

Name _____

Birth Date _____

GENERAL INSTRUCTIONS FOR INFANT AND CHILD CARE

GUIDELINES FOR HEALTH EVALUATION VISITS



Richmond Pediatrics

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Age	Immunization	Date Given
Birth	Hepatitis B	
2 Months	Hepatitis B	
	DtaP	
	IPV (Polio)	
	Hib (Meningitis)	
	PCV13 (Pneumonia)	
	Rotavirus	
4 Months	DtaP	
	IPV (Polio)	
	Hib (Meningitis)	
	PCV13 (Pneumonia)	
	Rotavirus	
6 Months	Hepatitis B	
	DtaP	
	IPV (Polio)	
	Hib (Meningitis)	
	PCV13 (Pneumonia)	
	Rotavirus	
12 -18 Months	MMR	
	VZV (Chickenpox)	
	DtaP	
	Hib (Meningitis)	
	PCV13 (Pneumonia)	
	Hepatitis A #1	
	Hepatitis A #2	
18mos-4yrs	PCV13 booster	
5 Years	DtaP	
	IPV	
	MMR	
	VZV (Chickenpox)	
6mos-5 yrs	Influenza #1	
	influenza #2	

Immunizations >9 Years Old	
Immunization	Date Given
MCV4 (Meningitis) #1	
MCV4 (Meningitis) #2	
TdaP	
HPV #1	
HPV #2	
HPV #3	

We also recommend a yearly influenza immunization.

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BREASTFEEDING

Nursing is the most convenient and natural way to feed your baby. Most mothers can nurse their baby successfully if they are willing to give it a fair trial. Some mothers worry about their baby not getting enough or that their milk is “not strong enough”. If you lack confidence about breastfeeding, please don't hesitate to call us. It also helps to talk to women who have nursed successfully, attend a breastfeeding class, or talk to members of the local La Leche League. Books about breastfeeding are listed in Suggested Readings at the back of this book.

When you nurse an infant in the first 72 hours after delivery, the baby is getting small amounts of a yellowish substance called colostrum. Each time you nurse the baby gets approximately $\frac{1}{3}$ to $\frac{1}{2}$ oz. Colostrum is the perfect nutrition for the newborn and contains antibodies to protect the baby from infection. This first milk is sufficient for most babies in the first few days, so do not give up at this point for fear the baby is not receiving adequate nutrition. Stimulation of the breasts, either by the baby nursing or a breast pump, will bring in the mature milk, usually in about 3 days. We expect all babies to lose weight in the first few days, and this is one of the reasons for early follow up at the clinic.

Before nursing the baby, wash your hands with soap and water. Find a position in which you can be relaxed and comfortable, either sitting up or lying on your side. Cradle the baby's head in your arm so that the body faces you and bring the baby close enough so you don't have to lean or bend. Wait for a big, open mouth and guide the nipple into it. A baby is correctly positioned at the breast when his lips are covering both the areola, the dark area around the nipples, and the nipple. If the baby latches on only to the nipple, and starts “chewing”, the nipple will become sore and cracked. If the breast is engorged and too firm for the baby to latch on, hand express a little milk before nursing. Hand expression is performed by surrounding the areola with your thumb and index finger, then pressing back until you can feel your ribs under the breast, and then squeezing gently down towards the nipple. At first you will only get a few drops of milk but later on the milk will come out in a stream. It is common to feel discomfort initially with breastfeeding as your nipples adjust to the suction, but this discomfort should ease within 30 seconds of feeding. If it is still painful, check to see if the baby has a good latch.

Initially, you should aim to nurse your baby 8-12 times per day, or every 2-3 hours. Overnight, it is okay to allow one 4 hour stretch between nursing sessions. This time is measured from beginning of a feeding session to the beginning of the next feeding session. It is okay to feed

more often than that if the baby is interested, provided that you are able to get some rest and your nipples are not too painful. Babies show they are interested by “rooting”, turning the face and tongue toward anything that is touched to the cheek; crying is a late sign of hunger. Sometimes you may need to encourage your baby to nurse. If awake, gently stroke your baby's cheek and the baby will then turn the head to hunt for the nipple. If asleep, you may need to wake your baby by rubbing the back or feet, removing some clothing, or changing the diaper. Feed the baby as long as the baby is interested on the first side, with a goal of 15 to 20 minutes per side. Infants swallow some air during both breast and bottle feedings and it is usually necessary to burp your baby during and after each feeding. One way of doing this is by holding your baby upright with the head over your shoulder and patting lightly on the back. After burping, shift the baby to the other breast to complete the feeding. If your baby seems sleepy after the first side, change the diaper or try to engage in play in order to wake your baby up before switching to the other breast.

Wet diapers will indicate whether your baby is getting enough to eat. A baby should have at least one wet diaper for each day of life (1 the first day, 2 the second day, etc.) through the sixth day, and then would be expected to continue to have at least six per day for the first several weeks. If you are using disposable diapers, it can be helpful to place a piece of tissue inside so you can tell how often the baby urinates in the first week. If your baby goes more than eight hours without a wet diaper, call your pediatrician for assistance. Your baby's stool pattern will also be an indication. Initially the baby will pass thick, tarry meconium, and as your milk supply comes in this will transition to a soft stool the consistency of thin mustard. Often this stool will come with every feeding once your milk supply is established.

To minimize breast soreness, check or vary the baby's position, and massage your breast during feeding. Begin nursing on the least sore side, limiting feeding to 15 minutes on the sore side. This usually means feeding the baby more often. Release the suction carefully by putting your finger in the corner of your baby's mouth before taking the baby off the breast. Expose your breasts to air after each feeding. If your nipples become cracked or tender, use dry heat to relieve the pain. Some women use a hair dryer on low heat. After nursing, express a little milk from your breasts and let it dry on the nipples to help with healing. Finally, steeped black tea bags placed on the nipples have been found to help relieve soreness, and for some women lanolin or lansinoh cream speeds up healing of the skin. For engorgement, cabbage leaves, cold packs, warm

showers, ibuprofen and self expression of your milk can all ease your discomfort. Breastfeeding should become more pleasant with every day that passes after breast milk has come in. Please call your doctor for help if you are experiencing unrelenting pain.

Mothers sometimes worry that what they choose to eat will potentially bother the baby. If you are concerned about this, please discuss it further with your pediatrician. Use alcohol and nicotine with moderation (no more than one glass of wine or beer at a time), and feed the baby at least two hours after a drink or cigarette. Most medications are compatible with breastfeeding, however it is wise to discuss all pills and supplements you take with a physician.

Expressed breast milk by pumping is an excellent way to provide nutrition to your baby if you are not going to be there to feed, and pumping can also help to preserve or increase your milk supply. Wait to pump in order to store milk until breastfeeding is well established, usually after the first 2 weeks of life. If you are going to be away from your baby, try to pump as often as you would expect your baby to feed. Expressed breast milk can be stored for 3-5 days in a refrigerator, 3-4 months in a conventional freezer and over 6 months in a deep freezer. Thawed breast milk will last for 24 hours in the refrigerator, and should not be refrozen. Breast milk should never be microwaved, since microwaving breaks down breast milk nutrients and leads to uneven heating which can result in burns. The milk lasts for 1 hour once the baby's mouth has touched the bottle.

If you encounter difficulty with breastfeeding or have any further questions, please call your pediatrician.

FORMULA

An alternative or supplement to breastfeeding is the use of iron-fortified formula. Formula is made "Ready-to-Use" (the most expensive variety), as a concentrate, and as a powder, which is made with 1 measured scoop of formula for each 2 ounces of water. Never add more or less water to the formula than is directed. It is not necessary to warm the formula; room temperature is fine. Tap or filtered tap water is sufficient and preferable to bottled water as it often is fortified with fluoride. It does not need to be boiled, and the bottles can simply be cleaned with hot, soapy water or in the dishwasher, since boiling the bottles can cause chemicals in the plastic to leach. Do not place prepared bottles in a microwave because uneven heating of the liquid can cause burns. Hold your baby close and never prop the bottle when feeding. Never allow your infant to sleep with a bottle as this can lead to significant tooth decay.

In the first few days the baby will likely be satisfied with 1/2 to 1 ounce per feed. Slowly increase as your baby's appetite dictates. The amount taken may vary considerably from one feeding to another but even when your baby is older should not exceed 32 ounces (1 quart) per day. Babies know when they are full. Watch for signs that your baby has had enough; your baby may turn the head away, fall asleep, or get fussy. Always throw away any formula left in the bottle after 1 hour since it becomes contaminated once your baby has sucked through the nipple.

