



**BlueRidge
Pediatrics**

Main Office - Raleigh Location
3124 Blue Ridge Road, Suite 102
Raleigh, North Carolina 27612
Office Number: (919) 782-0021

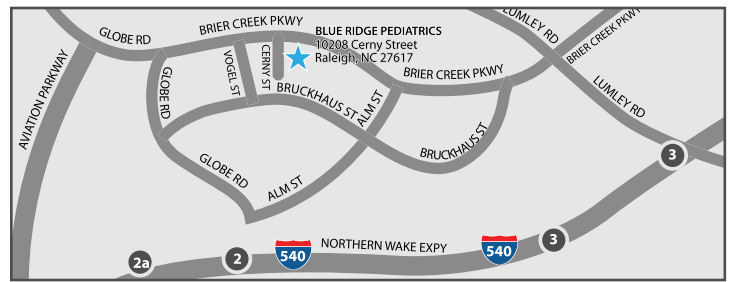
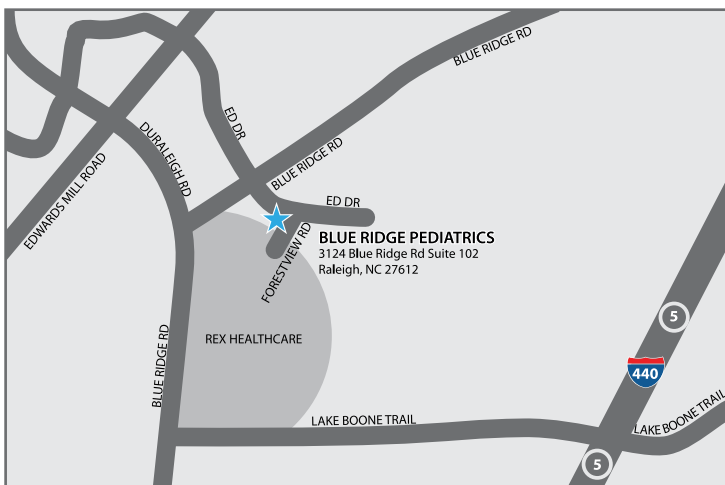
NEW Brier Creek Location
10208 Cerny Street, Suite 104
Raleigh, North Carolina 27617
Office Number: (919) 226-0662

NEWBORN CARE



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Courtesy of Blue Ridge Pediatrics

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3124 Blue Ridge Road
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Office Number: **782-0021**

“INSTRUCTIONS FOR THE CARE OF YOUR BABY”

BABY _____

DATE _____ **TIME OF DELIVERY** _____

BIRTH WEIGHT _____ **LENGTH** _____

HEAD CIRCUMFERENCE _____ **APGAR SCORES** _____

Congratulations on your new baby—the waiting and anticipation is over. Now it will be exciting for you to care for and love your baby. He is not as fragile as you think, but still dependent on you for love, warmth, food and cleanliness. Parents often worry needlessly about certain normal characteristics in the appearance or behavior of their babies. Our purpose in preparing this booklet is to answer some of the questions that may arise in the daily care of your new baby. Remember that infants, just as adults, have their own individual personalities and behavioral patterns. It is impractical to compare the reactions and wants of your baby with those of any other baby. Of course these instructions are flexible and may have to be adapted to your own baby's individual requirements.

Your new baby is presently resting in the nursery in his own warm bassinet. We gave your baby a thorough physical examination following delivery. We will check him daily to insure that his adjustment into the world will proceed as smoothly as possible. At any time, you may call the nursery and speak with the nurse who keeps constant watch over him.

During the next few days, most of your time will be spent resting and regaining your strength. You can put this time to good use by getting to know several things that will make your new life with your baby both more enjoyable and easier.

These instructions will give you helpful hints on how to keep your baby healthy and happy. Always remember that your baby is an individual and that any instructions need to be adapted to your baby. Do not be afraid to improvise new ways to improve your baby's care. We also encourage you to write down any questions you may want to discuss with us.

Listen to your family and friends when they advise you, but do not rely on their advice. We will be happy to give you additional guidance and to answer your questions while you are in the hospital, during your visits to the office, or by telephone.

NEWBORN FEATURES

Many newborn babies have red marks on their foreheads, eyelids, and necks. Others have marks on their buttocks or back. These are "birth-marks" which will fade over six to twelve months.

A certain percentage of newborns will have patches of hair on their arms, faces, ears, or lower backs. This hair comes from the hormones produced by the mother during pregnancy. As time passes, these patches of hair will disappear. Other hormonal effects you will notice are: swollen, enlarged breasts, which can secrete milk and a vaginal discharge which is usually clear but at times can be bloody. Both of these effects should resolve themselves within several days to a few weeks.

