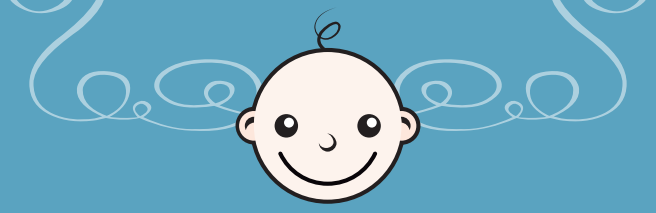
Medical Associates

The Julie A. Olberding Infant and Child Guide



2024 Edition

(updated 7/1/24)

Written and published by the
Medical Associates Pediatrics Department

MEDICAL ASSOCIATES

East Campus
1000 Langworthy St.
Dubuque, IA 52001
563-584-3440

West Campus
1500 Associates Dr.
Dubuque, IA 52002
563-584-4440

TOLL FREE
Both Locations
1-800-648-6868

www.mahealthcare.com/pediatrics

CONGRATS

on the Birth of your New Baby!

To better serve you and your newborn, we would like to share a few reminders with you to ensure that your office visits are scheduled timely and appropriately, and that your time in our office is well spent.

On the day of discharge, the Pediatrician and/or the hospital staff will inform you whether you need to schedule an office visit or if your baby will have a home visit with a member of the hospital staff. The home visit nurses call a report to the Pediatrician. Depending upon the findings at the home visit, an office visit may be necessary.

Early office or home visit:

Date /Time _____

Dr. / PNP _____

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Your baby's first Well Child visit, which includes a complete examination, will be at 3 weeks of age. Please schedule this appointment *before* you leave the hospital to better facilitate your requests for date, time, and doctor/nurse practitioner.

Three-week Well Child appointment:

Date /Time _____

Dr. / PNP _____

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☐ West Campus

It is essential to have one of the child's parents accompany the child to each Pediatric/Well Child visit. Immunizations begin at 2 months of age.

We do our best to schedule appointments with sufficient time to meet your needs. In return, we ask that you arrive on time for your scheduled appointment, so that we are able to efficiently utilize the time we have reserved for you and your baby. Our Well Child office hours are 8:00 a.m. until 4:30 p.m., Monday through Friday.

Please notify your insurance company of your new arrival. This will expedite the registration process on the day of your first appointment.

Our Infant and Child Guide is a great reference for you as your child grows. You can visit us online at *www.mahealthcare.com/pediatrics*. Initially, we encourage you to read Chapter 2. It contains important information about your hospital stay and taking your newborn home.

Once again, congratulations! We look forward to meeting you and your new baby!

MEDICAL ASSOCIATES CLINIC

Pediatrics East Campus 563.584.3440 | Pediatrics West Campus 563.584.4440 | Toll Free 800.648.6868

www.mahealthcare.com/pediatrics

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The information contained in this reference guide is current as of July 1, 2024, but is subject to change at any time. For the most up-to-date information available, please visit www.mahealthcare.com/pediatrics.

Pediatric Physicians & Nurse Practitioners

West Campus 1500 Associates Drive, Dubuque, IA 52002
Thomas Callahan, DO
Mitchell Edwards, MD
Kevin Mullen, MD

East Campus 1000 Langworthy Street, Dubuque, IA 52001
John Callahan, MD
Karen Hospodar Scott, MD
Meghan Wendland, MD
Sarah Thibadeau, ARNP
Kris Tiernan, ARNP
Tassie Carter, ARNP

Pediatric Psychology (East Campus)
Martha Gould, PhD

Pediatric Department Manager
Stephanie Welp, RN

Hours of Service

West Campus (1500 Associates Dr., Dubuque):
8:00 am - 5:00 pm | Monday - Friday

East Campus (1000 Langworthy, Dubuque):
8:00 am - 5:00 pm | Monday - Friday
4:00 pm - 7:00 pm | Monday - Friday (for illness and urgent problems)
8:00 am - Noon | Saturday (for illness and urgent problems)

Department Telephone Numbers

Pediatrics East: 584-3440 **West**: 584-4440
Pediatric Psychology: 584-3441
Well Child East: 584-3440 **West**: 584-4440
Toll Free: 1-800-648-6868

- We ask that all routine requests and appointments be made between the hours of 8:00 am and 5:00 pm.
- A pediatrician is on call 24 hours per day and may be reached by calling the numbers above, or the Patient Services/Help Nurses at 563-556-4357 or 1-800-325-7442. All physicians rotate through evening and Saturday clinics on the East Campus.

MMC-Hospital Affiliation
Our Pediatricians currently have hospital privileges only at MercyOne Dubuque Medical Center. Please consider this when seeking care at hospitals in the Dubuque region.

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This book was created by Medical Associates Pediatrics. One staff member in particular was the driving force behind it: Julie A. Olberding, ARNP.

Through countless hours of research and annual editing, Julie had made it her mission to make this the "go-to" resource for parents and providers alike.

What was once a small pamphlet handout has grown to what you see now; a comprehensive guide for the care of infants and children.

As a nurse practitioner in our department for 40 years, she also served each and every one of her patients, regardless their socio-economic status, with compassion, expertise and dignity.

It is for these reasons that this guidebook is dedicated and named in her honor.

Thank you Julie!

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Chapter 1
Getting Acquainted with Our Office

Pediatric Services

The Department of Pediatrics provides professional services and consultation for patients 18 years of age and younger, including newborns, infants, young children, and adolescents.

This department provides complete care including diagnosis and treatment of infectious disease, chronic illness, and physical problems associated with children, including well child services such as growth and development counseling, periodic checkups and dietary assistance to maintain good health. Special problems including weight control, anorexia nervosa, bulimia, learning disorders, and others, are also treated. Our staff works closely with local schools to assist children, their parents, and teachers in understanding the factors and possible problems associated with the mental and physical development of children.

Appointments

Patients are seen in the office by appointment, except in emergencies, in which case we would see you immediately. This provides adequate time for each patient and reduces waiting as much as possible. When you call for an appointment, please inform the receptionist as to the nature of the visit, so adequate time may be scheduled.

The doctor on call for the day staffs the evening clinic and is able to examine patients who are acutely ill. A nurse may screen your phone call and offer advice that will assist you until your child can be seen.

To expedite care in accidents and other emergencies, please call Medical Associates before going to the office or hospital, if at all feasible. This will save needless waiting, plus a call to the physician on call may avoid unnecessary visits to the emergency room.

Feel free to call the Business Office at 584-4475 with any questions about fees and services.

PLEASE CALL BEFORE COMING. Patients who come to the office without an appointment will need to be worked into the schedule and may find that the waiting time will be longer than if they had an appointment.

CANCELLATIONS
If you are unable to keep an appointment, please notify us so that your appointment may be rescheduled. Your appointment time may then be used for another child.

Pediatric Staff

Pediatricians
Medical Associates Pediatrics Department is a group practice and, therefore, some areas of the practice are "shared." Night and weekend emergency call is rotated among all the pediatricians. Some of the hospital duties are also shared. Morning rounds in the hospital nurseries are generally conducted by the pediatrician on call for that particular day. Care of infants requiring intensive care at Mercy Medical

Center is shared by the pediatricians who have special interests in neonatal and intensive care. Older pediatric hospital patients are usually seen each day by the physician who admits them to the hospital.

A common misconception about group pediatric practices is that parents are unable to have the same pediatrician see their children at each office visit, and must "take whomever is available." Should you wish to have a particular pediatrician or nurse practitioner examine your child, every effort will be made to accommodate your request.

Many parents become familiar with two or three of our pediatric staff, and see one of those doctors/nurse practitioners in the majority of instances. Our pediatric staff feels continuity of care is very important to both the pediatric patient and the physician.

Neonatologist

Karen Scott, M.D., is board-certified in Pediatrics and Neonatal-Perinatal Medicine. She cares for children ages birth to 19 years, as well as critically ill and premature newborns in the NICU setting. Her broad scope of practice and sub-specialty training enhances and expands Medical Associates' level of care for newborns.

Nurse Practitioners

Tassie Carter, A.R.N.P., and Sarah Thibadeau, A.R.N.P. are pediatric nurse practitioners. They are prepared to assume responsibility for primary, family-oriented child care and child health supervision. Their practitioner education has prepared them in the care and examination of well children and children with minor illnesses.

Diabetic Case Manager

Kristin Tiernan, A.R.N.P., provides comprehensive juvenile diabetic services (Type I & II), including patient/parent education, physical assessments, medical management, and resource and referral.

Acute Care

The specialists in the Department of Pediatrics and Adolescent Medicine act as consultants to the physicians who operate Acute Care at Medical Associates. In the interest of continuity of care, **the pediatricians prefer that pediatric and adolescent patients be seen in the Pediatric Department during the hours that this department is open.**

Psychological Services

Martha Gould, Ph.D, pediatric psychologist, is available in the Pediatric Department. They offer assessment/counseling/consultation services for children, adolescents, parents, and families. Assistance is available to understand and deal with emotional or behavioral concerns
(such as anxiety, depression, developmental issues, sibling jealousy, hyperactivity, toileting issues, sleep disturbance, eating disorders, etc.), academic/intellectual questions, and distress related to events such as birth, death, divorce, chronic illness, or other trauma. Appointments may be scheduled by calling 563-584-3441.

Chapter 2

Caring for Your Child

Philosophy of Care

Congratulations on your new infant! Once your baby has arrived, the most important thing is to enjoy the baby. We wish to do all that is possible to help care for your new infant. We hope the information contained in this book will help you become better acquainted with your infant and the care your infant will need. Our philosophy of infant raising is not one of asking each baby to conform to a set pattern of eating, sleeping, and other behaviors.We feel our job is not one of telling you that you must follow a particular set of rules, but to introduce you to methods that we and other parents have found to be useful when rearing children.

Each day you are in the hospital, one of the physicians or our nurse will visit you and answer any questions you may have. Be sure to write your questions down so you will remember what you wish to ask when they visit.

A relaxed attitude toward problems that concern the care of your infant is very helpful. Don't be afraid to trust your common sense. Don't always take seriously all the advice of your friends, neighbors and relatives. Trust your own instincts and try to follow the suggestions we give you. We know that the loving care parents give their children is more valuable than always knowing just the right way to feed or bathe your child.

Every time you pick your child up, every time you change, bathe, feed your child, or smile, the child is getting the feeling of belonging. No one else can give this feeling to your child.

The following items are general ideas to help you handle your baby:

- Babies are very durable, hardy, small humans. Being cuddled and played with are what they need and what they enjoy.
- Babies aren't helpless. They are quite vocal about being hungry and uncomfortable.
- Babies have their own temperaments; some are easygoing, while others are more difficult. No two babies are alike. Babies sense tension, so a relaxed mother tends to relax the baby, and vice versa. Being relaxed isn't always easy, so be patient with yourself and your baby.

Home From the Hospital

Jaundice

Your doctor will tell you in the hospital when your baby needs a home visit or office appointment for jaundice. About half of all newborns develop jaundice, a yellow discoloration of the skin. Jaundice is due to an accumulation of bilirubin in the blood by the normal breakdown of red blood cells. Your baby's immature liver may be slow to process this bilirubin. Jaundice usually develops at 2 to 4 days of age and corrects itself within a week or two. High levels of bilirubin can be dangerous to your baby, thus all infants should be checked within a few days after birth.

Mothers and Baby Blues

Many women (50% to 75%) experience mood swings after having a baby. It is commonly referred to as the "baby blues." This can come on suddenly, within 4 to 5 days after delivery. Symptoms include:

- crying for no apparent reason
- impatience and irritability
- restlessness and anxiety
- fatigue
- insomnia (even when the baby is sleeping)
- difficulty concentrating

The cause is unknown, but is thought to be due to hormonal changes that produce chemical changes in the brain. Symptoms may last a few minutes to a few hours each day, but should disappear by ten days after delivery. It generally does not impair functioning. It is important not to ignore these changes, and to take care of yourself:

- talk to someone you trust about your feelings
- keep a diary of your feelings and thoughts
- eat healthy
- take time to exercise, such as taking a walk

If your symptoms persist beyond ten days, or seem more intense than described here, call Pediatrics or your Ob-Gyn doctor.

Sibling Rivalry

Jealousy is a feeling that everyone experiences sometime. The arrival of a new baby in a family gives many chances for jealousy to appear. A child's first experience with jealousy may be the arrival of a new baby and the lesson of having to learn to share the mother and father.

Some Things to do Before the Baby Comes

- Make any room changes before the baby comes so that the older child does not feel pushed out.
- If the child is getting an adult-sized bed, move the child into it before the baby is sleeping in THEIR crib.
- If a child is about to go to nursery school, get the child settled and happy in nursery school before the baby comes. Otherwise, the child may feel "pushed out" of the house so mom and baby can be alone.
- Let the child know a baby is coming. For the younger child, the last few months are soon enough; older children may be told earlier and will understand the time lag. Say it will be a baby, not a playmate.
- Let the child help you get ready for the baby - pick out new garments, fold clothing, fix the room, the crib, etc.

What To Expect When You Return From The Hospital

For a few hours or days the older child will be interested in the new baby, and then may later ignore the baby and you. The child may even comment that the baby should return to the hospital. The older child may make sudden demands for your attention. As you sit down to feed the baby, the child may demand a drink or do something across the room that requires you to stop feeding the baby.

- If the child was toilet-trained, he/she may now suddenly revert back to wetting and soiling pants.
- The older child may request a bottle or ask to sit in your lap and try breastfeeding.
- The older child may be whiney.
- Love pats to the baby may become slaps.
- Toddlers' sleep patterns may be disrupted for several days after the new baby comes home.

What You Can Do

- Remember that jealousy is normal, even among adults. When you are in the hospital, make some contact (a telephone call or small gift) to let the child know you have not forgotten him or her.
- On returning home from the hospital, let someone else carry in the new baby while you focus your attention on the older child.
- Bring a gift home to the older child "from the new baby."
- Buy the older child a doll that can be diapered and fed at the same times you diaper and feed the infant.
- If the child shows an interest, let him help with the baby by bringing the washcloth, carrying diapers, etc.
- During the first few weeks the new baby will not need your undivided attention, so play down the new arrival and plan on doing things with the older child, emphasizing how nice it is to be big.
- Talk about the advantages the baby does not have, like staying up later, taking a walk, helping mommy, etc.
- Say as little as possible about the panty wetting and soiling; it will pass. If the older child wants a bottle, do not allow it, but give a "special" (decorated) cup instead.
- **Do not leave the two alone.**
- Help friends and relatives who visit to notice the older child.
- Remember, your husband must adjust to the new baby, too, for he has new responsibilities now that the baby has arrived. Try to plan some time to spend with each other, away from the baby.

Fathers

In the past most, if not all, baby care was done by mothers. Today, fathers are involved in caring for their children and are discovering its many rewards.

Fathers may feel very insecure about handling a baby because they may have had such little experience at doing so. Your baby won't mind if you are awkward. Giving love is much more important than any expertly changed diaper or holding the baby just right. Make a practice of spending some time with your baby alone. This time together helps a father and baby to form a special closeness. Moreover, this involvement enhances the feeling of cooperation between mother and father and serves to strengthen their relationship.

Grandparents

Your infant's grandparents, in most cases, can provide your child with unworrying and uncritical love. Because they are not as directly responsible with raising the infant and providing the world with an acceptable human being, they can completely enjoy the baby and may even spoil him or her!

Most grandparents are eager and willing to help you and your infant by babysitting if you are overtired or ill, or by just giving advice. Since child care has advanced over the years, you may find their advice is different than current information. If you have questions, feel free to call your physician or nurse practitioner. Then you will feel more informed when explaining why you might be doing things a bit differently from their methods.

Pets

Just like young children, pets can hurt or frighten a baby without meaning to. **Never leave a baby alone with any pet.** Pets may need some time to get used to having a baby around—and will compete for attention—just like brothers and sisters. During this period of adjustment, you may want to keep pets restrained (on a leash), in a separate room with the door closed, or outside. If you have questions or concerns about having pets in the house with your new baby, ask your doctor or clinic staff.

SIDS & Sleeping Position

More than 3,500 infants in the US die unexpectedly every year from Sudden Infant Death Syndrome (SIDS) or accidental deaths from strangulation or suffocation. In an effort to reduce the risk of all sleep-related deaths the AAP has advised the following guideline.

Recommendations for infant sleep safety

- **Place your baby to sleep on his back for every sleep.**

  Studies tell us that babies that sleep on their backs are much less likely to die of SIDS than babies on their sides or stomachs. Always place your infant on their back to go to sleep during naps and at night. Babies placed on their sides are at increased risk of rolling onto their tummy.

  Some parents worry that their baby will choke, but the baby's airway anatomy and gag reflex will keep that from happening. Even babies that spit up or have acid reflux should be placed on their back for sleep.

  Some infants roll onto their stomach. Still place them to sleep on their back and if your baby is good at rolling both ways (front to back & back to front), then you do not have to return your baby to the back.

  If your baby falls asleep in a car safety seat, stroller, swing, infant carrier, or infant sling he should be moved to a firm sleep surface on the back as soon as possible.

- **Place your baby to sleep on a firm sleep surface.**

  Use a crib, bassinet, portable crib, or play yard that meets the current safety standards of the Consumer Product Safety Commission (CPSC).

Use a tight fitting, firm mattress and fitted sheet designed for that product. A firm surface is one that does not indent when you baby is lying on it.

Nothing else should be in the crib except the baby.

Bedside sleepers that meet the CPSC guidelines may be an option, but no published studies have examined the safety of these products.

- **Room Share-Place your baby to sleep in the same room where you sleep for the first 6 months and ideally for a year.**

  Keep the crib, playpen or bassinet close to your bed. .

  Room sharing can reduce the risk of SIDS by 50% and is much safer than bed sharing. You can easily watch, comfort or breastfeed your baby by having your baby nearby.

  Only bring your baby to bed to feed or comfort and then place them back in their own bed when you are ready to fall asleep. If there is any chance you are going to fall asleep, make sure there are no pillows, sheets, blankets or any other items near your baby's face or that could overheat him. As soon as you awake, be sure to move your baby back to his own bed.