FEEDING SCHEDULE

It is better to feed your baby when hungry rather than adhere to a rigid schedule of feeding. Signals of a hungry baby will include crying or fussiness, turning the head to the side with mouth open ("rooting"), or trying to suck on nearby objects. Newborns need approximately 8 feedings in a 24-hour period and may need some stimulation -- unwrapping, tickling toes, etc -- in order to become alert enough to feed effectively. Smaller infants generally will eat more often than larger babies because of their smaller stomachs. With time, your baby will take a larger quantity and eat less often. Try not to let your baby "snack" (i.e. fall asleep before finishing and then wanting more one hour later). Infants will eat better if they become fully awake for 10 to 15 minutes before starting a feeding. Until a prolonged nighttime sleep pattern is established, try not to let the baby sleep longer than about 3 hours during the day to help encourage taking the long stretch of sleep at night.

SOLID FOODS

For the first 4-6 months, only breast milk or formula is recommended to meet babies nutritional and hydration needs. In order to start baby food, infants should be able to sit in a high chair with little support, show a steady interest in the food that you are eating, and not push the spoon or food out with the tongue when offered. Use a spoon rather than a bottle to introduce all solids. The basic rule is to only give one new food every 4-7 days to observe for adverse reactions. For breastfed infants, it is important to start iron rich foods by 6 months of age as the amount of iron in breast milk is no longer sufficient. Examples of iron rich foods are iron fortified baby cereals, meats, beans, and dark green vegetables. Babies should wait until after 1 year of age to have honey or regular cow's milk. Please discuss any significant food allergies in the family with your doctor to see if it would be advisable to delay the introduction of certain allergenic foods, such as peanuts, fish, or eggs. Finger foods that either dissolve in the mouth or are

able to be easily “gummed” can be started once your baby becomes used to eating purees, often by 7 months.

FRUIT JUICES

Fruit drinks have almost no nutritional value and should be avoided. Your baby will receive adequate nutrition and vitamins from breast milk or formula. Water can also be introduced after your baby is 6 months old. Fruit juices are not necessary as a source of nutrition, vitamins, or hydration. All fruit juices are a significant source of sugar, are a cause of tooth decay, and are implicated in the rising rates of childhood obesity. Juices should not be given before 6 months of age, and it is preferable to wait longer. If you choose to give your child juice, it is better to dilute it at least 1:1 with water in order to decrease caloric intake. Fruit juice should never be offered in a bottle and should be limited to 4 ounces per day. Whole, fresh fruits offer both vitamins and fiber, and are encouraged once your child has started solid foods.

UMBILICAL CORD CARE

The umbilical cord typically falls off by 2-3 weeks of life, and does not cause the baby pain. The only specialized care that the cord requires is to fold down the diaper below the navel to enhance air drying. Many cords will become a bit “goopy” with a small amount of yellow or bloody discharge over the first two weeks. In general, a little discharge is not concerning as the cord withers. You can clean the stump with a moistened q-tip if needed. Small umbilical hernias are common, and “binders” or taping are not recommended. Call for an appointment if there is redness around the umbilicus or profuse drainage.

FINGERNAILS

Infants often have long nails when they are born. Although paper thin, they can still cause facial scratches. Using baby nail clippers or filing them are safe methods for shortening the nails. A sleeping baby will make the process much easier. You can also cover the hands with mittens to prevent scratching. Cutting only the clear part of the nail will make a little cut in the finger less likely. If a small cut occurs, pressure will stop the bleeding easily.

CARE OF THE PENIS

The uncircumcised penis is quite easy to keep clean. You will be shown how to do this during your office visits. When the child is old

enough, you will teach him daily care. The foreskin should not be forcibly retracted, as this could lead to pain, scarring, and infection. The circumcised penis is initially bright red for the first few days after the procedure. After the gauze dressing is removed, apply a light coating of Vaseline with each diaper change until the reddened area is healed. If your son has had a plastic bell device used for the circumcision, the plastic will fall off in 5 to 10 days. Over the first week, the head of the penis will develop a dried, pus-like yellow/white substance that does not wash off, which is part of the healing process. Within 2 weeks, the penis appears normal.

CARE OF THE VAGINA

Your baby girl may have a whitish or clear discharge from her vagina. Less frequently, though not abnormal, this may be blood-tinged. This clear discharge may last up to two weeks, but any bleeding should only occur in the first 2-3 days. The labial folds and vaginal area can be cleaned with wipes or a washcloth and warm water after stooling or voiding. Always be careful to wipe once from the front to the back to avoid spreading bacteria from the rectal area to the vagina. It may appear that the baby's genitals are large and out of proportion for her size but this is normal and due to maternal hormones. The swelling will resolve in 2-4 weeks.

BATHING AND SKIN CARE

For bathing, use a soft washcloth and a mild soap, preferably one that has no perfumes added. If needed, a baby shampoo can be used, as it will not be stinging to the eyes. Partially immerse your baby in warm water for his bath, washing the entire body including the scalp and face. Do not be afraid to wash over the “soft spot” on the top of the head. It is not necessary to bathe your baby daily; once or twice per week is sufficient. It is a good idea to wipe the neck folds, arm pits and any fat folds of your baby at least once per day. The diaper area should be cleaned with each diaper change with either a wet washcloth or a baby wipe as stool or urine left in contact with the skin is quite irritating. Your baby's skin is naturally supplied with the necessary moisturizers and generally, powders, oils, creams, lotions, and ointments are unnecessary. If the skin becomes red, dry, or irritated a small amount of emollient may be applied (such as Vaseline®, Eucerin®, Aquaphor®, etc.). Some skin rashes are due to excessive bundling. If a new rash appears, check to see if your infant is overheated from too many clothes. If any concerns, please call for an appointment.

EYES

To prevent blindness from potential infection, an antibacterial ointment is applied to all babies' eyes during the first hour of life. This may irritate the eyes resulting in puffy eyelids and mild drainage during the first week of life. Occasionally a tear duct will obstruct and result in excessive tearing and yellow (pus) drainage, often involving only one eye. Your pediatrician can show you how to use gentle massage to help the duct eventually open. A clean washcloth can be used to clear any discharge, and a topical application of breast milk can help decrease goopy drainage. Please make an appointment if the white of the eye or the tissue around the eyes is red, or if the drainage is profuse or yellow. During the first 4 months of life it is normal for the eyes may periodically and transiently cross, as your baby attempts to focus. Should only one eye wander or continue to cross after 4 months old, please let your pediatrician know.

JAUNDICE

All newborn babies develop jaundice (a yellow-orange color of the skin or eyes) during the first week of life, which is one reason for our close monitoring of your baby in the first several days of life. Jaundice is caused by an accumulation of bilirubin, a natural breakdown product of red blood cells as they are recycled. Normal newborns have relatively immature livers that process bilirubin inefficiently and therefore the levels rise. Bilirubin is excreted in the urine and stool, so frequent feedings are important for its return to normal levels. Normally, your baby will remain mildly "yellow" for a short time after going home (several days or even longer in the breastfed infant). If, when observed in natural light, your baby appears to be increasingly deeper yellow in color, call our office for an appointment as soon as possible. Occasionally, the degree of jaundice, measured by the blood bilirubin level, is sufficiently elevated to require the use of special "phototherapy" lights in order to bring the bilirubin down to a safe level. Depending on the severity and other factors, this is usually done in the home or hospital for 24 to 72 hours.

SPITTING UP (GASTRO-ESOPHAGEAL REFLUX)

Many infants regurgitate or "spit up" part of their feedings during the first few months of life. The spit up is effortless and contains a mouthful or two of stomach contents. Spitting up is usually harmless unless it involves large volumes that interfere with normal weight gain or is very forceful. Most infants will continue to gain weight well even though spitting up some of their feedings. If you believe your baby is regurgitating more than

normal, please call our office. Some tips to help decrease spitting up:

1. Burp your infant when he pauses during a feeding and after each feeding.
2. Consider feeding him more often while giving smaller volumes with each feeding.
3. Keep your infant in an upright position for 30 minutes after each feeding.
4. Avoid direct pressure on his abdomen.
5. Avoid jostling or rough handling after feeding.
6. If using bottles, try using a slower flowing nipple.
7. Certain foods that breastfeeding moms may be eating or various formulas may also affect the amount of reflux in your infant; call our office to discuss this further.

BOWEL MOVEMENTS

Some infants will have a stool after every feeding and some will have only one every few days. Breast fed babies may occasionally go several days without a stool and this is no cause for concern. Normal stools may be yellow, brown, or green and may vary in consistency from soft and mushy to well formed. Occasionally, small streaks of blood may be noted in the stools during the first few weeks of life in breastfed babies. This is often due to swallowed blood from mom's cracked nipples. If your baby should develop diarrhea (frequent watery stools that soak into the diaper) please contact our office.

