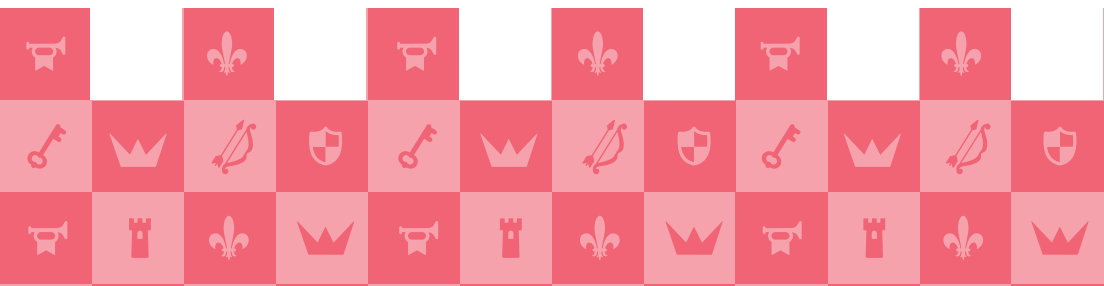


AUGUSTA PEDIATRIC ASSOCIATES

Your New Baby





CONGRATULATIONS ON YOUR NEW BABY!

Children are amazing, wonderful gifts and you are beginning a journey that will be at the same time the most challenging and the most rewarding of your life. We are humbled and honored that you would choose our pediatric practice to walk alongside you and your growing family during this special time. We look forward to getting to know you and your child. As pediatricians, we find such joy in being able to begin a relationship with a patient at the very beginning and then have the privilege of watching as those patients grow, learn, develop, and become who they were created to be. It is our desire to help guide you as you guide them, and to give you the confidence to be the amazing parent you want to be. Our goal is to be your partner for this journey. We are looking forward to it. Welcome to the APA Family.

Meet Our Doctors



**Joshua
Coleman, MD**



**Barbara M.
Leverett, MD**



**Jennifer L.
Drake, MD**



**Jennifer D.
Massey, MD**



**Aaron W.
Hanna, MD**



**S. Clark
Newton, Jr. MD**



**Joshua A.
Lane, MD**



**Matthew A.
Threadgill, MD**



**George A.
Lazari, MD**

Office Information

Important Numbers to Know

Call 9-1-1 in any life threatening situation

Office Number (706) 868-0389

Poison Control (800) 222-1222

Routine Office Hours

Monday-Friday 8:30am-5pm

Each doctor has their own daily schedule so please call for an appointment.

Urgent Care Hours

Most Saturdays 9am-11am • Sundays 1pm-3pm

One doctor covers the clinic each weekend so please call for an appointment.

Police Dept • _____


Fire Dept • _____

Local Emergency Room • _____

Doctor • _____

Dentist • _____

Health Insurance • _____



Our physicians are in a pediatric call group which provides seven days a week coverage in the office including Saturdays and Sundays as well as 24 hour phone coverage for emergencies.

We or the doctor on call for our group can be reached by calling the office. If your child is seen urgently or in an emergency by a physician outside of our group, please give us a call the next morning to let us know how your child is doing and arrange any needed follow up care.

Most routine calls are best handled during business hours as you will reach us in the office and questions will be answered by our staff and reviewed by us. Phone calls for appointments can be made during office hours. If you have questions, the office personnel will discuss the problem with you and your question will be answered by staff who are in communication with the doctor.

If you feel you have a true emergency or a significant problem after hours that cannot wait until the office reopens, you should call and the nurse triage system will handle your call. If needed, the nurse will contact one of us. Please remember that the doctor on call after hours is available for EMERGENCY calls. Please note there is a fee when you use this triage service, so please use

for urgent or emergent needs only. There is no fee for calls to the office during our usual hours.

If you would like to leave a message after hours for us to receive when we open, you may do this at no charge. Simply call the office number and push 0. You can also send us a message via our patient portal. Be sure to ask someone at our front desk how to get set up with our portal. Messages will be returned when the office reopens. It is our office policy that medications will not be called in after hours. Routine refills can be handled either during office hours or by leaving a message.

Many major insurance companies offer a nurse advice line as a service to their members; you can find information on the back of your insurance card.

For true emergencies, please call the office or the answering service and we will give you an answer immediately concerning where to go and what to do. If there is no time to call, you should bring your child to the office or take him or her to the emergency room. During times when the office is closed, you should go directly to the emergency room. The children's emergency room at the Children's Hospital of Georgia is preferred in the event that an emergency room visit is necessary.

Going Home From The Hospital

Here are the ‘must know’ items when you take your new baby home for the first time.

- You should feed your baby at least **8 times per 24 hrs (about every 3 hrs on average).**
- You may find your baby wanting to feed **every 2 hrs occasionally.**
- Do not let your baby go past **5 hrs even at night without feeding for the first month.**
- After the first 24-48 hrs of life, your baby should have **5 to 6 wet diapers per day and at least 2 to 4 stools per day;** this will tell you your baby is getting plenty of fluid and calories.
- Stools will begin to **lighten in color and should be yellow by day 4.**
- Your baby should **always sleep on his or her back.**
- If your baby looks increasingly yellow after you go home, **please call us so that we may check them for jaundice.**
- The umbilical stump should be allowed to dry. Make sure that your baby's diaper is folded down so it does not irritate the cord or allow the cord to get wet with urine. **The cord usually separates within 7-14 Days. After it has fallen off and is well healed for 2 days you may bathe your baby.**
- Circumcision Care – Your son's circumcision can be cleansed with water using a cotton ball or wash cloth to drip water over it. **Be sure to apply Vaseline to the circumcision site to prevent irritation from the diaper. This will heal within several days.**
- Please call the office to schedule an appointment 1-3 days after leaving the hospital as discussed by the doctor that saw your baby in the nursery. **Please fill out new patient paperwork. Find it on augustapediatrics.com under the Patient Resources tab.**

