Jr. M.D.
Fellow, American Academy of Pediatrics

Steven L. Moore, M.D.
Fellow, American Academy of Pediatrics

S. Clark Newton, Jr. M.D.
Fellow, American Academy of Pediatrics

Aaron W. Hanna, M.D.
Fellow, American Academy of Pediatrics

Jennifer L. Drake, M.D.
Fellow, American Academy of Pediatrics

Jennifer D. Massey, M.D.
Fellow, American Academy of Pediatrics

1245 Augusta West Parkway
Augusta, Georgia 30909
(706) 868-0389
www.augustapediatrics.com

CONGRATULATIONS ON YOUR NEW BABY!

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YOUR NEW BABY

CONGRATULATIONS!! You have just become new parents and so many exciting and wonderful times are ahead of you and your new addition. We are honored that you have chosen our practice to walk with you through the coming season of your life. It is our privilege to care for the medical needs of your new baby and your other children. We will do all we can to give you the best medical care and to help you to be the excellent parents you want to be.

This booklet has been developed with you and your child in mind. The majority of it is taken from a booklet prepared by the Ambulatory Pediatric Division of the University of Texas Medical School at Houston, most of it having been written by Susan Cooley, RN, Pediatric Nurse Practitioner. There have been many personal touches to tailor the booklet for our practice especially in the areas of Child Rearing, Breastfeeding, Dental Care and Philosophy of Use of Medications. This booklet gives the best advice we know of to help in the health care and rearing of your child. Your child is a gift from God to you. Congratulations from all of us!

INTRODUCTION TO OUR GROUP

Our pediatric group seeks to help you provide a good and healthy childhood for your children. Our approach is to treat the whole child: physical, spiritual, emotional and mental.

Our practice of pediatrics and adolescent medicine by definition includes newborns, infants, children and adolescents through age 21. Pediatricians are trained to treat these age groups by spending from three to four years beyond medical school in a pediatric residency. A pediatrician is a specialist in the diseases of infants, children and adolescents as well as their normal growth and development.

Dr. Miller graduated from the Medical College of Georgia and then took his pediatric training in Houston, Texas, at Hermann Hospital and M.D. Anderson Hospital in the Department of Pediatrics at the University of Texas Medical School at Houston. He was chief resident of pediatrics his last year there.

Dr. Moore graduated from the Medical College of Georgia and received his pediatric training at the Fitzsimmons Army Medical Center in Denver.

Dr. Newton graduated from the Medical College of Georgia and continued his pediatric training at Vanderbilt University School of Medicine in Nashville, Tennessee.

Dr. Drake graduated from the Medical College of Georgia and completed her pediatric training at Cincinnati Children's Medical Center in Cincinnati, Ohio.

Dr. Massey graduated from the Medical University of South Carolina in Charleston and continued there for her pediatric training as well.

Dr. Hanna graduated from the Medical College of Georgia and completed his pediatric training at Brenner Children's Hospital of Wake Forest University Baptist Medical Center in Winston-Salem, North Carolina.

All of our physicians are certified by the American Board of Pediatrics.

All of our physicians are on staff at University Hospital, Doctor's Hospital, and the Medical College of Georgia.

OFFICE HOURS and EMERGENCY COVERAGE

Routine office hours are Monday through Friday 9AM-5PM. We have emergency hours most Saturdays 10AM-12PM and most Sundays 2PM-4PM.

Our physicians are in a pediatric call group which provides seven days per week coverage in the office including Saturdays and Sundays. We also provide 24 hour per day coverage for emergencies. We or the doctor on call for our group may be reached by calling the office at 706-868-0389. If your child is seen by one of the other doctors in the call group besides Dr. Miller, Dr. Moore, Dr. Newton, Dr. Drake, Dr. Massey or Dr. Hanna, please give us a call the next morning to let us know how your child is doing.

It is important to remember that although your doctor or one of the other doctors is on call at all times, the doctor who is taking calls is covering for EMERGENCY CALLS and is also covering for other pediatricians besides himself. If you have a true emergency or a significant problem with your child which cannot wait until office hours, then you should call the office number and the nurse triage system will handle your call. If needed, the nurse will then page one of us. However, so that we are able to direct our entire attention to patients who truly need immediate care, we ask respectfully that all other calls be made during routine office hours during the week or at the specified times mentioned above on Saturdays and Sundays.

It is our office policy that medications will not be called in after hours. Please call during office hours or leave a message for prescriptions and medication refills.

EMERGENCIES

For true emergencies, please call the office or the answering service, and we will give you an answer immediately concerning where to go and what to do. If there is no time to call, you should bring your child to the office or take him to the nearest emergency room. During times in which the office is closed, you should take your child to the nearest emergency room. The emergency room will notify us of the problem.

One of the most common calls we receive is in regard to fever management. (See section on fever) We usually recommend acetaminophen or ibuprofen (if greater than 6 months old) for fever management, and as long as fever can be controlled using the recommended dosage and as long as your child feels better once the medication is given it is fine to wait until morning to call the office

for an appointment to be seen. However, if your child is less than six weeks old and has a rectal temperature equal to or greater than 100.4 or less than 2 years old with a fever of 104 or greater, you should call immediately no matter what the time.

Other illnesses should be assessed by the parent on an individual basis using your own good judgment. Do not hesitate to call in the case of an emergency or if you are unsure about how to care for your child.

PHONE CALLS

Phone calls for appointments can be made during office hours. If you have questions, the office personnel will discuss the problem with you. If there is an emergency, you will be put through to the doctor immediately. Otherwise, either one of the office staff or the doctor will call you later in the day. The doctors review all messages, and although you may not speak to one of them directly every time you call, you will receive information by well-trained personnel who have discussed the problem with the physicians. When you call please have the following at hand:

1. Your child's temperature
2. Your pharmacy's phone number
3. Your child's weight
4. Pen and paper

If you are calling about over-the-counter medication dosages, please be very specific about the medication you have as dosages vary greatly between infant's and children's formulations.

SIGNS OF ILLNESS IN AN INFANT

Parents often feel unsure if their infant could be developing an illness. Here are some sings to look for when your baby is not acting like himself:

- Fever equal to or greater than 100.4 by rectum. If your baby is less than 6 weeks old with a fever of 100.4 or higher, call the office or answering service immediately.
- Vomiting (not just spitting up) more than one feeding in a day.
- Diarrhea – loose watery stools that are more frequent than usual.
- Refusal to eat for more than one feeding, decrease in the strong quality of the suck or falling asleep in the middle of successive feedings.

- Lethargy or listlessness--sudden and prolonged decrease in activity.
- Unusual skin rash.
- Fast breathing (over 70 times per minute) or difficulty breathing.
- Convulsions.
- Persistent irritability.

MEDICAL EXPENSES

Our policy is that for scheduled appointment visits including annual check-ups, routine newborn care and follow up visits, payment is expected at the time the services are rendered. It is preferable that sick visits and emergency visits be paid for at the time services are rendered, but we understand that this may not always be possible. Charges for all services will be freely discussed with you.

Hospitalization insurance is very important for your baby and your family. If you have not notified your insurance company of the baby's birth, please do so at this time. If you have no insurance, please do all you can to obtain some now.

ROUTINE CARE

A safeguard to see that your child is growing and developing normally is accomplished by routine check-ups. These are recommended at the following ages:

2 weeks	12 months
2 months	15 months
4 months	18 months
6 months	24 months
9 months	

Between two years and six years old a physical examination is recommended annually. Once your child reaches school age, a physical examination is recommended every other year.

IMMUNIZATIONS

Over the next few months, your baby will have a series of shots for protection from certain life threatening diseases. It is very important for you to keep up with your child's immunizations in order to protect him from serious infectious diseases. The Center for Disease Control recommended schedule is the most effective way to protect your baby from these serious and potentially fatal diseases.

