

OFFICE HOURS

**Blue Ridge Office (adjacent to Rex Hospital):
3124 Blue Ridge Road, Suite 102 (919) 782-0021**

Monday, Tuesday, Thursday, Friday 7:30am- 6:00pm

Wednesday 9:00am- 6:00pm

Closed for lunch daily from 12:30pm -1 :30pm

* Saturday (sick appointments only) 8:00am- noon

Sunday (sick appointments only) 9:00am- noon

Holidays: Emergencies Only (Closed on Christmas Day and New Year's Day)

* Holiday & weekend office hours are for sick children/hospital rechecks only

**Brier Creek Office (Brier Creek Medical Park Building):
10208 Cerny Street, Suite 104 (919) 226-0662**

Monday, Tuesday, Thursday, Friday 8:00am- 5:00pm

Wednesday 9:00am- 5:00pm

Closed for lunch daily from 12:30pm -1 :30pm

* After hour care and weekend office visits for sick children are scheduled at the main office.

NEWBORN CARE



Nicholas J. D'Avanzo, MD, FAAP
Deepa Vijay, MD, FAAP

Komal Parekh, MD, FAAP
L. Michael Edralin, MD, FAAP

Courtesy of Blue Ridge Pediatrics



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Blue Ridge Pediatrics, LLP

Nicholas J. D'Avanzo, MD, FAAP | Deepa Vijay, MD, FAAP
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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. Babies are 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 their own warm bassinet. We gave your baby a thorough physical examination following delivery. We will check your baby daily to ensure that their 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 your baby.

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 may 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 their scalp. This is called "cradle cap". We recommend vigorous scrubbing of the scalp with a stiff brush (i.e. scrub brush or toothbrush) 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

Head misshapen and appearing large as compared to rest of body

Soft spot on top of head, called fontanel

Startling

Yellow color of skin and eyes (jaundice)

Scaling of skin

White bumps (called "milia")

Swollen breasts

Weight loss

Hiccups and sneezing

EXPLANATION

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

Slowly closes by 18-24 months

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

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).

Shedding the upper layer of skin is normal.

A normal skin finding especially on the nose.

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.

All babies lose weight in the first few days. They gradually regain it within two weeks.

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 a bulb syringe.

Navel stump may ooze blood

This is not abnormal as the cord separates. Keep it 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. If the stool remains soft, this is not constipation.

BABIES ARE BABIES

All babies sneeze, cough, belch, burp, yawn, hiccup, and pass gas. They may look cross-eyed. Sneezing and coughing is the only way a baby can clear their nose and throat of mucus, lint, or milk curds. Belches and burps are escaped air from your baby's stomach which they swallowed while feeding. Yawns are involuntary motions all babies make. Hiccups 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 stomachache, 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 jaundiced (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 jaundice is by having a 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 their head held slightly raised and resting at your elbow. Hold your baby close to you and touch your baby frequently during feeding. At first, your baby may not respond to you during feedings, but within a short period they 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 to 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 they have all of the areola in their 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 jaw, break the suction, and let baby's head fall away from the breast. Watch as the baby roots. Pull your baby to the breast when the mouth is the widest and when you see that the baby's tongue is 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. They should be facing you with their 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 their 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 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.

PROPER HANDLING AND STORAGE OF HUMAN MILK

By following safe preparation and storage techniques, nursing mothers and caretakers of breastfed infants and children can maintain the high quality of expressed breast milk and the health of the baby.

SAFELY PREPARING AND STORING EXPRESSED BREAST MILK

- Be sure to wash your hands before expressing or handling breast milk.
- When collecting milk, be sure to store it in clean containers, such as screw cap bottles, hard plastic cups with tight caps, or heavy-duty bags that fit directly into nursery bottles. Avoid using ordinary plastic storage bags or formula bottle bags, as these could easily leak or spill.
- If delivering breast milk to a childcare provider, clearly label the container with the child's name and date.
- Clearly label the milk with the date it was expressed to facilitate using the oldest milk first.
- Do not add fresh milk to already frozen milk within a storage container. It is best not to mix the two.
- Do not save milk from a used bottle for use at another feeding.