The skin continuously grows inside the womb and only begins to peel on exposure to the air. For the first few weeks of life, your baby's skin will peel from head to toe, being more pronounced on the hands and feet. Allow the skin to peel. Soap will irritate, so use water only. Lotions and creams will not be needed and are recommended infrequently.

When several weeks old, your baby may have very thick scales of skin on his scalp. This is called "cradle cap". We recommend vigorous scrubbing of the scalp with a stiff brush (i.e. scrub brush or tooth brush) at least every other day. If this is not successful in getting rid of the scales, please call our office for instructions.

Many newborns have white bumps on their faces. These are only clogged oil glands and require just cool water washing to disappear.

THINGS YOU MAY NOTICE ABOUT YOUR BABY

EXPLANATION

Head misshapen and appearing large as compared to rest of body

This is usually normal and nature will take care of it.

Soft spot on top of head, called fontanel

Slowly closes by 18-24 months of age.

Startling

The baby may appear to startle easily which is a normal newborn reflex where the baby jerks the arms and legs.

Yellow color of skin and eyes (jaundice)	May be normal if occurs between the second and fifth day of life. After that time, it should disappear gradually. (Please see Jaundice section for more details).
Scaling of skin	Shedding the upper layer of skin is normal.
White bumps (called "milia")	A normal skin finding especially on the nose.
Swollen breasts	Occurs in boys as well as girls usually within a few days after birth; Do not massage them or apply any medication, as they will decrease in size in a short time.
Weight loss	All babies lose weight in the first few days. They gradually regain it within two weeks.
Hiccoughing and sneezing	This is quite normal in young infants and does not indicate a cold. Congestion represents air passing over swollen mucous membranes of the nose. To help with congestion, use saline nose drops and the bulb syringe.
Navel stump may ooze blood	This is not abnormal as the cord separates. Clean with cotton balls and rubbing alcohol and keep dry.
Vaginal discharge, (may be clear, yellow or bloody)	This is usually normal in girl babies.
Straining	Initially the muscles of defecation are uncoordinated and infants appear to strain with bowel movements. As long as the stool remains soft, this is not constipation.

BABIES ARE BABIES

All babies sneeze, cough, belch, burp, yawn, hiccough, and pass gas. They may look cross-eyed. Sneezing and coughing is the only way a baby can clear his nose and throat of mucus, lint, or milk curds. Belches and burps are escaped air from your baby's stomach which he swallowed while feeding. Yawns are involuntary motions all babies make. Hiccoughs are spasms of the diaphragm muscle probably resulting from a distended stomach at feeding time.

Crying is their way of saying "I'm hungry, wet, hot, cold, have a stomach ache, bored", or "I want to be turned over." It is not unusual that a healthy baby will cry for several hours daily without harm.

Cross-eyes occur in all newborns. This is due to their underdeveloped gaze center which will mature over the next several months, enabling your baby to look straight without crossed-eyes.

JAUNDICE

Jaundice is a common condition which occurs in many newborn infants. The cause of jaundice is an elevation of a substance called bilirubin in the blood stream. Some amount of bilirubin in your baby's blood is normal and expected. If the baby appears very jaundice (very yellow) this may represent an abnormal elevation and require evaluation. There are many causes of elevated bilirubin and these will be discussed with your doctor. A blood test is available to test the bilirubin level in your baby. If the bilirubin level is higher than expected, your baby may need to be treated. The best way for your baby to get rid of bilirubin is by having normal number of wet diapers and bowel movements. Placing your baby by indirect sunlight (not directly under the sun, which may cause sunburn) may also help. If your baby does have an elevated bilirubin level, we will monitor it carefully to ensure your baby's well being.

FEEDING

Feeding is one of your baby's first pleasant experiences. Your infant's love and attachment arises primarily from the bond established at feeding. During this time, your baby receives nourishment and warmth. This gives satisfaction and security. To accomplish this, you need to prepare yourself for feeding.

Whether breastfeeding or bottle-feeding, hold your baby in your lap, with his head held slightly raised and resting at your elbow. Hold him close to you and touch him frequently during feeding. At first, your baby may not respond to you during feedings, but within a short period he will be looking and responding to your movements.

BREASTFEEDING

Nursing is not just a way to nourish your baby but a time to get to know each other, experience each other and develop a trusting relationship. A well-coordinated nursing mother and baby takes basic knowledge, practice and a little patience. Give yourself time and keep these basics in mind over the next few weeks.

Have a glass of juice or milk at hand, turn down the phone and get into a comfortable position. Side lying is a good position for resting while nursing. Sitting up with pillows under each arm is also comfortable, especially after a C-section. Practice side lying, cradle and football hold and see which is most comfortable for you and your baby.