- **Keep soft objects, loose bedding, or any objects that could increase the risk of entrapment, suffocation, or strangulation out of the crib**.

  Pillows, quilts, comforters, sheepskins, bumper pads or similar objects that attach to the crib slats or sides, blankets and stuffed toys can cause your baby to suffocate.

  If you are worried that your baby will get cold, use infant sleep clothing, such as a wearable blanket. In general, your baby should be dressed in only 1 layer more than you are wearing.

- **Wedges and positioners should not be used**
- **It is fine to swaddle your baby**.

  The swaddle should not be too tight or make it hard for your baby to breathe or move his hips. When your baby seems like he might roll over, you should stop swaddling.

- **Offer a pacifier at nap time and bedtime.**

  This helps to reduce the risk of SIDS. If you are breastfeeding, wait until breastfeeding is going well before offering a pacifier. This usually takes 2-3 weeks. If formula feeding you may start at any time. It's OK if your baby doesn't want to use a pacifier. You can try offering a pacifier again, but some babies don't like to use pacifiers. If your baby takes the pacifier and it falls out after he falls asleep, you don't have to put it back in.

  - Do not use pacifiers that attach to your baby's clothes.
  - Do not use pacifiers that are attached to objects, such as stuffed toys, wash rags and other items that may pose a suffocation or choking risk.

- **Never place your baby to sleep on a couch, sofa or armchair**

  This is an extremely dangerous place for your baby to sleep

- **Avoid covering baby's head or overheating.**
- Keep the room where your baby sleeps at a comfortable temperature. Your baby may be too hot if he is sweating or if his chest feels hot.

Bed Sharing is not recommended for any baby.

- Certain situations make it even more dangerous, therefore never bedshare, especially if :

  Your baby is less than 4 months old

  You are not the parent

  Your baby was premature or with low birth weight

  You or any other person in the bed is a smoker, even if you don't smoke in bed.

  Mother smoked during pregnancy

  You drank any alcohol

  You took any medicine that might make it harder for you to wake up.

  The surface is soft, such as a waterbed, sofa, couch, recliner, or armchair.

  There is soft bedding, like pillows and blankets on the bed

- **Schedule and go to all well-child visits**.

  Your baby will receive important immunizations. Recent evidence suggests that immunizations may have a protective effect against SIDS.

- **Do not smoke during pregnancy or after your baby is born. Keep your baby away from smokers and places where people smoke**.

  If you smoke, try to quit. However, until you can quit, keep your car and home smoke-free. Never smoke inside your home or car and don't smoke anywhere near your baby, even if you are outside.

- **Breastfed babies have a lower incidence of SIDS**

  Breastfeed or feed your baby expressed breastmilk for the first year.

- **Do not use home cardiorespiratory monitors to help reduce the risk of SIDS.** Home cardiorespiratory monitors can be helpful for babies with breathing or heart problems but they have not been found to reduce the risk of SIDS.

- **Do not use products that claim to reduce the risk of SIDS.**

  Products such as wedges, positioners, special mattresses, and specialized sleep surfaces have not been shown to reduce the risk of SIDS. In addition, some infants have suffocated while using these products.

- **Give your baby plenty of "tummy time" when awake.** This will help strengthen neck muscles and avoid flat spots on the head. Always stay with your baby during tummy time and make sure baby is awake.
- **Assure that others caring for your infant (child care provider, relative, friend, babysitter) are aware of these recommendations.**

Hazards for Babies on Adult Beds

Many parents and caregivers are unaware that there are hidden hazards when placing babies on adult beds. Parents often think that if an adult bed is pushed against a wall, or pillows are placed along the sides of the bed, small babies will be safe as they sleep.

Babies placed on adult beds risk dying from several hazards like:

- Rolling onto the baby by an adult or other child in bed.
- Entrapment between the bed and wall, or between the bed and another object.
- Entrapment involving the bed frame, headboard, or footboard.
- Falls from adult beds (sometimes onto piles of clothing, plastic bags, or other soft materials resulting in suffocation).
- Suffocation in soft bedding (such as pillows or thick quilts and comforters).
- Sofas, couches, and daybeds can cause entrapment, too.

Always provide a safe sleep environment for your baby under 24 months:

- Use a crib or playpen that meets current safety standards (see Chapter 5, Cribs & Playpens).
- Follow SIDS guidelines listed in the preceding paragraphs of this chapter—always position the baby on his/her back for sleep.
- Be sure to make arrangements for a safe sleep environment at daycare and when traveling and visiting relatives.

Smoking and Secondhand Smoke

Secondhand smoke is a combination of the smoke from a burning cigarette and the smoke exhaled by a smoker. Over 4,000 different chemicals have been identified in secondhand smoke, and at least 43 of these chemicals cause cancer.

Although secondhand smoke is dangerous to everyone, fetuses, infants and children are at most risk. This is because secondhand smoke can damage developing organs, such as the lungs and brain.

Exposure to secondhand smoke decreases lung efficiency and impairs lung function in children of all ages. It increases both the frequency and severity of childhood asthma. Secondhand smoke can cause and aggravate sinus infections, runny noses, sore throats, ear infections, bronchitis, pneumonia, and can cause chronic respiratory problems such as cough and postnasal drip. It can increase the number of colds your child gets.

Second hand smoke puts teens at risk of low-frequency hearing loss and most affected teens are unaware of the hearing loss.

Smoking mothers produce less milk, and their babies have a lower birth weight. Maternal smoking also is associated with neonatal death from Sudden Infant Death Syndrome, the major cause of death in infants between one month and one year of age.

Children of mothers who smoked during and after pregnancy are more likely to suffer behavioral problems such as hyperactivity than children of non-smoking mothers. Modest impairment in school performance and intellectual achievement has also been demonstrated.

- Stop smoking, if you do smoke. Consult your physician for help, if needed. There are many new pharmaceutical products available to help you quit.
- Never let anyone smoke while holding, bathing, or feeding your child.
- If you have household members who smoke, help them stop. If it is not possible to stop their smoking, ask them (and visitors) to smoke outside of your home.
- Do not allow smoking in your car.
- Insist on "no-smoking" areas when visiting public places with your child.
- Be certain that your children's schools and daycare facilities are smoke-free.

(2017. American Academy of Otolaryngology - Head and Neck Surgery, Inc., One Prince Street, Alexandria, VA 22314)

Iowa Metabolic Screening Test (IMS)

The IMS is done to help assure your infant will be as healthy as possible. It is a blood test which identifies the few infants who may have one of the more than thirty birth defects screened for in this program. With early diagnosis and medical treatment, complications from these serious conditions can usually be prevented. Before your baby leaves the hospital, a small amount of blood is taken from the baby's heel. This sample is sent to the University of Iowa Hygienic Laboratory for screening. Some of the disorders your baby will be tested for are:

- Galactosemia
- Hypothyroidism
- Phenylketonuria (PKU)
- Sickle Cell Disease and Hemoglobin Disorders
- Congenital Adrenal Hyperplasia
- Cystic Fibrosis
- Fatty Acid Oxidation Disorders
- Amino Acid Disorders
- Organic Acid Disorders
- Biotinidase Deficiency

A report will be sent to the doctor. If it is negative, nothing more is done. If there is a question about the results of the test, you will be contacted and requested to have the test repeated. You will find out the results at the 3 week well child examination.

Well Child Examinations

Well child checkups are begun when your baby is three weeks old. Often the doctor wishes to see the baby sooner than three weeks for a jaundice or weight check. You will be told when your appointment should be. Please call the office for your first appointment while you are still in the hospital. This will help us greatly in our scheduling of patients and will assure you of an appointment when you want it. Our nurse at the hospital will explain how and when to make your first appointment.

The reason for well child examinations is so that your child's growth and development can be observed at regular intervals. Special problems can be discussed and corrected early, making many problems less severe. Anticipated problems and changes in your baby can be discussed. Immunizations will be administered. During your well child visit, the infant is weighed, measured and completely examined. The baby's progress is evaluated and discussed with the parent. We also enjoy having fathers and siblings present at well child visits.

Your questions are also discussed. It usually helps to make a list of things you will want to ask during each visit. In this way, all of your concerns will be addressed.

Many children, while being examined, will cry and resist the examination. Don't be made anxious by this. This is normal for your child and does not disturb the physician or nurse practitioner. Any restraining of your child that is necessary during the examination does not hurt your child but will, in fact, prevent injury to your child.

Immunization & Well Child Schedule

Immunizations are a safe and simple way to protect your child from many crippling or fatal diseases. Vaccines are safe, effective and save lives.

Disease prevention is the key to public health. It is always better to prevent a disease than to treat it. Vaccines prevent disease in the people who receive them and protect those who come in contact with unvaccinated individuals. Vaccines are responsible for the control of many infectious diseases that were once common in this country including polio, measles, diphtheria, pertussis (whooping cough), rubella (German measles), mumps, tetanus, and Haemophilus influenzae type b (Hib).

Parents are constantly concerned about the health and safety of their children and take many steps to protect them. These steps range from child-proof door latches to child safety seats. In the same way, vaccines work to protect infants, children, and adults from illnesses and death caused by infectious diseases. While the U.S. currently has record, or near record, low cases of vaccine-preventable diseases, the viruses and bacteria that cause them still exist. Even diseases that have been eliminated in this country, such as polio, are only a plane ride away. Polio, and other infectious diseases, can be passed on to people who are not protected by vaccines.

Vaccine-preventable diseases have a costly impact, resulting in doctor's visits, hospitalizations, premature deaths and sick children can also cause parents to lose time from work. *Source: Center for Disease Control (CDC)*

Visit the CDC website to read the current Vaccine Information Statements (VIS). VISs are information sheets produced by the CDC that explain both the benefits and risks of a vaccine.

www.cdc.gov/vaccines/hcp/vis/current-vis.html

Most vaccines may be given in the presence of a "slight cold" or other minor illness. If in doubt, call before bringing the baby. A recommended schedule for well child visits and immunizations follows:

Newborn: 1 to 3 days of care at hospital following birth. Hepatitis B administered in the nursery.

3 Weeks: Examination, child health supervision.

2 Months: Examination, health supervision, vaccination with DTaP (Diphtheria, Tetanus, Pertussis), Hib (Haemophilus influenzae type b), Hepatitis B, Rotavirus, PCV 13 (pneumococcal conjugate), and Polio.

4 Months: Examination, health supervision, vaccination with DTaP (Diphtheria, Tetanus, Pertussis), Hib (Haemophilus influenzae type b), Hepatitis B, Rotavirus, PCV 13 (pneumococcal conjugate), and Polio.

6 Months: Examination, health supervision, vaccination with DTaP (Diphtheria, Tetanus, Pertussis), Hepatitis B, Rotavirus, PCV 13 (pneumococcal conjugate), and Polio. Influenza vaccine.*

9 Months: Examination, health supervision. Influenza Vaccine*

12 Months: Examination, health supervision, lead test, hemoglobin (to test for anemia), Tuberculosis screening. Vaccination with Chicken Pox, MMR (Measles, Mumps, Rubella), Hib (Haemophilus influenzae type b), PCV 13 (pneumococcal conjugate), Hepatitis A. Influenza Vaccine*.

15 Months: Examination, health supervision, influenza vaccine*

18 Months: Examination, health supervision, vaccination with DTaP (Diphtheria, Tetanus, Pertussis), and Hepatitis A Vaccine. Influenza Vaccine*.

2 Years: Examination, health supervision, Tuberculosis screening, lead test. Hepatitis A Vaccine (if haven't had two doses already). Influenza Vaccine*.

30 Months: Examination and health supervision with a focus on development, influenza vaccine*

3-3 1/2 Years: Examination, health supervision. Tuberculosis and lead screenings, speech evaluation, vision screening. Influenza Vaccine*.

4-5 Years: School examination, health supervision. Tuberculosis, lead screenings. Immunization with DTaP, MMR, Chicken Pox, Polio Vaccines, Influenza Vaccine*.

6-18 Years: The American Academy of Pediatrics recommends a physical examination every year. Tuberculosis screening. Tdap (Tetanus, Diphtheria, & Pertussis), meningococcal, and HPV (human papilloma virus) vaccine at 9-18 years of age. Influenza Vaccine*.

NOTE: It is advisable to get a Td/Tdap booster every 10 years after the schedule of immunizations has been completed.

**Influenza vaccine is recommended for all people 6 months of age and older. It is especially important for people at higher risk of severe influenza and their contacts, thus all household contacts and caretakers of children less than 6 months old. The influenza vaccine is offered in the fall of each year. When all children are vaccinated, the need for antibiotics is less, the spread of flu in schools is reduced, and children and their parents miss fewer hours of school and work.*

Bathing

Skin & Scalp Care

Your baby doesn't need to be bathed every day. Three baths a week is completely adequate for care and cleanliness in the first year. The only part of the body needing more frequent washings is the diaper area, so be sure to wipe the area thoroughly with each diaper change. Shampoo may be used on the scalp; rinse well. The face should be washed with soap and rinsed with clear, warm water. Avoid the use of scented soaps, lotions, and baby oils. If the skin is dry, use Camay, Caress, or Dove for bathing and then apply a fragrance-free, hypoallergenic moisturizing lotion twice or more daily, such as Lubriderm, Eucerin, and Cetaphil.

In the first week or two, try not to let the umbilical cord get real wet, quick tub baths or sponge baths would be recommended. See section “Umbilical Cord Care”.

Many parents like to use an infant tub or the sink lined with a clean towel. Fill the basin with about 2 inches of warm water. Use your elbow or wrist to test the temperature. Turn the cold water on first and last, to avoid scalding your baby or yourself. The hottest water from the tap should be less than 120 degrees to avoid burns.

The amount of trouble you will have with your infant's skin most often depends on how sensitive the skin happens to be. If your baby has sensitive skin and gets rashes easily, there is usually something that can be done to help the situation. Ask for help, don't feel guilty or blame yourself for the fact that your infant has a rash.

While bathing, be sure to check the creases of the toes, fingers, and the penis for hair. Small pieces of hair may be found in these places. If they are not removed, they can wrap around very tightly, causing redness, swelling, and possible infection. If you should find this, call your physician at once for advice.

Give your baby a big hug when finished bathing; you can never give too many hugs!

Cradle Cap

To help prevent a waxy scale called "cradle cap," use the brush sent home with you from the hospital on the baby's scalp every day. Cradle cap is due to a naturally occurring overproduction of the oil-secreting glands of the scalp. It is not a disease and is not serious. Don't be afraid to brush over the soft spot, because it isn't as tender as it looks. If you are unable to keep the scalp clear of this waxy scale, you may use mineral oil or olive oil on the scalp one hour before bathing. Then brush and shampoo the oil out. Do this every day until the scalp is clear. Other places that need vigorous cleansing to keep yellow waxy scaling from building up are the eyebrows, forehead, and behind the ears.

Ears

Cleanse the outer ear only. Do not put Q-tips down the ear canal because you may poke wax against the eardrum. Good advice is "don't put anything smaller than your elbow in the ear canal." Be sure to lift up the ear lobe gently and clean behind it in the crease. Clothing, fuzz, and soap may be collected there. If this area should crack and become irritated, feel free to call the office.

Eyes

In your newborn baby, there may be a small red spot in the white part of the eye caused by a tiny blood vessel being broken during birth. This usually clears up without any problem in a few weeks.

Your baby's eyes may become puffy, and you may see a white or yellow discharge. This is usually normal during the first few weeks of life unless the eyeballs, themselves, are inflamed (red) or they become so puffy that the baby cannot open them. If this happens, call us. Any drainage in the eye can easily be wiped out with a clean washcloth, or wet cotton ball. Clean from the inside (by the nose) outward. Use a clean cloth for each eye.

Your baby will not spill tears for several weeks after birth.

The eyes will cross at times, due to poorly coordinated eye muscles. This should correct itself within a few months. The eyes will be checked at each well child visit.

Mouth

Cleaning your baby's gums and mouth after feedings can decrease the harmful bacteria that can later cause tooth decay. A damp washcloth or gauze pad works well. If you notice any persistent white patches on the tongue, inside of the cheeks or between the lips and gums, this may be the first sign of a very minor infection some infants develop called "thrush." You may call the office, or if the baby is due for a check-up in the next few days, it can be discussed while the infant receives the examination.

Nails (Finger and Toe)

The infant's nails should be kept fairly short and smoothly trimmed. The fingernails grow very rapidly and may need to be trimmed frequently, two or three times a week for the first several months. The nails are usually best cut when the baby is sleeping or at least quiet. Use a baby scissors, nail clippers, or frequent filing with a soft emery board. Some babies have a habit of scratching their face at times, in spite of adequate nail cutting. Place a pair of mittens over the hands for a few weeks. Some baby undershirts have mittens attached. If you should cut the baby's skin and are concerned, call the nurse.

In contrast, the toenails grow more slowly and only need trimming once or twice a month. They can be left longer and should be cut square. The toenails are soft, and sometimes due to this, they appear ingrown. There is no need for concern unless the skin next to the nail becomes red, warm, or hard. The soft toenails will become more firm as the baby matures.

Umbilical Cord Care

Your baby's umbilical cord will require special attention for a couple of weeks until the umbilical stump or "cord" comes loose and falls off. This cord contains no nerves, so your baby will feel no pain when you clean the cord. Within 24 hours of the cord being clamped, it begins to dry and takes on a leathery consistency. Generally the cord stump comes loose in one to two weeks. It may come loose a couple of days earlier than this, or it may remain attached for three to five weeks.

Clean the base of the cord once a day with soap and warm water during the bath. You may do a sponge bath, or tub bath. If doing a tub bath, try not to let the cord get real wet. Dry the base of the cord after cleaning with a dry wash cloth or cotton tipped applicator. Don't hesitate to grasp the cord stump and pull on it gently to expose the base of the cord. Sticky discharge and a small amount of bleeding may occur,

but do not become alarmed, as this is normal when the cord becomes loose, try to clean this material away. Call the office immediately if:

- There is active bleeding
- The cord develops an odor
- The skin around the cord becomes red

Until the cord stump is loose, we suggest that you keep the diapers folded down and well away from the cord. This allows the cord to remain dry for a longer period of time. The more dry it is, the sooner it will come off.