SAFELY THAWING BREAST MILK

- As time permits, thaw frozen breast milk by transferring it to the refrigerator for thawing or by swirling it in a bowl of warm water.
- Do not use a microwave oven to thaw or heat bottles of breast milk.
- Microwave ovens do not heat liquids evenly. Uneven heating could easily scald a baby or damage the milk.
- Bottles may explode if left in the microwave too long.
- Excess heat can destroy the nutrient quality of the expressed milk.
- Do not re-freeze breast milk once it has been thawed.

Source: American Academy of Pediatrics.

**STORAGE DURATION OF FRESH HUMAN MILK FOR USE WITH
HEALTHY FULL-TERM INFANTS**

Location	Temperature	Duration	Comments
Countertop, table	Room temperature (up to 77°F or 25°C)	4 hours	Containers should be covered and kept as cool as possible; covering the container with a cool towel may keep milk cooler.
Insulated cooler bag	5-39°F or -15-4°C	24 hours	Keep ice packs in contact with milk containers at all times, limit opening cooler bag.
Refrigerator	39°F or 4°C	4 days	Store milk in the back of the main body of the refrigerator.
Freezer			
Freezer compartment of a refrigerator	5°F or -15°C	2 weeks	Store milk toward the back of the freezer, where temperature is most constant. Milk stored for longer durations in the ranges listed is safe, but some of the lipids in the milk undergo degradation resulting in lower quality.
Freezer compartment of refrigerator with separate doors	0°F or -18°C	3–6 months	
Chest or upright deep freezer	-4°F or -20°C	6–12 months	

Source: https://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm

A FEW LAST THOUGHTS...

- Eat a well-balanced diet.
- You do not have to drink milk to make milk.
- Drink a glass of fluid with each feeding.
- Continue your 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 feeling full too soon.

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 them to suck and also lets them rest a bit.

Never prop up a bottle and leave your baby to feed themselves. The bottle could slip into a wrong position and/or obstruct their nose. Remember, your bottle-fed baby also needs your comfort and warmth so that they 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 them upright over your shoulder, then pat or rub their back very gently until they “burp”. Also, you may burp your baby with their face down over your lap or leaning forward in a sitting position (with your hand supporting their 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 they don’t 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 their 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 them to fall asleep on their own.

AFTER FEEDING

The preferred position for your baby to sleep is on their back (supine). After you have fed and burped your baby, place them in their bed on their back to sleep.

While 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

All infants should have a minimum intake of 400 international units of Vitamin D per day beginning soon after birth. Prepared formula has Vitamin D added to it; so if your baby is drinking at least 32 oz of formula per day a Vitamin D supplement is not needed. All breastfed infants need supplemental Vitamin D.

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 another 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:
Prepare exactly as instructed on the infant formula container. Always measure the water first and then add the powder." |

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 they get all the formula they need. If the holes are too large, your baby may get their formula too fast, and your baby may not get enough sucking satisfaction. Nipple holes can be made larger by sticking a needle in them 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 the expiration date.

HOW MUCH FORMULA

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

SOLID FOODS

We will talk about solid foods when you bring your baby to the office for their regular checkups. If you have any questions before their 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, egg whites, shellfish and fish are not recommended until after one year of age. Peanuts and peanut butter may be introduced earlier but your Doctor will discuss this with you at your child's 6 months visit.

For more information, please refer to our **Feeding Schedule** online at www.blueridgepediatrics.com.

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. Your child's head should be shampooed once or twice a week, depending on the oiliness or thickness of their hair.

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

Navel: Keep it clean and dry. A few drops of blood maybe seen at the base of the cord at about the time the cord falls off. This is not a cause for worry. You may clean this with a cotton applicator. 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 boys and girls 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 they have a bowel movement, but as long as they don't cry or strain longer than 15 minutes, they are 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 them out of diapers for a few days. Fresh air and cleanliness are the best treatment. You may also apply a diaper rash paste containing Zinc Oxide, to keep the area dry. We do not recommend a drying powder. If this does not work, please telephone for further instructions.