Hold your breast with thumb on top above the areola and your forefinger below the breast also behind the areola. Bring the baby toward you. **DO NOT LEAN INTO THE BABY.** Brush your nipple across the baby's lips or cheek. This stimulates a rooting reflex exhibited by turning the head toward the nipple and opening of the mouth. Place your nipple on top of the baby's tongue in the middle of the mouth. Your baby will latch on and begin to nurse. If this does not occur, try again. Don't force the baby onto the breast. If your baby is crying or upset, hold the baby until he is calm and try again.

As your baby nurses, make sure he has all of the areola in his mouth. Having all of the areola in the mouth ensures compression of milk glands that deliver milk and will decrease the chance of sore nipples. Babies will suck their lower lip or their tongue. This is usually seen when only the end of the nipple is in the mouth. You can correct this by gently pulling the lower jaw down while nursing. If this doesn't correct the problem, insert a finger between baby's jaws, break the suction and let baby's head fall away from the breast. Watch as baby roots, pull him to the breast as the mouth is the widest and you see the tongue down.

Drop and relax the arm and shoulder supporting your baby. If your baby's nose is blocked by your breast, press the breast gently in to ease breathing.

Your baby should have rhythmic strong bursts of sucking. When your milk comes in, you will hear swallowing, if not some gulping! Your baby's head, shoulders and bottom should be in a straight line. He should be facing you with his tummy toward your tummy.

During the first 2-3 days after birth, breasts produce colostrum. It is high in antibodies, sugar, carbohydrates and acts as a laxative. Nurse for up to 10 minutes at each breast during this time. Burp baby when switching breasts and at the end of the feeding. Remember to break suction at the breast as described earlier to help prevent sore nipples. Start the next feeding at the breast you ended with at the last feeding, as that breast was probably not completely emptied. Your baby should nurse at least every 3-4 hours during these days. Wetting 4-6 diapers and having 2-6 stools a day will ensure adequate intake. Your baby will be seen in our office during these first few days to check his weight and nursing progress.

After nursing, air dry your nipples. Wear a good support bra. Do not wash your nipples with soap or apply lotions or creams. If your nipples become sore or cracked or are bleeding, call the office for advice.

Each baby has a different nursing style. Some are vigorous while others are quite laid back. Therefore, we prefer you to nurse exclusively for the first 2 weeks. This encourages milk production, allows for lots of practice time and prevents nipple confusion.

Your milk comes in at about 3-5 days post partum. Your breasts may be very full, firm and sometimes uncomfortable. Your baby needs to nurse every 2-3 hours now. Your nipples may also be hard and rounder. If this is the case, simply express enough milk to soften the nipple making it easier for your baby to latch on. Your baby should nurse 20 minutes on each side. This allows your baby to obtain the rich hind milk for better weight gain and increased stooling (which aids in a decrease in bilirubin). Depending on your let-down and baby's sucking "efficiency", baby should breast feed at least 10-20 minutes from each breast every 2-3 hours, or more often on demand.

If your baby nurses well, burps, is sound asleep, and the breast you fed him from is noticeably softer...GREAT! You have done a wonderful job. Your next nursing will start on the other breast. Take this time to doze off, grab a shower or just gaze at your new little one.

A few last thoughts...

- Eat a well balanced diet.
- You do not have to drink milk to make milk.
- You only have to increase your normal nonpregnant calorie intake by 300 calories and drink 1 extra glass of liquid a day to maintain lactation.
- Continue our prenatal vitamins. Rest every time your baby is sleeping.
- The rule is DEMAND and SUPPLY. The more baby demands, the more your breast will supply.
- Ask your doctor about any medications you may be taking while breast-feeding.

- If you are going back to work and wish to continue breast-feeding, speak with your doctor or with your lactation specialist for advice.
- Enjoy your baby.
- If something is concerning you, do not hesitate to call the office.

BOTTLE FEEDING

If you choose to bottle feed, you need to go through the same routine as breastfeeding. Instead of guiding your breasts into the baby's mouth, you will be using a bottle with a plastic nipple. Make sure that the nipple is open by gently squeezing on the neck of the nipple. A good stream of milk should be seen. Also, make sure that the nipple is well secured allowing no leakage during feeding. Then as you bottle feed your baby make sure that the neck of the bottle and nipple are always filled with formula, and that you see bubbles arising continuously from the nipple. This helps your baby get formula instead of air. Excessive swallowing of air can lead to spitting, vomiting, gas, and early satiation.

Your baby has a strong natural desire to suck. Sucking is part of the pleasure of feeding time. Babies will keep sucking on nipples, even after they have collapsed, so take the nipple out of the baby's mouth occasionally to keep it from collapsing. This makes it easier for him to suck and also lets him rest a bit.