In infants, constipation is defined by the consistency of the stool not the frequency of stooling. If your baby has small pellet-like stools, she is constipated. Constipation is exceedingly rare in breast fed babies. Depending on your baby's tolerance, standard formulas (cow milk or soy based) may increase the likelihood of constipation. If your infant appears to strain to pass a stool, this does not necessarily mean that she is constipated. Often after a big strain, a normal, soft stool is passed. Newborns normally need to strain somewhat with stooling in order to dilate their rectums. Also, newborns often tighten their anal muscles (bottom) when they feel the urge to pass stool.

If your baby does have these pellet-like stools, you may give her some pear or prune juice. You may give 1 ounce (30ml) of juice for every month of life up to about 4 oz daily. If you are contemplating a formula change or if simple interventions are not helping, please call our office to discuss this further. For constipation in infants on solid foods, first try discontinuing all bananas, applesauce / apple juice, white bread, and

rice. Adding prunes or prune juice, increasing bran or fiber products, and ensuring she is drinking adequate water often are helpful dietary changes. Please do not use suppositories, laxatives, or other stool softeners without first calling our office.

DIAPER RASH AND DIAPER CARE

The most common causes of diaper rash are: 1) Wet diapers or stool in contact with the skin for a long period of time, 2) Irritation from diaper wipes, and 3) Excessive scrubbing of your baby's gentle skin. Stool tends to be more irritating than your infant's skin than urine. There is no substitute for frequent diaper changes particularly if stool is present. Cloth diapers may be used, but be sure to check frequently for soiled diapers. You should check your baby at night before you retire and change him if he is wet, even if he is asleep. Disposable diapers are very efficient at absorbing secretions, but should still be changed frequently, especially if there is stool present.

Diaper Rash treatment strategies:

1. Change diapers immediately after urination or stooling.
2. Let your baby go without a diaper to expose his skin to the air. You may also use a hairdryer on low to blow on his skin.
3. Use plain water instead of soaps or diaper wipes to clean his bottom. Another option is to rinse off the wipes with water before using.
4. Daily washing of his bottom with warm water and a gentle soap.
5. Use a good barrier ointment after diaper changes: examples are Aquaphor®, Vaseline Petrolatum®, Desitin®, zinc oxide, Butt Paste®, etc.

If the rash is severe or unresponsive to treatment, your baby should be examined for other possible causes.

COLIC

Colic (fussing or crying for no apparent reason for more than 3 hours per day beginning after the 3rd week of life) is common during the first three months of life. If your infant is ill or her behavior does not seem fit this definition of colic, seek medical care.

Babies with sensitive temperaments tend to have more colicky episodes. The cause of colic is not completely understood but it sometimes is related to abdominal gas or food intolerance. Colic is not a result of parenting skills, so don't blame yourself! First, see if your baby has

any unmet needs - Hungry? Tired? Gassy? Soiled diaper? Almost any intervention is worth a try - so be creative. For example: snuggle your baby tightly in a front pack, try a car ride, turn on some music or a sound machine, turn on a vacuum, give her a warm bath, or place your baby next to a running clothes dryer. If nothing works after one hour, wrap her in a blanket and put her in her bed. Try to develop a routine for daily colicky events and expect recurrences for 2-3 months. Caring for a colicky baby can be exhausting and exasperating. Make sure that all primary caregivers get daily breaks. Enlist help from family, friends, a post-partum doula, or nanny. Recognize if you are reaching your limit of patience, particularly if you are fearful that you may strike or otherwise injure your infant during crying episodes. If crying persists, our office should be called for advice.

INFANT BEHAVIOR

Each infant is a completely different individual. Some are quiet, relaxed, and seldom fussy. Others are sensitive, irritable, and demanding. Many infants have a fussy period each day during the first few months of life, commonly during the late afternoon or early evening. Crying represents a baby's attempt to communicate and does no harm to him, either physically or psychologically. Responding to your baby's cries will help him bond with you and be comforted.

SIBLING RIVALRY

Your older child (depending upon age) may feel threatened when your new baby comes home. Frequently, there is a regression in behavior (baby talk, wanting to breast or bottle feed, loss of toileting skills, acting out, etc.). She may be jealous and hostile. If your child behaves aggressively toward your newborn, intervene quickly with a "time out". Permit her to interact as much (or as little) with her new sibling as appropriate. Give her some responsibility in helping to care for her new sibling. When visitors come over (or a working parent comes home) be sure they FIRST pay attention to the older sibling and ask the sibling if she would like to "show" them her new baby brother, etc. Additionally, it is very important to spend daily one-on-one time with your older child, or even arrange a special outing only for her. Tell her what you are doing: "Your baby brother is sleeping and I'd like to play with you now." Do this the same time each day. If she demands attention while you are occupied (i.e. with breast feeding), matter-of-factly tell her it is brother's turn AND her turn will be right after lunch, "just like yesterday". With patience and understanding, she will grow to enjoy her new sibling.

FRESH AIR

Take your baby outside. Grocery store trips, errands, or restaurants are just fine. Try to avoid long periods of time surrounded by large groups of people, (i.e. an indoor basketball game, a birthday party) especially in the first two months of life. Out in the community, holding your infant or having him in a front carrier often gives a protective barrier to those adoring admirers. Infants in car seats, conversely, are often approached and touched by complete strangers. Keeping at least a 3-foot barrier from coughing, sneezing, and sick people should provide good protection against the spread of infection to your infant and to you.

VISITORS

Newborn infants are susceptible to colds and other infections. While friends and relatives are welcome to visit your new baby upon arrival at home, please have everyone wash their hands before handling her. Anyone with ongoing infectious illnesses should avoid close contact or consider postponing their visit until they are well. Let your common sense prevail. Encourage friends and family to help relieve you of household tasks. When visitors come over, ask them to bring a meal. We highly recommend periodically turning off your phone or putting a “Please Do Not Disturb” sign on your front door to ensure you all get as much rest as possible.

“NORMALCY” IN INFANCY

1. All newborn babies have an immature nervous system that is responsible for the so-called startle reflex. Sudden jarring or loud noises will result in a sudden outward jerking of the arms.
2. In the first few days after birth your infant’s hands and feet may appear purple in color due to decreased circulation. However, a blue color of his face or trunk is concerning, call the office or 911 urgently if not resolving quickly. Because of an immature circulatory system, many babies are apt to develop a mottled, blotchy appearance over their whole body when undressed.
3. Infants’ breathing can appear like “panting”, then be calm, then “panting” again. It is normal for many newborn babies to have irregular respirations. Persistent, rapid breathing is often a sign of something significant occurring; call our office for further guidance.
4. Crossing of the eyes is common, especially when your baby is gazing at any object a few inches away. Let us know if one eye persistently deviates to one side.

5. Due to the presence of various hormones passed into the baby from the mother, many full term babies (both boys and girls) show transient swelling of breast tissue and genitals. Female newborns often show a whitish, sometimes blood-tinged, vaginal discharge.
6. Other normal manifestations may include frequent sneezing, coughing, hiccups, and quivering of the chin when crying.
7. Boys’ foreskins may be tight. Don’t retract the foreskin; it will retract over time with normal erections.
8. Eye color is often difficult to determine fully until 6 months of age. Until that time you may notice a gradual change in color.
9. In the first few days after birth, an orange, chalky patch may be seen in the front of your baby’s diaper where he just passed urine. This is not blood, but rather crystals that formed in her bladder before birth. This will resolve in a few days and is not concerning.

CAR SAFETY RULES FOR CHILDREN

Please help keep your child safe in each car ride. Car crashes are the most serious threat to a child’s life. Seat belts made for adults can do severe harm to children who weigh less than 80 pounds.

1. **It is recommended that children ride in a rear-facing car seat until they are 2 years of age.** You may need to purchase a rear-facing toddler seat if your child reaches the height/weight limits of her rear-facing infant seat, but is not yet 2 years old.
2. Kids need a harnessed car seat until age 4-5 years. Use a 5-point harness as long as possible. You will know when your child has outgrown the harness when her shoulders are above the top harness slots or her ears reach a level above top of seat. Check your manual to confirm the height/weight limits of your car seat.
3. Children weighing 40 to 80 pounds may ride in a booster seat. A booster seat adjusts the adult seat belt to keep your child safe in a crash. When your child weighs over 80 pounds and is about 4’9” tall, the adult seat belt alone will be safe.
4. Never put the shoulder belt behind a child’s back or arm, never have two children share a belt, and never use pillows or books as boosters.
5. Children under 13 years old should always ride in the back seats. Air bags that deploy in the dashboard during an accident can severely hurt or cause death to your child if she is too small or light.
6. For help with finding the right seat for your child, please call (425) 828-8975 or 1-800-BUCKLUP or visit www.boosterseat.org or www.healthychildren.org.