WASHING CLOTHES AND DIAPERS

Any hypoallergenic laundry detergent is fine for baby's clothes, as long as no rash develops. For washing cloth 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 & SUPPLIES NECESSARY IN YOUR HOME:

- Acetaminophen drops, 1.5 ml. bottle
- Baby Saline nose drops (salt drops)
- Nasal aspirator
- Bland ointment for skin

- Rectal thermometer
- A roll of sterile absorbent cotton / cotton tipped applicators
- Vitamin D

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.

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 they are warm and comfortable. A baby's feet and hands are normally cool, so feel the baby's trunk to see if they are 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 their back for sleep. The mattress should be firm and flat. 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 their freedom to kick. The crib should be free from toys, stuffed animals, soft bedding, blankets, pillows, and crib bumpers. For more information on safe sleeping practices, please visit AAP.org to learn about the most up to date recommendations regarding infant sleep.

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 your baby 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 their nap to hold them.

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 them. 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 they will flourish.

OFFICE PROCEDURES

1. All appointments need to be scheduled. If your child is sick, please call our office early, so that we may schedule an appointment soon.

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 the 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.

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****After hour care and weekend office visits for sick children are scheduled at the main office.**

FIRST TWO MONTHS OF AGE

If your baby is less than two months and experiencing any of the following symptoms, call us immediately:

1. Rectal temperature of 100.4 or greater on two consecutive readings.
2. Loose, watery stools (or green mucousy stools) three times.
3. Bloody, mucousy stools.
4. Excessive crying, over 3 hours.
5. Listlessness (excessive sleeping).
6. Vomiting and/or refusal to eat several times in a row.
7. Any unusual or persistent rash.
8. Change in color or breathing.
9. "Just not doing right" – "Not themselves"

PROCEDURE FOR CALLING DURING OFFICE HOURS

1. State your name, baby's name, baby's age, and the 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 phone number to place a call. Your 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.**

POISON CONTROL HOTLINE 1-800-222-1222

DOSING RECOMMENDATIONS FOR ACETAMINOPHEN

		Infant & Children's Suspension Liquid 160mg/5mL	Children's Soft Chews Chewable Tablets 80mg each	Junior Strength Chewable Tablets 160mg each
Dose Weight	Dose Age	Teaspoon (TSP) or mL	Tablet	Tablet
12-17 lbs	4-11 mos	1/2 TSP or 2.5mL		
18-23 lbs	12-23 mos	3/4 TSP or 3.75mL	1.5	
24-35 lbs	2-3 yrs	1 TSP or 5mL	2	1
36-47 lbs	4-5 yrs	1 1/2 TSP or 7.5mL	3	1.5
48-59 lbs	6-8 yrs	2 TSP or 10mL	4	2
60-71 lbs	9-10 yrs	2 1/2 TSP or 12.5mL	5	2 1/2
72-95 lbs	11 yrs	3 TSP or 15mL	6	3
+96 lbs	12 yrs	20mL	8	4

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

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
12 months	Physical Exam, Hemoglobin, Verbal TB & Lead Screens
15 months	Physical Exam
18 months	Physical Exam, Autism Screen
24 months	Physical Exam, Verbal Lead Screen, Autism Screen
30 months	Physical Exam
3 years	Physical Exam, Vision Screen
4 years	Physical Exam, Vision Screen, Audiogram
5 years	Physical Exam, Vision Screen, Audiogram, TB Screen
6 years & over	Physical Exam, Cholesterol once between 9-11 and 17-21, Vision Screen, Audiogram

***Developmental Screening done at each visit from 2 months to 5 years**

IMMUNIZATION SCHEDULE

AGE

Newborn	Hep B #1
1 month	Hep B #2
2 months	DTaP*, IPV*, HIB*, PCV-13, Rota
4 months	DTaP*, IPV*, HIB*, PCV-13, Rota
6 months	DTaP*, IPV*, HIB*, PCV-13, Rota, Hep B #3
12 months	MMR*, VZV*, PCV-13, HIB, Hep A #1
15 months	DTaP, HIB
18 months	Hep A #2
4-6 years	MMR*, VZV*, DTaP*, IPV
11-18 years	Tdap, MCV4 (2 nd MMR, VZV and Hep A if not already given)
9-26 years	HPV #1 (HPV #2 given in 6 months if given between <u>9-14</u> , HPV #2 in 2 months and HPV #3 in 6 months, if given <u>after age 14</u>)
16-18 years	MCV4 #2
16-23 years	Men B #1 (Men B #2 in 6 months)