These immunizations are safe and effective. We strongly recommend them to you. The following are the currently recommended immunizations:

- DTaP protects against Diphtheria, Pertussis (whooping cough) and Tetanus (lock jaw).
- TdaP is used in children who are older and protects against Pertussis, Tetanus and Diphtheria.
- IPV protects against polio.
- Rotavirus vaccine protects your baby against one of the common causes of vomiting and diarrhea causing dehydration.
- MMR protects against Measles, Mumps and Rubella.
- Hib vaccine (haemophilus influenza type b) protects against a certain type of bacteria that can cause meningitis, epiglottitis and pneumonia.
- HBV (hepatitis B vaccine) protects against a type of viral hepatitis (liver infection).
- The Varicella vaccine (VV) protects your baby against chicken pox
- Prevnar (PCV-7) protects against pneumococcus which may cause pneumonia and meningitis. It may also provide some protection against ear infections.
- Hepatitis A vaccine (HAV) protects against a type of viral hepatitis (liver infection).
- Menactra (MCV-4) protects against bacterial meningitis, an infection in the fluid around the brain.
- HPV protects against human papilloma virus, a sexually transmitted disease that causes cervical cancer.

Most of the immunizations cause very few side effects. We do not normally recommend giving Tylenol for any of the immunizations unless your baby seems fussier than usual following the shots. You should expect to see very little or no fever from any of the immunizations. The MMR may cause symptoms 1-2 weeks after the injection. These symptoms consist of slight irritability for 1-2 days, fever in the range of 101-102, a slight rash, slightly red eyes, decreased activity or a slight cough. Some babies develop a lump, area of redness or soreness at the spot where any of the injections are given. You may want to apply a warm, wet compress several times a day to the areas of the injections for a day or so following the injections.

You should call us if

Your baby has **EXTREME** irritability
Your baby is fretful or irritable for more than 48 hours
The fever persists for more than 48 hours
Your baby's fever is higher than 103

IMMUNIZATION SCHEDULE

Below is the usual immunization schedule. There are several combination injections available that may be used to reduce the number of injections required to administer the needed immunizations.

Birth-2 weeks	HBV
2 months	DTaP, Hib, IPV, HBV, PCV-7, Rotavirus
4 months	DTaP, Hib, IPV, PCV-7, Rotavirus
6 months	DTaP, Hib, PCV-7, Rotavirus
9 months	IPV
12 months	MMR, VV, HAV
15 months	HBV, Hib, PCV-7
18 months	DTaP, HAV
4 years	DTaP, IPV, MMR, VV
11-12 years	TdaP, MCV-4, HPV (girls)

PHILOSOPHY OF USE OF MEDICATIONS

Medications are useful in the treatment of an illness when they are used specifically and with an eye toward the benefit versus the risk of that particular medication. Viruses, such as the common cold or vomiting and diarrhea, are not affected by antibiotics and, therefore, if your child has what is presumed to be a viral infection, there will be no antibiotics prescribed. We would ask that you never begin your child on antibiotics until you have spoken with or have been seen by our staff. If your child is diagnosed with a bacterial infection and is given an antibiotic, take it exactly as directed and be sure to complete the full course prescribed. Cough and cold medications are not recommended.

BRINGING BABY HOME

PREPARATIONS FOR BABY

Going to the baby store can be an overwhelming, not to mention expensive, experience. Here are some practical guidelines as to what you may need for your newest family member.

CAR SEAT

Every baby must go home in an appropriately sized and tightly installed rear facing car seat. The safest place for your baby is in the center of the back seat. If this is not possible as some cars do not have enough room in the center, the back side is the next alternative. Never put a rear facing seat in the front seat of a car or truck with a passenger side air bag. Car seats involved in a major motor vehicle collision should be replaced due to the possibility of unseen damage or stress that may not withhold another collision. For this reason, you should not purchase a used car seat as you do not know if it is safe.

It is very difficult to properly install car seats—80% are installed incorrectly. Follow all instructions. If you would like to have your installation checked, which we would recommend, call 1-866 SEAT-CHECK or visit wwwseatcheck.org.

BEDDING

The bed should have a firm mattress—a baby does not care how fancy it looks or how much it costs. It may be a crib or a bassinet. If you choose a crib, be sure that the rails are close enough together that the baby's head will not get caught (3-3 1/2 inches). There should be sides around the mattress to keep him from falling off. Be sure that the mattress fits snuggly inside so he will not slip between the mattress and the side of the crib.

Pillows and other fluffy bedding such as comforters and stuffed animals should not be left in the crib.

NEWBORN DISCHARGE DAY INSTRUCTIONS

1) Feedings

a. For breast fed babies you should nurse your baby 3 to 5 minutes per side the first day, 5 to 8 minutes per side the second day, approximately 8 to 10 minutes per side the third day and 12 to 15 minutes per side the fourth day. You should nurse your baby approximately eight times per 24 hours, meaning about every three hours on the average. You may find your baby wanting to feed every two hours occasionally and as long as 4 or 5 hours between feedings occasionally. Do not let your baby go beyond 5 hours even at night without feeding for these first few weeks.

Your baby should have 5 to 6 wet diapers per day and at least two stools per day; this will tell you your baby is getting plenty of fluid and calories.

b. If your baby is bottle-fed please use the formula sent home with you from the hospital. Your baby should take approximately 1 to 2 ounces per feeding initially but should rapidly increase to 3 to 4 ounces per feeding by the end of ten to fourteen days of age. Your baby should be fed approximately every four hours even at night during the first few weeks. If after five hours or so your baby is still sleeping please wake him/her to be fed. Burping should be done at least every ½ once to 1 once.

2) Your baby should always sleep on his back.

3) If your baby looks increasingly yellow or golden after you go home please call us so that we may check a bilirubin.

4) Cord care is accomplished using alcohol wipes three or four times per day. Make sure that your baby's diaper is folded down so it does not irritate the cord or allow the cord to get wet with urine. The cord usually separates at approximately 10 to 14 days. After it has fallen off and is well healed for two days you may tub bathe.

5) Circumcision care – Your son's circumcision should be cleansed with water using a cotton ball or wash cloth to drip water over it. Be sure to apply A & D ointment or Vaseline to the circumcision site to prevent irritation from the diaper. This will heal within several days.

6) Please call the office to schedule a 2-3 day weight check and a 2 week check-up.

HOMECOMING

Bringing your new baby home is an exciting and sometimes overwhelming time. Following are some practical suggestions to help in this time of transition.

NURSERY

Your baby should come home from the hospital to a room of his own if possible. This room should be clean, well aired, not drafty and about 70-75 degrees.

VISITORS

Visitors and the number of people holding the baby should be limited during the first week. This is the best way to protect your baby from contagious diseases. Friends can look but not touch.

SLEEPING POSITION

Your newborn baby should be placed on his back to go to sleep. NEVER put your baby on his stomach to go to sleep. Back sleeping is the best and safest, significantly reducing the risk of SIDS. As your baby gets older and develops better head control, time on his stomach while awake is a good idea because this will help prevent flattening of the back of the head and encourage development and strength.

DRESSING YOUR BABY

You should dress your baby as you dress yourself. Layer the baby's clothes in cool weather and do not overdress the baby in hot weather. Keeping him too warm can be as harmful as letting him be too cold.

Buy flame retardant items that are easy to launder. Wash items before the baby wears them. Remember that babies grow quickly, so buy items big enough to last a while.

SCHEDULE

During the first several weeks, your baby will sleep the majority of the time. Awake times will consist of eating, periods of quiet wakefulness and periods of crying. Each baby is different and you will quickly get to know your baby and his or her schedule. You can work with your baby over time to develop a schedule that is acceptable to the entire family.

WHAT A CUTIE!

Every baby is beautiful and you will want to admire every aspect of this new creation. Here are some normal things you may notice about your new baby.

HEAD

The head may appear large in relation to the rest of the body. It may also have a peculiar shape right after birth. This is called molding and is due to the skull bones overlapping as the baby passes through the birth canal. This should return to normal in a few days. You may also be able to feel the sutures-the place where one bone meets the next-as a raised area on the head.