GENERAL SAFETY

1. Ingestions: Always be aware of the potential environmental poisons both inside and outside the house. Keep all medications in bottles with secured tops and out of reach of your child, preferably in a locked cabinet. Keep all household chemicals out of reach as well. Syrup of ipecac is a drug that was used in the past to make children vomit (or throw up) after they had swallowed a poison. Although this may seem to make sense, this is not a good poison treatment. You should not make a child vomit in any way, including giving him syrup of ipecac, making him gag, or giving him saltwater. If you have syrup of ipecac in your home, please throw away the container. For any ingestion of concern call the Poison Control Center at 1-800-222-1222.

2. Hot Water: Most home hot water heaters are set too high at 145°. It takes only 3 seconds at this temperature to produce a full thickness burn. Water heaters should be lowered to 120° at which it takes 120 seconds to produce an equal burn (with obviously more time to react). Always wait to place an infant in the tub until the water is filled and checked for appropriate temperature. Children can drown in only a few inches of water; never leave your child unattended in a bath even for a short time.

3. Baby Walkers: Walkers with wheels should never be used. They do nothing for promoting development and cause significant risk for serious injury should they tip over.

4. Sleep: Newborns should be placed on their backs to sleep. "Tummy time" while awake is encouraged when your infant can be monitored. Never let your newborn sleep on a waterbed, sheepskin rug, down, or other soft pillows. These beddings put your infant at risk for suffocation. Make sure the space between the mattress and wall or between crib slats is no more than two-fingers width apart.

5. Pets: Supervision is imperative when an existing pet first gets comfortable with a newborn in the home. Never leave the pet and newborn alone in a room unsupervised. Provide many leashed introductions of the pet to the newborn before unleashed access to the newborn is allowed.

6. Toys: Below are some characteristics to **avoid** when selecting toys:
- Small parts that can break off
- Plastic parts that may shatter into sharp pieces

- Filling with beads, beans, small pellets, magnets
- Toxic materials (particularly lead in cheap metal jewelry or toys)

All toys and their parts should be larger than your child's mouth to prevent choking. Check for recalls at the Consumer Product Safety Commission: www.cpsc.gov

SIGNS OF ILLNESS

During the first eight weeks of life please contact our office if any of the following occur.

- Fever over 100.4° F (rectal), or 38° C
- Fast breathing or labored breathing (with increased effort)
- Inability to eat for more than 6 hours
- No urine in more than 8 hours or less than 3 wet diapers in 24 hours
- Listlessness, sluggishness
- Increasing jaundice
- Projectile vomiting (not just "spitting up")
- Marked jitteriness
- Bellybutton or circumcision looks infected
- Green or yellow eye drainage

VOMITING

Vomiting is the forceful throwing up of stomach contents through the mouth. Spitting up (most commonly seen in infants under one year of age) is the easy flow of stomach contents out of the mouth, frequently with a burp. During the first few months most infants will spit up small amounts of formula or breast milk, usually within the first hour after being fed. It is normal for milk to occasionally move from the stomach, through the tube (esophagus) leading to it, and out of the mouth. It will occur less often if a child is burped frequently and if active play is limited right after meals. This spitting up tends to decrease as the baby becomes older, but may persist in a mild form until ten to twelve months of age. Spitting up is not serious and doesn't interfere with normal weight gain.

Please call us if vomiting appears repeatedly or is unusually forceful. It may be just a mild feeding difficulty, but it also could be a sign of something more serious. You should call us if you notice:

- Vomit is deeply green or bloody
- Severe, unremitting abdominal pain
- Strenuous, repeated vomiting

- Swollen or enlarged abdomen
- Lethargy or severe irritability
- Convulsions
- Dehydration, including dry mouth, absent tears, decreased urination (less than 3 wet diapers in 24 hours; see section on dehydration)
- Inability to drink adequate amounts of fluid
- Vomiting continuing beyond twenty-four hours

DIARRHEA

Diarrhea is defined with regards to the total number of stools per day as well as their consistency. One or two loose or watery stools per day do NOT constitute diarrhea. In fact, well infants may have 6 to 8 loose stools per day initially. If your child is having 3 to 4 more stools more per day than she NORMALLY has, and they are watery, then she may have diarrhea. If your child has a watery stool every hour or two, especially along with a fever, she may become dehydrated (please see section immediately following).

If your child has mild diarrhea but is not dehydrated and does not have a high fever, the diet need not be changed and breast milk or formula can be continued. Do not give a "clear liquid diet" to an infant. Severe diarrhea is rare in exclusively breastfed babies and additional electrolyte solution should be given only with medical advice. Many breastfed babies can continue to stay hydrated with frequent breastfeeding alone.

DEHYDRATION

The greatest concern in infants and toddlers is dehydration (the excess loss of body water). Signs of adequate hydration are:

- Your child is urinating at least 3 to 4 times/24 hours
- You can see tears or moist lips
- After you put your finger in your child's mouth it should be wet upon removal
- Pinch the skin on her abdomen: when let go, it should be "elastic" and return to normal immediately.

If you have concerns or questions about any of these four signs, please call us right away. If your child has had several episodes of severe vomiting or has a watery stool every hour or two, and is becoming dehydrated, stop all solids for 24 hours. Continue breastfeeding frequently, and call us if there is no improvement in urination (wet diapers every 8 hours or more). For formula fed-babies with dehydration give an electrolyte replacement solution. Stop formula and all solids if there is severe vomiting.

<u>Body Weight (Lbs)</u>	<u>Min. Daily Fluid Requirements (Oz)</u>	<u>Electrolyte Solution For Mild Diarrhea (per 24 Hrs)</u>
6-7 lbs	10	16 oz
11 lbs	15	23 oz
22 lbs	25	40 oz
26 lbs	28	44 oz
33 lbs	32	51 oz
40 lbs	38	61 oz

(Adapted from <http://www.healthychildren.org/English/health-issues/conditions/abdominal/Pages/Treating-Dehydration-with-Electrolyte-Solution.aspx>, 8/112010).

For children with vomiting give the fluids slowly at first. For children under 12 months, start with 1 to 2 teaspoons commercial rehydration solution (Pedialyte®, etc.) and wait 15 to 20 minutes. If this is retained, advance to 1 to 2 oz. fluid, waiting at least 20 minutes between "feedings." For breast fed infants, alternate nursing with clear liquids for 12 to 24 hours. Continue to advance the amount of clear liquids as tolerated, but do not add any other foods until 24 hours after the last vomiting episode.

Once your child (older than 6 months) has been on an electrolyte solution for 12-24 hours and the vomiting and diarrhea is decreasing, gradually expand the diet to include foods such as applesauce, pears, bananas, and flavored gelatin, with a goal of returning to her usual diet over the next few days as tolerated. In children over age one, milk can be withheld for one to two days until the diarrhea begins improving. As the vomiting and diarrhea improve, an older child may be able to eat small quantities of bland foods such as rice, toast, potatoes, and cereal, and should be moved to an age-appropriate diet as soon as possible. You can continue to give the electrolyte replacement solution if your child likes it or is not taking usual amounts of their regular fluids.

Return your child to a normal diet on the third day, except for fruit juices. Vomiting usually improves after 24 hours. The stools may remain loose for several weeks, but the frequency should be greatly reduced. If you think your child is dehydrated or does not seem to get better with the above instructions after 12-24 hours, please call for an appointment, especially if your child is an infant or weighs less than 20 lbs.

FEVER

By itself, fever is not an illness. Fever helps the body fight off infection. ***In the very young infant (less than eight weeks old) a temperature over 100.4°F requires a doctor's visit.*** It is hard to tell the difference between mild and serious infections at such an early age.

If your child is older than 6 months, is drinking, eating, and sleeping reasonably well, and has occasional playful moments, there is no need to call the office immediately. Treating fever discomfort with acetaminophen (Tylenol®) or ibuprofen (Advil®, Motrin®) will often help your child feel better. (Refer to the back pages for dosing table). Taking off your child's clothes and moistening her head or body are also effective methods to bring down a fever. Even HIGH temperatures (up to 105°F) are NOT harmful to children who otherwise look well.

In children older than two months, your decision to call us should depend on associated symptoms, such as a severe sore throat, a severe earache, a cough, an unexplained rash, or repeated vomiting or diarrhea. A very high fever in a child that also appears ill should be evaluated in a prompt manner. Call us if your child is very fussy or sleeping more than usual. Your child's activity level tends to be a more important indicator than the height of the fever. If a high fever persists for more than twenty-four hours, however, it is best to call even if there are no other complaints or findings.

THE COMMON COLD

Colds are caused by viruses, microscopic organisms even smaller than bacteria. Most children have at least twelve colds in the first two years of life and more than that if they are in daycare or have older siblings. Each cold can last about 2 weeks, often to be replaced, especially in the winter months, with another. With each new sibling, the symptoms tend to appear earlier than with the previous child, as there are more sources of infection. Most colds go away without any treatment, have no complications and help strengthen your child's immune system. Children tolerate these viral illnesses much better than adults.