Well Child Care

Well Visit Timeline

A safeguard to see that your child is growing and developing normally is accomplished through routine checkups. These are recommended at the following ages:

Newborn

2 Weeks

2 Months

4 Months

6 Months

9 Months

12 Months

15 Months

18 Months

24 Months

Annually

Over the next few months, your baby will have a series of shots for protection from certain life threatening diseases. It is very important for you to keep up with your child's immunization schedule in order to protect him or her from serious infectious diseases. The recommended schedule is the safest and most effective way to protect your baby from these serious and potentially fatal diseases. The next page will provide you a great deal of information about childhood immunizations. Because these immunizations are safe and effective, we strongly recommend them to you and are happy to discuss any questions you may have about them. Most of the immunizations cause very few side effects. We do not recommend giving acetaminophen for any of the immunizations unless your baby seems fussier than usual or develops a fever after the shots. Normally there is little to no fever, but some babies will react with a fever within 1-2 days after their immunizations, with the exception of the MMR, which may cause symptoms 1-2 weeks after the injection. Some babies develop a lump, area of redness, or soreness at the spot where any injections are given. You may want to apply a warm compress several times a day to the areas of injections for a day or so following the injections.

Immunizations












DISEASE	VACCINE	POSSIBLE DISEASE COMPLICATIONS
Varicella (Chickenpox)	Varicella	Infected blisters, encephalitis, pneumonia
Diphtheria	DTaP*	Swelling of the heart muscle, heart failure, coma, paralysis, death
Haemophilus Influenza Type B	Hib	Meningitis, intellectual disability, epiglottitis, pneumonia, death, hearing loss
Hepatitis A	HepA	Vomiting/Diarrhea and Liver Failure
Hepatitis B	HepB	Chronic liver infection, liver failure, liver cancer
Influenza (Flu)	Flu Vaccine	Pneumonia
Measles	MMR ***	Brain swelling, pneumonia, death
Mumps	MMR ***	Meningitis, brain swelling, inflammation of testicles or ovaries, deafness
Pertussis/ Whooping Cough	DTaP *	Pneumonia, death
Polio	IPV	Paralysis, death
Pneumococcal	PCV13	Blood infection, meningitis, death
Rotavirus	RV	Severe diarrhea, dehydration
Rubella	MMR ***	Can cause serious infection to a developing baby
Tetanus	DTap*	severe muscle contractions, breathing difficulty, death

You Should Call Us If...

- Your baby has EXTREME irritability
- Your baby is fretful or irritable for more than 48 Hrs
- Fever that persists for more than 48 Hrs
- Fever over 103°

*DTaP combines protection against diphtheria, tetanus, and pertussis.

*** MMR combines protection against measles, mumps, and rubella.

 BIRTH	 MONTH	 MONTHS	 MONTHS	 MONTHS	 MONTHS	 MONTHS	 MONTHS	 MONTHS	 YEARS	 YEARS
HepB		HepB	HepB	HepB	HepA		HepA			
		RV	RV	RV						
		DTaP	DTaP	DTaP		DTaP				DTaP
		Hib	Hib	Hib		Hib				
		PCV13	PCV13	PCV13		PCV13				
		IPV	IPV	IPV						IPV
					MMR					MMR
					Varicella					Varicella

Influenza (Immunization Done Yearly)

Footnotes

If your child misses a shot, you don't need to start over. Just go back to your child's doctor for the next shot. Talk with your child's doctor if you have any questions about vaccines. Please note that some of the immunizations are in combination, in order to minimize the need for additional needle puncturing. If your child has any medical conditions that put them at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that they may need. Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.

Signs of Illness in an Infant that might be emergent include:

- If your baby is less than 8 weeks old with a rectal fever equal to or greater than 100.4°, call the office or answering service immediately.
- Vomiting (not just spitting) at more than one feeding in a day.
- Diarrhea—loose watery stools that are more frequent than usual.
- Refusal to eat for more than one feeding, decrease in the strong quality of the suck or falling asleep in the middle of feedings.
- Lethargy or listlessness, sudden and prolonged decrease in activity
- Unusual skin rash
- Fast breathing (over 70 times per minute) or difficulty breathing
- Seizures
- Persistent irritability

Before Baby is Home

Car Seat

Every baby must go home in an appropriately sized and tightly installed rear facing car seat. The safest place for your baby is in the center of the back seat. If this is not possible as some cars do not have enough room in the center, the back side is the next alternative. Never put a rear facing seat in the front seat of a car or truck with a passenger side airbag. Car seats involved in a major motor vehicle collision should be replaced due to the possibility of unseen damage or stress that may not withhold another collision. For this reason, you should not purchase a used car seat as you do not know if it is safe. It is very difficult to properly install car seats—80% are installed incorrectly. Be sure to follow all instructions to ensure proper installation.

**Call 1-866-SEAT-CHECK
or visit SeatCheck.org
to verify that your car
seat's installation is
correct before you
deliver your baby.**

Bottles

If you plan to bottle feed your baby, have the bottles washed and ready for your arrival home.

Formula

Also, if you choose to formula feed your baby, plan to have enough formula for several weeks, so you won't have to go to the store soon after you arrive home. If you have specific questions about which formula to feed your baby, please talk to us.

Thermometer

It is important to have a rectal thermometer in case your baby shows any signs of illness. It will provide the most accurate core temperature reading for your baby.