The soft spot (fontanelle) on the top of the baby's head is a place where the bones have not yet come together. It is natural for the soft spot to move up and down in rhythm with the heart beat or breathing. This will decrease in size and disappear by about 12-18 months.

EYES

Babies are occasionally cross-eyed. Eye balance is poor during the first few months of life so do not worry if your baby sometimes looks at you cross-eyed. If this continues past the third month of life or is persistent ask your doctor about it.

The color of the baby's eyes can change up to 6 months of age.

SKIN

The skin may vary in color from light pink to lobster red. It may also appear somewhat dry and cracked as the outer layer peels off within the first few weeks. Lotion will help but is not necessary.

Small white dots may be on the baby's face. These are called milia (or "milk bumps") and should disappear over several weeks. Small red dots on the skin are called miliaria (or "prickly heat") and only require that you do not over dress the baby. At approximately 1 month of age, many babies develop infant acne. This is normal and will go away in 1-2 weeks without treatment.

Smooth red birthmarks sometimes appear in the nape of the neck and over the eyes. These are called "stork bites" or "angel kisses". These marks over the eyes should fade away over the first

year of life. Sometimes when the baby cries these marks will become more red-this is normal.

Mongolian spots are dark bluish, bruised looking areas over the buttocks and back occurring in some infants. These have no medical significance and will go away as the baby gets older.

HAIR

A newborn may have long hair or no hair at all. Usually the first hair is lost. Frequently body hair (lanugo) is present at birth and will disappear with time.

FINGERNAILS

Fingernails may be quite long at birth. It is important to keep them clipped or covered to prevent the child from scratching himself. During the first week of life, the nails are usually attached to the skin and clipping can cause them to bleed. After this time, the nails can be clipped when the baby is asleep using a small sharp pair of scissors or fingernail clippers. Do not file or bite the nails off.

MOUTH

Small white "pearls" may be found inside the roof of the mouth. They are normal.

BREASTS

Breast enlargement in the newborn infant (both boys and girls) is often present for a few weeks. This is caused by hormones which stimulated the mother's breast to produce milk during the latter part of pregnancy. It may persist for several months. Sometimes a white discharge ("witches' milk") drains from the nipples. This is normal. Do not try to express the milk. If the breast turns red or appears inflamed, call your doctor.

GENITALIA

The female infant genitalia are often enlarged at birth due to hormones passed from the mother to the baby before birth. Sometimes there may be a white creamy vaginal discharge for a few days. This can be wiped away with cotton and warm water. Occasionally, a small amount of bleeding will be present from the vagina. This usually occurs around the seventh to tenth day of life.

This is not unusual unless the bleeding persists for several days and/or increases in amount.

For boys, the circumcision need not be bandaged. Vaseline applied to the area for the first few days will prevent the end of the penis from sticking to the diaper. As this area heals, it will normally appear yellowish then brown. If a plastic bell has been used, this usually falls off at about one week.

BELLY BUTTON

The umbilicus (belly button) will begin drying up and the cord will drop off by the seventh to fourteenth day. A small amount of bleeding normally occurs when the stump falls off and for a few days thereafter. Keep the cord exposed to air as much as possible and fold the diaper down in toward the skin in order to keep urine off of the stump. The stump (navel) should be cleaned twice a day with cotton and alcohol. Do not bandage, tape, or use a belly band over the belly button. If the area continues to drain or show signs of bleeding for more than two days, call your doctor for advice.

Sometimes babies have an umbilical hernia (or protrusion of the belly button) due to an opening in the muscles of the abdomen. Most of these go away on their own. Again, do not bandage, tape or use a belly band over the hernias since this will only cause irritation to the skin and will not make the hernia heal any more quickly.

LEGS

Occasionally, babies have bowed legs, so their feet may not look exactly straight to you. This is usually due to the position the baby was held in the uterus. The legs and feet will slowly straighten but may continue to look abnormal for a few months after the baby walks.

BEHAVIORS:

BREATHING

There are many normal variations in a newborn's breathing patterns. The rate may vary-it may be slow and then become very fast or even have short pauses.

SPITTING UP

Spitting up usually occurs shortly after a feeding, and may indicate over-feeding or lack of burping. If your baby spits up after routine burping, try holding him upright in your arms for about thirty minutes after meals. However, many babies spit up 1-2 tablespoons with almost every feeding or between feedings for the first several months; this is normal for infants.

Vigorous spitting – vomiting an entire feeding or vomiting over quite a distance of 2-3 feet- should warrant a call to your doctor if it happens more than occasionally (more than once a week).

BEHAVIOR & CRYING

No two infants are exactly alike, so do not compare your baby's behavior to that of a friend or even to a previous child. When your baby comes home, he will spend most of his time sleeping; the rest of the time, he will be eating or having brief periods of crying. Some babies are quiet and seem to fuss very little. Other babies seem active from the first day of life and demand a lot of attention. Neither extreme means that there is anything wrong with your child. All infants cry and should be expected to do so. Crying is the baby's first form of communication. By crying, he lets you know when he needs something. He may be hungry, thirsty, tired, uncomfortable, frustrated or just want his position to be changed. Some babies cry when they have bowel movements, some babies cry for no apparent reason. Many babies increase their crying time up to a peak at about 6 weeks of age.

Please avoid feeding your baby every time he cries. Often, a change of diaper, a new sleeping position, a pat on the back or a pacifier may be enough to satisfy his needs and quiet the baby. During a crying spell, try to handle your baby in a soothing, loving manner; rock him, cuddle him or speak softly to him. If the crying persists and does not respond to the usual tricks, check the baby for signs of illness.

Call your doctor if the baby is not consolable, extremely irritable, has a fever or refuses to eat normally.

If you feel like you are losing your patience or that you may harm your baby, please ask for help from a friend or family member in order to give yourself a break. If you have no one to call, please call our office. No matter how frustrated you get with your baby, **NEVER SHAKE YOUR BABY!** This can cause serious injury or death.

SNEEZING, YAWNING, BELCHING, HICCOUGHING

All babies sneeze, yawn, belch, hiccough, pass gas and cry. Sneezing and coughing are the baby's way of clearing his nose and throat – it usually does not mean he has a cold. Many babies sound congested; this is normal. Belching and hiccoughing after a feeding is normal and should not cause the baby discomfort.

BOWEL MOVEMENTS

Breast fed babies normally have four to eight yellow-greenish, semi-solid to liquid stools a day. Some babies, however, may have only one stool or even one every third day, and this may be normal. As long as the baby shows no discomfort, treatment is not necessary.

Formula fed babies usually have pale yellow, pasty stools about one to four times a day. Again, it may be normal for formula fed babies to have one stool every other day or every third day.

Babies often grunt, strain, or turn red or purple when having a bowel movement. This is usually normal, and if the stool is soft, this does not mean the baby is constipated. However, if your baby seems to have unusually hard stool, call your doctor for advice.

If your baby seems constipated, contact your doctor: DO NOT give your baby a laxative, suppository or enema. These can be very dangerous.

INFANT FEEDING

Whether you choose to breast feed or bottle feed your baby, this should be a special time for both of you. It is one of the baby's first pleasant experiences and should be very rewarding and pleasant for both parent and child.

BREAST FEEDING

Breast feeding is the most natural way of feeding your baby. We recommend it heartily. In general, almost any woman who wants to breast feed her baby can do so. If you do desire to breast feed and are having difficulties, please DON'T GIVE UP. Call our office and we can give you advice and support to continue.

It is quite rare for a mother to have insufficient milk. If you find you are having trouble breast feeding, we will try to help you overcome the problem. Please call our office if you have questions. Another excellent source is a lactation specialist. Each hospital has several nurses who specialize in helping mothers and babies with

nursing and are available to you even after you take your baby home. Call the hospital where your baby was born for a consult.

You are giving up to 1000 calories a day to your baby. You will be hungry and should eat a well balanced diet, and obey your appetite. This is not the time to crash diet.

You must also increase your fluid intake (water, juice, milk, etc) to include an extra quart of fluid each day. Most mothers find that it is easier to drink 6 to 8 ounces of liquid every time they breast feed. Three glasses of milk a day or the equivalent will replace the calcium you give to the baby.