Never prop up a bottle and leave your baby to feed himself. The bottle could slip into a wrong position and/or obstruct his nose. Remember, your bottle-fed baby also needs your comfort and warmth so that he can relax and enjoy feeding time.

BURPING

"Burping" your baby can help to remove swallowed air. Even if fed properly, bottle and breast-fed babies usually swallow air. Hold him upright over your shoulder, then pat or rub his back very gently until he "burps". Also, you may burp your baby with his face down over your lap or leaning forward in a sitting position (with your hand supporting his stomach and head). It is not always necessary to interrupt the feeding to burp your baby, but do it after each feeding. However, not every baby swallows air every time, so do not worry if he does not burp.

A SCHEDULE WITH FLEXIBILITY

Feed your infant on demand. Generally this is every two to four hours during the day and every four to five hours at night. Breast fed babies may eat a little more frequently than bottle fed babies.

To teach your infant the difference between day and night after birth, you must alter your behavior with feeding. During the day, talk to your baby, sing to your baby and have quiet noise in the house as well as a bright and cheery environment. For night feedings, do not talk or sing to your baby and only turn on a night-light to see. Only change the

infant's diaper if it needs to be changed and put the baby back in his crib after feeding and burping. These simple changes will help your baby understand that nighttime is for sleeping and daytime is for playing and will teach him to fall asleep on his own.

AFTER FEEDING

After you have fed and burped your baby, place him in bed with the right side down or on his back. The side position enables him to expel any additional air bubbles. This position also enables him to empty his stomach for digestion and prevents him from choking if he should spit up. Because of certain health reasons, other positions may be used. We will discuss this with you only if necessary.

While he is resting, if you bottle feed, rinse the bottles and nipples with cool water. This helps remove milk before it forms a film making cleaning harder. Also, squeeze water through the holes to prevent them from getting blocked with milk curds. Washing can be done later, whenever it is convenient.

VITAMINS AND FLUORIDE

Exclusively breast-fed infants need extra Vitamins A, C and D from birth and fluoride at 6 months. Infants fed formula need no extra vitamins. Infants exclusively fed ready to feed formula or live in an area where water is not fluoridated needs fluoride at 6 months.

FORMULA PREPARATION

If you have a good city water supply, we do not recommend the sterilization of your bottles or nipples. Washing them in hot water and rinsing them thoroughly is adequate. If you plan to use a dishwasher, make sure the bottles have been cleansed and rinsed with a bottlebrush before putting them into the rack. Put the nipples and caps into a clean, covered dish. Place the cleaned bottles in a cupboard either upside down or right side up with lids on.

We recommend using a prepared infant formula with iron. Your baby should continue on this formula for the entire first year.

If you have well water, you should boil the water for at least five to ten minutes and store it in sealed containers in your kitchen cabinet or refrigerator. If you have Raleigh City water or other city water which is chemically treated and regularly checked, you may use it straight from the tap. However, most mothers still feel the need to boil the water, even though unnecessary, for at least the first month. Be sure to clean bottles and nipples at all times.

TYPES OF PREPARATION

- | | | |
|-----|------------------|---|
| (1) | Liquid formula | Ready To Feed:
Feed as is, do not add water
Concentrate:
Mix equal parts water and formula |
| (2) | Powdered Formula | Powder:
Mix one scoop formula to two ounces of water (Add powder to water, then mix until smooth). If using powdered formula, warming the water will help the powder dissolve more easily. |

METHODS FOR FEEDING

Once a can of formula is opened, it may be kept sealed (by plastic top or saran wrap) in the refrigerator. A Tupperware container may also be used for storage in the refrigerator. Always offer a little more milk than your baby takes. Always discard what is left in the bottle after each feeding.

Milk should be offered at room temperature. This may be achieved by removing a bottle from the refrigerator and warming it in a pan of hot water (not boiling) for a few minutes. As an alternative, you may use a bottle warmer or run warm tap water over the surface. If you use "one bottle at a time" method, always test the temperature by shaking a few drops onto the inside of your wrist. It should feel **warm but not hot**. NEVER use a microwave to heat formula. A microwave can heat unevenly and have "hot spots" that can cause a serious burn injury to the insides of the mouth and throat, and there is also the possibility of an explosion, especially with disposable plastic liners. In addition, you *cannot* rely on how hot the bottle feels as an indicator of the temperature of its contents.