Bedding

Your baby's bed should have a firm mattress—a baby does not care how fancy it looks. It may be a crib or a bassinet. If you choose a crib, be sure that the rails are close enough together that the baby's head will not get caught (3-3 1/2 inches). Be sure that the mattress fits snugly inside so he or she will not slip between the mattress and the side of the crib. Pillows and other fluffy bedding such as comforters and stuffed animals should not be left in the crib.

Bath Supplies

Baby bath supplies can be simple with a baby tub or sling to lie the baby on, a few washcloths, some baby soap and shampoo, and towels.

Clothes

You should dress your baby as you dress yourself. Layer the baby's clothes in cool weather and do not overdress the baby in hot weather. Keeping your baby too warm can be as harmful as letting your baby be too cold. Buy flame retardant items that are easy to launder. Wash items before the baby wears them. Remember that babies grow quickly, so buy items big enough to last a while.

Diapers

Diapers will be used very quickly in the beginning, so make sure you have a good supply at home so you won't need to go to the store soon after you bring your baby home. Your baby may use 10-12 or more per day at the beginning. Newborn diapers are good to start with for term babies. There are sizes for smaller/premature or larger babies as well.

Meeting Your Baby

What A Cutie!

Every baby is beautiful and you will want to admire every aspect of this new creation. When your baby is born, a neonatologist or hospital assigned pediatrician will examine your baby. This initial visit will happen in the first 24 hours after birth. Your baby will be thoroughly checked with a physical exam as well as some screening tests - hearing, a heart test, a jaundice check, and several others. They will also be weighed each day and babies are expected to lose a small amount of weight in the first several days. Continue to feed your baby on a regular schedule and you will be made aware if there are any problems with excessive weight loss or a change in feeding is needed. In the meantime, here are some normal things you may notice about your new baby.

Breathing There are many normal variations in a newborn's breathing patterns. The rate may vary-it may be slow and then may become briefly very fast. If you see your baby gasping for air, breathing consistently very fast or see changes in their skin color, this may indicate a more serious issue.

Skin The skin tone may vary-dark brown, tan, light pink, and lobster red are all normal for newborns. Skin may also appear somewhat dry and cracked as the outer layer peels off within the first few weeks. Lotion will help but is not necessary. Small white dots may be on the baby's face. These are called milia (or "milk bumps") and should disappear over several weeks. Small red dots on the skin are called miliaria (or "prickly heat") and only require that you do not over dress the baby. At approximately 1 month of age, many babies develop infant acne. This is normal and will go away in 1-2 weeks without treatment. Smooth red birthmarks sometimes appear on the nape of the neck and over the eyes. These are called "stork bites" or "angel kisses".

These marks over the eyes should fade away over the first year of life. Sometimes when the baby cries these marks will become more red; this is normal. Mongolian spots are dark bluish, bruised looking areas over the buttocks and back occurring in some infants. These have no medical significance and will go away as the baby gets older.

Head The head may appear large in relation to the rest of the body. It may also have a peculiar shape right after birth. This is called molding and is due to the skull bones overlapping as the baby passes through the birth canal. This should return to normal in a few days. You may also be able to feel the sutures-the place where one bone meets the next-as a raised area on the head. The soft spot (fontanelle) on the top of the baby's head is a place where the bones have not yet come together. It is natural for the soft spot to move up and down in rhythm with the heart beat or breathing. This will decrease in size and close by about 9-18 months.

Meeting Your Baby

Eyes

Babies are occasionally cross-eyed. Eye balance is poor during the first few months of life so do not worry if your baby sometimes looks at you cross-eyed. If this continues past the third month of life or is consistent, ask your doctor about it. The color of the baby's eyes can change up to 6 months of age.

Mouth

Small white "pearls" may be found inside the roof of the mouth. They are normal. At times, there is a thin piece of tissue that connects the tongue to the floor of the mouth, commonly called a tongue tie. We will evaluate this as your baby feeds and discuss any concerns.

Breasts

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

Genitalia

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

from the vagina. This usually occurs around the seventh to tenth day of life. This is not unusual unless the bleeding persists for several days and/or increases in amount. For boys, the circumcision need not be bandaged. Vaseline applied to the area for the first few days will prevent the end of the penis from sticking to the diaper. As this area heals, it will normally appear yellow. If a plastic bell has been used, this usually falls off at about one week.

Belly Button

The stump of the umbilical cord will begin drying up and the cord will fall off by the seventh to fourteenth day. A small amount of bleeding normally occurs when the stump falls off and for a few days thereafter. Keep the cord exposed to air as much as possible and fold the diaper down in toward the skin in order to keep urine off of the stump. The stump should be kept dry at all times. Do not bandage, tape, or use a belly band over the belly button. If the area continues to drain or show signs of bleeding for more than two days, call your doctor for advice. Sometimes babies have an umbilical hernia (or protrusion of the belly button). Most of these go away on their own. Again, do not bandage, tape or use a belly band over the hernias since this will only cause irritation to the skin and will not make the hernia heal any more quickly.

Legs

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

Behaviors

Behavior & Crying

No two infants are exactly alike, so do not compare your baby's behavior to that of a friend or even to a previous child. When your baby comes home, he or she will spend most of his/her time sleeping; the rest of the time, he will be eating or having brief periods of crying. Some babies are quiet and seem to fuss very little. Other babies seem active from the first day of life and demand a lot of attention. Neither extreme means that there is anything wrong with your child. All infants cry and should be expected to do so. Crying is the baby's first form of communication. By crying, your baby lets you know when he or she needs something. They may be hungry, thirsty,

tired, uncomfortable, frustrated or just want their position to be changed. Some babies cry when they have bowel movements, some babies cry for no apparent reason. Many babies increase their crying time up to a peak at about 6 weeks of age. Please avoid feeding your baby every time he or she cries. Often, a change of diaper, a new sleeping position, a pat on the back, or a pacifier may be enough to satisfy their needs and quiet the baby. During a crying spell, try to handle your baby in a soothing, loving manner; rock, cuddle, or speak softly to your baby. If the crying persists and does not respond to the usual tricks, check the baby for signs of illness. Call your doctor if the baby is not consolable, is extremely irritable, has a fever or refuses to eat.