If you breast feed, avoid all medications unless you consult your pediatrician.

Also avoid excessive use of alcohol, caffeine, caffeine containing beverages (Coke, tea, coffee).

Do not smoke cigarettes and breast feed.

Complex carbohydrates (pastas such as spaghetti, macaroni) are a good stimulant of breast milk.

TO GET STARTED

Find a comfortable position—most mothers prefer to sit in a comfortable chair with a foot stool or lie in the bed on one side. Choose a quiet place that is free of distractions for best results.

Hold the baby in one arm with the baby's head higher than the stomach. Turn the baby's entire body toward your body so that his stomach is against yours. Lift the breast with the opposite hand, holding, but not squeezing the breast between the index finger and middle finger. Push the breast to the baby's cheek; he will turn his mouth toward the nipple. As the baby presses the nipple, milk will spray into his mouth. This may cause him to gag at first. If so, pull away for a few seconds until the flow decreases and try again.

Make sure he has a good latch and has most of the areola (colored part) of the nipple in his mouth. If the baby sucks just the tip of the nipple, he will not get much milk and this will make the nipples very sore.

Have the baby nurse each breast for about two-three minutes each feeding on the first day. Gradually work up to ten to fifteen minutes on each breast. Alternate the breast you offer first at each feeding.

Burp the baby five minutes after he starts to feed and again when you switch to the other breast. Then burp him again five minutes after starting on the second breast. Burp again after the

entire feeding. You only need to burp for 1-2 minutes. You may find you don't need to burp this often.

To help prevent soreness of the nipples, break the suction by inserting your finger at the corner of the baby's mouth.

For best milk production, feed the baby every 2-4 hours, about 8-9 times per 24 hours, and express most of the milk from the full breasts at the end of each feeding. When the breast is full of milk all the time, production will decrease.

FEEDING SCHEDULE

1st day……3-5 minutes on each side
2nd day……...5-8 minutes on each side
3rd day……8-10 minutes on each side
Gradually increase to 15 minutes on each side

COLOSTRUM

During the first few days of breast feeding, the baby will get mostly colostrum. Colostrum is rich in proteins and immunoglobulins which offer the baby additional protection from certain illnesses as well as allergies.

There is no need to worry that your baby will starve before your milk comes in; babies have good nutritional stores in reserve when they are born. Consider the colostrum to be "learning milk". It allows your baby to learn to nurse and your body to have time to recover from labor and birth before making larger volumes of milk. The first day, about 3 Tablespoons will be produced—this is adequate. The second day, your supply will double and then the third or fourth day, the true milk will "come in" as your production increases. These small amounts are adequate, so don't worry!

ENGORGEMENT

When your milk supply begins to increase, you will likely have 1-2 days of uncomfortable engorgement. This usually occurs 3-4 days after your baby's birth. You should continue to nurse as you have been, but you may continue to feel full after your baby is finished nursing. If you are still uncomfortable, you can express or pump a small amount just to relieve the engorgement. Your body will adjust in 1-2 days and the discomfort and engorgement will go away.

BREAST CARE

Breasts and nipples should be washed at least once a day with warm soapy water. Clean each breast with clear water before feeding. After feeding, clean the breast with clear water and allow to air dry. This prevents irritation.

You can expect a small amount of milk to leak from the breasts between feedings. Nursing pads will prevent leakage onto clothing.

If your breasts become cracked or dry, use lanolin cream and expose them to the air. Breasts are usually sore at the beginning of each feeding especially during the first week. This will decrease over time. Any soreness that persists, or any local area of redness or soreness that is apparent for more than two feedings in a row should be reported to the doctor.

A supportive bra is essential. It should have good uplift and snaps that allow ready exposure of the breasts.

PUMPING BREAST MILK

For many women who plan to return to work, pumping is an excellent way to continue nursing and providing breast milk to their baby while they are away. Also, every mom needs a break, so an occasional bottle of breast milk may be needed as well.

If you plan to pump only rarely, a simple hand pump is usually adequate. If you will be pumping on a regular basis, an electric pump is a worthwhile investment. Pump in a quiet, calm place if possible. Make sure you store your pumped milk appropriately. It can be left at room temperature for 6 hours, refrigerated for 6 days or frozen for 6 months or more if stored in airtight containers in a deep freezer or in the back of a regular freezer (do not leave it in the door). These differ from formula due to natural antibacterial properties of human milk. Milk from two or more pumping sessions can be combined, but should be cooled to the same temperature before doing so.

When preparing a bottle from pumped milk, gently swirl—don't shake-- the milk to loosen the fat layer from the bottle. Heat under running water or in a bottle warmer or pan of warm water. Never microwave any milk for your baby. Do not rewarm an unfinished bottle.

Vitamin D is an essential vitamin for absorption of calcium and bone development. It's poorly represented in breast milk. It is recommended that exclusively breast fed babies or babies fed with

less than 16 oz. of formula supplements per day be given vitamin D. This can be given in the form of Tri-Vi-Sol drops, an over the counter vitamin supplement. Your baby should have one full dropper once per day (1 ml.).

FORMULA FEEDING

Infant formulas are made from cows' milk that has been specially treated so that the baby can digest it easily. These formulas are fortified with vitamins and iron. They come as ready to feed formulas, as a powder or as concentrate. Be sure to read the instructions on the label carefully and mix exactly as instructed. The concentrate is cheaper than the ready-to-feed formulas.

Use only the formula that your doctor recommends.

It does not matter if you use glass bottles or plastic nursers both are safe. There is some concern about BPA, an ingredient in some hard plastic bottles. It is prudent to avoid this until more is known about it's effects. These can be identified by a #7 on the bottom of the bottle. Many newer bottles are "BPA free".

Be sure to use clean bottles and nipples. If you use glass bottles, wash the bottle, nipple and lid in hot soapy water or put them in your dishwasher on the regular cycle. A bottle brush is sometimes necessary to remove all the debris from the rims. Force hot water through the nipples to be sure they are not clogged. It is better to let the bottles, lids and nipples drain dry than towel dry them.

Before opening the can of formula, rinse off the top of the can.

If you have well water, boil it for ten minutes prior to using it to mix the formula.

Once a can of formula is open, you may store it for up to 24 hours in the refrigerator. Do not use formula that has been standing open for more than 24 hours or from a can that has been left out of the refrigerator for a while. Do not use a bottle of formula for more than one feeding.

FEEDING SCHEDULE

We recommend a flexible feeding schedule in which the baby eats every 3-5 hours. Crying earlier than 3 hours usually suggests something other than hunger. Please do not fall into the trap of feeding your baby every time he cries!

HOW MUCH TO FEED THE BABY?

Babies usually breast feed for about fifteen minutes on each breast or bottle feed for 15-30 minutes. Thirty minutes is the maximum amount of time you should allow for a feeding. Below is a guide to the amount of formula your baby needs:

Age	Number feedings/day	Formula/ feeding
0-1 mos	6-7	2 ½ - 4 oz
3 mos	4-6	4-6 oz
4 mos	4-5	5-6 oz
5 mos	4-5	5-6 oz
6-9 mos	4	6 oz
10-12 mos	3	8 oz

If he consistently empties his bottle at each feeding and cries for more, increase the feeding by one ounce

In general, no infant should get more than one can of formula in 24 hours (this is about 24 ounces) in the first 1-2 months or 32 ounces at 2-4 months. By 4 months he should be back to 24-26 ounces.

A baby does not have to finish each bottle, but if your baby consistently refuses to eat normally or falls asleep in the middle of a feeding more than twice in a row, call your doctor as this may be a sign of illness.

ADDITIONAL NOTES ON FEEDING

Honey should be avoided until after 1 year of age because it may contain botulism toxin. Formula does not have to be warmed; it can be given at room temperature or at refrigerator temperature. Cold milk will not harm the baby in any way. If you want to warm the formula be sure to test on your arm before letting the baby drink it.