Test the nipples regularly: testing regularly will save you the time when you are ready to feed your baby. Nipple holes should be the right size. The flow rate through the nipples should be about one drop per second. If nipple holes are too small, your baby may tire of sucking before he gets all the formula he needs. If the holes are too large, your baby may get his formula too fast, and he may not get enough sucking satisfaction. Nipple holes can be made larger by sticking a needle and boiling them. If the nipple becomes gummy, just place in a pan of water, add a pinch of salt and boil for five minutes.

FORMULA SAFETY

- (1) Prepared formula should be stored in the refrigerator and discarded after 24 hours.
- (2) An open can of liquid concentrate should be stored in the refrigerator and discarded after 48 hours.
- (3) An open can of formula powder should be stored at room temperature and discarded after one month.
- (4) An unopened can of formula powder or concentrate should be stored at room temperature until expiration date.

HOW MUCH FORMULA

The amount of formula your baby takes will vary from feeding to feeding. They have good days and bad. Most babies feed for 20 to 30 minutes. Also their vigor on the bottle can vary greatly. Do not worry. Variations are normal. As your baby is feeding regularly and appears hungry within three hours you need to increase the amount fed.

SOLID FOODS

We will talk about solid foods when you bring your baby to the office for his regular checkups. If you have any questions before his first month checkup, please call and one of us will be glad to discuss it. For proper nutrition, the baby does not need solid foods until *at least* 4 to 6 months of age. Breast-feeding and/or formula feedings should continue while you are adding solids until one year of age. Rice cereal is the first food we suggest. Next, other cereals are added, followed by strained vegetables, fruits, and meats. Chocolate, honey, peanuts, peanut butter, egg whites, shell fish are not recommended until after one year of age.

BATHING

It is good to regularly bathe your baby two to three times a week. The room should be warm, with no drafts on the baby. Keep your bathing supplies together to save yourself extra steps. Until the navel and circumcision are healed, wash your baby by sponging. After these are healed, use a tub or bathinette. All that is needed is warm water. Soap is not usually necessary.

Face: Wash with plain warm water and a soft cloth but no soap.

Eyes: Wash with plain warm water on the eyelids but no soap.

Nose and Ears: Cleanse outer areas with plain water and a soft cloth. DO NOT attempt to cleanse inside of either the nose or the ears.

Mouth: Do not attempt to cleanse.

Head: Your baby's head should be lathered gently, using "No Tears Shampoo". Work from the front to the back to keep soap out of the eyes. His head should be shampooed once or twice a week, depending on the oiliness or thickness of his hair.

Body: Use a mild newborn soap. Be sure to wash the creases and rinse well.

Navel: Keep it clean and dry. Apply alcohol with a cotton ball two to three times a day. Use firm pressure when cleaning the cord. A few drops of blood may be seen at the base of the cord at about the time the cord falls off. Clean this with a cotton applicator, but this is not a cause for worry. The cord usually comes off in about two weeks.

Circumcision: Invariably the site is red, swollen, and oozing. This is the typical reaction to the circumcision. Use only plain water with a soft cloth two or three times a day. Let it air dry. Within two weeks the redness and swelling should disappear.

Breasts: The breasts in both boy's and girl's may swell and become hard in the first few weeks. There may even be a slight discharge of milk. This is normal and will subside spontaneously. Do not press or squeeze the breasts, because doing that will make the breasts larger and could cause potentially serious infection.

STOOLS AND HYGIENE

The number of stools per day may vary from one every 72 hours to one with each feeding. Your baby will strain when he has a bowel movement, but as long as he does not cry or strain longer than 15 minutes he is fine. If the stools are hard and pellet-like or are excessively watery or contain mucus, please call us.

You need to change your baby's diaper as soon as possible after he stools or wets. Wash the area clean with a soft cloth and water. Let the area air-dry, then apply a clean diaper. If your baby develops a diaper rash, try to keep him out of diapers for a few days. Fresh air and cleanliness is the best treatment. You may apply a drying powder, such as Caldesene, to keep the area dry. When using any baby powder, open the can away from the baby, apply the powder to your hand, and then apply to the baby. If this does not work, please telephone for further instructions.

WASHING CLOTHES AND DIAPERS

Any laundry detergent is fine for baby's clothes, as long as no rash develops. For washing diapers, place the diapers in a pail filled with tap water and use detergent through two cycles. Wash diapers separately from the rest of baby's clothes.

MEDICINES and SUPPLIES NECESSARY IN YOUR HOME:

- Acetaminophen drops, 1.5 ml. bottle
- Baby Saline nose drops (salt drops)
- Infant nasal aspirator
- Rubbing alcohol
- Bland ointment for skin
- Rectal thermometer
- A roll of sterile absorbent cotton / cotton tipped applicators

Remember that all drugs, supplies, cleaning solutions, etc. should be kept in a secure place out of your child's reach. Your infant may begin to crawl earlier than you expect, and may be attracted to dangerous items if they are accessible to him.