The familiar symptoms of a cold include:

- Runny nose (first, a clear discharge; later, a colored one)
- Sneezing
- Mild fever (101-102 degrees F [38.3–38.9 degrees C])
- Decreased appetite
- Sore throat
- Cough

- Feeling tired and occasionally fussy
- Slightly swollen glands

Unfortunately, there's no cure for the common cold. You will help your child recover faster by making her comfortable and providing extra rest and increased amounts of fluids. If she has a fever and is uncomfortable, give her single-ingredient acetaminophen or ibuprofen. Ibuprofen is approved for use in children at least six months old; however, do not give it if your child is getting dehydrated or vomiting repeatedly. (See back cover for recommended dosages.) Remember that fever helps to fight cold infections so do not treat fever if your child is comfortable and do not give medicine repeatedly for days unless you have been instructed to do so.

If your infant is having trouble breathing or drinking because of nasal congestion, clear her nose with saline (salt water) nose drops or spray, which are available without a prescription. Place two drops in each nostril fifteen to twenty minutes before feeding. If the secretions are thick try to suction them with a flexible nasal aspirator ("snotsucker") or a rubber suction bulb before each feeding and before bed. Placing a cool-mist humidifier (vaporizer) in your child's room also will help keep nasal secretions more liquid and make her more comfortable. Don't use hot-water vaporizers since they can cause serious burns. Be sure to clean and dry the humidifier frequently to prevent bacterial or mold contamination.

We discourage using over-the-counter (OTC) cough and cold medicines for children under four years old because of the risk of life-threatening side effects. Further, studies show that cold and cough products don't work in children younger than six years although you may give 2 teaspoons honey to children (over one year old) at bedtime to help with a cough. For the daytime, keep in mind that coughing clears mucus from the respiratory tract, a good reason not to suppress it. Your child's immune system is well equipped to resolve most colds. Antibiotics are not indicated for the "common cold" and do not lessen its duration or improve its course.

HEAD TRAUMA

If your child has a head injury, she should be closely observed at home for a minimum of 24hrs. A physician should evaluate any child suffering a concussion before returning to any exercise or sports. The following are some reasons to seek emergency care in our office, an ER, or call 911:

- Loss of consciousness (unlikely if she cried immediately)
- Unable to awaken / unusual sleepiness, unusual behavior or confusion
- Convulsions (Seizures)
- Repeated vomiting (more than 2 to 3 times)
- Worsening headache
- Persistent bleeding or clear fluid from the nose or ears
- Difficulty with seeing, hearing, speaking, walking, or using arms or legs
- A “goose egg” (swelling on the scalp) that continues to increase in size

IMMUNIZATIONS

Because parents today rarely see the devastating effects of diseases like polio and whooping cough, they might wonder why immunizing their children is still important. They want to do what is best for their family and their community, but they may have questions.

1. Is immunization necessary?

- * In the last 50 years, vaccines have nearly wiped out measles, polio, and some forms of meningitis.
- * Vaccines strengthen the immune system by helping the body to recognize and fight some viruses and bacteria. Vaccines work well even in the smallest infants, who face the most serious risk from the infections. Infants are more vulnerable to infectious disease than older children because their immune systems cannot easily fight off bacteria or viruses. The effects of disease are more serious in infants than in older children. That is why it is so important to protect infants with immunizations.
- * Vaccines not only protect the child who receives the immunization but also protect every one of us from these terrible diseases. As we vaccinate more children, we increase protection for other children and members of our community.

2. Are vaccines really safe?

Childhood immunizations are the safest and most effective way to keep children from getting dangerously sick. A child is much more likely to suffer permanent harm such as brain damage or seizures from the actual infection

than to have a serious problem from immunizations. Serious vaccine side effects are very rare although mild side effects such as low-grade fever and feeling tired for 1-2 days are common.

3. What about autism, mercury, and aluminum?

The physician Andrew Wakefield from Britain proposed the idea that MMR causes autism. He was found guilty of fraud and his publication was retracted. At least 14 subsequent studies have shown that there is no link between autism and vaccines. Five studies have shown no link between autism in children receiving thimerosal-containing vaccines. After thimerosal was removed from child vaccines in 2001, there was no change in autism rates. The aluminum content in vaccines is minimal. A quart of formula contains more aluminum than the average child vaccine dose.

4. Are there too many shots for a small baby to handle in one visit?

A baby's immune system is bombarded with hundreds of antigens from viruses and bacteria in her everyday environment, be it from brother's kiss or from exploring the floor. In fact, babies can respond to millions of different viruses and bacteria because they have billions of immune disease-fighting cells. Vaccines do not overload the baby's immune system; they protect her from the few seriously dangerous infections she may not be able to survive on her own.

Immunization Facts

- * Many vaccine-preventable diseases have no cure or treatment.
- * A disease may not currently be present in a community, but disease outbreaks occur in communities that are not protected, or through domestic or international travel. Among unimmunized populations in the world, 300,000 children die each year from Pertussis (whooping cough). King County has hundreds of Pertussis cases every year, and since 1999 the caseload has been rising.
- * Immunizations save money. The infections cost 16 times more in medical expenses than what vaccines cost. This does not include costs to families, such as lost days of work, school and childcare.

Immunization Websites

- www.cdc.gov/nip (CDC National Immunization Program)
- www.immunizationinfo.org (National Network for Immunization Info)
- www.immunize.org (Immunization Action Coalition)
- www.aap.org (American Academy of Pediatrics)
- www.doh.wa.gov/cfh/immunize (WA State Department of Health)

TELEPHONE AND EMERGENCIES

In cases of life-threatening emergencies (seizures, unconsciousness, severe burns, multiple trauma injuries, etc.) we advise calling 911 and/or going to the nearest hospital emergency room. They will contact us. In cases of poisoning or ingestion of questionably harmful substances, call the Poison Control Center at 1-800-222-1222. Ipecac is no longer recommended to be given in the case of ingestions; do not give it to your child.

In all other cases of sickness or injury, please feel free to call our office at any time. It is easier and more efficient for the staff to handle questions during regular office hours (normal business hours Monday thru Friday as well as additional Monday thru Thursday evening clinic hours and Saturday morning clinic). We welcome phone calls about any concerns or questions about your child's care. If you have left a message with our staff and have not heard a reply to your question, and it is approaching our closing time, please do call us back!

After our office hours end, a triage nurse through Seattle Childrens Hospital is available by calling our office number (206) 546-2421 and following the phone tree prompts in order to speak with the triage nurse. These nurses are available at all times that our office is closed, including all holidays. There is a fee to utilize the Childrens after-hours nurses, so please try and address your questions with us during our office hours. After-hours appointments with a pediatrician can also be scheduled at the Childrens Hospital Urgent Care Clinic, accessed through our office number as well. As an additional resource, many insurance companies offer free after hours advice. Contact your insurance company to see how to access this benefit.

Sick infants and children will always be seen on the same day if you make your concern known to the receptionist. Many problems can be well handled with telephone advice and we (the physicians and nursing assistants) will return your call as soon as possible. Return calls may be delayed until the noon break or dinner hour. There are no charges for nursing consults by phone during our office hours. Occasionally, depending upon specific circumstances, a fee for physician telephone consults will be charged; this should be clear at the time of scheduling the consult.

OFFICE VISITS

Your new baby will be seen one to two days after hospital discharge and at two weeks of age for a weight check and the first well-baby visit. Thereafter, visits at 2, 4, and 6 months are recommended, and then at more

lengthy intervals. This schedule may be altered to more or less frequent visits as necessary. During these visits important immunizations will also be given. Please bring this booklet and your green immunization card with you for each visit to the office. It is best to call at least one to two months in advance for well childcare appointments.

Should your address or telephone number change, please inform us immediately. In an emergency, the only record we have is on your medical chart. If this is incorrect, we have no way to contact you. Please do not wait for your next visit to inform us of a change!

If you are on time for your appointment, we will make every effort to be on time as well. We have a policy that no matter how busy we are, a significantly ill child will be fit in to be seen that day. Occasionally this results in delays in our schedule. The MOST common reason for our being late, however, is the late arrival of scheduled patients. Please help us all to keep an orderly patient flow by arriving on time to your appointment. Scheduled patients who miss their appointment or give us less than 24 hours notice of a cancellation will be assessed a no show charge that is not covered by insurance. We will do our best to give you a reminder call the day prior to your child's scheduled appointment, but remembering appointment times is the sole responsibility of your family.

TRANSFER OF MEDICAL RECORDS

We will be glad to care for your children until they are 21 years of age. However, because of relocation and various other reasons, families occasionally need to change physicians. Should you do so, a request to transfer important records can be made to our receptionist. After we receive your records transfer request, we will gladly forward these records to your new physician.