Never warm milk or formula using a microwave.

Never prop the baby's bottle during a feeding. Always hold him in your arms when you feed him.

DO NOT put your baby to bed with a bottle or nurse continuously overnight—this can cause severe tooth decay and cavities.

PACIFIERS

Most infants have a strong sucking reflex. A pacifier to suck between feedings will satisfy this reflex.

WHEN TO ADD SOLIDS

The tendency in most mothers is to want to add solids too early. The current thinking in the medical community is that babies need nothing besides fortified formula or breast milk until five or six months.

Do not give any cereal or other solid foods before six months of age unless you have specific instructions to do so.

Each infant's pattern is different. Please try not to add foods too early. You will know it is time for more when the baby consistently sucks dry his bottle and is not satisfied, begins to wake earlier than every 3-4 hours, stops sleeping through the night or consistently exceeds 32 ounces of formula in 24 hours. Do not add solids until the baby gives the sign that it is time.

Add one new food at a time and then wait 5-7 days. If no rash, diarrhea or runny nose develops, you may add another. This way you will be able to tell if the baby is not going to tolerate a certain food.

Desserts, candies, cookies and soft drinks are not good for babies and should be avoided.

Never add seasonings to your baby's foods (salt, sugar)

At about 7-9 months, table and finger foods should be introduced even if there are no or few teeth. By 12 months of age, babies should be entirely on table foods and should be feeding themselves mostly with their fingers.

Below is a general guide for when to add foods:

6 months

~Juices -clear juices are O.K. but not necessary
Avoid Hi-C, Hawaiian Punch and other artificial juices. Juices should be given only by cup and not by bottle. Servings should be limited to 1-2 cups (4-6 oz each) per day.

~Cereal-rice cereal is usually tolerated best (1-2 tablespoons morning and evening mixed with formula or breast milk until forming a soupy mixture. Feed cereal with a spoon. Do not feed cereal in a bottle). DO NOT PUT SUGAR OR HONEY IN CEREAL.

~Fruits- apricots, applesauce and pears. Begin by offering one teaspoon and gradually increase this amount to three tablespoons/day. It may be mixed with rice cereal.

7 months
~Yellow vegetables-squash, carrots; all fruits and cereals; cottage cheese; yogurt
~Green vegetables-spinach, green beans and green peas. Begin vegetables with one teaspoon working slowly up to three tablespoons/day.
8-9 months
~Egg yolks
~Meats- begin with white meats (turkey, chicken); then use dark meats (beef, liver, lamb)
~Realize that meat dinners and meat and vegetable dinners do not have as much protein as meats alone. The "meat with vegetables" dinners have more meat that the "vegetable with meat" dinners.
12 months
~Whole milk
~By this time your baby should be off a bottle and on a cup completely.

BATHING THE BABY

Bath time can be an enjoyable time for both you and your baby. Until the navel is healed, only sponge bathing should be used. Try to bathe the baby at the same time each day. The routine is nice for both of you. If your baby's skin is excessively dry, you may not want to bathe your baby more than every 2-3 days in order to avoid excessive drying. Have all of your supplies together in one place and within easy reach. Some mothers prefer to make a bath tray. The room temperature during bathing should be about 75 degrees and the room should be free of drafts. Fill the tub with about 2-3 inches of water. Check the water temperature with your hand or arm before using it on the baby.

Wash the face first with plain water (no soap). Clean the eyes with cotton balls dipped in cool water without soap. Clean the outer areas of the nose and ears with a soft sponge or corner of a washcloth. Do not attempt to clean nostrils or ear canals with q-tips or cotton swabs. This can do more harm than good.

The head should be gently lathered with soap and washed from the front to the back to avoid getting soap in the eyes. You can use a soft toothbrush or fingernail brush if the child has cradle cap. Don't forget to scrub the soft spot. You may use soap or baby shampoo. Shampooing is not necessary more often than every 3-4 days. Wash the rest of the baby's body with warm soapy water paying careful attention to the skin folds around the neck, arms and groin. Rinse well with warm water and pat dry with a soft towel or receiving blanket. Do not use baby oil as this can cause rashes. Baby lotion can be used but is usually not necessary.

NEVER TAKE YOUR HANDS OFF THE BABY DURING THE BATH OR LEAVE THE BABY UNATTENDED IN HIS TUB.

DIAPER CHANGING

Between baths, the diaper area should be cleaned as soon as possible after each stool or wetting. You should wash the diaper area at each diaper change with soap, water and a soft cloth or a baby wipe. When cleaning little girls, remember to wipe away from the vagina (from front to back) and when cleaning little boys, be sure to clean material from the folds of the scrotum.

If a rash begins to develop, use a cream such as Vaseline, Desitin or A&D Ointment. If this does not clear the rash within 2-3 days, call your doctor.

SPECIAL TOPICS - LISTED ALPHABETICALLY

CHILD REARING AND DISCIPLINE

There is a verse in the Bible which states that "children are like arrows"; the idea is that, just as an arrow needs to be directed to a target, so a child needs to be directed to those things which the parents believe are important for their children to attain. The highest goal any parent can have for his or her child is that the child learn to love and obey God and come into personal knowledge of God through his Son, Jesus Christ. Other goals which are important might include such things as the child excelling in school, sports, music, etc., and, in general, having a happy and fulfilling childhood; ultimate goals should include those things which accompany a fulfilling and productive adulthood.

The direction the child takes is in large part the responsibility of the parents, and therefore, child rearing is a very important area to consider. The rearing of a child must occur in a loving environment; this love must be as much as is possible an unselfish love. This love may be further broken down into nurturing and discipline. Nurturing refers to the parents' caring for the child's physical, emotional, spiritual and social well being. Discipline refers to the necessity that certain restrictions be placed on a child for his own good and safety, and that when these limits are violated, the child is swiftly and clearly shown that he has done wrong. A common mistake made today is that parents allow their children to be disobedient or rebel against the parents' authority. It is essential that parents set realistic demands upon their children and then require that their children live within these limits. To repeat, discipline is one large aspect of love. A parent who truly loves his child will discipline his child, and will do it, not out of anger, but in a loving and firm manner.

There are several good books on child rearing. We would recommend most highly Dare to Discipline, by Dr. James Dobson. He has several other books such as The Strong Willed Child which would be very useful to you but this is a good starting point. Dr. Dobson also has an excellent radio program, Focus on the Family, which airs locally on two stations:

WLPE 91.7 FM each Monday through Friday at 8:00am and 7:00pm
WAFJ 88.3 each Monday through Friday 8:00 pm.

Visit the Focus on the Family website at www.focusonthefamily.com

A second book that is highly recommended is Shepherding a Child's Heart by Tedd Tripp. It is available from Shepherd Press and can be found at most Christian bookstores or may be ordered by calling 1-800-338-1445.

COLDS

Colds, or upper respiratory infections (URI) are one of the most common and contagious reasons of illness in infants and young children. They are caused by viral infections and do not need treatment with antibiotics. They usually last 7-14 days.

If your child has a stopped up nose, you may want to use saline nose drops. You can make these by adding ½ teaspoon of table salt to 1 cup of boiled water. After the solution has come to room temperature, put one drop in each nostril then suck with the 1 ounce rubber syringe (suction bulb). Do this before each feeding and at bed time. This will make it easier for the child to breathe.

Cough and cold medications not recommended.

COLDS--COMPLICATIONS

As discussed above, the vast majority of colds are benign and will go away without any difficulties. Rarely, a complication can arise. If you see any of the following signs, please bring your child in to be seen.

•Pneumonia-cough producing a lot of mucous; pain on breathing; high temperature; shortness of breath; rapid or labored breathing.
•Ear infection-plugged or painful ears or pulling at the ears in young children with fever. However, many babies pull and play with their ears when they do not have ear infections.
•Sinusitis-tenderness and pain above or below the eye or puffiness around the eyes in infants.

If your child develops a fever several days after he has a cold, he will probably need to be checked by the doctor.