Nose

The nose is essentially self-cleaning. Small pieces of dry mucus often appear in the nostrils. If they seem to annoy the infant, they may be removed by using the bulb syringe you received while the infant was in the hospital, or you may purchase one at the drugstore. Deflate the bulb, gently insert the tip in the nostril and then let the air back into the bulb. This usually will draw the mucus out enough for you to wipe with a tissue. If you see a small amount of blood-tinged mucus, don't be alarmed, wait a day and try again.

Breast Enlargement in Infants

In the first few days after birth, the breasts of both boys and girls may be swollen; you may even see a little liquid being secreted. This is caused by your hormones passing through the placenta to your infant during pregnancy. This is normal and will go away. If you are breast-feeding, it may take several weeks to disappear. Do not squeeze or apply ointment. If the baby's breasts become red, call the office.

Cramps and Gas

Some infants have distress and draw their legs up, clench their fists, cry, and pass gas. The drawing up of the legs does not necessarily mean the baby is hurting, as this is also a normal reflex of babies who are not in pain. The passing of gas is normal. Most babies are pretty content after feedings, and if your baby seems fussier and crampy right after feedings be sure to call the office or discuss at your next Well Child visit.

Crying/Colic

Nearly nothing upsets parents more than a crying infant. Please keep in mind that a perfectly healthy infant may cry from 30 minutes to 2 hours a day without any apparent reason. Some babies are quiet and calm and others cry more and need more attention.

Often a baby will pick a certain time of day to "sound off." Some babies may cry 30 to 45 minutes, and this may be normal for your infant.

At first, you may not be able to determine whether your baby's cry is from hunger, discomfort, or from being tired. This will come gradually as you and your baby become acquainted.

Remember you cannot spoil your baby at this age. Respond to your baby promptly and your baby will develop trust in you and feel more secure.

Some things that may help if your baby is fussy:

- Hold your baby – hold close and jiggle. Over the shoulder may help, or try the colic hold (below).

- Does baby have a wet or dirty diaper?
- Walk, rock or try a stroller ride.
- Change the baby's position, for example, from tummy to side, from side or back and pat baby. (Do not allow baby to sleep on tummy or side-ONLY back.)
- Is your baby overstimulated? Take the baby to a quiet place and allow some time to calm down.
- Is baby too hot or cold? Remove or add a layer of clothing.
- Is the baby hungry? Formula fed babies eat about every 3 hours, and breastfed infants usually eat more often.
- Has the baby been overfed? Does the baby need a burp?
- Try a pacifier.
- Prop the baby into a sitting position or use the infant seat.
- Try a bath-some baby's find a bath very calming.
- Try some kind of monotonous, soothing sound - music or a clock ticking, make the shhhhhh sound.
- Gently stroke the baby by rubbing his chest, back, arms, and legs or try massaging your baby. (see massage section on next page)
- Try skin to skin contact-baby's bare skin touching your bare skin.
- Swaddle-can be especially helpful in first 4-6 weeks. Make sure your baby is not too hot. (see swaddling instructions next page)
- Leaving your baby to settle down in their crib may bring sleep sooner. Some babies cry briefly and some up to 10 minutes before falling asleep. Sometimes gentle patting while in bed, or rocking the crib helps.

You may need to be patient for a month or so. As babies become able to amuse themselves and use up energy in other ways, and as their body processes become more settled, these fussy periods will shorten.

Unfortunately, sometimes there is nothing you can do about your baby's crying. If you cannot cope with your baby's crying, call a friend so you can get a short break. The baby's crying won't bother anyone else as much as you, and a breather will help you cope.

If you have tried the points listed above without success, or if you think your baby is sick, call the office for an appointment.

If your baby cries constantly, you may suspect colic. Occasionally babies have "colic", an excessive pattern of crying that usually disappears during the first three months. Be sure you do not label your baby "colicky" unless you have discussed it with your doctor. It can be mistaken for many other problems your baby could have.

Infant Massage

Massaging your infant is a great way to bring you and your baby closer together. It feels good for you and your baby. Many babies will find it very calming and they may also sleep better after a massage.

- You will need an unscented oil as a lubricant, and a soft pillow or blanket to support your baby. Keep a small receiving blanket handy during the massage for warmth, as a sense of security, and for covering parts of the body not being massaged.
- Begin by rubbing your baby's feet. Use your thumbs to press on the soles of the feet, and move up to stroke the legs, squeezing them gently.
- Move to the abdomen (avoid getting oil on the cord). Press down with your fingers about one-half inch, and move your fingers in the shape of an "I," and upside-down "L" and "U." Repeat four to five times.
- Next massage each arm, starting with the hand and working toward the shoulder.
- Roll the baby over and lay his head to one side. Use 2 - 3 fingers to gently stroke your baby's back from the shoulder to the buttocks. Finish by making gentle, small circles all the way down the spine.

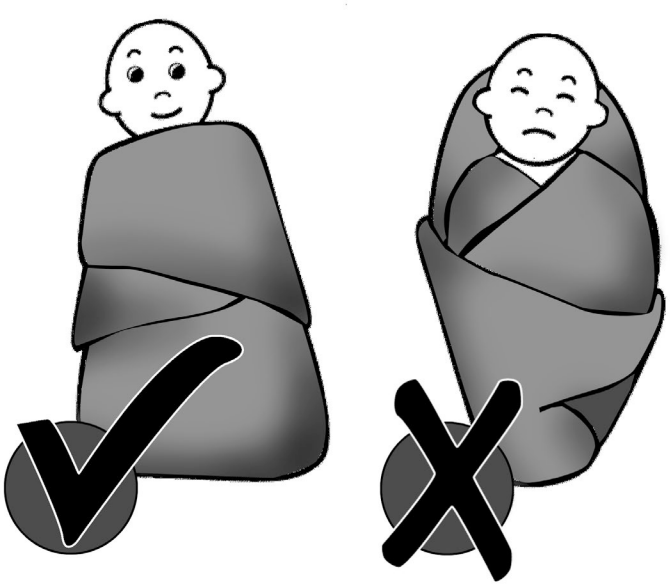
Remember, there is no perfect way to massage your baby. Keep your touch gentle. As your baby grows stronger, so can your touch. The important thing is to touch and stroke your baby so he can feel your calming, loving influence.

Swaddling

Swaddling can be very helpful for babies in the first 4-6 weeks. Use a lightweight blanket and wrap snugly around the arms, but not too tightly that it interferes w/ breathing, and loose around the legs.

Be sure to stop swaddling by around 2 months of age, before your baby learns to intentionally roll.

Encourage baby’s hips to be spread apart and bent, avoid stretching the legs out straight.



Teething/Tooth Eruption

Teeth first begin to erupt around 6 months of age. Some children may have teeth at 3 or 4 months, or not until 12 or 13 months. Early or late teeth don't seem to make any difference, as babies are able to chew most foods quite well with their gums.

Teeth usually erupt in the order shown in the illustration that follows this section. However, your baby's teeth may appear in a different order; this doesn't indicate a concern.

A tooth, as it comes in, may act as a foreign body and may cause swelling and irritation of the gums. Some babies don't mind, but others do. Your child may:

- Be slightly fussy.
- Have gum irritation.
- Drool
- Have a rise in temperature, but not a fever (thus less than 100 ax or 100.4 rectally)

  Do not blame fever, diarrhea, or cold symptoms on teeth. If your child seems sick, consult with your doctor.

Things you can do to reduce the discomfort of teething are:

- Massage the child's gums with a clean finger.
- Cold is an excellent anesthetic. Offer cold, safe, clean objects to chew on (refrigerated teething rings, wet washcloths).
- Use acetaminophen (Tylenol) to reduce pain occasionally
- Do not use teething lotions, numbing gels or homeopathic teething tablets on the gums. They are not necessary and could be very dangerous.

Dental Care & Brushing/Early Childhood Caries

Dental Care for Infants and Young Children

“Baby” teeth need to be kept healthy, clean, and free of cavities. Neglect of these first teeth can cause severe pain and serious infection, as well as damage to the permanent teeth that follow. Some of the “baby” teeth are not lost until 10 to 12 years of age, or later!

Clean your child’s mouth daily with a damp cloth (even before the first tooth comes). Once a tooth appears, it’s time to start using a toothbrush. Use a rice sized dab of fluoridated toothpaste. Brush for your child twice daily (especially at bedtime, so they are going to bed with clean teeth) until 7 or 8 years of age, when they have the fine motor skills to do it themselves with adult supervision.

Always keep toothpaste up and out of children’s reach.

Begin to floss your child’s teeth when two teeth touch, when the brush is no longer able to remove all the plaque bacteria.

DO NOT put your baby to bed with a bottle (nap or bedtime). DO NOT use a bottle as a pacifier during the day. Improper bottle use can cause severe decay. The bottle is only to be used to hold formula or breast milk. Wean your baby from the bottle by one year.

If your child is breastfed during the night, be sure the teeth are brushed thoroughly at bedtime.

Use milk at meal and snack time only. Offer only water between meals. Do not give your child soda pop, sports drinks and koolaid, except as an occasional treat. Sugary drinks are a leading cause of tooth decay. Offer water instead.

The "sippee" cup is a training tool to help children transition from the bottle to a cup. It shouldn't be used for a long period of time.

Your child needs a "dental home." The recommendation of the American Dental Association is that children be seen for a first visit at one year of age, or within 6 months of the first tooth coming in. If your family dentist is not comfortable seeing your child at this age, contact a pediatric dentist.

Your child needs 8 ounces of fluoridated water daily, to promote decay-resistant teeth. Ask your dentist or pediatrician if your child's fluoride intake is adequate.

No matter what your child's age, if an injury to the mouth or teeth occurs or the mouth tissues look "funny," contact a dentist immediately for their advice.

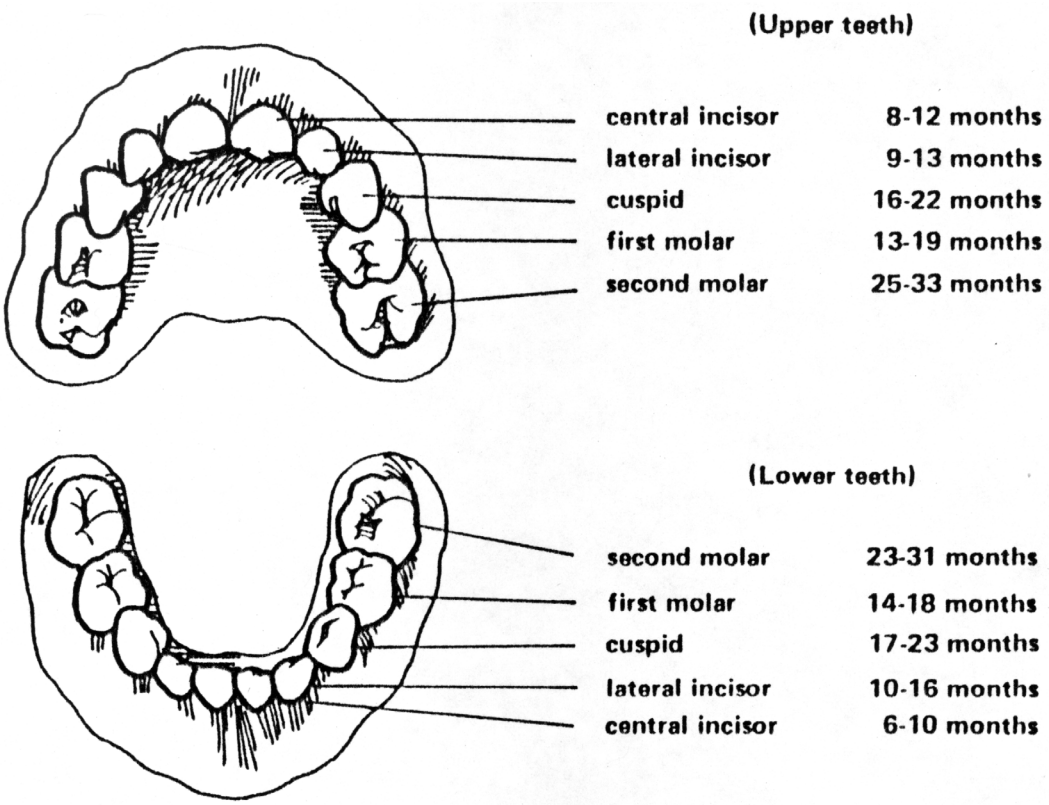
Dental Care for Mom's and Dad's Teeth

We encourage you to follow these guidelines to be a good role model for your child. Cavities in children can be caused by the transmission of cavity-producing bacteria from parent's (or other caregiver's) mouths to the child.

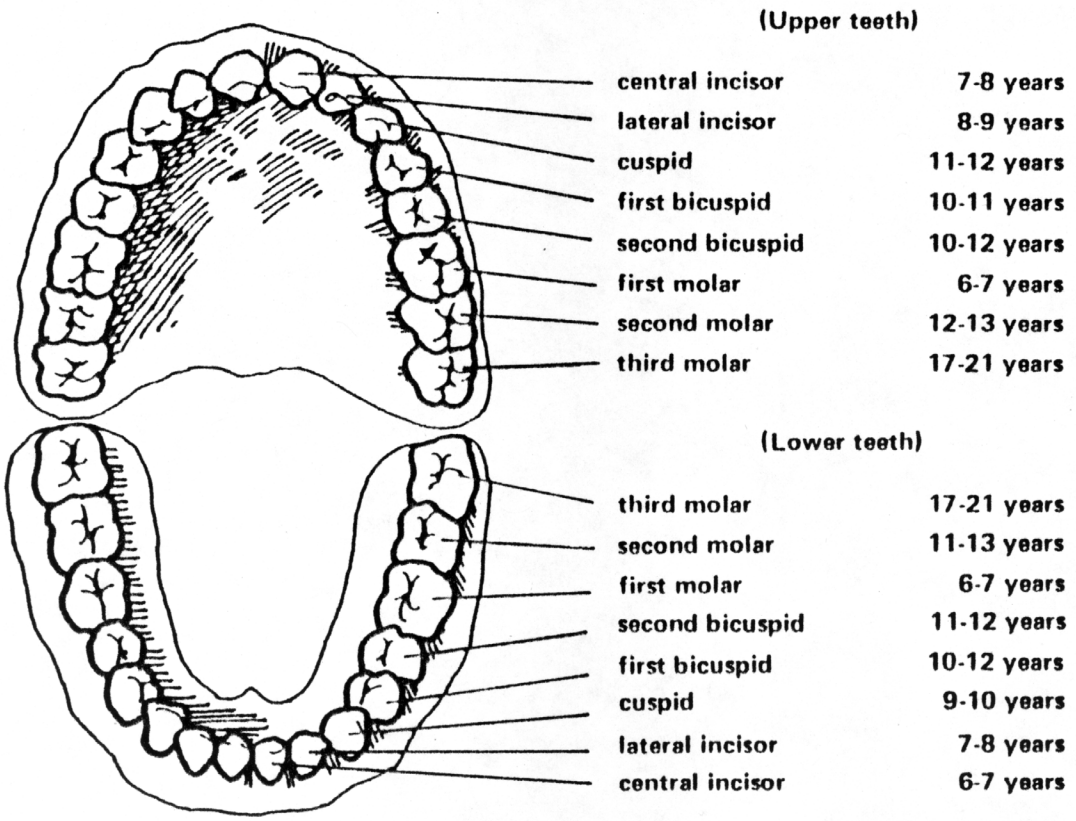
- Brush your teeth thoroughly twice daily with fluoride toothpaste.
- Floss daily.
- Rinse your teeth at bedtime with an alcohol-free fluoride mouth rinse.
- Drink milk at meals and eat a well-balanced diet. Avoid sugary beverages and snacks.
- If you drink juice, only drink it at meals.
- Drink water between meals.
- Limit soda, Gatorade, koolaid to an occasional treat.
- Regular dental visits—every 6 months.
- **Cavities are contagious -** Avoid sharing utensils (cups, spoons, etc.) with your child, and avoid cleaning a dropped pacifier with your saliva.

Tooth Eruption Charts

Primary Teeth



Permanent Teeth



Head Shape: Is Your Infant's Head Flattened or Misshaped?

Since the American Academy of Pediatrics' 1992 recommendation for infants to sleep on their backs, the incidence of sudden infant death (SIDS) has decreased more than 40%. Unfortunately, parents are forgetting the benefits of supervised "tummy time" when awake. Constant supine (lying on back) positioning causes unrelieved pressure on the back of the head. This constant pressure results in a gradual flattening of the back of the head, otherwise known as positional plagiocephaly.

Does your infant show signs of plagiocephaly?

- Asymmetrical (uneven) flattening of the back of the head?
- One ear more forward than the other when viewed from the top of the head?
- Do they favor turning their head to one side more than the other?

Although the cosmetic appearance of the flattened head is devastating to some parents, there is no risk of increased intracranial pressure disturbance. The skull shape improves spontaneously once head control improves, the infant is sitting up, and pressure is taken off the back of the head. Ninety percent of brain growth occurs in the first two years of life. Brain growth through these first two years of life passively remolds the skull, and as scalp hair grows, the cosmetic deformity becomes less noticeable.

The most effective treatment is prevention. A certain amount of tummy time on the floor while the infant is awake and observed is recommended for both developmental reasons (promoting upper body strength), and prevention of flat spots on the back of the head.

Keep a close watch on your child playing on the floor; young babies have enough strength to pull down a lamp or a small table, and can move amazingly far and fast even before learning to crawl or creep. Block steps or stairways before leaving your baby on the floor. If you have pets, keep them away from your baby when he or she is on the floor.