Why Is Your Baby Crying?

Caring for a baby can be very demanding and exhausting. If you feel like you are losing your patience or that you may harm your baby, please ask for help from a friend or family member in order to give yourself a break. If you have no one to call, please call our office. No matter how frustrated you get with your baby, you deserve support.

NEVER SHAKE YOUR BABY!

This can cause serious brain injury or death.

- ☐ Are they Hungry or Thirsty?
- ☐ Is their diaper wet or dirty?
- ☐ Have they been to sleep?
- ☐ Are they needing to be held?
- ☐ Do they need to be burped?
- ☐ Are they overstimulated?
- ☐ Too hot or too cold?

When You Go Home

Homecoming

Discharge day/follow up visit—The day you bring your baby home from the hospital will be exciting, but sometimes can also be an overwhelming day! You will likely have many people who want to meet your newest addition. Remember to care for your baby and yourself by taking time to rest and get comfortable at home. And don't forget to call to schedule your baby's first visit to our office—this will usually be 1-3 days after you go home.

Diaper Changing

Between baths, the diaper area should be cleaned as soon as possible after each stool or wetting. You should clean the diaper area thoroughly at each diaper change. When cleaning little girls, remember to wipe away from the vagina (from front to back) and when cleaning little boys, be sure to clean material from the folds of the scrotum. If a diaper rash begins to develop, use a cream such as Vaseline, Desitin or A&D Ointment. If this does not clear the rash within 2-3 days, call your doctor.

Pacifiers Most infants have a strong sucking reflex. A pacifier to suck between feedings will satisfy this reflex. Keep several on hand in case they accidentally drop it or throw it.

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

Visitors Visitors and the number of people holding the baby should be limited during the first week. This is the best way to protect your baby from illnesses. Close friends and family who are not obviously ill should welcome your new addition with open arms.

Sleeping Position

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

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

Bathing Your Baby

Bath time can be an enjoyable time for both you and your baby. Until the navel is healed, only sponge bathing should be used. Once the cord has fallen off and the skin is healed, you may give your baby a tub bath. **NEVER TAKE YOUR HANDS OFF THE BABY DURING THE BATH OR LEAVE THE BABY UNATTENDED IN THE TUB.**

Dressing Your Baby

You should dress your baby as you dress yourself. Layer the baby's clothes in cool weather and do not overdress the baby in hot weather. When you eventually take your child out into the world, having an extra outfit packed away is crucial due to accidents, as well as keeping an extra shirt or pants for yourself.

Spitting Up

Spitting up usually occurs shortly after a feeding, and may indicate over-feeding or lack of burping. If your baby spits up after routine burping, try holding him upright in your arms for about thirty minutes after meals. However, many babies spit up 1-2 tablespoons with almost every feeding or between feedings for the first several months; this is normal for infants. Vigorous spitting – vomiting an entire feeding or vomiting over quite a distance of 2-3 feet- should warrant a call to your doctor if it happens more than occasionally (more than once a week).

Sneezing, Yawning, Burping, Hiccuping

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

Bowel Movements

Breast fed babies normally have four to eight yellow-greenish, semi-solid to seedy liquid stools a day. Some babies, however, may have only one stool or even one every third day, and this may be normal. As long as the baby shows no discomfort, treatment is not necessary. Formula fed babies usually have pale yellow, pasty stools about one to four times a day. Again, it may be normal for formula fed babies to have one stool every other day or every third day. Babies often grunt, strain, or turn red or purple when having a bowel movement. This is usually normal, and if the stool is soft, this does not mean the baby is constipated. However, if your baby seems to have unusually hard stool, call your doctor for advice. If your baby does seem constipated, contact your doctor: **DO NOT** give your baby a laxative, suppository, or enema unless directed by your physician.

Feeding Your New Baby

Be Kind to Yourself!

Nursing is extremely natural, but it does require a lot of effort to be successful. The most important thing to remember is that it is just as important to take care of your own body as it is to take care of your infant.

In addition to eating healthy, taking prenatal vitamins, drinking plenty of water, and exercising (once healed from delivery), it is also best to be PATIENT with yourself when you are starting your feeding journey. Take every opportunity that you can to relax or sleep if you have the support to watch your child. You are doing great! Don't beat yourself up if things don't go the way you envision them.

Fed Is Best!

Whether you choose to breast feed or bottle feed your baby, this should be a special time for both of you. It is one of the baby's first pleasant experiences and should be very rewarding and pleasant for both parent and child. We recommend a flexible feeding schedule in which the baby eats every 2-4 hours. Crying earlier than 2 hours usually suggests something other than hunger. Try soothing, rocking, and calming before immediately feeding a crying baby if it hasn't been long since the last feeding.