ROOM TEMPERATURE

Try to keep your new baby comfortable by maintaining an even temperature of 68 degrees during Winter or 75 degrees during the Summer. On hot days provide ventilation. On cold days, check your baby frequently to see if he is warm and comfortable. A baby's feet and hands are normally cool, so feel the baby's trunk to see if he is normally cool but not cold or too warm.

SLEEPING

You may expect your baby to do a lot of sleeping, averaging 12-18 hours a day. It is currently recommended to position the baby on his back or right side down for unsupervised sleep. The mattress should be firm and flat. Do not use any pillows. Protect your mattress with a waterproof cover. Next, place a soft baby sheet on the bed. Do not wrap your baby in a blanket because this interferes with his freedom to kick. No stuffed animals should be placed in the crib.

CLOTHING

Dress your baby as you dress yourself. An extra blanket may be necessary in cold weather. If it is less than about 60 degrees outside, put a hat on your newborn.

OUTDOORS

When the weather is nice, you may take your baby outside for a stroll. Minimize trips where he will be in large crowds (parties, malls, supermarkets) to minimize exposure to infectious agents. To avoid tiring your infant, plan only one outing per day.

FRIENDS AND RELATIVES

Everyone adores a new baby; however it is important to avoid exposing your baby to infections. Anyone with a cold, cough, sore throat, or diarrhea should wait to visit until all symptoms have disappeared. Anyone touching the infant should wash his or her hands with soap and warm water for at least 30 seconds. To avoid overtiring your infant, visitors should wait until the infant awakens from his nap to hold him.

DAY CARE

If and when you go back to work is a difficult decision for any new mother. Looking for a good day care can be a stressful, labor intensive and time consuming task. Below are some helpful hints for those who will be returning to their jobs.

1. Take as much time off after the birth of your baby as you can. This is an important time for you to get to know your baby and learn how to care for him. If possible, both parents should take advantage of the Family Leave Act of 1993.
2. Start your search for day care provider/center early. Begin your investigation during the second trimester. Listen to recommendations from people you know and trust who are happy with their day care situation.
3. Investigate all day care alternatives thoroughly, including centers (should be registered by the state), family (home) day cares, and in-home nannies. Each has its advantages and disadvantages. Depending upon your job and expectations, one may serve you better than another.
4. Visit each place you are considering many times, at different hours, and with your baby. Some of the visits should be unannounced. Be wary of a place that will only let you visit by appointment.
5. Investigate if your employer has a corporate day care facility, has service which will assist you in finding day care, and lets you set aside pretax dollars for day care. Also, consider flextime and shared-time as alternatives to full time work. If possible, only work half days the first week.
6. Last but not least, expect to feel sad and teary when you leave your baby for the first several times. These are natural feelings. However, if you have found a reliable, fun, and safe place to care for your infant, it will become easier with time to leave your infant and he will flourish.

OFFICE PROCEDURES

1. All well child checkups are scheduled appointments. Sick visits may be during walk-ins or scheduled appointments.
2. If your appointment is cancelled because of an emergency, you will be notified. If you cannot be notified, you will be worked in.
3. *Please consider your child under the care of Blue Ridge Pediatrics team.* It is important for you and your child to be seen by all of our physicians at least one time. After you have met all of us, and as appointments permit, we will try to accommodate you if you request a certain physician for both well childcare and sick visits.

PROCEDURE FOR CALLING DURING OFFICE HOURS

1. State your name, baby's name, baby's age, his problem.
2. Have a pad and pencil on hand. Please also have a pharmacy number at hand.
3. Do not hold a crying infant while on the telephone.
4. Be concise.
5. Try not to use a third party or beeper number to place a call, cell phone is alright.

PROCEDURE FOR CALLING AFTER OFFICE HOURS

1. If it is a life-threatening emergency, please call **911**.
2. For other medical advice, call 782-0021 to reach our voice mail system. Press one (1) for emergencies and a physician will return your call within 15 minutes. Press two (2) if you can wait up to an hour for a call back from the physician.
3. When you leave a message please be certain to **speak slowly and clearly**. Be sure to leave your name, patient's name and age and a telephone number at which you can be reached. **Please repeat your telephone number.**

ROUTINE WELL CHILD CHECK-UP SCHEDULE

Newborn	Physical Exam, Weight Check, Feeding History
1 month	Physical Exam
2 months	Physical Exam
4 months	Physical Exam
6 months	Physical Exam
9 months	Physical Exam, Hemoglobin
12 months	Physical Exam, Verbal TB and Lead Screens
15 months	Physical Exam
18 months	Physical Exam (optional)
24 months	Physical Exam, Verbal Lead Screen
3 years	Physical Exam, Vision Screen
4 years	Physical Exam, Vision Screen
5 years	Physical Exam, Urinalysis, Vision Test, Audiogram, Hemoglobin, Blood Pressure, Cholesterol, TB Verbal Screen
6 years	Physical Exam, Urinalysis at age 14-15 years and <i>up (at least one between 11-21 years)</i> , Hemoglobin every year for females with menses > 1 year, Cholesterol every 5 years, Vision test and Audiogram every 2 years.