Positional plagiocephaly also can be avoided by altering the supine head position during sleep. This may be accomplished by placing the infant to sleep with the head to one side for a week or so, then changing it to the other. It is also of benefit to periodically change the location of toys/mobiles to the opposite side of the crib, playpen, etc.

Hiccups

All babies have hicccups at one time or another. They never cause any harm but can be annoying. The cause is unknown. Most disappear within five minutes, however, if they do not, feeding a little (1/2 ounce) warm water or milk may clear them.

Lead Poisoning

Lead poisoning is a disease that occurs when a child is exposed to too much lead. Lead poisoning is caused most often by eating lead paint chips, or breathing or eating lead dust. Lead is especially harmful to infants and children aged 6 years and younger because their small bodies absorb lead more easily than an adult's. Lead poisoning can slow a child's development and cause learning and behavior problems. Even small amounts of lead can damage your child's brain, kidneys, and stomach.

Your child may be exposed to lead from:

- Peeling or chipping paint in homes built before 1978.
- Dust from sanding or removal of old paint and wallpaper.
- Soil near a major highway or industry that uses lead, or around an older home with chipping outside paint.
- Old water pipes made of lead or newer fixtures that contain lead solder.
- Food grown in contaminated soil or stored in handmade pottery or opened cans.
- Bullets and fishing sinkers and hobbies that use lead, such as ceramics and stained glass.
- Even some toys have lead components (visit www.cpsc.org)

The only way to tell if your child has an elevated lead level is to test your child's blood. Your child will be screened at regular intervals when in the office for well child visits. For more information on lead poisoning call the local VNA 556-6200, or 1-800-972-2026 (Iowa) or 1-800-545-2200 (Illinois). In Wisconsin, contact your County Health Department.

Noise

Babies readily adapt to the noises in the environment. Only sudden, unexpected noise will startle them. Some noise may even lull babies asleep. There is no need to change your normal household noise; your baby will soon adjust. If you try to keep the house too silent, the baby will become accustomed to this and will awaken to the slightest noise.

Pacifiers

Nearly all infants will need some extra sucking. Most babies get their thumb and fingers into their mouths and suck on them and find this most enjoyable. This behavior is normal and causes no harm.

Some parents like to substitute a pacifier for a thumb or fingers. This also is fine, and as the child reaches the end of his first year, the pacifier can be thrown away. The important thing to remember is not to substitute a pacifier for food, diaper changes, or the love your baby needs when crying. Never dip a pacifier in sugar or other sweet substances, because it encourages tooth decay.

Safe pacifier use:

- Buy a one piece pacifier. Two piece pacifiers can come apart and present a choking hazard.
- Always use a commercial pacifier, never one made at home. It should have ventilation holes and a diameter of at least 1 ¼ inches.
- Clean a new pacifier thoroughly before the first use. Wash in hot water with dish soap and rinse thoroughly.
- Clean your baby's pacifiers frequently. It's a good idea to wash the pacifier each time you give it to your baby. Never place in your mouth to clean it.
- Do not wash pacifiers in a dishwasher.
- Pacifiers can wear out with use. Test the pacifier before each use by pulling on the bulb (the portion that goes in the baby's mouth). Discard the pacifier if the bulb tears or separates from the unit.
- Replace the pacifier as soon as it becomes sticky, enlarged or cracked, or shows other signs of wear.
- Never tie the pacifier by a string to the crib, the baby’s wrist or neck. Your baby might strangle on the cord.
-

- Pacifiers come in different sizes. Replace pacifier size as baby grows.
- Wean off pacifier between 1 and 2 years of age.

Penis

Circumcised Penis

Most circumcisions are done by the physician on the first day after birth. Occasionally, when a baby cannot be circumcised in the hospital, it will be done in the office up to 8 weeks of age. Call for an appointment. We will ask you to sign a consent form if you decide to have your baby boy circumcised.

When caring for the circumcision at home, it is important to keep the area clean. At bath time, gently cleanse the penis with soap and water and pat dry. You may apply a generous coating of Vaseline around the tip of the penis. This will provide some protection from irritation of the diaper and urine. Many circumcision sites are red, raw, and have a yellow film or crust for about 5-10 days after the procedure has been performed. This is the normal course of healing. No other care, other than the cleansing, is necessary until the baby's three week visit. At this time, either the nurse practitioner or doctor will check the circumcision to make sure it is completely healed. They will then show you how to retract the foreskin, cleanse the area, and gently pull the foreskin forward.

Uncircumcised Penis

Before birth the foreskin and the glans (the rounded tip of the penis) develop as one tissue. The foreskin is actually fused to the glans. With time this fusion begins to separate. This separation should not be forced.

To test retraction occasionally, hold the penile shaft with one hand, and with the other hand, push the foreskin back gently never forcibly - perhaps an 1/8 of an inch. Forcing the foreskin back can harm the penis, causing pain, bleeding and possible adhesion. If there is any discomfort in your son or if you feel resistance, stop. Try again in a few months. If the retraction is easy for both the child and the parent, further retraction may be attempted in due time. There should be no rush to retract. Eventually, the foreskin will retract completely, exposing the entire glans.

Until the foreskin is fully retracted, external washing and rinsing on a daily basis is all that is required. "Penile hygiene will later become a part of the child's total body hygiene." At puberty, the male should be taught the importance of retracting the foreskin—cleaning beneath it with soap and rinsing —then returning the foreskin to its normal position. This should be done daily.

Pillows

Pillows serve no purpose during your child's first few years and should not be used. Infants seem to spend their nights scooting from one end of the bed to the other, so a pillow is just in the way. A pillow may be used once your child is out of the crib and in a regular bed.

Playpens

A playpen can be useful because you can leave the baby safely out of your sight for a few minutes while you carry on your household tasks. A playpen can make a handy crib for naps and traveling. Playpens restrict your child's ability to explore, and may delay development if used frequently.

To make sure the playpen is safe for your baby, wooden playpens should have slats no more than 2 3/8" inches apart. If you choose a mesh-sided playpen, be sure to keep the sides raised to avoid "pockets" that can suffocate the baby. Check the mesh regularly for tears or holes. Use only the mattress or pad provided by the manufacturer. Never use circular playpens made from accordion style fences, as children may get their heads caught in the openings and the v-shaped top edges.

Shoes

Shoes serve two purposes for the normal child: to protect the feet from sharp objects on the ground or floor, and to keep the feet warm. Shoes are not required for a child to learn to walk.

Any covering should be soft enough to allow the maximum in foot freedom for good muscle development. A child does not need shoes to develop strong ankles and arches. This is much better accomplished by letting the child walk without shoes in a safe place such as your home, so their own musculature can provide good support.

Look for comfortable shoes. The shoe size and shape should conform to the child's foot. The shoe length, with weight bearing, should extend about a finger width beyond the end of the big toe. The shoe should be wide enough that when the child stands, a pinch of leather can be squeezed between the fingers. The shoe should have non-skid soles and thin leather, sufficient to protect the foot, but flexible.

Your child’s feet grow fast, so expect to replace shoes every few months.

Sleep

Sleep Patterns and Problems

Babies' sleep patterns vary. Their pattern may be irregular at first, but becomes more predictable. Some babies, however, find the world an interesting place and enjoy staying awake for long periods of time throughout the day. This does not suggest any problem or abnormality. Establish a sleep routine. Routines provide predictability and help the child feel secure. Sleep is necessary for growth and development. A recommended number of hours of sleep are shown:

Newborns (0-3 months)	14-17 hours*
Infants (4-11 months)	12-15 hours*
Toddlers (1-2 years)	11-14 hours*
Preschoolers (3-5 years)	10-13 hours*
School-age (6-13 years)	9-11 hours
Teenagers (14-17 years)	8-10 hours
Adults (18- 64 years)	7-9 hours

* including naps

Many babies are very noisy sleepers and may snort, groan, coo, and sputter each time they change their position. As a new parent, you may find yourself awakened by this noise until you learn to tune in only to the hunger and distress cries. By three to four months of age, most babies have learned to sleep 8 to 12 hours at night, and their wakeful hours are mostly in the daytime.

Helping Your Baby Sleep Through The Night

Approximately 10% to 15% of children between 4 months and 24 months of age have problems sleeping at night. They wake up and cry one or more times during the night in order to be fed or receive attention from their parents. These incidents usually occur every night. In most instances, the baby has had the behavior since birth. If your child fits this description, the information presented here will help you understand the problem and take steps to establish a normal nighttime sleeping pattern.

What Causes Nighttime Awakening?

All children, especially during the first year of life, may awaken several times each night following dreams, but most can put themselves back to sleep. The ones who have not learned how to do this cry for a parent. If you provide too much attention (always rocking to sleep, for example), the infant becomes dependent on you for returning to sleep. If you play with the baby at these hours, the child may decide to have this kind of entertainment every night. These infants are known as trained night criers. The infants who demand to be fed as well as held are known as trained night feeders. After 6 months of age, the normal separation fears of many infants are accentuated at bedtime and during the night. These children become fearful night criers. Changing diapers during the night and allowing excessive daytime naps can contribute to all three types of sleep problems.

Trained Night Feeders

If your baby is fed during the night, deal with this problem first. From birth to 2 months of age, most babies normally awaken twice per night for feedings. Between 2 and 3 months, most need one middle-of-the-night feeding. By 4 months of age, about 90% of infants can sleep more than eight consecutive hours without feeding. The remainder can learn to sleep through the night if you take the following steps:

- Increase the daytime feeding intervals to about four hours. Nighttime feeding intervals cannot be extended if the daytime intervals remain short. The baby's stomach is conditioned to expect frequent feedings and complains if they are delayed. Gradually postpone feeding times until they are more normal for the child's age. Your goal is four-five meals per day by 4-6 months of age. During the day, the infant's demands for unnecessary feedings can be met with extra holding, attention, or a pacifier.
- Discontinue any bottle in bed immediately. Feed your child at bedtime, but don't let him keep the bottle. If he has increased sucking needs, offer him a pacifier or help him find his thumb.
- Phase out the night feedings. Keep in mind that normal babies over 4 months old (and premature babies who have reached 11 pounds) do not need any calories during the night. Once the daytime intervals are normal, nighttime awakening will probably decrease or disappear spontaneously. In the meantime, when your baby awakens at night and appears hungry, offer a feeding but leave the baby slightly hungry. For bottle-fed babies, the amount can be decreased by one ounce every few nights until your infant no longer craves food at night. For breast-fed babies, nurse on one side only. With these measures, improvement should occur in about two weeks. It is important to start correcting the problem as early as possible. The older the child is, the more difficult the task may become.

Trained Night Criers

If your baby does not awaken for food but still has nighttime crying, respond briefly or not at all. Crying is not harmful and infants cannot get over this problem without some crying. When your baby awakens and cries, wait at least three minutes before going into the room. Infants should be taught to use their own resources to get back to sleep. If the crying continues, go in, but don't stay longer than one minute. Act sleepy, whisper, "Shhh, be quiet, everyone is sleeping," add a few reassuring comments, and give some gentle pats. Don't turn on the lights or remove the baby from the crib. Avoid rocking or playing with the baby, bringing the baby to your bed, or staying in the room for more than one minute. Most young infants will cry for 30 to 60 minutes and then fall asleep. If the crying persists, you may recheck your baby every 15 to 20 minutes, for one minute or less each visit.

Fearful Night Criers

If your child sounds fearful, panics when you leave, cries until he or she vomits, or by past experience will cry nonstop for hours, go in immediately and reassure him. Stay as long as it takes to calm the baby, but don't remove the child from the crib. Sit in a chair next to the crib with your hand on the baby's body. Don't talk much, and leave the lights out. Leave for a few minutes now and then to teach your child that separation is tolerable. Do the same thing at naptime and bedtime.

For separation fears, using a night-light (to offset fear of the dark) and leaving the bedroom door open (to offset fear of the parent being gone) are always important. During the day, respond to the child's fears with lots of hugs and comforting. Young babies may need more time being carried about in a front sling or backpack. Practice separation games like peek-a-boo, hide-and-seek, or chase me.

Steps to take for all types of sleep problems

Whether your baby's problem is trained night feedings, trained night crying, or fearful night crying, the following measures should be helpful:

Put your baby to bed when he is awake. Many trained night feeders and criers are rarely, if ever, placed in their cribs awake. If your baby goes to sleep in your arms occasionally, that's fine, but try to place the baby in the crib awake for bedtime and all naps. The baby's last memory should be of the crib, not of you or the bottle.

Position the crib so your baby can’t see you upon awakening. Eliminate long daytime naps. If your baby has napped for more than three hours, awaken him or her. If the baby is in the habit of taking three naps per day, try to reduce to two.

Don't change diapers during the night. Babies can survive until morning with a wet diaper. The diaper can be changed if it is soiled, although this is uncommon. It also may be changed if you are treating a bad diaper rash. If you must change your child, use a flashlight, do it quietly, and don't provide any entertainment.

When to call for help

Call this office if you feel the crying has a physical cause, if your child acts sick, if someone in your family cannot tolerate the crying, or if the steps outlined here do not produce improvement in sleep habits within two weeks. Feel free to contact us if you need additional information on sleep problems.

Dealing with sleep problems

Dealing with sleep problems is a difficult assignment for parents. Unless both parents mutually agree on the course of action used, it is unlikely that the parents will be able to persist to a successful end. Any "backsliding" will result in returning to "go" and starting all over. These words are written to attempt to reassure parents that crying does not necessarily require action, but sometimes is better handled by inaction.

Adapted from Schmitt, BD: Your Child's Health, ed 2. New York, Bantam Books, Inc.

Sneezing

Infants do not know how to blow their nose, so they sneeze as a reflex when something is tickling the inside of the nose. This does not mean the infant is getting a cold. The infant is simply clearing the nasal passages, since babies prefer to breathe through their nose.

Spitting

Most babies spit up. The infant may even spit up as long as two hours after a feeding. It is messy, but usually doesn't mean there is something wrong unless it causes pain or is repeatedly and forcefully ejected. The milk is often curdled. This is normal because the acid in the baby's stomach must curdle the milk in order for it to be digested. Most spitting stops at about 1 year of age. Be patient and time will take care of the problem. "Spitters" usually continue to gain weight at a normal pace, which supports the fact that nothing is wrong. Vomiting is a different problem and is discussed under the section, "Vomiting." If your baby is thriving, there is no need to be concerned with spitting or "wet" burps. Keep burp cloths handy to catch the milk. **Back positioning for sleep is recommended for all babies (even “spitters”) to reduce the risk of SIDS. Side positioning is not acceptable because it increases the chance of the infant rolling onto the stomach.**

Stooling Patterns

Babies' first bowel movements are sticky and greenish black. After a week or two they become lighter in color and less sticky. The color of the stool may be yellow, green, or brown. All of these are normal.

Some babies may grunt and groan and fuss when passing a bowel movement; this does not mean your infant is constipated. Infants do not have good control over the muscles of the rectum and abdomen. They cannot push out a stool as quickly and efficiently as an older child. Your baby may swing his arms and legs and seem to use the body to push out the stool. Your baby may even turn a little red in the face.

Formula fed infants average 1-4 stools per day, whereas breast-fed babies' stools are usually more frequent (6-8 per day), more liquid, and have a more irregular pattern than bottle fed babies. However, as the breast-fed infant gets older, he may only have 1 stool every 4 or 5 days without ill-effects. In any case, by the end of the first year, most children have 1 stool per day, but this should not be taken as a fixed rule. More importantly, the bowel movements should remain soft and your child comfortable.

There are two extremes to be concerned with—constipation and diarrhea.

Constipation exists when the bowel movements are hard, dry, or pebble-like, and there is difficulty moving the bowels (regardless of how frequent or infrequent they may be).

In most cases constipation can be prevented. Giving a teaspoon or two of pureed prunes, or an ounce or two of diluted pear or prune juice may help, then you can adjust the amount up or down depending on how the stools are (the goal is moist and mushy).

You may have to do this daily to keep your baby's stools soft. Breast-fed infants rarely become constipated, but if your breast-fed baby is constipated, call our office.

If your child is around six months of age or older, you may give prunes, plums, peaches, apricots, beets, pear or prune juice, apricot nectar, and oatmeal cereal. Minimize constipating foods such as bananas, cheese, and noodles.

Diarrhea exists when the bowel movements become loose and watery. Diarrhea does not mean the passage of frequent, soft stools that is quite common in infants, especially if they are breast-fed. Many body fluids can be lost in watery stools, therefore, the primary concern with diarrhea is to prevent dehydration. It is important that your baby wets at least 6 diapers in 24 hours. If infrequent wetting occurs or if your child is less than 2 months old, call your doctor or nurse practitioner.

If your baby is over 2 months old, you may begin treatment at home. Mild diarrhea, if caught in time, can be easily corrected at home. (See section on "Diarrhea, With or Without Vomiting," Chapter 6).

Stuffy Nose

Parents often notice that their infant has a stuffy nose, and wonder if he is getting a cold. Nasal congestion is quite common and quite normal in the infant. This nasal stuffiness usually goes away during the first few weeks, but may occasionally persist longer. The very noisy breathing frequently heard in infants is most often due to their small nasal passages. (See section on "Colds," Chapter 6.)

Sunscreens

Overexposure to sunshine can cause serious illness, especially in babies**.** Thus, going outdoors in the early morning or late afternoon is advisable, before 10 and after 4. Remember babies can burn in as quick as 10-15 minutes.

Avoiding sun exposure is still the top recommendation to prevent sunburn.

- Seek shade under a tree, umbrella or stroller canopy.
- Use light weight cotton, long sleeved pants and shirts with a tight weave or look for sun-protective clothing labeled with Ultraviolet Protection Factor (UPF).
- Use a wide, 3 inch, all around brimmed hat.
- Look for child sized sunglasses with at least 99% UV protection
- Be careful of sunlight reflecting off of water or cement

When adequate shade and clothing are not available, sunscreens should be used.