Breastfeeding

Breastfeeding is the most natural way of feeding your baby. We recommend it heartily. In general, most women who want to breastfeed their baby can do so. It never hurts to schedule a consult after your hospital discharge. If you are having difficulties, please **DON'T GIVE UP YET**. We are happy to help in any way and will follow **YOUR** lead. As a nursing mother, it is important to maintain your nutritional needs. Some moms have a great appetite after delivery but some do not. If you are struggling with your appetite, eating small frequent meals may be helpful. There is no reason to diet during this time as breastfeeding uses a lot of your body's energy. Breastfeeding alone is a great way to lose that baby weight quickly! You need 500 additional calories per day while nursing. Breastfeeding may make you very thirsty but increasing your fluid intake doesn't necessarily increase your supply. It's important to drink to thirst to keep yourself hydrated. Most medications are compatible with breastfeeding, but it is always best to check with the lactation consultant or pediatrician prior to taking. Also avoid drinking alcohol or an excessive use of caffeine. Smoking cigarettes isn't contraindicated for nursing mothers but we strongly advise you to stop.

Getting Started

You will want to begin breastfeeding as early as possible and there will be many nurses and lactation consultants in the hospital to help you and your baby begin this process. The most important things they will want you to look for is good positioning to achieve a wide latch. Make sure the baby is belly to belly and you're supporting the base of their neck, not the back of their head. Point your nipple towards baby's nose so they will look up with a big and wide mouth. Sandwich your breast like a hamburger making sure your fingers are out of the baby's way to latch. Use a pillow to support your arms, if needed, not the baby. Most importantly, sit back and bring baby to the breast instead of leaning over. There may be some sensitivity or pain when latching but it should go away after the first 30 seconds. If you are still in pain, please don't feel like you have to grin and bear it! If you're in pain that means baby is not going to transfer your milk properly and may lead to supply concerns. Call the office for information about a lactation consult if you continue to have pain. Burp the baby when changing sides and burp again after the entire feeding. You only need to burp for 1-2 minutes. You may find you don't need to burp this often. Not all breastfed babies will burp if they have a good latch. Breastmilk is

easily digested and is also a natural laxative causing them to have bowel movements frequently during the first few weeks. If you need to break the latch yourself, it's best to break the suction by inserting your finger at the corner of the baby's mouth and pressing into your breast to release their latch quickly without causing any pain. For best milk production, feed the baby every 2-4 hrs.

Colostrum

During the first few days of breastfeeding, the baby will get mostly colostrum. Colostrum is rich in proteins and immunoglobulins which offer the baby additional protection from certain illnesses as well as allergies. There is no need to worry that your baby will starve before your milk comes in; babies have good nutritional stores in reserve when they are born. Consider the colostrum to be "learning milk". It allows your baby to learn to nurse and your body to have time to recover from labor and delivery before making larger volumes of milk. The first day, about 3 Tablespoons will be produced—this is adequate. The second day, your supply will double and then the third or fourth day, the true milk will "come in" as your production increases. These small amounts are adequate, so don't worry!

Feeding Your New Baby

Breast Care

Breasts and nipples should be washed at least once a day with warm soapy water. You can expect a small amount of milk to leak from the breasts between feedings. Nursing pads will prevent leakage onto clothing. If your breasts become cracked or dry, moisturize with expressed breastmilk and expose them to the air. Creams and ointments like lanolin are not necessary. Breasts are usually sore at the beginning of each feeding especially during the first week. This will decrease over time. Any soreness that persists, or any local area of redness or soreness that is apparent for more than two feedings in a row should be discussed with your pediatrician or a lactation consultant to determine the cause. A supportive bra that fits properly without underwire is essential. It should have snaps that allow you quick access for nursing.

Engorgement

When your milk supply begins to increase, you will likely have 1-2 days of uncomfortable engorgement. This usually occurs 3 days after your baby's birth. You should continue to nurse as you have been, but you may continue to feel full after your baby is finished nursing. Effective feeding during the first 3 days will greatly decrease the risk of breast engorgement. You may still be full — harder than normal fullness with tight, shiny, hard areola— and may have some pain but not engorged. It is best to avoid pumping during this time to avoid creating a congested breast.

Hand expression is key! It decreases engorgement but also increases your chance at having a copious milk supply. If your engorgement is hindering a good latch, please call the office to discuss the best course of action.

Breast Pumping

For many women who plan to return to work, pumping is an excellent way to continue nursing and providing breast milk to their baby while they are away. Also, every mom needs a break, so an occasional bottle of breast milk may be needed as well. If you plan to pump only rarely, a simple hand pump is usually adequate. If you will be pumping on a regular basis, an electric pump is a worthwhile investment.

Reminder:
Don't forget to Call
Your Insurance Co.
to see if you qualify
for a breast pump!

Your insurance company may provide coverage for an electric pump. Pump in a quiet, calm place if possible. Make sure you store your pumped milk appropriately. It can be left at room temperature for 6 hours, refrigerated for 6 days or frozen for 6 months or more if stored in airtight containers in a deep freezer or in the back of a regular freezer (do not leave it in the door).

These differ from formula due to natural antibacterial properties of human milk. Milk from two or more pumping sessions can be combined. When preparing a bottle from pumped milk, gently swirl—don't shake-- the milk to loosen the fat layer from the bottle. Heat under running water or in a bottle warmer or pan of warm water. Never microwave any milk for your baby. Do not rewarm an unfinished bottle- instead discard any unused portion.

Bottle Feeding

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

sometimes necessary to remove all the debris from the rims. Force hot water through the nipples to be sure they are not clogged. It is better to let the bottles, lids and nipples drain dry than towel dry them. If you have well water, boil it for ten minutes prior to using it to mix the formula. Please read carefully and follow the safety instructions that accompany your formula.

Feeding Time

Most nursing babies will be satisfied after approximately 30 minutes. If feedings consistently take longer a lactation consultation is recommended. Bottle fed babies should usually feed for 15 to 30 minutes. If your baby consistently empties a bottle at each feeding and cries for more, increase the feeding by one ounce. A baby does not have to finish each bottle, but if your baby consistently refuses to eat normally or falls asleep in the middle of a feeding more than twice in a row, call your doctor as this may be a sign of illness.