COLIC

The term colic is an often misused term to describe any type of irritability or crying in the young infant. Remember, all babies will cry and normal crying usually peaks at about 6 weeks of age.

Typically, colic is a combination of symptoms which is quite characteristic. It usually has a rather sudden onset of a loud continuous cry; the knees are frequently drawn up to the abdomen and the fists are clenched tight. There is no apparent reason for the

crying e.g. no dirty diaper, the infant is not hungry or uncomfortable. The episodes may last from fifteen minutes to several hours and usually occur in late afternoon or early evening, often daily, but can occur at any time of the day or night. They usually end with exhaustion or passage of stool or gas. Colic is generally not present until a child is about three weeks of age and is rarely seen after four months of age.

Although the actual cause is not understood, it may be associated with overfeeding or certain environmental factors. It occurs frequently in first born children. Allergies (to formula or otherwise) rarely play a role. Fortunately for the parent and child, there are no lasting effects and the problem will gradually disappear with time.

A number of remedies have been suggested. These include: frequent burping, formula changes and sedation. However, the first two do not usually work and the last is potentially dangerous. Recently, there have been several over-the-counter products claiming to be colic treatments. As none of these have had any testing or regulation, we do not recommend their use. Application of warmth to the abdomen and rhythmic rocking may soothe the child. DO NOT change the baby's formula or give any medication without consulting your physician.

If your baby has colic, please make an appointment to bring him in so we can rule out any physical causes.

DENTAL CARE

Care of your child's teeth is a process that should begin actively soon after birth even before your child has any visible teeth. Breast feeding is best for the development of teeth, facial bones and the muscles of chewing and sucking. If you are bottle feeding, it is best to feed your baby in a semi-upright position and to use a nipple which makes your baby work a little for the formula. Never allow your baby to use the bottle as a pacifier; never give your baby his bottle while he is in his bed. Begin using a cup as soon as your baby can use it ("sippie cup" type); this will occur sometime in the six to twelve months age range. Never sweeten your baby's pacifier with honey, sugar, etc.

Cleansing of your baby's mouth should be started at approximately 2 months of age by simply wiping both upper and lower gums each day with a damp washcloth or a 2x2 inch piece of damp gauze. By doing this the gums will be healthier and teething

will be much less painful or even painless. This cleansing process will be continued until about 12 months of age. When the first tooth comes in at about 6 months of age, the gum cleansing may be stopped, but brushing needs to be continued and soon should be done twice a day-once after the early morning meal and once before bedtime. Unless it is advised by your child's pediatrician or pediatric dentist, do not use fluoride containing toothpaste until age 2-3 or until your child is able to spit it out. By age 2, the child can begin brushing himself, but you will need to follow him with your own round of brushing in order to assure quality and thoroughness.

Daily dental flossing should be added to the routine at about 5 years of age. Especially important areas to floss are the areas between the back two teeth of each jaw.

The first visit to the dentist should be at about 1-2 years old.

Fluoride supplementation is essential to the health of your child's teeth, and this will be prescribed as needed. If you are using well water, your child may need some fluoride supplements in his vitamins; city water is usually fluoridated.

The keys to healthy teeth are:

1. Good hygiene(brushing, flossing, cleansing)
2. Small intake of sugar (sucrose)-especially candies, cookies, sugar coated cereal, etc. (If these must be eaten a good rule is to brush well after each time; a better idea is to substitute carrots, celery, bell pepper strips, etc., for sugary snacks)
3. Limit juices to 4-6 ounces per day and do not allow a child to carry a cup of juice around and sip on it all day.
4. No bottles or cups in bed. Wean from bottle by 12 months of age.
5. Use of fluoridated water and toothpaste. Fluoride vitamins only if instructed to do so by your pediatrician or pediatric dentist.
6. Early intervention and good follow up by your dentist.

FEAR OF THE DOCTOR

A child is not born afraid of doctors any more than he is born afraid of anything else. Fear is a learned attitude. For some children, fear of the doctor is due to his association with injections. This is often too greatly emphasized by inappropriate remarks by parents and others.

A visit to the doctor should be regarded as a matter of fact experience without bribery, threats or false assurances. Preparing the child with stories or books about his visit to the doctor may be very helpful in explaining to the child what is likely to happen in the doctor's office. These story books are available in bookstores or at your local library.

When a child understands that a stethoscope is like a telephone and that its placement on the child's chest should not bother him, he will not be afraid. When he understands that a thermometer is not a shot and that an otoscope (ear light) is just like a flashlight (used for looking in the ears), the fears of uncertainties can be removed. It is important that you practice things with your child before you bring him to the doctor.

The child should never be threatened with a shot if he is naughty or cries, or for any other reason. Likewise, he should never be promised that he will not be given a shot or that a procedure will not hurt. We try to be honest with children in telling them if something is going to hurt.

If a child does receive a needed injection, a parent should not laugh at him. It is probably best for other children to wait in the waiting room during the injection. A child can be expected to cry after an injection and this should be regarded as a natural response. A little love and assurance followed by a quick change of the subject after the injection are better than saying the doctor is mean or the nurse is bad.

Even with the best of handling, many children object to being examined between about 9 months and 4 years of age.

FEVER:

DEFINITION

Fever is defined as a rectal temperature of 100.4 or greater and is one of the most common problems parents present to the doctor. Fever is the body's defense mechanism against infection or inflammation.

It is important to know when and how to regulate a sick child's temperature. Keep a digital thermometer in your home to measure the temperature in a sick child. Guessing at a temperature by feeling or looking is not satisfactory and the unnecessary use of acetaminophen (Tylenol) is not wise. If you are unsure how to take a temperature, one of the office staff will be glad to teach you.

When the fever is 102 or greater, it is wise to give carefully regulated amounts of medication. Usually a child does not feel bad from fever alone until his fever is at least 102.

As the child's temperature goes up, so does his fluid requirement. All children with fever should be given increased amounts of fluids. Infants can be given extra feedings of Pedialyte or juices. Older children can take Pedialyte, juices or Gatorade.

Do not overdress a child with fever. This will only cause his fever to go higher. He should be in the very minimum amount of clothes, e.g. just a diaper.

Never give aspirin to a child.

TREATMENT

Acetaminophen or ibuprofen are the recommended drugs of choice for fever in children and adolescents. NEVER USE ASPIRIN. Ibuprofen should not be used in babies under 6 months old. Follow package instructions for dosing.

Acetaminophen in over dosage can be fatal, so please keep all preparations out of your child's reach.

Alternating acetaminophen and ibuprofen is not recommended.

HOW TO TAKE A RECTAL TEMPERATURE

If you think your infant is ill, an accurate temperature is essential. Use a digital thermometer—mercury thermometers should be discarded and ear thermometers are not reliable. Our staff will be glad to discuss or demonstrate the following with you

1. Turn the thermometer on.
2. Coat the bulb with petroleum jelly or cold cream.
3. Remove the baby's diaper.
4. Place the baby on his stomach
5. Hold the baby to keep him from wiggling.
6. Spread the cheeks of the buttocks.
7. Gently insert the end of the thermometer into the rectum. The baby will normally push against it. Wait until he relaxes and the thermometer will slip in on its own.
8. The thermometer should go in about an inch.
9. Hold the thermometer in place for two to three minutes or until the temperature stops rising and beeps. Never let go of the thermometer.
10. Read the thermometer scale.
11. Clean the thermometer with alcohol.

FEAR OF FEVER

Many people are frightened by high fevers in children. In general, the height of the fever does not reflect seriousness of diseases. Many times viral infections will cause much higher fever than more severe bacterial infections. Children typically run much higher fevers than adults. The two things which most people are concerned about with high fevers are:

- seizures
- brain damage

Approximately four percent of children have seizures resulting from fevers - called febrile seizures. Seeing your child have a seizure-even a short one-is of course a scary experience. However, these types of seizures are usually not harmful and do not lead to future epilepsy. They are not preventable.

Fever does not cause brain damage until it gets up to at least 107 or 108. Many children typically run 104 to 105 fever with routine viral infections. Acetaminophen usually will not lower the fever to a normal temperature range but should lower it to a 102-103 range.