- Sunscreens need to be applied 15-30 minutes before going outside and at least every 2 hours, more often after sweating and swimming, or drying off with a towel.
- Apply a thick, generous amount.
- Selecting a broad spectrum sunscreen with SPF of 15-30 is adequate for most children (50 - 80 SPF has not proven to be of benefit)

- Use caution with “spray on sunscreens”, may pose an inhalation risk & need to be rubbed in to provide an even coating. May not be thick enough.
- Avoid combined sunscreen and insect repellent products with DEET. DEET can make the sunscreen less effective and can overexpose your child to DEET because sunscreens have to reapplied frequently.
- If concerned about the ingredient oxybenzone (mild hormonal properties), choose a sunscreen with zinc oxide or titanium oxide. But remember that it’s important to prevent sunburn, so using ANY sunscreen is better than not using at all and risking sunburn.
- Zinc oxide and titanium are nice for sensitive areas of body (nose, cheeks, tops of ears, shoulders), they stay visible even after rubbing them in, they do come in fun colors.
- For a list of the best and worst sunscreens for children go to EWG.org
- For babies under 6 months, use on small areas of body, such as face, if clothing and shade are not available
- Set a good example and practice sun safety for yourself.

Toilet Training

Learning to use the toilet is like learning to walk or talk. It is an accomplishment that cannot be hurried. An easygoing approach is best. Experience has shown that training attempted before the toddler is ready often results in resistance to training. Your child not only needs to be physically ready, but also needs to be willing to be trained. Your child needs to have developed certain attitudes and certain muscles called "sphincters," which control bowel movement. The child needs to know what it is all about—when a bowel movement is coming, and then be able to tell you about it. By the time the child can do all these things, he or she will imitate others in the household and use the toilet like they do. That is why, sooner or later, most children will train themselves, provided they have not had to battle toilet training before they were ready.

The time to start depends on the child. The best time for most children is between 1 1/2 and 2 years of age. A toilet chair which sits on the floor is likely to make the child feel safer, more comfortable, and more independent than the kind that rests on the adult seat. Let the child practice sitting in the chair while fully clothed.

Bowel Control

Use your child's natural bowel regularity as a guide. For example, if the child normally has a bowel movement every morning after breakfast, choose a morning when the child is in a happy, agreeable mood. Seat the child in a gentle, unhurried way, and indicate in words what you want. If the child objects, take him or her off in a pleasant manner and wait several weeks before starting again.

Throughout the training period, it is important that the stools be soft and easy to pass. A painful, difficult movement may make a cooperative child resistant to training. Call the office if this occurs.

No one can master a new skill all at once without some mistakes, so expect your child to fail at times. In the beginning, your child may use words for the bowel movement after he or she has had it. This means the child is learning to connect the word with the act, and if you're patient, the child will soon catch on.

In general, bowel training consists of a few simple steps:

- Wait until your child has been weaned from the bottle.
- Begin training by putting your child on a potty chair at the usual time his or her bowels move.
- If your child doesn't do anything, let it go. After a period of repeated failures, stop the training for 4 to 6 weeks, and then re-try.
- Keep the stools moist and mushy.
- Don't scold your child for not going BM or for an accident. Give praise when successful.
- If you have training problems that are upsetting to you or your child, stop for awhile.

Bladder Control

Show your child where he or she is expected to urinate. If your child is dry regularly, or is dry for at least 2 hours, it is probably time to bladder train. The child is showing signs of readiness when he or she tells you they've wet. Start bladder training by taking your child to the toilet when dry, such as after a nap or in the morning. Soon your child will develop enough control and awareness of bladder fullness to give advance notice. Then discontinue diapers and introduce underwear.

Accidents

Accidents are common during the time you are toilet training and for a few months afterward. They usually occur if your child is excited, under stress as in separation from a parent, is ill, or simply too busy to care about being trained. Accidents can also be a protest by your child when under pressure as in scolding. Shaming or scolding your child may only make the problem of accidents worse. Your child will only feel more guilty and more inadequate. The child needs support and comfort rather than scolding.

Bedwetting

By 3 1/2 and 4 years old, most children stay dry during the night. However, some children still wet at night until 5 or 6 years. As in bowel training, patience about urine control will help your child learn to use the toilet in an adult fashion. Persistent bedwetting beyond 5 - 6 years of age may be discussed with your health care provider. Most importantly, never tease, shame, or punish a child for bedwetting.

Wiping

Proper wiping is important, especially after a bowel movement, particularly for girls. The proper way to wipe is from front to back to avoid contaminating the genital area with bacteria from the bowel movement. Improper wiping can lead to irritated genital areas and possible urinary tract infections. At first you will need to wipe for your child, however, by age 4 or 5 your child will be able to do this alone. Throw the paper away after each wipe. As parents, you need to follow this procedure (from front to back) when wiping your child. You will need to teach your girls the correct way to wipe when they are old enough to do it themselves, then, check once a week for several months to make sure that your child is still doing it correctly.

Vaginal Discharge

It is not uncommon for your newborn girl to have a white, stringy, and occasionally blood-tinged discharge. This is perfectly normal and will disappear in a week or two. Cleansing with water and a cotton ball or soft wash cloth will keep the area clean. The genital area of a girl should be cleansed beginning at the front and working back. (By wiping from back to front you can push bacteria from the rectum into the urethra, which can cause a urinary tract infection.)

Chapter 3

Nutrition

Breastfeeding

It is believed that breast feeding is the best nutrition for the first 12 months of a baby's life. We stress the feeding of breast milk in all situations in which it is possible. We recommend you consider carefully the feeding method you wish to use. However, the choice to bottle or breast feed is yours, and we will support whichever method you choose.

It is important to relax and enjoy the feeding time as much as the baby. Stress or tension can be sensed easily by babies, especially at feeding time. Try not to hurry or become irritated, since your baby is very observant and may become just as unhappy and uncomfortable as you. A calm and relaxed mother and baby will help make feeding a happy occasion. Being relaxed isn't always easy, so be patient with yourself and your baby.

Offering any amount of breast milk is a wonderful gift to your baby and you. A basic guideline for nursing is the law of supply and demand: the more you nurse your baby, the more milk you will produce. The less you nurse your baby, the less milk you will produce. Commitment to nursing is one of the most important factors to successful nursing. Most breast feeding problems can easily be solved or prevented through practice, patience, and perseverance.

Some of the advantages of nursing for baby:

- Perfect food for your baby with just the right nutrients.
- Always fresh and ready to feed.
- Easy to digest.
- Protects the baby from many kinds of infections and diseases (ear infection, diarrhea, etc).
- Less risk of allergy problems.
- Decreased risk of SIDS.

Some of the advantages of nursing for mother:

- Helps you return to your pre-pregnancy weight more quickly.
- Reduces risk for breast and ovarian cancer.
- Less post-partum bleeding.

Some of the advantages of nursing for your family:

- Facilitates bonding with baby.
- Dad and siblings can help burp and rock.
- No bottles to wash.
- No expense for formula.
- Less parental absenteeism from work (baby is healthier).

Some of the advantages of nursing for the community:

- Doesn’t use energy for manufacturing.
- Doesn’t pollute the air or create garbage.
- Reduces health care costs.
- Your baby is at a lower risk of becoming obese.

Getting Started

It usually takes about three weeks to establish nursing, so do not be uneasy if it takes awhile to build up a good supply. Most babies need a few weeks of learning. If your baby is not waking for feeds, wake him at least every 2 - 3 hours during the day, and every 3 - 4 hours at night until your milk supply and his weight gain are established. In the first few days, babies will be content with the colostrum present in their mother's breast, and the sucking will stimulate the breast to produce mature milk. Colostrum is rich in protein and contains antibodies that help protect the baby against disease and infection. Your baby will probably lose weight the first few days, but don't worry, your baby has enough nourishment stored and will soon be gaining. Confidence comes with practice. If you have questions or concerns, please ask our staff or the lactation consultants at the Mercy or Finley nurseries.

Engorgement usually occurs about the third day. This is a temporary discomfort and fullness lasting 24 to 48 hours. Frequent nursing, 8-12 times per day, will help this discomfort. If breasts are firm, manually expressing milk will soften them and allow the infant to latch on easier. Ice/cool compresses 20 minutes between feedings is comforting. Wear a well-fitted supportive bra. Be sure to let us know if the discomfort persists.

It is important for you and the baby to learn the right way to nurse. Make sure that your nipple is as far back in the baby's mouth as possible. The baby's sucking should compress most of the areola (the dark area around the nipple), and not just the nipple itself. Your nipple should be comfortable after the first few sucks. Nipple soreness can be prevented by making sure the baby has latched on correctly.

Watch your baby's feeding cues, and put him to your breast when you see these. The length of time at your breast for each feeding will vary with each infant. Most infants eat about 15 minutes at each breast. Watch your baby; he will tell you more than the clock. While feeding, he will be sucking deeply and rhythmically, in short bursts, followed by a pause. You will hear him swallow.

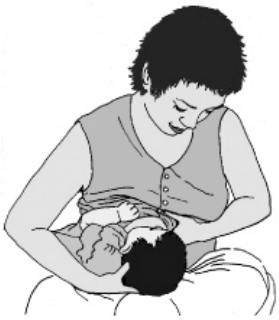
Positioning

Sitting - support the baby's body facing you "tummy to tummy," support the baby's head in the crook of your arm with your hand supporting the bottom or thigh.

Football Hold - hold the baby with your hand under the head and your forearm under the back with the feet toward your back.

Lying Down - lay on your side with both you and baby facing each other.

Sitting



Football hold

Lying down

Image source: www.llli.org/faq/positioning.html

Helpful Tips

Sometimes the excitement, fatigue of new motherhood, and going home can temporarily interfere with your milk supply, even though everything may have been going well in the hospital. You may feel some doubt in your ability to nurse.

Nurse frequently: Feed the baby on demand, about every two to three hours during the day. Remember the more often you nurse the more milk your breasts will produce. Aim for 8-11 feedings per day.

Rest: Sleep when the baby sleeps. Limit visitors if they make you more tired. Accept offers of help. Make nursing first on your priority list.

Drink: Adequate fluid intake is necessary. Each time you nurse, drink one or two glasses of liquids.

Proper Diet: Eat a well balanced meal, continuing the good eating habits you established during your pregnancy. What you eat and drink can affect both the quality and the quantity of your milk. Do not go on a strict reducing diet while you are nursing. Breastfeeding usually requires an extra 500-600 calories per day, so dieting is not usually advisable. Continue to take your prenatal vitamins while nursing.

Avoid Stress: Stress and tension can affect your milk supply. Nurse your baby in a quiet and undisturbed atmosphere. Don't become easily discouraged; be calm and confident in your ability. Anxiety and tension are easily transmitted, and may cause your baby to be apprehensive and irritable.

Avoid Alcoholic Beverages, Caffeine and Cigarette Smoke

Medication: Consult with your doctor before taking any medication. Many drugs can be taken by the mother without hurting the baby, but check first.

Both Breasts: Encourage the baby to take both breasts at a feeding, alternating sides. You may want to use a safety pin on your bra to help you remember the side you finished. **Burp your baby after nursing on first side, and at the end of nursing.** If the baby becomes sleepy after the first breast take a break, try burping, changing the diaper, stroke the baby's back, neck, feet or palms of his hands. This may be enough stimulation to wake him. Switching breasts is sometimes helpful when vigorous sucking becomes more difficult to maintain.

Nursing Too Often? If you feel you're nursing too often, keep a record of your nursing times and note how long the baby nursed and if the baby was content or irritable between feedings. When you have a 24 hour record, call and discuss the problem with one of our nurses. It may help to remember that the baby cannot tell time, but knows when he or she is hungry. It doesn't matter to the baby if it is day or night.

Is Baby Getting Enough? You may worry about whether the baby is getting enough, since you cannot measure exactly how many ounces your baby is taking. In general, your baby is getting enough if he or she is happy, content, and wants to nurse seven to twelve times per twenty-four hours during the early months. Some other positive signs are:

- Consistent swallowing heard at feedings
- Baby is gaining weight
- Baby has six to eight wet diapers in 24 hours
- Baby has several loose, seedy yellow stools per day for the first couple of months; then the pattern may change to less frequently

Feeding Patterns

Babies are not all the same; they have their own needs and demands. Just as adults don't need the same amount of food at each meal, neither do babies. Many babies want to nurse more frequently toward evening. This may be because of fatigue in the mother; as the day goes on she may become more tired and her supply is less. Sometimes resting and taking extra fluids before nursing may help. Many babies want to continue sucking after a feeding. Often a pacifier or nursing a little longer will help. Remember, babies nurse for comfort and sociability as well as for food. Sometimes your baby will nurse a couple of times successively. This is called "cluster feeding" and is normal.

Growth Spurts

If your baby seems "hungry all the time" and your milk supply is not meeting his or her needs, the baby may be having a growth spurt. Baby's demand is greater than your supply. Giving formula or cereal will not solve the problem since the breasts will not get the necessary stimulation to produce more milk.

Your baby will probably have his first growth spurt at about five to six weeks. Some steps you can take to improve your supply are:

- Nurse frequently, every two to three hours
- Concentrate all the baby's sucking at the breast.
- Take care of yourself; rest, drink extra fluids, eat a good diet, avoid tension.

Introducing a Bottle

You may want to leave the baby for an occasional feeding or you will be going back to working outside the home and wonder how and when to introduce the bottle. A good time is at 3 - 4 weeks. If you wait longer, the baby may refuse the bottle. Breast milk or formula can be used. Allow yourself some extra time when you introduce the bottle. There is quite a difference between the breast and the rubber nipple. The baby needs to learn again how to suck and swallow. You may want another member of the family to give the baby the first bottle, as many babies become frustrated if mother is available but unwilling to nurse. Some babies take the bottle better the first time, if you feed at the breast first, then have someone offer about 1/2 oz in a bottle as a "dessert."

After you have introduced the bottle, continue to offer one periodically, perhaps 2-3 times per week.

Working Mothers and Breastfeeding

It is possible to breastfeed even when you work, however, some working situations more easily allow for breastfeeding than others. You will need to develop a plan. Talk to your supervisor before returning to work, and explain your plans for breastfeeding and how important it is to you. Because breastfed babies tend not to get ill as often, you are anticipating fewer sick-child emergencies. Check in advance for a private and convenient area to pump at work. A good rule of thumb is “don’t pump breast milk in an area where you wouldn’t eat your lunch” (in a bathroom, for example). Designate a place in your office for storing your supplies (breast pads, containers, extra blouses). Use an insulated bag or cooler with ice packs for storing breast milk.

The following are some helpful pointers for working mothers:

- Wash your hands well and have all equipment clean before pumping.
- Express your milk during breaks to relieve fullness, and save the milk for your baby. Your breasts should be emptied regularly to protect you against a plugged duct, breast infections, and to maintain your supply. On an 8-hour work shift, pump twice optimally, and three times on a 12-hour work shift. (See Storing Breast Milk)
- Make it "mother only" on weekends and evenings, and take it especially easy. Your main priority as a nursing/working mother is to stay healthy and rested.
- Try to adjust to baby's schedule so that as many feedings as possible take place while you are at home.
- Nurse the baby just before you leave and as soon as you get home, if possible.
- Studies have shown that mothers who maintain a full milk supply by pumping while they are at work continue breastfeeding longer than mothers who do not. Nevertheless, a mother who does not have the time or place to pump at work may find that, as long as she continues to nurse at home, her baby will be happy and content to receive some formula during the day.

Sore Nipples

Sore nipples are temporary and, even though they may be uncomfortable, it is not necessary to stop nursing.

There are several possible causes of sore nipples:

- Incorrect positioning
- Not getting enough of the areola into the baby's mouth
- Nipples that remain moist between feedings
- Breast pads with plastic liners

Some helpful hints to help sore nipples:

- Start each feeding on the least sore side for a few feedings.
- Feed more frequently. Baby's suck won't be as strong.
- Briefly using ice on your nipples will help relieve the pain.
- Express some milk before the baby starts to suck. Many babies will nurse more gently once the milk is flowing.
- Change position of baby at each feeding so that pressure isn't on the same area all the time.
- Make sure that your nipple is as far back in the baby's mouth as possible. Baby's sucking should compress the areola (the dark area behind the nipple) and not just the nipple.
- Express some milk and let it dry on the nipples after the feedings. This has a healing effect. Lansinoh (provided you are not allergic to wool) may be gently applied to nipples after air drying.
- If you have cracks or blisters that are not healing, feedings should be evaluated. It should not hurt to nurse!

Sore Breasts

If you notice some soreness in your breasts after the engorgement goes away, check for a hard lump that may be painful to the touch. This may be a plugged milk duct sometimes caused by a change in the baby's eating habits. When the ducts that carry milk to the nipple become plugged, milk accumulates and is not emptied, causing a tender and painful area in the breast. Some relief measures to try are:

- Nurse frequently. Begin nursing on the least sore side. Keep the breast as empty as possible. You may have to hand express after a feeding.
- Before each feeding apply a warm, wet wash cloth. Gently massage the area behind the lump downward toward the nipple while you are nursing.
- Check your bra to make sure it is not binding.

If you have the same symptoms as described above plus an elevated temperature and flu-like symptoms, you may have mastitis, which is a breast infection. If you think you may have mastitis, call your doctor. If an antibiotic is prescribed, be sure to take the full amount even though you may feel better after just a few doses. It is usually NOT necessary to stop nursing during a breast infection. Emptying of the breast promotes healing. If not placing baby directly to your breast, be sure to hand express or use a breast pump to help the breast heal and to maintain your milk supply.

Storing Breast Milk

- Store breast milk in collection containers specific for human milk (see “Bottles and BPA” in this chapter).
- Clearly label the container with the date, to facilitate using the oldest milk first.
- Do not add fresh milk to already frozen milk.
- Clearly mark the label with your child’s name and date, if taking it to daycare.
- Freeze in 2-4 oz amounts to prevent waste.