Age	Daily Feedings	Amount per Feeding
0-1 Mos	8-12	2-3oz
3 Mos	6-8	2-4oz
4 Mos	6-8	5-6oz
5-9 Mos	4-6	6-8oz
10-12 Mos	3-4	6-8oz

Medical Topics

Philosophy of Use of Medications

Medications are useful in the treatment of an illness when they are used specifically and with consideration of the benefit of medication versus the risks of side effects that could come from their use. Antibiotics are drugs that can have side effects such as diarrhea, allergic reactions, and disturbing GI flora, so we want to use them appropriately but cautiously. Viruses, such as the common cold, or vomiting and diarrhea, are not treated by antibiotics and, therefore, if your child has what is diagnosed as a viral infection, there will be no antibiotics prescribed. We would ask that you never begin your child on antibiotics until you have spoken with or have been seen by our staff. If your child is diagnosed with a bacterial infection and is given an antibiotic, take it exactly as directed and be sure to complete the full course prescribed.

Colic

The term colic is an often misused term to describe any type of irritability or crying in the young infant. Remember, all babies will cry and normal crying usually peaks at about 6 weeks of age. Typically, colic is a combination of symptoms which is quite characteristic. It usually has a rather sudden onset of a loud continuous cry; the knees are frequently drawn up to the abdomen and the fists are clenched tight. There is no apparent reason for

the crying e.g. no dirty diaper, the infant is not hungry or uncomfortable. The episodes may last from fifteen minutes to several hours and usually occur in late afternoon or early evening, often daily, but can occur at any time of the day or night. They usually end with exhaustion or passage of stool or gas. Colic is generally not present until a child is about three weeks of age and is rarely seen after four months of age. Although the actual cause is not understood, it may be associated with overfeeding or certain environmental factors. It occurs frequently in first born children. Allergies (to formula or otherwise) rarely play a role. Fortunately for the parent and child, there are no lasting effects and the problem will gradually disappear with time. A number of remedies have been suggested. These include: frequent burping, formula changes and sedation. However, the first two do not usually work and the last is potentially dangerous. There are several over-the-counter products claiming to be colic treatments. As none of these have had any testing or regulation, we do not routinely recommend their use. Application of warmth to the abdomen and rhythmic rocking may soothe the child. Do not change the baby's formula or give any medication without consulting your physician. If your baby has colic, please make an appointment to bring them in so we can rule out any physical causes.

Colds

Colds, or upper respiratory infections (URI) are one of the most common and contagious reasons of illness in infants and young children. They are caused by viral infections and do not need treatment with antibiotics. They usually last 7-14 days and frequently have fever for several days at the beginning of the illness. If your child has a congested nose, you may want to use saline nose drops or spray. Do this before each feeding and at bed time. This will make it easier for the child to breathe. Cough and cold medications are not recommended.

Complications

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

- **Worsening cough; pain on breathing; high temp ; shortness of breath; rapid or labored breathing.**
- **Ear infection-plugged or painful ears or pulling at the ears in young children with fever. However, many babies pull and play with their ears when they do not have ear infections. If your child develops a fever several days after he has a cold, he will probably need to be checked by the doctor.**

Fear of the Doctor

A child is not born afraid of doctors any more than they are born afraid of anything else. Fear is a learned attitude. For some children, fear of the doctor is due to his association with injections. This is often too greatly emphasized by inappropriate remarks by parents and others. A visit to the doctor should be regarded as a matter of fact experience without bribery, threats or false assurances. Preparing the child with stories or books about their visit to the doctor may be very helpful in explaining to the child what is likely to happen in the doctor's office. When a child understands that a stethoscope is like a telephone and that its placement on the child's chest should not bother them, they will not be afraid. When they understand that a thermometer is not a shot and that an otoscope (ear light) is just like a flashlight (used for looking in the ears), the fears of uncertainties can be removed. You can coach your child before you bring them to the doctor. The child should never be threatened with a shot if they are naughty or cries, or for any other reason. Likewise, they should never be promised that they will not be given a shot or that a procedure will not hurt. We want to be honest with children in telling them if something is going to hurt. If a child does receive a needed injection, a parent should not laugh at them. A child can be expected to cry after an injection and this should be regarded as a natural response. A little love and assurance followed by a quick change of the subject after the injection are better than saying the doctor is mean or the nurse is bad. Even with the best of handling, many children object to being examined between about 9 months and 4 years of age.

Fevers

What is a Fever?

Fever is defined as a rectal temperature of 100.4° or greater and is one of the most common problems parents present to the doctor. Fever is the body's defense mechanism against infection or inflammation. It is important to know when and how to regulate a sick child's temperature. Keep a digital thermometer in your home to measure the temperature in a sick child. Guessing at a temperature by feeling or looking is not satisfactory and the unnecessary use of medication for fever is not wise. If you are unsure how to take a temperature, one of the office staff will be glad to teach you. When the fever is 102° or greater, it is wise to give carefully regulated amounts of medication. Usually a child does not feel bad from fever alone until his fever is at least 102°. As the child's temperature goes up, so does his fluid requirement. All children with fever should be given increased amounts of fluids. Infants can be given extra feedings of milk, Pedialyte®, or juices. Older children can take Pedialyte®, juices or a low sugar sports drink. Do not overdress a child with fever. This will only cause the fever to go higher. They should be in the very minimum amount of clothes, e.g. just a diaper.