AGE: 3-5 DAYS OLD

Date: _____ Age: _____
Weight at discharge from hospital: _____
Weight: _____ Length: _____

INITIAL CHECKLIST: Do you have questions about any of these?

1. Care of the umbilical cord and/or the circumcision
2. Diaper rash / Facial rashes
3. Feeding schedules
4. Breast soreness
5. Urination / Bowel movements
6. Fussiness
7. Sleeping

* Babies usually lose weight during the first week and should regain to their birth weight by 2 weeks old.

* Parental sleep is VERY important - take shifts and try to rest when your baby is sleeping.

* Postpartum blues (“baby blues”) are very common. Self-care is essential: GET SLEEP, eat well, talk about how you are feeling, and allow others to help. Please talk with us (or your health care professional) if these feelings are overwhelming or last for a long period of time.

* To prevent Vitamin D deficiency, the American Academy of Pediatrics recommends that all babies receive daily supplementation with Vitamin D (available over the counter).

Please review the sections about caring for your newborn and safety information at the front of this book.

AGE: 2 WEEKS OLD

Date: _____ Age: _____
Weight: _____ Length: _____

(Please let us know if your baby has already had the second PKU blood test.)

* If you are breastfeeding, consider offering a bottle of expressed milk or iron-fortified formula, after breast-feeding is well established (around 1 month of age). This “social bottle” will enable your baby to become familiar with the rubber nipple and offer you the flexibility you may want (or need).

* All babies have some degree of fussiness from approximately 3 weeks to 3 months of age, peaking at 6-8 weeks. They may cry inconsolably, extend or draw up their legs, and seem to have a lot of gas. If your baby is often very hard to comfort, please let us know. It is always okay to put your baby down in a safe place and take a break if you are feeling overwhelmed.

* Activities to do with your baby: Hold, cuddle, sing, talk, play music, watch mobiles, look at high contrast and brightly colored objects, take walks outside, enjoy “tummy time” together.

AGE: 6 to 8 WEEKS

Date: _____ Age: _____
Weight: _____ Length: _____

DIET: Breast milk and/or formula with iron continue to be good nutrition for your baby. Continue taking prenatal vitamins while breastfeeding. Continue Vitamin D supplementation. Solids are not yet needed. Solid foods can be introduced around 4-6 months of age.

SLEEP: Continue placing your baby on her back for sleep and avoid putting any other items (pillows, stuffed animals, thick blankets) in her sleeping space.

DEVELOPMENT: Social smiles will start occurring regularly now! Babies this age enjoy people and will coo and babble in “conversation”. While on their stomach, babies this age may push up, roll from side-to-side or even roll over. Babies this age can follow objects at least to the midline with their eyes.

ACTIVITIES: Interact with your baby: sing, talk, and read aloud. Try music, mirrors, and walks outside. Give your baby “tummy time” while awake. Babies this age enjoy toys/objects with varying textures. TV and videos are NOT recommended. Early screen time is NOT beneficial to development and may be linked to attention and language development issues as your child grows.

IMMUNIZATIONS: There may be a mild reaction to an injection such as soreness at the site of injection or low-grade fever and fussiness during the 48 hours afterwards. You may use acetaminophen (see inside back cover for dosing) as needed for any of these reactions.

AGE: 4 MONTHS

Date: _____ Age: _____
Weight: _____ Length: _____

DIET: Breast milk and/or formula with iron continue to be good nutrition for your baby. Continue taking prenatal vitamins while breastfeeding. Continue Vitamin D supplementation. Solid foods can be introduced over the next two months.

SLEEP: You can start a bedtime routine now. Lay your baby down drowsy but awake. Both you and your baby will benefit if he learns to fall asleep without your help. If your baby falls asleep independently at the beginning of the night, it will be easier for him to go back to sleep in the middle of the night without your help. Be sure to place your baby down for sleep drowsy but still awake; establish a bedtime routine that everyone enjoys.

DEVELOPMENT: Sits with support, supports weight on legs, rolls over. Reaches for and grasps objects. Smiles, coos, giggles, squeals, and initiates interactions; recognizes parents!

ACTIVITIES: Give your baby toys and textures to grab. Unbreakable mirrors can be fun for your baby. Continue to enjoy “tummy time” while your baby is awake. Play games such as “pat-a-cake” and “peek-a-boo”. TV and videos are NOT recommended. Early screen time is NOT beneficial to development and may be linked to attention and language development issues as your child grows.

AGE: 6 MONTHS

Date: _____ Age: _____
Weight: _____ Length: _____

DIET: Breast milk and/or formula with iron continue to be good nutrition for your baby. Look for signs of readiness to start adding solid foods: he can sit up with minimal support, is interested in the food that you are eating, and does not push the spoon out with his tongue when offered. Start with iron-fortified rice cereal mixed with breast milk or formula once a day. Let your baby determine the amount. Please stop when your baby turns away or “zips the lips” together. Your baby will eat better and have fewer eating problems in the future if you do not force her to eat now. Learning to eat from a spoon is a gradual process and there is no hurry. When the art of swallowing has been mastered, you can introduce more varied foods. Avoid adding sugar or salt. Leave 4-7 days in between the introduction of new, single ingredient foods. If your baby is intolerant to a certain food, you may notice an increase in fussiness, gas, rash, spitting, or diarrhea. When your baby sits independently, and picks up small objects with thumb and pointer finger, you can introduce finger foods (dry Cheerios®, green peas, teething cracker, bread stick, sliced banana, cooked string bean, etc.). At the same time, start using a cup with water (NOT juice) for your child for practice.

SLEEP: A bedtime routine will provide security for your baby at this age. Many babies who have previously slept through the night begin to wake again. If your baby wakes during the night, first wait 5 minutes to see if he will go back to sleep on his own. We do not recommend resuming middle of the night feedings or bringing your baby to your bed.

DEVELOPMENT: Sits without support, laughs and babbles, passes things hand-to-hand/mouth-to-hand. May get upset with parents leaving, beginning to differentiate self from others and familiar from unfamiliar.

ACTIVITIES: Babies love noises and are beginning to understand cause and effect. Give measuring cups, pots, and wooden spoons to bang. Play “peek-a-boo”, “so big”, and other words-with-motion games. Talk, talk, talk: narrate your day to your baby. Read, read, read. Make reading with your baby an important part of your family’s day. TV and videos are NOT recommended.

AGE: 9 MONTHS

Date: _____ Age: _____
Weight: _____ Length: _____

DIET: As your baby gradually increases his intake of solid foods, breast milk or formula intake may decrease. We recommend offering 3 meals and up to 2 snacks per day. Many table foods may be added to the diet, provided they are adequately mashed or ground. Some soft foods may be cut in small pieces and given to your baby to feed herself with her fingers. **AVOID FOODS THAT ARE CHOKING HAZARDS:** such as raw apple, raw carrot, nuts, hot dogs, grapes, popcorn, raisins, hard candy, gum, and marshmallows.

SLEEP: Your baby may begin to resist going to bed as separation anxiety intensifies. This is very normal. Continue your reassuring bedtime routine. If/when night waking recurs, respond much as you did when you were initially teaching your baby to sleep through the night. Make a brief reassuring visit but let him stay in the crib; if visiting makes matters worse consider not going into the room. Do not start middle of the night feeding or bringing your child to your bed unless you want to teach him that this is the way all nights will be.

DEVELOPMENT: Stranger anxiety, complains when caregiver leaves room. Sits well with good head control, pulls to stand, and may begin walking holding onto furniture. Feeds self with thumb to finger grasp. Waves, plays “peek-a-boo”, hunts for a hidden toy, mimics sounds (mama, dada, uh-oh).

ACTIVITIES: During the next few months your baby will want to touch, taste, and play with everything that is within reach. Curiosity is vital to development. Your job is to allow your baby to explore safely. Distraction is usually a successful way to deal with undesirable behavior at this age. Now is a great time for “hide and find” games. Talk and read with your baby, and talk and read some more! TV and videos are NOT recommended. Screen time is NOT beneficial to development and may be linked to attention and language development issues as your child grows.

INFANT AND TODDLER SAFETY

Protect your baby. In the car, your infant needs a rear-facing car seat until age one year, regardless of body weight. As your baby begins creeping, crawling and walking, think about safety precautions at home. Hot liquids, hot foods, and electric cords on irons, toasters, and coffeepots should be kept out of reach. The tablecloth should not hang within reach. When you are busy, put your baby in a safe place near you. Place guards in front of fireplaces and open heaters. Fence off stairs. Easily overturned lamps and sharp furniture are dangerous. Scissors, knives, and breakable objects should be kept out of reach. Get safety plugs for wall sockets. Check your smoke detectors and fire extinguishers on a regular basis. Medicines should be put in a locked cabinet after each use and cleaning solutions should be removed from under kitchen sinks and other accessible areas. Be careful in disposing of old medications to ensure that your child can not retrieve them from waste containers. Syrup of Ipecac is no longer recommended for home treatment of poisonings. In case of ingestion of poisons, call the Poison Control Center immediately prior to providing any treatment: (206) 526-2121 or 1-800-222-1222 (post these numbers by your phone!)