Current guidelines for the safe storage of fresh expressed milk:

- "Rule of 4": safely refrigerate for 4 days in back of refrigerator (39 degrees), may be unrefrigerated (up to 77 degrees) for up to 4 hours
- can be stored in a freezer compartment of a refrigerator with separate doors (0 degrees) for 9 months (store milk at the back of the freezer where the temperature is most constant—never in the door).
- can be stored in a deep freezer for 12 months (-4 degrees)

Thawing breast milk

- Hold container under running water, first cold, then gradually warmer. Once thawed you may warm it slightly under warm water.
- Gently stir the breast milk, to evenly distribute the cream that will have risen to the top of the container.
- Do not microwave breast milk. The uneven heating may scald your baby or destroy the nutrient quality of the milk.
- Breast milk, once thawed, should be used within 24 hours and not be re-frozen.
- If your baby does not finish the bottle, it may be used for the next feeding as long as it is refrigerated promptly.

Weaning From Breast To Bottle

This should be a mutual, shared decision. Weaning should take place slowly for the sake of the mother and the baby. If your baby is weaned suddenly, your breasts may become painfully engorged and your baby must suddenly adjust to a new way of feeding. While weaning, avoid any other big change in baby's routine. You should delay weaning if baby is ill or recovering from an illness.

How To Begin Weaning

Weaning your baby from the breast to bottle or cup should be a slow process—omitting one breast feeding at a time, every few days. If your baby is less than 12 months old, wean to formula, if over 1 year old may go to whole milk. At nine months or older, you may wean your baby directly to a cup. Babies under this age may miss the sucking action provided by the breast and may need to use the bottle for a time. To start, eliminate the feeding where you have the least milk or the feeding in which your baby is least interested. After one or two days, when both you and your baby are accustomed to this, you may replace another feeding with formula until the transition is complete. Gradual weaning gives your breasts a chance to diminish their supply of milk slowly.

A few suggestions to help you avoid discomfort are:

- Wear a well-fitted bra
- If extreme swelling occurs, use a covered ice bag on the breast for 20 minutes
- If pain persists, check with your doctor

Bottle Feeding

Breast feeding is best for babies, but breast feeding is not always possible. Bottle feeding can provide your infant with all the emotional benefits and many of the health benefits of breast feeding.

The alternative to breast milk is iron-fortified infant formulas. Infant formulas fulfill the nutritional needs of your baby by providing all the known essential nutrients in their proper amount. There are several brands of commercial formulas from which to choose.

Regular cow's milk and homemade baby formulas should not be used for babies under one year of age, because they are deficient in vitamins, iron, and other nutrients.

Bottles and BPA

Some bottles, feeding cups and containers are made of polycarbonate (PC) or lined with an epoxy that contains Bisphonal A (BPA). There is controversy over the possible harmful effects of BPA on young children. If you are concerned, some precautionary measures you may want to consider to reduce BPA are:

Avoid clear plastic bottles that indicate “Recycling 7” and the letters “PC” on them.

Consider plastic bottles identified as “BPA free.”

Use bottles made of opaque plastic (polyethylene or polypropylene). Look for recycle symbols with the number 2 or 5 on them.

Glass bottles are an option, but be aware of the risk of injury if dropped or broken.

Heat may release BPA from plastic. Consider the following: do not boil, microwave, or use the dishwasher for plastic bottles or containers.

Cleaning the Nipples and Bottles

- Wash your hands before cleaning bottles, making formula, or feeding your baby.
- Rinse the nipples and bottles as soon as possible after feeding your baby.
- Squeeze water through the nipple holes to make sure they are open. Use a toothpick to make sure the hole in the nipple rim is clean of milk.
- Wash the nipples and bottles before you wash the other dishes. Use a bottle brush, hot water, and dish soap.
- Rinse the bottles, caps and nipples in clean hot water and let them stand (bottles upside down) in a rack to dry.
- Sterilization or boiling the water is not needed if all of the above steps are followed and you use either city water or have had your private well water checked for safety.

Note: Older homes may have lead plumbing pipes, or lead solder connecting the pipes, that puts lead into the water. Run the water from the cold water tap for a few minutes before using it for formula. Do not use water from the hot water tap for cooking, drinking or making formula. (See section on Lead Poisoning. Chapter 2).

Formula Types

It is very important to mix the formula correctly. It can be harmful to your infant if mixed incorrectly.

Powder Formula: Water is required for this formula.

- Clean the top of the can with soap and water and rinse it.
- Remove the metal lid and replace with the enclosed plastic lid.
- A scoop is inside the can of powdered formula.
- To mix, put the water in the bottle first, then add 1 scoop of powder for every 2 ounces of water. Mix or shake well.

Ready-To-Feed: Water does not have to be added to this formula before you feed it to your infant. This is the most expensive type of formula.

Concentrated Formula: Water has to be added to this milk in equal amounts, one can of formula to one can of water.

Formula should not be stored for longer than 2 days (48 hours) in the refrigerator.

Heating Formula

The formula does not have to be heated, but may be fed at room temperature. Your infant will become accustomed to the temperature. The temperature of your baby's formula does not affect gas, appetite, or bowel movements. **Do not use a microwave.** If necessary, heat the formula by running warm water over it. Most babies, however, are just as happy with unheated formula. Always check the temperature by shaking a few drops on your wrist.

Feeding Schedule

Although the quantity taken at a feeding will vary, it is helpful to know the average amounts taken at various ages. Estimates that nearly reflect the average infant's intake are shown.

Age	Average Number of Feedings (in 24 hours)
Birth to one month	6 - 8 feedings
One to three months	5 - 6 feedings
Three to seven months	4 - 5 feedings
Seven to eight months	3 - 4 feedings
Eight to twelve months	3 feedings

Age	Average Quantity Taken in Individual Feedings
One to two weeks	2 - 4 ounces
Two weeks to two months	4 - 5 ounces
Two to three months	5 - 6 ounces
Three to four months	6 - 7 ounces
Four to twelve months	7 - 8 ounces

Bottle-fed babies usually eat about every three to four hours, and can take anywhere from two ounces a feeding at one week of age, to six to eight ounces at four months of age. Do not let your baby sleep more than four hours between feedings during the daytime. You may let your baby eat on demand at night unless you have a tiny baby and have been instructed to feed every three to four hours around the clock. The amount of milk that should be taken at any one time varies, but will average near 32 ounces a day after several months. In the first year of life, 16 ounces of milk per day is necessary for good bone growth.

Points On Feeding

Things to remember when feeding are:

- Never prop the bottle while feeding. Hold the bottle in a slightly upright position. Hold the baby in your arms when you feed. Holding encourages bonding between parent and baby, and decreases the incidence of ear infections and *early childhood caries*—cavities produced by having milk or juice on the teeth for prolonged time periods.
- Keep the baby's head higher than his chest while feeding. This helps swallowing and helps the baby get the air bubbles up.
- Burp a young infant at least once or twice during the feeding. This may help minimize spitting up after feedings. If the baby doesn't burp, don't be concerned.
- After the infant has finished eating and has burped, he may be drowsy. Place him into the crib on his back. Let him go to sleep. Your baby may cry for a few minutes before going to sleep. You may pat him or gently shake the crib to help him fall asleep.

Burping

Young infants, whether breast or bottle fed, may swallow air during feedings and fuss. Usually burping every ounce or two for bottle fed infants and between breasts for breast fed infants will help. This pause gives the baby a chance to release any air swallowed, and to slow down the gulping. Some burp easily when lifted to the shoulder and patted on the back, while others may burp if laid across the knee, stomach side down, and patted, or by being held in a sitting position and patted. Some milk may come up along with the air, and is usually no cause for concern.

Sometimes a baby does not burp, and she will burp later on her own, when ready. Most babies eventually develop their own patterns of burping. If you don't have any luck obtaining a burp, don't be concerned, not all babies swallow air with every feeding.

Weaning from the Bottle

At about 6 months of age your child is able to begin to drink from a cup. The sucking reflex will begin to decrease. The child will be able to grasp a small cup and want to drink from it. Between 6 and 9 months your child becomes less dependent on sucking for comfort, and will begin to show signs of being able to handle changes and frustrations in other ways. Therefore, the time to begin weaning is between 9 months and 1 year.

Do the weaning gradually - it may take weeks to complete. Start with the feeding that best fits your schedule and offer the cup instead of the bottle. Choose a time when your child is going to cooperate, not when fussy or tired. Substitute one bottle feeding with a cup for 3-4 days so your child can adjust to the change in feeding. Then choose a second time of day and change that bottle feeding to a cup. Continue to substitute feedings until all are by the cup. The most difficult bottle to wean usually is the bedtime bottle. Weaning is usually accomplished by 12 to 14 months of age.

Remember, go slowly and allow your child time to adjust. If your child becomes ill or you are weaning during the hot summer months when extra fluids are needed, you may experience a setback.

Some infants take to drinking from a cup easier than others. The following tips may be of help:

- Never put your child to bed with a bottle, as your child will correlate sleeping with feeding.
- Support your infant during weaning—pick up and hold your child at other times than feeding.
- Use a small cup—one that fits your child's mouth and hands.
- Begin with a small amount of water, milk, or juice in the cup and gradually increase the amount as your child learns to drink.
- At meals, pour some formula from the bottle into the cup. As the baby gets more proficient at the cup, there is less milk left in the bottle.
- Allow your child to watch you and your family drink from a cup so the child can imitate you.
- If your child seems really attached to the bottle, give a substitute for the security such as a doll, stuffed toy, or blanket.
- Substituting water for milk in the bottle may allow the child to give up the bottle easier.

Supplements

Iron

Breastfed infants will need extra iron about 4 months of age. Therefore we recommend beginning baby cereal. Offering 4 tbsp. of baby cereal per day will meet their increased iron requirements. Another option is to add an iron supplement such as Fer-In-Sol 1ml. per day.

Iron supplementation is not needed for most healthy formula fed infants.

Vitamin D

The American Academy of Pediatrics recommends that all children get 400 IU of vitamin D daily. If you baby is breastfed we recommend starting a vitamin D supplement during the first month and continuing until your baby gets at least a quart of formula or whole milk per day (whole milk should not be used until after 1 year of age).

Formula fed infants consuming 32 oz. per day do not need additional vitamin D.

If you have questions, please discuss at your child's Well Child visit or call the office.

Multivitamins

Vitamin supplementation after a year is generally not necessary. If you are providing a variety of foods from each food group and allowing your child to explore a wide assortment of textures and colors they should be getting plenty of nutrients and vitamins. There is no proof that additional vitamins are beneficial and can actually be harmful.

If your family's dietary practices limit foods from each food group, such as a strictly vegetarian diet (no dairy or eggs), which is a diet not recommended for children, we would recommend consulting with your child's pediatrician and a dietitian about supplementation and dosages.

Fluoride

Fluoride has been found to decrease the number of dental cavities. Dubuque city water and the water in most Tri-State area cities contain added amounts of fluoride. Bottled water (labeled as 0.7-1.2 ppm fluoride) and Culligan fluoridated water also have fluoride. Infants that are exclusively consuming infant formula reconstituted with fluoridated water may have an increased chance of mild dental fluorosis (white chalky marks on permanent teeth). To lessen this chance, parents can use low-fluoride bottled water some of the time to mix infant formula; these waters are labeled de-ionized, purified, demineralized, or distilled.

Infants under 12 months of age, whether breast or formula fed, do not need fluoride supplementation. After that time, if your water contains less than 0.3 ppm of fluoride, supplementation may be needed. Discuss this with us at your well child visits, or with your child's dentist.

For children over a year of age, consumption of 8 ounces of fluoridated water per day is recommended.

People using well water should have their water tested for the amount of naturally occurring fluoride in the water. For places that will check your water, see section on "Well Water," Chapter 3.

Raw Cow Milk

Raw cow's milk is not advised for children or adults. Raw milk may be contaminated with life threatening bacteria. Numerous studies have shown that pasteurized milk provides the same nutritional benefits as raw milk without the risk of deadly infections such as E. coli, Campylobacter, Salmonella, Listeria, Shigella and Brucella.

Whole Milk

After a year of age, it is recommended that whole milk be used because of its fatty acid content. Fatty acids should not be restricted during the first two years of life as your child needs calories from fat for her brain to grow. Half of your child's daily calories should be from fat. After two years, the requirements for fatty acids decrease, by the age of 4-5 years fat calories should provide about 1/3 of their daily calories. The use of low fat (1% or 2%), then gradually skim milk is advised, as it will decrease the amount of cholesterol and fat in the diet and help to prevent cardiovascular disease.

Water

Most infants, breast fed or bottle fed, do not need or want water between feedings. A small amount of water may be offered to older infants in amounts of 1 to 4 oz. once or twice a day, if the weather is hot. Infants may often take the water when the weather is hot, only to refuse it when the weather is cool again. Do not feel that your baby has to take some water. If the baby persists in refusing water, don't bother to offer it. Milk contains an adequate amount of water.

Well Water – Nitrates, bacteria and fluoride

Well water must be checked for nitrates, bacteria, and fluoride before being used for all children, and then annually.

Water containing nitrates from the soil can cause serious problems in children under 1 year of age. A greyish color to the skin may develop 1-2 hours after ingestion and, in severe cases, may lead to breathing and circulatory problems. Boiling your water will not decrease the nitrate level; and it may increase it slightly. Pregnant women and children under 1 year of age should not ingest water with high nitrate levels (greater than 10 ppm), therefore do not use for formula or baby food preparation. Little if any nitrate gets into breast milk, unless the mother is consuming very large quantities of nitrate.

Effective “in home systems” for removal of nitrates include: ion exchange resins, distillation and reverse osmosis. Ordinary water softeners do not remove nitrates.

The bacteria should also be checked to determine that there is no fecal contamination in your water. Unsafe bacteria counts can cause vomiting, diarrhea, abdominal cramping, and unexplained fevers. If you are worried about germs in your water, boil for 1 minute and allow to cool. Remember that boiling only kills bacteria and germs and does not remove toxic chemicals.

Fluoride is important for the prevention of dental caries. The natural fluoride level in well waters varies from area to area.

City water or bottled water may be used until your well is checked for bacteria, nitrates, and fluoride. There is a fee for getting your water tested. Your water can be tested by contacting one of the following:

Medical Associates Pediatrics Department (we have containers available to take to local labs).

City of Dubuque Environmental Monitoring Lab, located in the Administration Building of the Wastewater plant on Julien Dubuque Drive at 589-4176

Dubuque County Health and Zoning Facility, located near the Julien Care Facility, west of Dubuque at 557-7396.

If you live out of state, your County Health Department can help.

Solid Food

The obvious reason for feeding a baby is to satisfy nutritional requirements for growth and development. Milk alone, in the form of breast milk or a fortified infant formula, meets these nutritional demands adequately for approximately six months.

Early introduction of solids to a baby's diet adds unnecessary expense and predisposes a baby to the establishment of unsound food habits, including obesity.

At 4-6 months of age the infant is becoming more mobile and is requiring more calories. Therefore, this age seems to be an appropriate time for introducing solid foods.

Initially, small amounts (a tablespoon, for example), should be offered once or twice a day. A baby spoon is a convenient size and may be used in place of a teaspoon. Food should not be added to formula and fed through a bottle, nor forced into the baby by way of an "infant feeder."

As the baby's capacity for and acceptance of new food increases, the amount also can be increased. Foods do not have to be offered in a certain order, but it is advisable to add only one new food during a 2 to 3 day period to better identify any allergic reactions such as rashes, vomiting, diarrhea, or excessive gas. If the baby seems especially irritable while taking a new food, it should be discontinued and reintroduced later. When offering new foods, remember it can take up to 15 or more exposures for your baby to accept a new flavor. It is important to offer a wide variety of foods so your infant receives proper nutrition. In 2 to 3 months, in addition to formula or breast milk, your baby will be eating a variety of cereal, vegetables, fruits, and meats in 3 to 4 divided meals.

A pattern for feeding solids follows:

Cereals

Rice, oatmeal, or barley are usually the first solid foods given. Look for iron fortified cereals that provide 30 to 45 percent of your infant’s daily iron needs. Babies’ natural iron stores are somewhat depleted at this age, so extra iron is needed. You may feed these foods from a spoon before the first morning or last evening bottle, whichever is best for your routine. Mix one tablespoon of dry cereal with several tablespoons of formula, breast milk, or water, making the mixture quite diluted at the beginning. Be patient while your baby learns to swallow solids. Increase the amount of cereal until the baby eats at least 4 tablespoons per day. It is a good idea to keep your child on infant cereals until around 12-18 months of age.

NOTE: The FDA is conducting studies regarding arsenic levels in rice products and other food sources. They have proposed limits on inorganic arsenic (the harmful type of arsenic) in infant rice cereal. In the meantime until we know more, iron fortified rice cereal does not need to be the first or only baby cereal for your baby; barley, oat, wheat or multigrain cereals may be offered. Start with a single-grain cereal and then advance to the others. Other ways to reduce arsenic: limit fruit juices (some evidence of arsenic in juice products), avoid brown rice syrup which is sometimes used in toddler snacks and puffs, do not use rice milk as a substitute for cow’s milk.

Vegetables and Fruits

Offer a variety of vegetables and fruits. Children who enjoy an assortment of fruits and vegetables tend not to experience weight issues as adults. When an infant has received yellow vegetables for awhile, an orange color may appear, particularly around the nose. This is due to the carotene content, and is no cause for concern.

Meats

Meat is an excellent source of iron and is usually introduced after vegetables and fruits. However, in breast fed infants it should be introduced earlier, soon after cereal. Beef, lamb, veal, chicken, and pork may be given.

Commercial Baby Food

Commercially prepared baby foods are used by many parents and are especially convenient for feeding babies away from home. If only a portion of the food is going to be used, remove that portion before the feeding is begun.. Be sure to read labels so you know what you are buying.

Homemade Baby Food

Homemade foods cost less and are usually more nutritious and higher in calories than processed baby foods. Foods may be prepared at home in small quantities using unseasoned family leftovers or in larger quantities from frozen, fresh, or canned foods. If cooking is necessary, the food should be steamed, boiled, baked, or broiled without seasonings. Extra liquid should be drained off and the food pureed in a blender or food grinder. Meat may require some extra water to get a smoother consistency. After the food is pureed, it may be poured in appropriate amounts into an ice cube tray. When the cubes are frozen, they should be stored in a plastic bag or container that has been labeled with the name of the food and the date prepared. The food may be kept frozen no longer than three months. The food may be thawed in the refrigerator for several hours before feeding time.