Treatment

Acetaminophen (Tylenol) or ibuprofen (Motrin or Advil) are the recommended drugs of choice for fever in children and adolescents. Follow package instructions for dosing or see our pamphlets given at each well check. Ibuprofen should not be used in babies under 6 months old. Acetaminophen overdose can be fatal, so please keep all preparations out of your child's reach. Alternating acetaminophen and ibuprofen is generally not recommended.

**Remember:
Never Treat a Fever
with Aspirin!**

How to Take a Rectal Temperature

If you think your infant is ill, an accurate rectal temperature is essential. Use a digital thermometer. Apply a small amount of ointment/vaseline to the tip of the thermometer and gently insert it in the rectum until the tip cannot be seen-about an inch. If your baby pushes against it, let it rest and they will usually relax allowing it to be inserted. Wait for the thermometer to register and then gently remove and clean it thoroughly.

Fear of Fevers

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

- The two things which most people are concerned about with high fevers are seizures and brain damage.
- Approximately four percent of children have seizures resulting from fevers - called febrile seizures.
- Seeing your child have a seizure-even a short one-is of course a scary experience. However, these types of seizures are usually not harmful and do not lead to future epilepsy. They are not preventable.
- Fever does not cause brain damage until it gets up to at least 107° or 108°.
- Many children typically run 104° to 105° fever with routine viral infections.
- Acetaminophen usually will not lower the fever to a normal temperature range but should lower it to a 102°-103° range.
- The main key to a child's fever is really how the child behaves and acts. Usually fever itself makes a child feel bad.
- If the fever comes down and the child seems to perk up, then you can usually be assured that there is nothing seriously wrong with your child. However, if your child becomes more and more lethargic or irritable, then you should call immediately.
- If the child is given medicine and the temperature does not come down to the 102°-103° range after 45 mins to 1 hour, then you should place them in lukewarm water in the bathtub.
- They should soak in the lukewarm water for approximately 10 to 15 mins and you should sponge them from the head down during that time.
- Do not place them in cold water and do not use alcohol or ice to bring the fever down, especially do not use an ice water enema.
- If your child begins to shiver while in the bathtub, remove them from the tub; shivering will cause a fever to go back up.
- It is important to realize that sponging in lukewarm water will not be effective unless the child has had medication to treat the fever approximately 45 mins to 1 hr before the bath.
- Do not place your child in a lukewarm bath without first giving medication.

Safety

Major causes of injury and death in young children and babies are preventable accidents. We want to help your baby to be as safe as possible. Here are some common areas that need to be addressed to make your home safe for your children.

- Be sure that the rails on the baby's crib are close enough together (3-3 1/2 in) so that the baby's head and body can't slip or get stuck.
- Always keep the side rail up on their crib and never leave them alone on a table top, bed, or chair to prevent falls.
- Always keep at least one hand on your baby while changing them; do not look away. Babies roll easily.
- Check the bath water to make sure it will not scald them.
- Always hold your infant while you are bathing them.
- You should set your hot water heater less than 120° F
- Be alert to any windows through which or stairs down which your baby could fall.
- Use appropriate safeguards—gates or window guards.
- Buy a safety tested car seat. Children should face the rear of the vehicle until they are at least 2 years of age and weigh at least 20 lb to decrease the risk of cervical spine injury in the event of a crash.
- Infants who weigh 20 lbs before 2 yrs old should ride rear facing in a convertible seat or infant seat approved for higher weights until at least 2 yrs.
- If a car safety seat accommodates children rear facing to higher weights, for optimal protection, the child should remain rear facing until reaching the maximum weight for the car safety seat, as long as the top of the head is below the top of the seat back.
- Children are safest by far in a rear facing car seat until age 2 yrs. From that point, your child should ride in a forward facing car seat and progress to a booster seat that is securely attached.
- Only when your child is at least 4' 9" and able to wear a belt that fits properly over the lap and shoulder should they graduate to a seat belt.
- Your child should not sit in the front seat until age 13.
- Be careful not to leave them with a brother or sister because they may harm the baby without realizing it.
- When selecting toys, be sure that the baby cannot break them and check to see that small objects such as button eyes cannot fall off. The baby might put them in their mouth and choke.
- It is important that the furniture and toys you buy for the baby be safe.
- Never use a microwave to heat your baby's bottle.
- Avoid popcorn and peanuts until the child's 3rd to 4th birthday. These can be inhaled into the lungs.
- Never let your baby or child sleep in bed with you.
- Cover electrical outlets with clear outlet plugs before your baby begins to crawl.
- Remember that some house plants are poisonous (for example, poinsettia, Dieffenbachia or dumb cane & philodendron).

- Install smoke alarms in your baby's room and in other strategic places in the house.
- Always keep firearms locked away and unloaded.
- Never use a walker. They can result in severe head injuries from falls down stairs or when babies pull heavy objects from tables.

Poisoning & Accidental Ingestion

From the time your child begins to crawl until several years thereafter, he or she will be at high risk for ingesting some form of poison or plant. There are two things that you can do to make this less possible or, at least, to minimize the effects. The first, and most important thing, is to keep all medications, chemicals (such as paints, varnishes, cleaning material, furniture polish, etc.), and poisonous plants out of your child's reach. These items should be stored in a place which is high above your child's reach or behind locked doors or child-proof cabinet doors. Remember, this applies to grandparents and other

homes frequently visited. The second item of importance is that you should have the phone number of The Poison Control Center programmed into your telephone. If your child ingests a chemical, medication or plant, call immediately for advice. The Poison Control Center is part of a national network of Poison Control Centers and will have the best information available to you. The number is **1-800-222-1222**, or you can visit **webpoisoncontrol.org** to determine if you need to call and speak to someone directly. In the past, Syrup of Ipecac was recommended in order to induce vomiting in the case of an ingestion. Currently, this is NOT recommended and should not be given as some substances can be harmful when vomited and it may interfere with other needed treatments. Therefore, if you have a supply, you should discard it.