The main key to a child's fever is really how the child behaves and acts. Usually fever itself makes a child feel bad. If the fever comes down and the child seems to perk up, then you can usually be assured that there is nothing seriously wrong with your child. However, if your child becomes more and more lethargic or irritable, then you should call immediately. If the child is given acetaminophen and the temperature does not come down to the 102-103 range after 30 minutes, then you should place him in lukewarm water in the bathtub. He should soak in the lukewarm water for approximately ten to fifteen minutes and you should sponge him from the head down during that time. Do not place him in cold water and do not use alcohol to bring the fever down. Do not use an ice water enema. If your child begins to shiver while in the bathtub, remove him from the tub; shivering will cause a fever to go back up. It is important to realize that sponging in lukewarm water will not be effective unless the child has had acetaminophen in his system for approximately forty-five minutes to one hour. Do not place your child in a lukewarm bath if he does not have any acetaminophen in his system.

POISONING OR ACCIDENTAL INGESTION

From the time your child begins to crawl until several years thereafter, he or she will be at high risk for ingesting some form of poison or plant. There are two things that you can do to make this less possible or, at least, to minimize the effects.

The first, and most important thing, is to keep all medications, chemicals (such as paints, varnishes, cleaning material, furniture polish, etc.), and poisonous plants out of your child's reach. These items should be stored in a place which is high above your child's reach or behind locked doors or child-proof cabinet doors. Remember, this applies to grandparents and other homes frequently visited.

The second item of importance is that you should have the phone number of the Augusta Poison Control Center taped on your telephone. If your child ingests a chemical, medication or plant, call immediately for advice. The Poison Control Center is part of a national network of Poison Control Centers and will have the best information available to you. The number is **1-800-222-1222**.

In the past, Syrup of Ipecac was recommended in order to induce vomiting in the case of an ingestion. Currently, this is NOT recommended and should not be given as some substances can be harmful when vomited and it may interfere with other needed treatments. Therefore, if you have a supply, you should discard it.

SAFETY

A major cause of death in young children and babies is accidents. Here are some common areas that need to be addressed to make your home safe for your children.

•Be sure that the rails on the baby's crib are close enough together (3-3 1/2 inches) so that the baby's head and body can't slip or get stuck.
•Always keep the side rail up on his crib and never leave him alone on a table top, bed or chair to prevent falls. Always keep at least one hand on your baby while changing him; do not take your eyes off of him. Babies roll or flip suddenly.
•Check his bath water to make sure it will not scald him and always hold him while bathing him. You should set your hot water heater less than 120 degrees Fahrenheit.
•Be alert to any windows through which or stairs down which your baby could fall. Use appropriate safeguards—childproof gates or window guards.

•Buy a safety tested car seat. Your baby is safest in the Children should face the rear of the vehicle until they are at least 1 year of age **and** weigh at least 20 lb to decrease the risk of cervical spine injury in the event of a crash. Infants who weigh 20 lb before 1 year of age should ride rear facing in a convertible seat or infant seat approved for higher weights until at least 1 year of age. If a car safety seat accommodates children rear facing to higher weights, for optimal protection, the child should remain rear facing until reaching the maximum weight for the car safety seat, as long as the top of the head is below the top of the seat back. Studies show that children are safest by far in a rear facing car seat until age 2 years. From that point, your child should ride in a forward facing car seat and progress to a booster. Only when your child is at least 4' 9" inches tall and able to wear a belt that fits properly over the lap and shoulder should he graduate to a seat belt. Your child should not sit in the front seat until age 13.
•Be careful not to leave him with a brother or sister because they may harm the baby without realizing it.
•It is important that the furniture and toys you buy for the baby be safe. When selecting toys, be sure that the baby cannot break them and check to see that small objects such as button eyes cannot fall off. The baby might swallow them and choke.
•Never use a microwave to heat your baby's bottle.
•Avoid popcorn and peanuts until the child's sixth birthday. These can be sucked into the lungs.
•Never let your baby or child sleep in bed with you. This is dangerous.
•Buy safety plugs for electrical outlets when your baby is about six months old.
•Remember that some house plants are poisonous (for example, poinsettia, Dieffenbachia or dumb cane and philodendron).
•Install smoke alarms in your baby's room and in other strategic places in the house.
•Always keep firearms locked away and unloaded.
•Never use a walker. They can result in severe head injuries from falls down stairs or when babies pull heavy objects from tables.

SIDS

A fear of most new parents, SIDS (Sudden Infant Death Syndrome or Crib Death) is a somewhat preventable disorder. Much research has been done to determine the cause of this tragic problem.

No one cause has been found, but several associations have been made and you can decrease the chance of SIDS by
•always put your baby to sleep on his or her back-this one intervention has the most dramatic effect
•do not smoke
•do not place the baby's crib near air vents or drafts
•do not put soft bedding (pillow or comforter, etc) or stuffed animals in your baby's crib
•use a firm mattress in the crib

Again, we are delighted to walk with you through this exciting stage of your lives. We are here to help you in any way we can. Please don't ever hesitate to ask any question or voice any concern. We want you to be a confident parent and to know we are always here when you need us. Congratulations… now the fun begins…….!

NORMAL DEVELOPMENT OF CHILDREN

Each child is different and special in his or her own way. You will find unique traits for each of your children. There are, however, developmental milestones that most children follow. Some may vary, but this list provides estimates of changes and developments you will likely see. You can use these to prepare for the next phase of your adventure with your child.

Birth-One month

1. Moro reflex (spontaneous startle with arms out quickly & in slowly to midline) present
2. Vigorous sucking reflex present
3. Lying prone (face down); lifts head briefly
4. Lying prone; makes crawling movements with legs
5. Held in sitting position; back is rounded, head held up momentarily
6. Hands tightly fisted
7. Reflex grasp of object with palm
8. Startled by sound; quieted by voice
9. Ringing bell produces decrease of activity
10. May follow object with eyes to midline

Two months

1. Kicks vigorously
2. Energetic arm movements
3. Vigorous head turning
4. Ventral suspension (prone); no head drop
5. Held in sitting position; head erect but bobs
6. Hand goes to mouth
7. Hands often open (not clenched)
8. Head and eyes turn toward sound
9. Listens to bell ringing
10. Cooing
11. Smiles back when talked to
12. Follows object past midline
13. Alert expression

Three months

1. Lying prone; holds head up 90 degrees
2. Lifts head when lying on back (supine)
3. Hold hands together
4. Sucks fingers, inspects fingers
5. Reaches for but misses objects
6. Holds toy with active grasp when put into hand
7. Pulls at his clothes
8. Rolls side to back
9. Rolls object (toy) side to side (and 180 degrees)
10. Looks predominantly at examiner
11. Glances at toy when put into hand
12. Recognizes mother and bottle
13. Smiles spontaneously
14. Cooing, chuckling, squealing, grunting, especially when talked to
15. Moro reflex begins to disappear
16. Grasp reflex nearly gone

Four months

1. Sits when well supported
2. No head lag when pulled to sitting position
3. Turns head at sound of voice
4. Lifts head (in supine position) in effort to sit
5. Supports weight on forearms when prone
6. Lifts head and chest when prone

7. Held erect; pushes feet against table
8. Grasps rattle
9. Plays with own fingers
10. Reaches for object in front of him with both hands
11. Transfers objects from hand to hand
12. Pulls dress over face
13. Smiles at people

Five months

1. Moro reflex gone
2. Rolls supine (back to front)
3. Rolls side to side
4. No head lag when held by hands and pulled to sitting position
5. Full head control when sitting
6. Grasps dangling object
7. Reaches for toy with both hands
8. Scratches on table top
9. Pushes chest off table when prone
10. Smiles at mirror image
11. Jabbers, squeals with high voice
12. Regards toy in hand
13. Recognizes familiar voices