Stage 3 Baby Foods, Mashed, or Finger Foods

Toward the seventh or eighth month, babies develop the ability to chew and eat table foods. Offer mashed or stage 3 baby foods to your baby. Gradually decrease the amount of mashing until the food is served chopped and they can “finger food” it. Your baby will be able to eat small pieces of soft food, such as bite size pieces of banana and other soft fruits and vegetables, diced noodles, shredded cheese, dry cereal, toast, etc. Hamburger and other meats, finely crumbled or shredded, can easily be offered. Hard food such as nuts and raw vegetables are not readily dissolved by saliva and may cause choking in the baby or young child.

Foods and Choking

Food is responsible for most choking in small children.

Avoid the following foods for children under 4 years of age:

- Hard foods like nuts, candy, popcorn, chips, seeds and raw vegetables.
- Large chunks of cheese, fruit and meat
- Hot dogs, cherry tomatoes, grapes, cooked carrot coins, unless quartered
- Cherries with pits
- Dollops of peanut butter
- Marshmallows
- Gooey or sticky candy, round hard candy, including jelly beans.

Do :

- Cut your child's food into small, bite-size pieces, and encourage thorough chewing.
- Don't let your child eat food while playing or running.
- Teach your child to swallow the food before beginning to talk or to laugh.

Foods to Avoid Until One Year Old

NEW For many years parents were advised to delay giving highly allergenic foods, such as egg whites, wheat cereals, fish, and peanut containing products during the first year because of their high incidence of allergies. New studies do not support this and the AAP has removed these restrictions.

Specific guidelines do exist for the introduction of peanut containing products to children with eczema and/or known egg allergy. Please ask about this at your infant's well child exams.

For all other children, after introducing some of the usual first foods, like cereal, some fruits and vegetables, it is now recommended to try each of the allergenic foods too and offer them regularly in your child's diet. If you believe your child has had a reaction to a food, such as diarrhea, vomiting or hives, please call our office.

Honey and foods that your child might choke on, remain the only foods that should be avoided during your baby's first year. Honey may contain bacterial spores that can cause infant botulism—a rare, but very serious disease in babies that affects the nervous system.

Basic Food Groups

By offering healthy foods, you are establishing good nutritional habits for your child that will last a lifetime.

Milk Group (2-3 servings daily are recommended)

Children will drink about 16 - 24 ounces of milk a day. Offer a small cup of milk with each meal. Other dairy products such as cheese, yogurt, pudding, and ice cream may be substituted. These are good sources of protein, fat, calcium, phosphorus, and vitamins for building strong bones and teeth.

Meat & Beans Group (2-3 servings daily are recommended)

Foods in this group include lean meat, fish, poultry, eggs, peanut butter, dry beans, and peas. These are sources of protein, fat, iron, and vitamins.

Vegetable and Fruit Group (5-7 servings are recommended)

Five to seven servings a day are necessary from this group, one high in vitamin C such as oranges, broccoli, cauliflower, kiwi, or apricots. During the week, serve both green and yellow vegetables. These are a good source for vitamins, carbohydrates, and minerals. If used, limit fruit juice intake to 4oz. per day.

Bread Group (3-6 servings are recommended)

Sources are bread, cereal, macaroni, spaghetti, rice, muffins, pancakes, waffles. Try to use whole grain, fortified, or enriched foods. Include 1 serving of iron fortified cereal daily. Important nutrients: carbohydrates, fiber, magnesium, zinc, iron, B vitamins - thiamin, niacin, folic acid, and B6.

Snacks

Two snacks per day, in the morning and afternoon, are needed by toddler and pre-school children. Snacks, like meals, should be planned, offered at regular times during the day, and served in the high chair or at the table. **Offer snacks at least 2 hours before the next meal.** Snacks offered too close to meal time can dull small appetites. Use snacks that are easy to eat. Children like finger food. Choose foods that are high in nutrients, since children can eat as much as 1/4 of their food between meals. Include foods from the Basic Food Groups. Choose foods and beverages that do not have sugar and sweeteners as one of the first ingredients. Added sugars contribute calories with few, if any, nutrients. Avoid the use of Kool-Aid, Hi-C, potato chips, candy, cakes, and other junk foods. Grazing, where your child has access to (and eats) food all day long should be discouraged.

Some examples of nutritional snacks:

Lean Proteins

Edamame beans or chick peas-steamed/mashed
Fish-canned tuna, salmon
Peanut butter (smooth)-spread thinly on whole wheat bread or crackers (Do not give chunks of peanut butter-choking hazard)
Hard cooked eggs
Humus spread on crackers
Tofu cubes or dip

Milk Group

Cheese –diced or grated
Yogurt –fresh or frozen-may combine with small soft pieces of fruit.
Cottage cheese, puddings, custard
Milk
Smoothie – smoothly blended milk/yogurt with vegetables and fruit

Bread-Cereal Group (whole grain)

Finger sandwiches (with a variety of fillings)
Whole grain crackers or graham crackers
Ready-to-eat unsweetened whole wheat cereal
Bagels (plain or spread with cream cheese, or peanut butter)

Fruit - Vegetable Group
Carrot* and celery* sticks, broccoli*, cauliflower* pieces served with cream cheese, peanut butter, yogurt, humus or vegetable dip
Banana pieces, apples* and pears* thinly sliced, pineapple, peaches, nectarines.
Raisins, cranberries, dates, prunes or other dried fruit (diced)
Cherries, grapes, tomatoes-pitted and quartered
Pickles
Gelatin with fruit added
Sliced green, red, and yellow peppers (lightly cooked to soften for the young children)
Avocado-small pieces
Applesauce
Strawberries and blueberries (smash)

**to prevent choking, do not offer to children less than 4 years of age*

Diet Hints

Because taste buds are present at birth, babies may balk at the introduction of solids because they may prefer certain tastes and textures more than others. Other reasons for balking are a curiosity about what is happening in the surroundings, the need to examine the food, spoon and dish, the desire to explore independently with all their senses, and/or lack of hunger. To provide for independent exploration, offer an extra spoon for the baby to hold and use while being fed. Feeding is messy, so a newspaper under the high chair simplifies cleaning.

Eating Utensils/Table

Easy-to-use utensils encourage the small child to eat independently. Around 12-15 months of age, most children are able to hold a spoon and direct it to their mouths. Spoons and forks with short, straight handles; a low broad-mouthed cup with a wide handle; a plastic cereal bowl or dish with divided compartments are all easier for a child to manage than a plate.

Provide a sturdy chair and table where the child fits and can sit comfortably with his feet on the floor or foot rest. Be sure they are at the table with you at meals, where they can observe you modeling and enjoying healthy food choices. And turn off the electronics during meals - it’s a great time to interact with your child!

Sample Menus

6 - 9 months of age

Established Diet Prior to Table Food

Breakfast	**Qty.**	
Cereal	1/2 oz.	(rice)
Fruit	1/2 container	(bananas)
Breast or Formula	6-8 oz.	

Lunch	**Qty.**	
Meat	1/2 container	(chicken)
Vegetables	1/2 container	(green vegetable)
Fruit	1/2 container	(peaches)
Breast or Formula	6-8 ozs	

Snack	**Qty.**
Breast or Formula	4 oz
Crackers	2

Dinner	**Qty.**	
Meat	1/2 container	(beef)
Vegetables	1/2 container	(yellow vegetable)
Fruit	1/2 container	(bananas)
Breast or Formula	6-8 oz.	

Child on table food 1 - 2 years old

Breakfast	
Orange juice	1/4 cup
Oatmeal	1/4 cup
Milk	1 glass (4-8 oz.)

Snack midmorning	
Applesauce	1/4 -1/2 cup
Water	

Lunch	
Peas	1-2 tablespoons
Bread (whole grain)	1/2 slice
Peanut butter	1 teaspoon
Banana	1/2 to 1 small
Milk	1 glass (4-8 oz)

Snack (After nap)

Cheese	1 slice
Crackers	2
Water	

Dinner

Chicken (diced)	1 to 2 tablespoons
Carrots, cooked	1 to 2 tablespoons
Rice, whole grain	1 to 2 tablespoons
Peaches	1/2 peach
Milk	1 glass (4-8oz.)

3 - 5 Years Old

Breakfast

Orange juice	4 oz.
Cereal	1/2 to 3/4 cup
Milk	½-1 cup

Snack- Midmorning

Orange	1 orange
Water	

Lunch

Vegetable soup	1/2 cup
Chicken sandwich	1/2 sandwich
Banana	1 banana
Milk	½-1 cup

Snack

Water	
Peanut butter sandwich	1/2 sandwich

Dinner

Meatloaf	2 oz.
Mashed potatoes	1/3 cup
Broccoli	1/3 cup
Coleslaw	3 tbsp.
Butter/margarine	1 tsp.
Yogurt	1/2 to 1 container
Milk	½-1 cup

New Food

Offer new foods only one at a time. Have your child take a tiny taste (at least a lick) the first time. Show how much you enjoy the new food. Avoid forcing the food. Sometimes a new food needs to be offered 12 to 15 different times before it is accepted.

Desserts

Wholesome desserts such as custards, fresh fruit, yogurt, gelatin with fruit, and cookies (such as oatmeal), contribute to health and growth. Don't be afraid to limit high calorie, low nutrition treats such as pie, cakes, and candy.

Favorite Foods

Favorite foods please a child, just as they please us. Serving the child's favorites occasionally is one way to make eating a pleasure. By pleasing the child from time to time while small, we encourage the child to want to please us as he or she grows. Your child will be more willing to try other new things we offer.

Likes and Dislikes

Likes and dislikes of a small child sometimes change suddenly. Usually, if no one pays special attention to little food quirks, the child will outgrow them. Of course, grown-ups' likes and dislikes are noticed and copied by small children, so as parents you want to set a good example, model for them how much you love healthy foods.

Loss of Appetite

Between the ages of 1½ to 5 years, your child's growth rate slows down. Their appetite may vary from one meal to the next and from day to day. They become extremely interested in the world, which offers expanded fields of exploration; they do not like to waste time eating. Their appetite does not increase significantly until about 5 years of age. Your job as a parent is to offer a healthy variety of food. It is your child's job to determine how much they will eat, or if they will eat. Do encourage a taste of everything at each meal, at least a lick. But do not push them to eat until their plate is empty. Children are good at self-regulating their food intake.

Give your child time to enjoy his meal. If the child loses interest or dawdles, allow a reasonable time to eat (about 30 minutes) then quietly, but firmly, remove his food. Do not serve reheated food once it has been refused. Too much snacking can also contribute to not eating at meals. Many snack foods are high in calories and low in nutrition. Offer small portions of food from the basic food groups for snacks, and when offering a snack, make sure it is at least 2 hours before the next meal.

Providing a balanced diet for your child must be thought of in terms of a week, it may not look good on a day to day basis. But over a week's time try to see that your child gets servings from all the food groups.

Family Meals

Eating family meals together is associated with healthier children. It reduces the risk of obesity as home cooked meals are generally healthier than fast food, and it's an opportunity to model healthy food choices.

It improves social-emotional health, this is a time to talk about everyone's day and tell stories. Make a rule of no electronics; TV, phones etc turned off.

Some helpful tips for eating at home:

- Use paper plates and cups-eases cleanup as no dishes (which is why fast food is often appealing)
- Use the crock pot-it's ready to go when everyone gets home
- Prepare freezer meals-make a double batch of meals when you have available time, perhaps on weekends, and freeze one for during the week.

An excellent resource on family nutrition from the Wellness Council of America:

Dr Ann's Eat Right for Life, The Family Plan.

Chapter 4

Understanding Children's Growth & Development

Temperament

How Your Baby Reacts

Babies differ from each other in many ways. They may be big or small, fast growing or slow growing, early developers or late developers, brown-eyed or blue-eyed. One of the most important ways in which babies differ is in their temperament—the usual way they react to you, to other people, and to things around them. You and your family will find it much easier to understand, to take care of, to teach, and to enjoy your baby if you pay attention to how your baby reacts.

There are many ways in which young babies differ from each other in how they act or behave. No one knows to what extent these differences are inherited or whether they develop in the first weeks of life. Probably both play a part in making your baby an individual. These are some of the kinds of behavior you may look for in your child:

Activity Level

- How much does your baby move around?
- Does your baby wiggle all around the crib or stay in one place?
- When you change your baby's diaper or clothes, do you have trouble because of constant wiggling, or does your baby lie quietly and let you work?

Normal babies may be very active, very inactive, or somewhere in between. Your job in caring for a very active baby will be different from caring for a very inactive one. If you believe that all babies should be active, you may be unhappy about an inactive baby. If you think all babies should stay still while being dressed or bathed, you may think that an active baby is "bad" or that all the activity is due to your improper care. Don't blame yourself or the baby. It is just the way some babies are made!

If your baby is super-active, you may just choose to enjoy the activity, or you may want to behave in a more soothing and gentle way to encourage your infant to slow down a little. If your baby is inactive, you may want to take more initiative in playing, moving about, and rewarding the baby when he or she reacts.

Regularity

- How regular are your baby's habits?
- Does your baby always awaken at about the same time, get hungry at about the same time, take naps and nurse at about the same time?
- Does your baby eat and drink about the same amount each morning?
- Does this vary slightly each day or is it completely unpredictable?

If your infant is very regular, it is unusual. If your baby's habits are very irregular, you will have to be prepared for changes every day. Or you may want to set a schedule for your baby, rather than going entirely by what he or she seems ready for. Of course, you can't feed an infant who isn't hungry, or force sleep on an infant who isn't ready to sleep. But, you can feed your baby before he or she cries a long time from hunger and you can put the baby down for a quiet time or for sleep even though your infant doesn't

appear very tired. All of these take time and patience. Don't push it—ease into it. It's better to be flexible than frustrated or angry if it doesn't work well.

Adaptability

- How long does it take your baby to get used to new situations or to changes?
- When you changed from sponge baths to a bath, was it accepted immediately, or did it take 6 or 7 tries before it was really accepted?
- If your baby fusses the first time you put a cap on his or her head, is there an objection every time you try, or is it accepted quickly?

High or low adaptability is neither good nor bad. The child who resists change may take longer to become comfortable with it. If helped to become comfortable with it, a child will gradually learn to cope with changes.

Approach or withdrawal

- How does your baby usually react the first time to new people, new toys, and new activites?
- Does your baby reach out for them and seem pleased, or shy away and fuss?

A baby who immediately reaches out for something may seem easier to deal with at first. But a baby who withdraws slightly from a new situation may be much easier to keep out of trouble and danger when he or she is a little older. Again, neither reaction is good or bad, but if you recognize how your baby acts, it may be easier for you to respond.

Sensitivity

- Is your baby aware of slight noises or slight differences in temperature, in tastes, or in different types of clothing?
- Do bright lights or sunlight make your child uncomfortable?
- Does your baby let you know every time the diapers are wet or soiled, or ignore them?

A very sensitive baby may seem to make your job more difficult at first. Some infants who notice small differences are fast learners, and you can enjoy that. Any baby may be very sensitive in some areas such as touch or hearing, but not in others.

Extreme sensitivity to sounds may be caused by poor hearing, not temperament. You should tell your doctor or clinic if your baby does not seem to notice or react to your voice or other sounds by three to six months.

Intensity of reaction

- How strong or violent are your child's reactions when pleased or displeased?

When pleased, some children laugh and wiggle all over, while others just smile. When displeased, some children scream loudly and immediately while others frown and fuss quietly.

If your baby reacts very strongly and intensely, you may want to help him or her regulate those reactions. You can help an intense baby learn that loudness and activity are not necessary to get a response. Such a child's active way of showing pleasure may make up for some of the loud crying when showing

disappointment or discomfort. Usually, if you respond before your baby gets really "wound up," it will help with this intensity.

Distractability and attention span

- How likely is your baby to turn attention away from what he or she is doing to something new?

Some babies will keep on sucking—no matter what happens during a feeding. Others will stop and pay attention to a door opening or someone entering the room. Some will turn to any new sound or sight while they are busy playing; others will continue to play.

You may want to feed your baby in a quiet place if your child is distractible, and to give just one or two toys at any one time.

- How long will your baby stick with something?

Some babies will continue to try difficult tasks, even if you try to stop them. Others give up quickly. Some will keep watching a mobile above the crib for 10 or 15 minutes; others turn to something else after a few minutes. Attention span means how long babies stick with something on their own, not how easily it is to distract them with something new or different.

You will want to be firm and patient and use distraction to get a persistent child to change activities. You will want to encourage and praise a non-persistent child for sticking with a useful activity.

Pleasant or Unpleasant Mood

- How much of the time is your baby friendly, pleasant, joyful, as compared to unpleasant, crying, fussy, or unfriendly? This means not just the first reaction to new situations or to the times of actual hunger or discomfort, but the way your baby is during most of the day. Your baby's mood may be expressed quietly with a frown or a whimper or with a smile and a twinkling eye. Or, it may be a loud scream or deep laugh.

A baby with an unpleasant mood can be difficult for anyone. You must remember that your baby's general fussiness does not necessarily mean that you are doing anything wrong.

You may have to learn to ignore some of the crying and fussing once you have made sure your child really doesn't need anything at the moment, and has no reason to be uncomfortable. If you feel stressed, you may want to talk with your doctor about ways of dealing with your baby. Don't take your frustration out on the baby.

The need for patience

If both parents pay attention to how your baby reacts, you both will be better prepared to give your child a kind of help that is most needed. By taking the time to understand your baby's personality, you will be much more certain that what you are doing is right.

Discipline/Time-Out

Discipline contributes to a child's growth and development by teaching how to handle difficult situations. It is the adult's right and responsibility to provide discipline so that a child may grow and learn to get

along comfortably with others. Discipline is used to control negative behavior and to teach positive alternative behavior.