IMMUNIZATION SCHEDULE

AGE	IMMUNIZATION
Newborn	Hep B
2 months	(DTaP, IPV, Hep B), PCV-7, HIB, Rota
4 months	(DTaP, IPV, Hep B), PCV-7, HIB, Rota
6 months	(DTaP, IPV, Hep B), PCV-7, Rota
12 months	VZV*, Hep A
12-18 months	MMR, DTaP, HIB, PCV-7
18-23 months	Hep A
4-6 years	DTaP, IPV, MMR, VZV
Every 5 – 10 years thereafter	Td or Tdap
11-18 years	Tdap, MCV4 (2 nd MMR, VZV and Hep A if not already given)
11-26 years	HPV #1 (HPV#2 in 2 months and HPV#3 in six months after first HPV)

*VZV (Varicella or Chicken Pox) is an immunization that can be given anytime after one year of age. If started after the 13th birthday, two shots are required, at least four weeks apart.

After six years of age, your child will need a check-up every one to two years, depending on sports or camp physical requirements. We will follow all children to ages 18-21, or as long as they are in school or college.

A second MMR is also required, if not already done at 5 years old, and dT boosters are required every 5-10 years.

Hep A	- Hepatitis A
Hep B	- Hepatitis B
DTaP	- Diphtheria, Tetanus, Acellular Pertussis
HIB	- Haemophilus <i>Influenza</i> B (<i>Pedvax</i>)
IPV	- Inactivated Polio Vaccine
PCV-7	- Pneumococcal Vaccine – Seven Serotypes
MMR	- Mumps, Measles, Rubella
VZV	- Varicella Zoster Vaccine (<i>Chicken Pox</i>)
Td	- Diphtheria, Tetanus
MCV4	- Meningococcal Vaccine
Tdap	- Adolescent preparation of Tetans, Diptharia, Acellular Pertussis
DTaP, IPV, Hep B	- (<i>Pediarix</i>)
HPV	- Human Papilloma Virus (<i>Gardasil</i>)
Rota	- Rotavirus (<i>Rotateq</i>)

CAR SAFETY SEATS

1. Infant safety seats: (a) For children up to 20 –22 lbs., (b) always ride rear facing.
2. Convertible safety seats; (a) for children up to 40 lbs., (b) for infants, reclined and rear facing; (c) for toddlers, upright and forward facing.
3. Booster seats; (a) for children who are too small for seat belts to fit properly, may be used up to 8 years of age or up to 80 lbs.

NORTH CAROLINA'S CHILD RESTRAINT AND BOOSTER SEAT LAW

Effective January 1, 2005



All children **less than 16 years of age** must be properly restrained in a child restraint, booster seat, or safety belt no matter where they sit.

Children **less than age 5 and less than 40 pounds** must be properly restrained in the back seat if the vehicle is equipped with an active front passenger-side air bag.



Children **less than age 8 and less than 80 pounds** must ride in a weight-appropriate child restraint or booster seat certified to meet federal motor vehicle safety standards.

When a child reaches **age 8** (regardless of weight) **or 80 pounds** (regardless of age), a properly-fitted safety belt may be used to restrain the child.



If there is no lap and shoulder belt-equipped seating position available for using a belt-positioning booster seat, a child **less than age 8 and between 40 and 80 pounds** may be restrained by a properly-fitted lap belt only. **WARNING: Belt-positioning booster seats must NEVER be used with just a lap belt.**

The law applies to all passenger vehicles with both in-state and out-of-state registration.

The driver is held responsible for the proper restraint of all children in the vehicle, regardless of his or her relationship to the child.

The penalty for not complying with this law is two points on your drivers license, a \$25 fine and \$100 court costs.



For more information, contact:
UNC Highway Safety Research Center
800-672-4527 / 919-962-2202
www.buckleupnc.org or www.hsrc.unc.edu

Governor's Highway Safety Program
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LEY DE CAROLINA DEL NORTE SOBRE ASIENTOS DE SEGURIDAD PARA NIÑOS Y ASIENTOS ELEVADORES "BOOSTER SEATS"

Efectiva a Partir del Primero de Enero del 2005



Todos los niños **menores de 16 años** deben estar asegurados de manera apropiada en un asiento de seguridad para niños, asiento elevador "booster seat," o cinturón de seguridad, sin tener en cuenta dónde estén sentados.