AGE: 12 MONTHS

Date: _____ Age: _____
Weight: _____ Length: _____

DIET: Now you can introduce whole milk to your baby's diet. The amount of milk needed varies for each child, but should not exceed 24 ounces per day. Serve milk in a cup with meals. This is a good time to wean from the bottle and pacifier. Typically children at this age eat three meals and two healthy snacks per day, with the gradual replacement of all baby foods with regular table foods. Continue to avoid foods that are a choking hazard. Appetite highs and lows are expected. Your job is to offer healthy foods and your child's job is to eat healthy foods when he is hungry. Look at intake over the course of a few days to a week to ensure a variety of foods. Sit down as a family for meals, and continue to commit to feeding your child healthful foods - soon she will be modeling your eating habits!

DEVELOPMENT: Temper tantrums and negativism are a normal part of this stage of development. Stay calm, try to understand why your child is upset, respond clearly, suggest an alternative, and then allow him to handle the tantrum on his own. Also: responds to name, uses "mama" and "dada" specifically, indicates wants without crying, points at objects, has good "pincer" grasp, makes eye contact with you for reassurance, drinks from a cup, starting to use a spoon, and starting to walk.

ACTIVITIES: Respect your child. Ask if she is finished eating prior to taking her out of the high chair. Give warning when the scene is about to change. Help her communicate and cooperate by giving her the opportunity. Narrate your day, talk about what you are doing and seeing. Read, read, read, read - every day! Identify body parts and name them, introduce counting, roll a ball back and forth or play other "give and take" and "hide and find" games. Give sequential directions to follow. TV and videos are NOT recommended. Screen time is NOT beneficial to development

IMMUNIZATIONS: If your child receives the MMR and/or Varicella (Chickenpox) vaccines today, fever and rash may occur in 1-3 weeks. Other immunizations may cause a mild reaction such as soreness at the site of injection or low-grade fever and fussiness during the 48 hours afterwards. You may use acetaminophen (see inside back cover for dosing) as needed for any of these reactions.

AGE: 18 MONTHS

Date: _____ Age: _____
Weight: _____ Length: _____

DEVELOPMENTAL MILESTONES:

Identifies objects/body parts, uses 10 or more words, points to pictures, understands simple instructions ("please put this in the garbage"). Walks up steps, kicks/throws ball. Eats independently, no longer uses bottle, uses spoon relatively well. Imitates household tasks, starting to pretend

COMMENTS: Tantrums often start at this age as toddlers test the boundaries and rules of their environment. Parents often feel that the "terrible twos" have started at this age. This stage is challenging and takes a lot of patience and consistency. The "Terrible Twos" were not invented by your child. Temper tantrums are a normal stage reflecting your child's struggle to take control of her environment, body, physical skills, and emotions. It is also normal for children to show aggression for a brief time. As you help your child become more fluent with language and more confident with independent skills this challenging stage will pass. If more behavioral advice would be useful or if your child seems frustrated, unhappy or aggressive most of the time, we will be glad to discuss your concerns briefly during this visit or in a consultation at a separate appointment

PROMOTING YOUR TODDLER'S DEVELOPMENT:

- * Read books to your child every day. She may want to read the same book many times. Go to the public library regularly.
- * Play with your child. Children learn about their world by imaginative play. Let your child lead the play.
- * Eat together as a family. Try to model healthy eating habits. Serve healthy foods and try not to nag. We recommend a daily Vitamin D supplement. Avoid TV at mealtimes.

YOUR CHILD AND SCREEN TIME:

It is better for toddlers to play rather than to watch TV or play computer games. Talk to your child about the characters and story. Avoid exposure to violence. Turn screens off for most of the day. We don't recommend toddlers have screen time under 2 years of age. However, if you choose to have it, limit screen time (TV, computer, hand held games) to max 1-2 hours per day.

AGE: 2 YEARS (24 MONTHS)

Date: _____ Age: _____
Weight: _____ Length: _____

DEVELOPMENTAL MILESTONES: Combines 2 to 3 words into phrases, has a vocabulary of at least 20 words, refers to self by name, understands 2-part commands, asks frequent questions. Feeds self well, helps put on own clothes, washes hands. Jumps.

PROMOTING YOUR TODDLER'S DEVELOPMENT:

- * Go to the library often. Read books to your child every day. She may want to read the same book many times. Have your child point out pictures or make animal noises as you read the story.
- * Play with your child. Children learn about their world by imaginative play. Let your child lead the play.
- * Eat together as a family and serve your child the same healthy foods you eat. We recommend a daily Vitamin D supplement.

YOUR CHILD AND SCREEN TIME:

It is better for toddlers to play than to watch TV or play computer games. Talk to your child about the characters they watch and what the story is about. Be careful about programs, advertisements and games your child sees. Avoid exposure to violence. Turn off screens for most of the day. Limit screen time (TV, video, computer games, smart phone apps, hand held video games) to 1-2 hours per day.

TODDLER SAFETY

Did you know that accidents are the major cause of death in children age one to four years? Most of these accidents can be prevented. Often, accidents happen because when parents are not aware of what their children can do. Your child is a fast learner, and in "no time at all" that child who could barely walk now knows how to climb, jump, run, ride a tricycle, and explore. Your child may not remember what is dangerous. For a two-year-old, the main risks are car accidents, burns, poisons, and falls. Supervise your child closely, especially around traffic and driveways, machinery, water, and unfamiliar homes.

Always remember car safety. Car crashes are the biggest danger to your child's life and health. The crushing forces on your child's brain and body in an accident or a sudden stop even at low speeds are likely to kill or severely injure him. The only way you can prevent car injuries and deaths is to use a harnessed car seat every time your child is in the car. Periodically check to make sure the seat fits your child. Call 1-866-SEAT-CHECK or www.seatcheck.org to have your car seat checked. Make sure to hold your child's hand in a parking lot or while walking in the street.

Remember that the kitchen can be a dangerous place. If he is under foot, hot grease and hot foods spilled on him can cause serious burns. Find something safe for him to do during these times of the day. And remember that kitchen appliances and other hot surfaces such as irons are very real dangers to your child long after you have finished using them.

Lock away medications, cleaning supplies and poisons. Call Poison Control 1-800-222-1222 if you believe your child may have ingested something dangerous.

Keep matches and lighters out of reach.

You must put a life jacket on your child when he is on a boat or dock.

Keep guns out of the home. If this is not possible, store guns unloaded in a locked box. Store ammunition in a locked area separate from the gun.

Keep smoke and carbon monoxide detectors in your home. Change the batteries regularly.

AGE: 2.5 YEARS (30 MONTHS)

Date: _____

Age: _____

Weight: _____

Length: _____

DEVELOPMENTAL MILESTONES: Has a vocabulary of 20 or more words, combines words, understands the difference between "me" and "you", speaks clearly most of the time. Starting to share toys and play items with other children, pretends to read, engages in imaginative play. Can go up and down stairs one step at a time, undresses self.

PROMOTING YOUR CHILD'S DEVELOPMENT;

- * Read books to your child every day. She may want to read the same book many times.
- * Join a playgroup or make play dates so your child will learn to play well with others.
- * Praise your child for good behavior.
- * Give choices between 2 good things for snacks, books, and toys.
- * Help your child name his emotions and express feelings. Listen to your child and be respectful of her thoughts.
- * Never make fun of your child's fears.
- * We recommend a daily Vitamin D supplement.

FAMILY ROUTINES:

- * Be active together as a family. Model playing outside even in rainy weather. Find a good rain suit!
- * Read together every day.
- * Have a quiet bedtime routine including books or songs. Try to have no TV or video 30 minutes before bed.

SIGNS OF TOILET TRAINING READINESS:

1. Your child is dry for 2 hours, knows if she is wet or dry, and knows she is going to have a bowel movement (i.e., goes and hides in corner before having BM).
2. Wants to learn to be toilet trained.
3. Let your child be in the lead for toilet training. If your child is resisting sitting on the potty, don't push. Wait until he is ready to work on it.

AGE: 3 YEARS

Date: _____
Weight: _____

Age: _____
Length: _____

DEVELOPMENTAL MILESTONES: Draws circles and crosses, recognizes colors. Dresses self with supervision. Separates easily from parents. Speech understandable most of the time, gives first and last name, knows age and gender. Broad jumps, balances on one foot, plays tag. Toilet trained except at night.