****Every 5-10 years thereafter Td or Tdap boosters**

Hep A	Hepatitis A
Hep B	Hepatitis B
DTaP*	Diphtheria, Tetanus, Acellular Pertussis
HIB*	Haemophilus Influenza B
IPV*	Inactivated Polio Vaccine
PCV-13	Pneumococcal Vaccine – Thirteen Serotypes
MMR*	Mumps, Measles, Rubella
VZV*	Varicella Zoster Vaccine (Chicken Pox Vaccine)
Td	Tetanus, Diphtheria
MCV4	Meningococcal Serogroup B Vaccine
Tdap	Tetanus, Diphtheria, Acellular Pertussis
HPV	Human Papilloma Virus
Rota	Rotavirus

*may be a combined vaccine

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 \$238 court costs.

For more information, contact:

UNC Highway
Safety Research Center
800-672-4527 / 919-962-2202
www.buckleupnc.org
www.hsrrc.unc.edu

NC Governor's Highway
Safety Program
1-877-DOT-4YOU / 919-733-3083
www.ncdot.org/programs/GHSP

NC Department of Insurance
NC Safe Kids Buckle Up
888-347-3737 / 919-661-5880
www.ncsafekids.org

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.

AAP RECOMMENDATION ON CAR SEAT SAFETY

An updated American Academy of Pediatrics policy addressing the use of car safety seats was released. The new policy advises parents to keep their toddlers in rear-facing car seats until age 2, or until they reach the maximum height and weight for their seat. It also advises that most children need to ride in a belt-positioning booster seat until they have reached 4 feet 9 inches tall and are between 8 and 12 years of age. More information is available at:

<http://www.healthychildren.org/English/safety-prevention/on-the-go/pages/CAR-Safety-Seats-Information-for-Families.aspx>

SUGGESTED READING

The Womanly Art of Breastfeeding, La Leche League

Caring for Your Baby and Young Child, Birth to Age 5, American Academy of Pediatrics

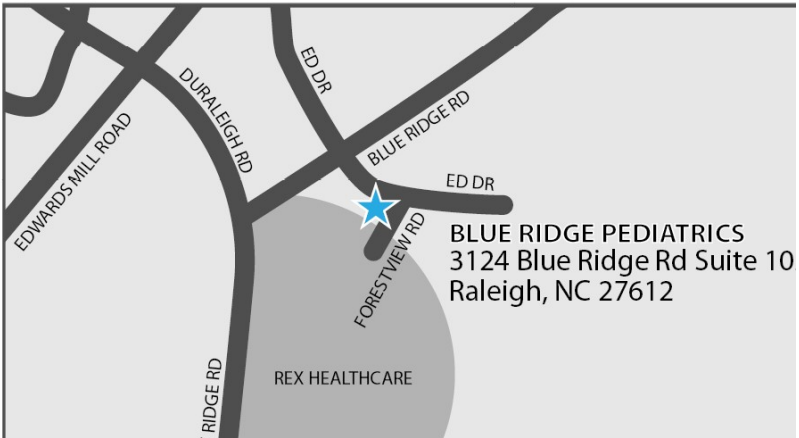
Your Baby's First Year, American Academy of Pediatrics

For additional resources regarding pediatric health topics, please refer to our website at <http://www.blueridgepediatrics.com/>.

DIRECTIONS

Blue Ridge Location

3124 Blue Ridge Road, Suite 102
Raleigh, NC 27612
Office Number: (919) 782-0021



Brier Creek Location

10208 Cerny Street, Suite 104
Raleigh, NC 27617
Office Number: (919) 226-0662