Niños **menores de 5 años y con un peso menor de 40 libras** deben estar asegurados apropiadamente en el asiento trasero si el vehículo está equipado con una bolsa de aire frontal activa para el pasajero del costado.



Niños **menores de 8 años y con un peso menor de 80 libras** deben colocarse en un asiento de seguridad apropiado para su peso o un asiento elevador "booster seat" certificado que cumpla con los estándares de la seguridad federal para vehículos motorizados.

Cuando un niño cumple **8 años**, (sin tener en cuenta su peso) o **pese 80 libras** (sin tener en cuenta su edad), se puede utilizar un cinturón de seguridad ajustado apropiadamente para asegurar al niño.



Si no hay disponible un lugar en el automóvil equipado con un cinturón de seguridad de regazo y hombro para poder instalar un asiento elevador "booster seat" que requiere este tipo de cinturón, un niño **menor de 8 años que pese entre 40 y 80 libras** puede estar asegurado con solamente un cinturón de regazo apropiadamente ajustado sin utilizar un asiento de seguridad.

Aviso! Un asiento elevador "booster seat" que requiera estar instalado con un cinturón de regazo y hombro nunca debe estar instalado con solamente un cinturón de regazo.

La ley se aplica a todos los vehículos de pasajeros registrados dentro y fuera del estado.

El conductor tiene responsabilidad para asegurar a todos los niños en el vehículo, sin tener en cuenta su relación con los niños.

La multa por no cumplir con esta ley es dos puntos en la licencia de manejo, una multa de \$25, y \$100 por costos de la corte.



Para más información, comuníquese con:
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SUGGESTED READING

The Art of Breast Feeding

What to Expect the First Year, by Arlene Eisenberg, Heidi E. Murkoff and Sandee E. Hathaway, B.S.N., Workman Publishing Company, Inc., 1989.

Your Baby and Child, by Penelope Leach.

Caring for Your Baby and Young Child, Birth to Age 5, Steven P. Shelov, M.D., Ed., 1991, 1993, 1998.

Baby-Safe Houseplants and Cut Flowers: A Guide to Keeping Children and Plants Safely Under the Same Roof, Genus Books, Box 351, Highland, IL 62249.

Private Zones, by Frances Daycee.

What's Happening to Me, by Peter Mayle; Lyle Stuart, Inc., 1975.

Why Was I Adopted, by Carole Livingston; Lyle Stuart, Inc., 1978.

Where Did I Come From, by Peter Mayle; Lyle Stuart, Inc., 1973.

I'm A Big Kid Now, by Joae Graham Brooks, M.D., Kimberly-Clark Corporation, 1989.

Once Upon A Potty, by Alona Frankel, Barron's Educational Series, Inc., 1980.

The Strong-Willed Child, by James Dobson.

Caring for Your School Age Child: Age 5 to 12, American Academy of Ped., , Ex 1995

Caring for Your Adolescent: Ages 12 to 21, Donald E. Greydanus, M.D., F.A.A.P., Ed. 1992.

Concordia Sex Education Series.

The titles in the series:

Book 1 – Each One Specially

Book 2 – I Wonder Why

Book 3 – How You Got To Be You

Book 4 – The New You

Book 5 – Lord of Life, Lord of Me

Book 6 – Sexuality: God's Precious Gift to Parents and Children

POISON CONTROL HOTLINE

1-800-222-1222

Dosing recommendations for Acetaminophen

		Infant's Concentrated Drops 80mg/0.8mL	Children's Suspension Liquid 160mg/5mL	Children's Soft Chews Chewable Tablets 80mg each	Junior Strength Chewable Tablets 160mg each
Dose	Dose	Dropperful	Teaspoon (TSP)	Tablet	Tablet
Weight	Age				
12-17 lbs.	4-11 mos.	1 =(0.8mL)	½ (TSP)		
18-23 lbs.	12-23 mos.	1-1/2 =(0.8mL + 0.4mL)	¾ (TSP)		
24-35 lbs.	2-3 yrs.	2 =(0.8mL + 0.4mL)	1 (TSP)	2	
36-47 lbs.	4-5 yrs.		1-1/2 (TSP)	3	
48-59 lbs.	6-8 yrs.		2 (TSP)	4	2
60-71 lbs.	9-10 yrs.		2 ½ (TSP)	5	2 1/2
72-95 lbs.	11 yrs.		3 (TSP)	6	3
96 lbs. & over	12 yrs.				4

** In case of fever under 3 months of age, please call the office for advice immediately.**