PROMOTING YOUR CHILD'S DEVELOPMENT:

- * Consider joining a preschool at least part time so your child can learn to use words with others, and how to take turns and share.
- * Read books and ask your child questions about the story. Point out letters and numbers in books and wherever you go.
- * Give lots of opportunity for make believe and dress up play.
- * Give your child opportunity to make choices.
- * When your child is angry or frustrated encourage him or her to handle the emotion: time alone, talking it out, or explaining his or her feelings or being active. Stay calm when your child is having an outburst. He or she will recover more quickly if you stay calm.
- * Have regular mealtimes and playtimes as a family. It is a time to connect and ask about your child's day. Talk about your day, too. We recommend a daily Vitamin D supplement.
- * Limit TV/video/computer/video games to 2 hours or less per day. Avoid TV at mealtimes. Talk about what programs he or she is watching.

AGE: 4 YEARS

Date: _____
Weight: _____

Age: _____
Length: _____

DEVELOPMENTAL MILESTONES: Draws pictures of people, learning to write letters. loves to do creative and make believe play, tells stories, likes playing with other children. Dresses and undresses without supervision, hops. Curious, asks "why, when, how" questions.

PROMOTING YOUR CHILD'S DEVELOPMENT:

- * Read to your child. Ask your child questions about the story. See if he or she can tell the story back to you. Point out letters and words.
- * Model apologizing and help your child do so after hurting someone else's feelings. Praise your child for being kind. Praise behaviors you want to encourage.
- * Explore your neighborhood. Visit the public library regularly. Talk about the people and events in your community.
- * Teach your child to be safe with other adults or older children, and to keep private parts private. Teach your child that no one should ask for a secret to be kept from parents, not to go anywhere with another adult without asking you first, and to get help if you don't feel safe.
- * Limit TV/video/computer/video games to less than 2 hours/day. Avoid having a TV or computer in the child's bedroom.
- * Use family mealtimes to ask your child about the best and worst events of their day. Continue to model healthy eating and try to make mealtimes a relaxing part of your family routine. We recommend a daily Vitamin D supplement.

AGE: 5 YEARS

Date: _____
Weight: _____

Age: _____
Length: _____

Your five-year-old is ready to enter the outside world of school. A comprehensive examination is a significant part of this giant step. Most public and private schools require this visit but even if not required by the schools, we feel this physical is important. The 5 year old checkup is a good time to discuss and ensure school readiness and get make sure that all of the forms and immunizations are up to date to start school.

DEVELOPMENTAL MILESTONES: Skips, swings, and climbs. Draws person with body, writes first name. Learning to understand difference between reality and fantasy, understands time, uses future tense. Usually dresses, undresses and takes care of toileting without help. Wants to make and please friends. Aware of sexuality.

PROMOTING YOUR CHILD'S DEVELOPMENT:

- * Read books to your child about starting school. Your child may have worries about starting school and this is a good way to encourage discussion about these worries.
- * Take your child to see the school before school starts. Meet your child's teacher early in the school year. Keep in touch as the year goes on.
- * Ask your child about what he or she liked about the school day, things that are a worry, and whether anyone is being mean. If you suspect bullying is happening at school, talk to your teacher, or to us.
- * Make play dates with school friends so you can get to know the children your child sees every day.
- * Keep your regular family routines - these are comforting to your child in times of transition. Expect your child to be tired or emotional after school. Give him or her down time and time for unstructured play. Ensure that your child gets sufficient sleep.
- * Praise your child for behaviors you'd like to encourage.
- * Limit TV/video/computer/video games to less than 2 hours/day. Avoid TV in the bedroom or at mealtimes.
- * We recommend a daily Vitamin D supplement.

SAFETY: The most common causes of serious injuries between age 5 and 9 years old are:

- Car accidents: your child below 80lbs needs a car seat or booster seat
- Children hit by cars and trucks
- Drowning
- Burns and fires
- Falls from bicycles
- Children playing with guns.

Helmets, car seats, life jackets, gunlock boxes, and, smoke detectors can save lives. However, children still need the protection of watchful adults.

Subsequent physical examinations should be scheduled at yearly intervals through puberty. Please do not hesitate to call upon us at any time of need.

SUGGESTED READINGS

Infancy and Early Childhood

1. Touchpoints. *T. Berry Brazelton Series*
2. The Nursing Mothers Companion. *Kathleen Huggins*
3. Breastfeeding Your Baby. *Sheila Kitzinger*
4. The Womanly Art of Breastfeeding. *La Leche League Publication*
5. Your Baby and Child. *Penelope Leach*
6. Child Care Today: Getting It Right for Everyone. *Penelope Leach*
7. What to Expect the First Year. *Heidi Murkoff, Sandee Hathaway, Arlene Eisenberg*
8. Your Child's Health. *Barton Schmitt, M.D.*
9. The Baby Book: Everything You Need to Know About Your Baby From Birth to Age Two. *William Sears, M.D. and Martha Sears, R.N.* (Attachment Parenting)
10. Caring for Your Baby and Young Child: Birth to Age 5. *Steven Shelov, M.D., American Academy of Pediatrics*

Sleep

1. Solve Your Child's Sleep Problems. *Richard Ferber, M.D.*
2. The Happiest Baby on the Block: The New Way to Calm Crying and Help Your Newborn Baby Sleep Longer. *Harvey Karp*
3. Healthy Sleep Habits, Happy Child. *Marc Weissbluth, M.D.*

Books

1. The New York Times Parents' Guide to the Best Books for Children. *Eden Ross Lipson*

Parenting and Behavior

1. Parenting With Love and Logic: Teaching Children Responsibility. *Foster Cline*
2. The Hurried Child: Growing up Too Fast Too Soon. *David Elkind*
3. How To Talk So Kids Will Listen And Listen So Kids Will Talk *Adele Faber and Elaine Mazlish*
4. Siblings Without Rivalry: How To Help Your Children Live Together So You Can Live. *Adele Faber and Elaine Mazlish*
5. Raising An Emotionally Intelligent Child. *John Gottman, Ph.D.*
6. Raising Your Spirited Child. *Mary S. Kurcinka*
7. 1-2-3 Magic. *Thomas Phelan, Ph.D.*
8. How to behave so your preschooler will, too! *Severe, Sal*
9. The difficult child. *Stanley Turecki*

Eating Habits

1. Child of Mine: Feeding with Love and Good Sense. *Ellyn Satter*
2. How to Get Your Kids to Eat But Not Too Much. *Ellyn Satter*

NOTES

Medicines for Pain and Fever

Acetaminophen (Tylenol®, Tempra®, etc.)

Dosages may be repeated every four hours, but should not be given more than five times in 24 hours. (Note: 5 mL equals 1 teaspoon [tsp]. Don't use household teaspoons, which can vary in size.) Be sure to read the label to make sure you are using the right product.

Age*	Weight†	Infant Drops 80 mg/0.8 mL	Children's Elixir 160 mg/5 mL	Chewable Tablets 80 mg tabs
0-5 mos.	6-11 lbs. (2.7-5 kg)	0.4 mL	-	-
6-11 mos.	12-17 lbs. (5.5-7.7 kg)	0.8 mL	½ tsp	1 tab
1-2 yrs.	18-23 lbs. (8.2-10.5 kg)	1.2 mL	¾ tsp	1½ tabs
2-3 yrs.	24-35 lbs. (10.9-15.9 kg)	1.6 mL	1 tsp	2 tabs
4-5 yrs.	36-47 lbs. (16.3-21.4 kg)	2.4 mL	1½ tsps	

*: Note: Dosing for fever should be based on current weight. Age is provided as a convenience.

†: Weight given is representative of the age range.

Ibuprofen (Motrin®, etc)

Use in only in children over 6 months old. Dosages may be repeated every six to eight hours, but should not be given more than four times in twenty-four hours.

Age*	Weight†	Infant Drops 50 mg/1.25 mL	Children's Elixir 100 mg/5 mL	Chewable Tablets 50 mg tabs
6-11 mos.	12-17 lbs. (5.5-7.7 kg)	1.25 mL	2.5 mL	-
1-2 yrs.	18-23 lbs. (8.2-10.5 kg)	1.875 mL	3.75 mL	1 tablet
2-3 yrs.	24-35 lbs. (10.9-15.9 kg)	2.5 mL	5 mL	2 tablets
4-5 yrs.	36-47 lbs. (16.3-21.4 kg)	-	7.5 mL	3 tablets

*: Note: Dosing for fever should be based on current weight. Age is provided as a convenience.

†: Weight given is representative of the age range. Adapted from: *Caring for Your Baby and Young Child* (Shelov, Steven, American Academy of Pediatrics, 2009)

Local Health Care Facilities