Six months

1. Supine; lifts head spontaneously
2. Bounces on feet when held standing
3. Sits briefly (tripod fashion)
4. Rolls front to back (6-7 months)
5. Grasps foot
6. Grasps cube with palm
7. Holds one cube in each hand
8. Puts cube in mouth
9. Re-secures dropped cube
10. Transfers cube from hand to hand
11. Shakes rattle
12. Bangs spoon on table
13. Turns head to bell
14. Conscious of strange sights and persons
15. Consistent regard of object and person
16. Makes four different sounds

17. Vocalizes at mirror image
18. Localizes source of sound (bell, voice)
19. Laughs out loud

Eight months

1. Sits alone
2. Early stepping movements
3. Tries to crawl
4. Leans forward to get an object
5. Works to get toy out of reach
6. Scoops pellet
7. Rings bell purposively
8. Drinks from cup
9. Looks for fallen object
10. Bites and chews toys
11. Pats mirror image
12. Two-syllable babble
13. Vocalizes: (for instance) day-ma-ka-ah-oh
14. Responds when called

Ten months

1. Sits steadily (long time)
2. Pulls up to feet (on bed railing)
3. Plays “pat-a-cake”, “peek-a-boo”
4. Waves bye-bye
5. Uses handle to lift cup
6. Will release a toy (crudely)
7. Feeds self crackers
8. Picks up pellet with finger and thumb
9. Bangs toys together
10. Removes cube from cup
11. Drops one cube to get another
12. Extends toy to a person
13. Holds own bottle
14. Turns around when left on floor
15. Crawls on hands and knees
16. Walks when held
17. Listens to conversations
18. Shouts for attention
19. Vocalizes “mama”, “dada”
20. Responds to name

One year

1. Walks when lead
2. Stand alone (or with support)
3. Creeps on hands and knees
4. Grasps two cubes in one hand
5. Holds cup to drink
6. Gives toy on request
7. Cooperates with dressing
8. Plays with cup, spoon, saucers
9. Points with index finger
10. Pokes finger (into stethoscope) to explore
11. Secures small object (raisin) with pincer grasp
12. Releases to into your hand
13. Tries to take cube out of a box
14. Unwraps a cube
15. Holds crayon
16. Tries to imitate scribble
17. Reacts to music
18. Says three words
19. Babbles to self when alone
20. Understands simple commands

Fifteen months

1. Stand alone
2. Creeps upstairs
3. Walks few steps – starts and stops
4. Gets off floor and walks alone
5. Uses spoon but spills
6. Tilts cup to drink
7. Puts pellet in bottle
8. Builds tower of two cubes
9. Drops cube into cup
10. Helps turn page in book, pats picture
11. Helps pull off clothes
12. Indicates wants by pointing
13. Shows or offers toy
14. Imitates scribble
15. Speaks four to six words, uses jargon

Eighteen months

1. Walks without falling
2. Runs (stiffly)
3. Walks upstairs- one hand held
4. Climbs into chair
5. Walks backward
6. Pulls string toy
7. Hurls ball
8. Turns pages
9. builds tower of 3-4 cubes
10. Puts ten cubes into cup
11. Points to and names pictures
12. Points to indicate what he wants
13. Points to nose, eyes, hair
14. Feeds self (with spilling)
15. Carries or hugs a doll
16. Takes off shoes and socks
17. Scribbles spontaneously
18. Imitates vertical stroke on paper
19. Says 5-10 words
20. Can say "hello" and "thank you"
21. carries out two directions (one at a time), for instance: "get the ball from the table" – "give the ball to mommy"

Twenty-one months

1. Jumps and runs well
2. Walks downstairs-one hand held
3. Squats while playing
4. Kicks large ball (when demonstrated)
5. Builds tower of five to six cubes
6. Uses spoon well
7. Pours water from one cup into another
8. Pulls person to show something
9. Folds paper once when shown
10. Takes three directions (one at a time), for instance: "take ball from table" – "give the ball to mommy" – "put ball on floor"
11. Speaks 15-20 words
12. Combines two to three words
13. Asks for food, drink
14. Echoes two or more words

Two years

1. Says simple phrases
2. Uses "I", "me", "you"
3. Repeats two digits (after few trials)
4. Distinguishes "in" and "under"
5. Refers to self by name
6. Knows four body parts
7. Asks for things at table by name
8. Points to 7-10 pictures
9. Builds 5-6 cube tower
10. Cuts with scissors
11. Removes wrapping from candy
12. Claps hands
13. Runs without falling
14. Goes up and down stairs alone
15. Kicks large ball
16. Imitates circular strokes
17. Pulls on simple garment
18. Opens door
19. turns pages in book, singly
20. Throws ball into a box

Two and One Half Years

1. Refers to self by pronoun (rather than name)
2. Walks on tiptoes
3. Jumps with both feet
4. Tries standing on one foot
5. Pushes toy with good steering
6. Helps put things away
7. Can carry breakable objects
8. Builds tower of eight cubes
9. Holds crayon by fingers
10. Identifies 5-7 pictures
11. Names objects (key, penny, watch)

Three Years

1. Names three or more objects in a picture
2. Repeats six syllables (for instance "I have a little dog")
3. Repeats three digits (several trials)
4. Gives sex ("Are you a boy or a girl?")
5. Gives full name

6. Knows a few rhymes
7. Gives appropriate answers to "What: swims – flies – shoots – boils – bites – melts?"
8. Comprehends concepts, such as "cold," "tired," "hungry"
9. Understands taking turns
10. Copies a circle
11. Can put on shoes
12. Alternates feet going upstairs
13. Jumps from bottom stair
14. Rides a tricycle
15. Stands on one foot for a moment
16. Puts ten pellets into bottle in thirty seconds
17. Feeds self with little spills
18. Pours from a pitcher
19. Can undo two buttons
20. Builds three block pyramid

Four years

1. Counts four pennies
2. Comprehends: "What do you do if: you are hungry, sleepy, cold?"
3. Repeats ten word sentences
4. Repeats four digits
5. Counts three objects, pointing correctly
6. Copies a cross
7. Compares lines "Which is longer?"
8. Completes three-piece puzzle in 45 seconds
9. Draws a man with two parts
10. Stands on one foot for four to eight seconds
11. Folds paper three times
12. Brushes teeth, washes hands and face
13. Dresses and undresses self (supervised)
14. Laces shoes
15. Cooperates with other children in play
16. Knows at least one color
17. Can select heavier from lighter objects

Five years

1. Copies a square
2. Knows age ("how old are you?")
3. Performs three tasks (with one command); for instance: "Put pen on table – close door – bring me the ball."
4. Knows four colors
5. Defines use for: "fork – horse – key – pencil, etc."
6. Skips, using feet alternately
7. Stands on one foot for seven to eight seconds
8. Draws man with at least six parts ; (for instance: head, arms, legs, eyes, etc.)
9. Counts twelve objects correctly
10. Counts number of fingers correctly
11. Names nickel, dime, penny
12. Dresses self without assistance
13. Prints few letters
14. Comments on pictures
15. Asks meanings of words
16. Can pronounce correctly; "T –D –N –G –K –Y."
17. Builds six block pyramid
18. Knows days of week
19. Transports things in a wagon
20. Plays with coloring set, construction toys, puzzles, jump rope, skates
21. Participates well in group play

REFERENCES

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4. Caring for Your Baby and Young Child, Birth to age 5, by Stephen Shelov, Boston Press.

5. Shepherding a Child's Heart, Tedd Tripp. Shepherd Press, 1-800-338-1445.

6. The Complete Book of Baby and Child Care by Focus on the Family's Physicians Resource Council, obtained at most Christian bookstores or by phoning Focus on the Family at 1-800-232-6459.

7. New Mother's Guide to Breastfeeding This is an excellent source of breastfeeding information published by the American Academy of Pediatrics.

The Augusta Pediatric Associates, P.C. website: www.augustapediatrics.com

The American Academy of Pediatrics website: www.aap.org

NOTES

ALLERGIC REACTIONS:

CHILDHOOD DISEASES (and dates:)

Augusta Pediatric Associates, PC

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