SIDS A fear of most new parents, SIDS (Sudden Infant Death Syndrome or Crib Death) is a somewhat preventable disorder. Much research has been done to determine the cause of this tragic problem. No one cause has been found, but several associations have been made.

Proven Ways to Reduce the Risk of SIDS

- Always put your baby to sleep on his or her back—this one intervention has the most dramatic effect
- Do not smoke
- Do not place the baby's crib near air vents or drafts
- Do not put soft bedding (pillow or comforter, etc) or stuffed animals in your baby's crib
- Use a firm mattress in the crib

Dental Care

The Keys To Healthy Teeth

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

Care of your child's teeth is a process that should begin actively soon after birth even before your child has any visible teeth. Breastfeeding is best for the development of teeth, facial bones and the muscles of chewing and sucking. If you are bottle feeding, it is best to feed your baby in a semi-upright position and

to use a nipple which makes your baby work a little for the formula. Never allow your baby to use the bottle as a pacifier; never give your baby their bottle while in bed. Begin using a cup as soon as your baby can use it ("sippy cup" type); this will occur sometime in the 6-12 month range. Never sweeten your baby's pacifier with honey, sugar, etc. and don't put your baby's pacifier in your own mouth. Cleansing of your baby's mouth should be started at approximately 2 months of age by simply wiping both upper and lower gums each day with a damp washcloth or a 2x2 inch piece of damp gauze. By doing this, the gums will be healthier and teething will be much less painful or even painless. This cleansing process will be continued until the first tooth comes in about 6 months of age.

At that time brushing needs to begin, and should be done twice a day--once after the early morning meal and once before bedtime. Oral hygiene involves the parent and the child. Initially, oral hygiene is the responsibility of the parent. As the child develops, home care is performed jointly by parent and child. Daily dental flossing should be added to the routine when your child's teeth touch each other. Flossing is important to remove plaque from between teeth where a toothbrush can't reach. You should floss your child's teeth with floss or another between-the-teeth cleaner that has the ADA Seal of Acceptance. As your child gets older, you and your dentist or hygienist can teach proper brushing and flossing techniques to your child. Children usually can't do this well until 10 years of age. The first visit to the dentist should be at about 1-2 years old.

Child Rearing & Discipline

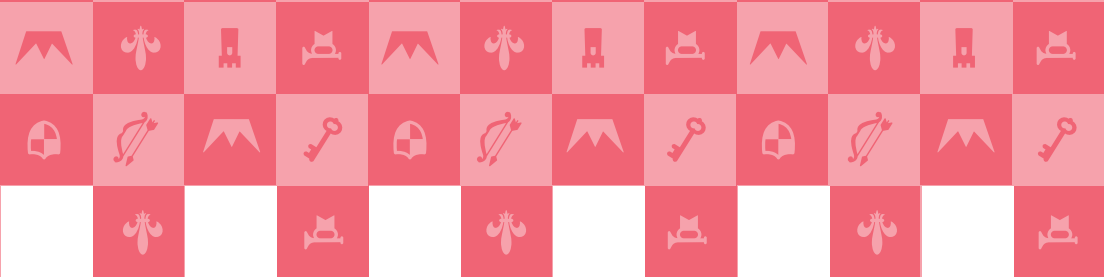
Psalms 127:4 says "children are like arrows"; the idea is that, just as an arrow needs to be directed to a target, so a child needs to be directed to those things which are important to attain. We believe the highest goal any parent can have for his or her child is that the child learn to love and obey God and have a personal relationship with God through his Son, Jesus Christ. We desire for children to know that their value and worth rests not in accomplishments or success, but in the fact they are known and loved enough for Jesus to sacrifice himself for them. "By this we know love, that he laid down his life for us." - 1 John 3:16.

As we raise children and direct them in these truths, we also have other goals for their lives which might include such things as the child showing kindness, patience, integrity, developing a good work ethic, and showing perseverance. We should encourage children to do their best in whatever they are involved in, such as excelling in school, sports, music, or another activity they are passionate about. In general, having a happy and fulfilling childhood is a good desire for our children.

Long term goals should include those things which accompany a fulfilling and productive adulthood while being a person of high moral character. The direction the child takes is in large part the responsibility of the parents, and therefore, child rearing is a very important area to consider. The rearing of a child must occur in a loving environment; this love must be as

much as possible an unselfish love. This love may be further broken down into nurturing and discipline. Nurturing refers to the parents' caring for the child's physical, emotional, spiritual and social well being. Discipline refers to the necessity that certain restrictions be placed on a child for his own good and safety, and that when these limits are violated, the child is clearly shown that he has done wrong. A common mistake made today is that parents allow their children to be disobedient or rebel against the parents' authority. It is essential that parents set realistic demands upon their children and then require that their children live within these limits. To repeat, discipline is one large aspect of love. A parent who truly loves his child will discipline his child, and will do it, not out of anger, but in a loving and firm manner. Parenting is wonderful. But it is also challenging. You will make mistakes and learn from them. Your children can learn from them, too. Be honest and open with them. Apologize when you need to and let them know that you are learning along with them. Life is a journey and we are all growing and learning—as parents we are trying to guide our children who are following behind us. Do all of it in love and look yourself to the one who loves you and will guide you as you travel this amazingly wonderful journey.

"For God so loved the world that he gave his one and only Son, that whoever believes in him shall not perish but have eternal life." ~John 3:16



CONGRATS!

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

For more resources, see our website at
www.augustapediatrics.com