When you have decided to discipline:

- Get the child's attention.
- Stop the undesirable behavior. If the child runs away or talks back, wait until the child returns and/or settles down. Then tell the child you understand how he or she is feeling (upset, disappointed, angry, or whatever), but that there is something the child must do. If the child is defiant and disobeys you, the child may need to be told to leave the situation briefly.
- Help the child find a new way to handle the situation or problem (teach a positive behavior). Example: (1) Teach sharing to children fighting for a toy; (2) Help the child who hits too much to talk about his anger instead of hitting.

Time-Out

"Time-out" is an interruption of a child's unacceptable behavior by removal from the "scene of the action." Removal stops the behavior and takes the child away from whatever reinforcing events are encouraging it or strengthening it. Use time-out for stopping inappropriate behavior before it reaches aggressive or assaultive proportions or for serious violations of your family's "rules." Some examples: swearing, hitting, kicking, provoking, silliness, sloppy eating habits, etc. Whenever a child breaks a serious rule or ignores your command to stop doing something, time-out is the technique to shape better behavior for the future.

The first few times

First, the time-out is carefully explained to the child. The child is told that each time the "rule" is broken or when he or she refuses to stop doing certain kinds of things, he or she will be told to take a time-out. This means going to a quiet place elsewhere in the house, to stay there quietly, doing nothing, until the time-out is over. Until a child understands what a time-out means, you will need to "walk through" the way you expect the time-out to be. Take the child by the hand and state your expectation matter-of-factly, for example, that the child must sit on the stairs until you allow him or her to return (only one or two such demonstrations are needed before you start to use time-out regularly without detailed explanations to the child).

After the first few times

1) Matter-of-factly, but sternly, tell the child (the first time a rule is broken or your command to stop doing something is ignored) to "take a time-out" (for example, on the stairs, or a certain chair).

2) Know in your own mind that the child must sit quietly for a set time (for example, two minutes) before being allowed to return. Do not state the exact time; have the child rely on your authority.

3) The time-out place should be far enough away from where the family action is, so the child cannot provoke and get attention from brothers and sisters, but close enough so the child can hear and know something of what is being missed. The best time-out places have nothing for the child to do or play with.

4) Time-out should be short enough so the child has many chances to come back to the original situation and try to learn correct behavior. To stay outside the group for an hour denies too many opportunities for learning. It is better to have many short time-outs for smaller, negative behaviors than to "lower the boom" by barring the child from play or participation in family activities for the rest of the evening.

5) Ignore the child's fussing, whining, etc., while in time-out. Do not talk to or argue with the child. A time-out has been successful only when the child has done so quietly for the length of time you originally specified. Thus, if you have a two minute time-out in mind, but the child carried on noisily for five minutes before quieting, the child would still have to remain in time-out for two minutes after quieting—a total of seven minutes in time-out.

6) After the child successfully completes the time-out, re-direct him or her to what must be done next or what kind of activity is acceptable at that time (such as playing quietly while parents talk with guests) and give praise as soon as the child begins to do it. Remember to offer praise a little later if the child continues to do well.

A parent must be consistent in using the time-out procedure or the child will keep using the undesirable behavior, testing to try to get away with it. "Tune in" to what behavior begins a chain of undesirable behavior and cut it off early with time-out. Praise quickly and matter-of-factly any acceptable behavior as soon as it appears.

Ignoring

Ignoring is a technique to reduce or get rid of behavior you don't want. When you ignore a child's behavior, you purposely pay no attention (in words or actions) to what the child is doing. NOTE: You do NOT ignore the child, only the irritating behavior. The child soon gets the message that even though you love him or her, you do NOT like and will NOT give any satisfaction for the unwanted behavior. Use "Ignoring" for many MINOR negative behaviors such as interrupting, quarreling, nagging, whining, commanding adults.

Ignoring may be very difficult and at times it is necessary to physically remove yourself from your child's sight. Remember, any attention to the child's minor negative behaviors will only strengthen and probably increase this unwanted behavior.

Praise

Praise is a way of saying, "I like what you did!" The message can be a word, a phrase, a gesture, or a facial expression that makes another person feel pride, joy, or respect. Praise creates a sense of well-being in a person. When we see a child trying to do something that we want repeated as a regular part of his or her behavior, praise is called for. You might praise cooperative play, thoughtfulness, respect for others, handling pets gently, remembering a task. Whatever the event, praise should follow immediately.

At first, parents may feel uncomfortable in giving such direct praise. If so, ask yourself: “Does the child know I am pleased?” You might wonder, "Why should I praise him for something I expect him to do?" A child needs to know that he is appreciated.

Fears

All children experience some fears as a natural part of their growth and development. When they are afraid, children need an adult's presence, reassurance, and strength. Here are some common fears:

Fear of Separation or Loss

The child is possessive and demands an adult's entire attention and is jealous when affection is shown to others—may even sulk when friends are around.

Fear of Animals

(Especially big dogs). Child will cry and refuse to go near them.

Imagined Fears of Ghosts, Monsters, Witches, Gangsters

Children think that what they see is really happening. Children may have nightmares when they read frightening stories or they see violent and scary movies.

Fear of Power Mowers

Dryers, washing machines, vacuum cleaners, lawn mowers.

Fear of Their Own Anger

Children may feel guilty or blame themselves if an adult gets sick or hurt, since they think their words or thoughts can cause things to happen. They need to be told that we all get angry and that no one can get hurt because someone thinks bad things.

An adult's attitude and actions can affect a child's fears. Here are some things you can do to help a child overcome fears:

Encourage the child to talk about their fear — Getting it out makes it less threatening; they are no longer alone.

Listen carefully —Show that you understand what they are experiencing.

Reassure them that they will not get hurt —Speak with firmness and confidence that they will be okay. "I am here to protect you. I will not let anything happen to you." Your strength is contagious and will help to build up their strength.

Be loving, warm, caring and friendly —Being held close can help a lot; so, hug and hold hands while you talk about the feelings.

Be patient —A child's fears do not disappear overnight. It takes time. Some fears may even suddenly disappear only to reappear at a later time. Do not get discouraged that you have to repeat the same reassurances again and again.

Do not make fun of their fear, disapprove of it, tell them to forget it, or punish them for being afraid—The fear is very real to the child, no matter how silly it may be to adults. Telling a child they shouldn't have a fear does not make it go away. Only positive experiences and time can do that. If they're laughed at or rejected, they will not only still have the original fear, but will now also fear your rejection or disapproval.

Do not force them to face the dangers they can't handle yet — "Go near that big dog now and you'll see that he won't hurt you." And, never threaten them with punishment of their fear, "If you don't pick up your toys, I'm going to put you in that dark room that you don't like." Scaring a child can only cause and create other problems and greater fears.

Allow the child to handle their fears slowly with your encouragement and support —Help the child to "do for themselves," so that they can develop their own ability to deal with life. Introduce them to a feared object slowly and in parts, when possible. For fear of dogs, play with a stuffed animal dog, then a little puppy, introducing larger and larger dogs. For a child who fears vacuum cleaners, make sure it is turned off and show them the parts of it first. For a child who is afraid of dark rooms, hold hands, turn on the light, and point out things that are well known to them. Understanding and familiarity are keys to reducing fears.

Set a good example—Fear and courage are catching. Children pick these up from adults, both from what they say and how they act, and they like to imitate them. So, admit your realistic fears, but do not involve your child in them. Work on developing your own strength and courage.

Teach realistic fears for the child's own safety —We cannot make our children feel that there are no dangers in life. Warn them not to touch electric outlets, sharp knives, matches, or broken glass, and to stay away from hot stoves, bees, and strange animals and people.

Fears will come and go as a child grows. But when they affect normal functioning and you notice a withdrawal from activities, lots of nervousness, trembling, perspiration, vomiting, diarrhea, depression, or nightmares, and when an adult's presence does not help any of these feelings to go away, the child may need professional help and a doctor should be contacted.

It is important that a child trust you and feel that you will be there for them when they need you. This will help them to overcome their fears. Your job in the meantime is to provide the child with the security, guidance, and reassurance they need, while at the same time encourage independence, courage, and belief in their own ability to cope with the danger.

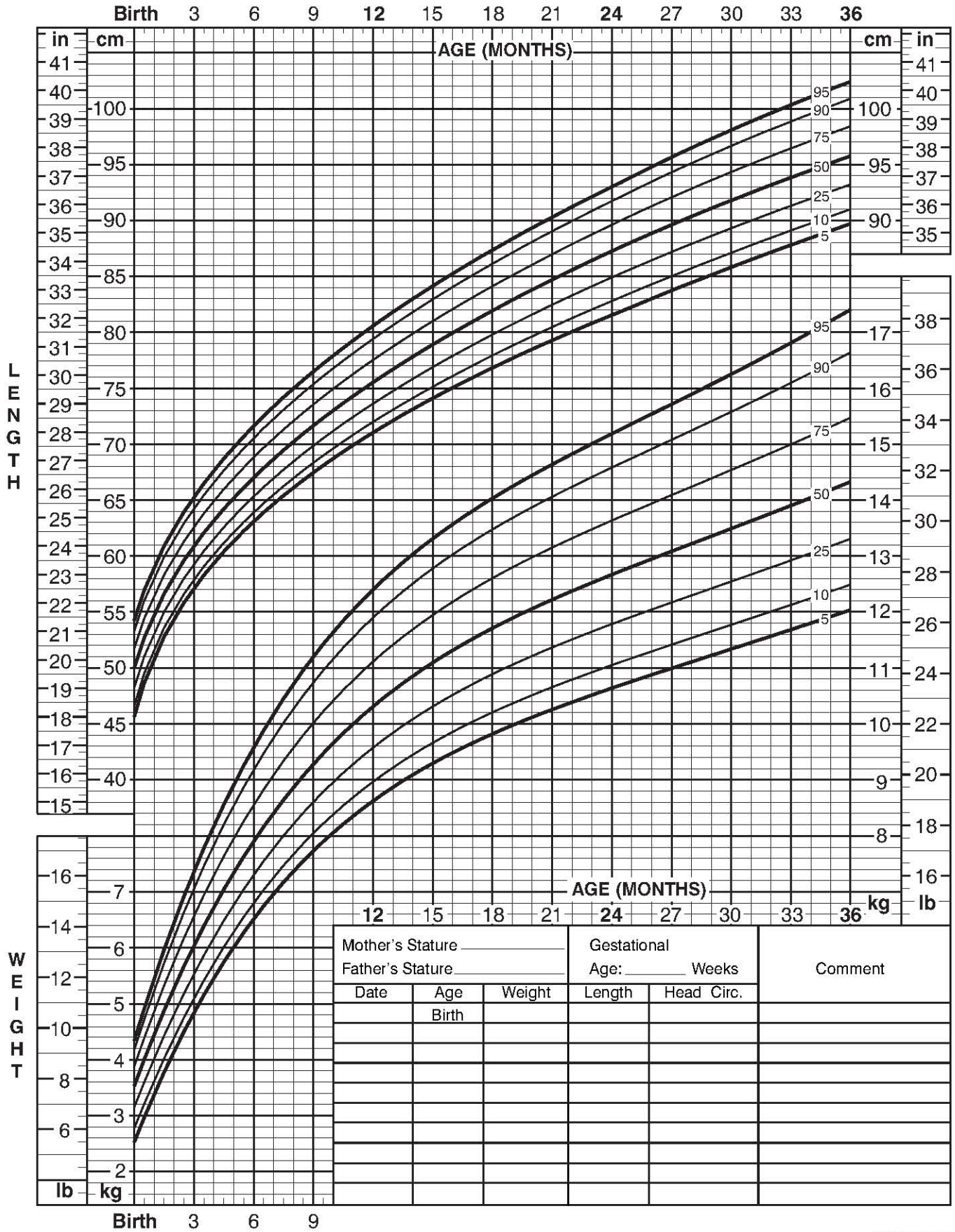
Physical Growth

Baby's steady growth in height and weight is one of the best signs that he or she is healthy and getting the kind of care needed. It is the steadiness of the growth that counts, not how much it is or how fast it is. Most babies gain about one-half pound per week during the first few months of life and about one pound per month from 5 to 12 months. Small babies usually gain less. Larger babies may gain more. At each of your Well Child visits your baby’s height, weight and head size will be measured and the growth will be tracked on a growth chart. You may use the charts on the following pages to plot your baby’s measurements and watch him/her grow. If you think your baby is behind in growth, you should talk to your doctor or our clinic staff.

Birth to 36 months: Boys
Length-for-age and Weight-for-age percentiles

NAME _____

RECORD # _____



Mother's Stature _____ Father's Stature _____			Gestational Age: _____ Weeks		Comment
Date	Age	Weight	Length	Head Circ.	
	Birth				

Published May 30, 2000 (modified 4/20/01).

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
http://www.cdc.gov/growthcharts

CDC
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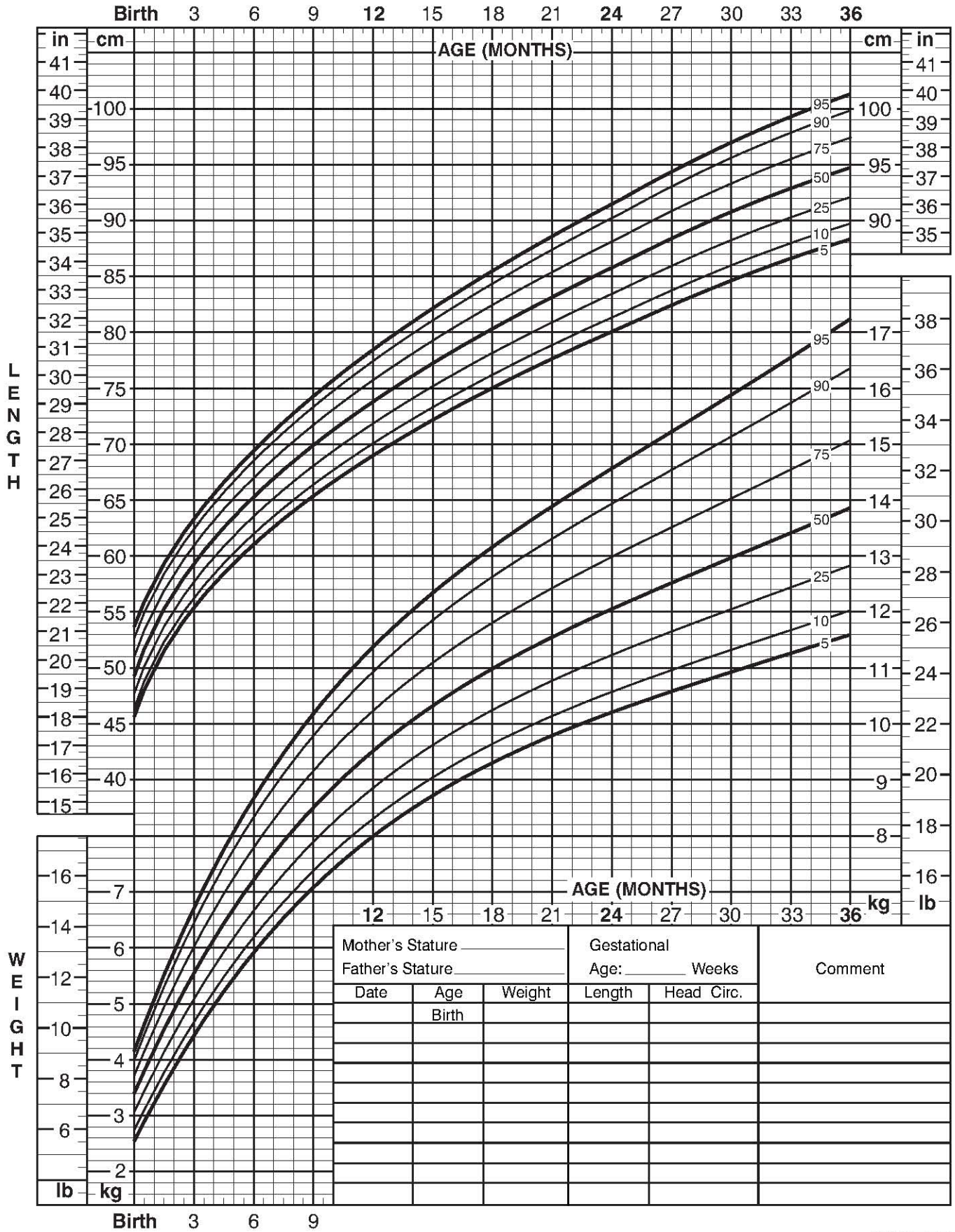
Birth to 36 months: Girls
Length-for-age and Weight-for-age percentiles

NAME _____

RECORD # _____



Mother's Stature _____ Father's Stature _____			Gestational Age: _____ Weeks		Comment
Date	Age	Weight	Length	Head Circ.	
	Birth				

Published May 30, 2000 (modified 4/20/01).

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
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Development

A child's brain undergoes significant changes in the first 4 years of life; making new synaptic connections between nerve cells and pruning away connections that are not used.

Your baby's experiences will have a significant impact on her brain development; especially on emotion, memory, and the ability to form attachments, but also on math, language, and logic.

Remember, your child's interactions with you and her environment, especially in those first 48 months, is critical to the brain's development. In fact, by the time your child enters kindergarten, she will have learned about half of what she will learn in her lifetime!

Developmental Milestones

Listed are some specific developmental milestones most children are able to do by certain ages. Be sure to talk to us if you have concerns or questions about your child's development. Also see the "Autism" section in this chapter.

By 3 months:

- Raise head and chest when lying on stomach
- Support upper body with arms when lying on stomach
- Stretch legs out and kick arms and legs when lying on stomach or back
- Open and shut hands
- Push down with legs when feet are placed on a firm surface
- Bring hands to mouth
- Swipe at dangling objects with hands
- Grasp and shake rattles/toys
- Watch faces and recognize parents
- Follow moving objects
- Smile at the sound of your voice
- Coo
- Turn toward voice or direction of sound
- Smile when another person smiles at them
- Enjoy playing with parents and may cry when playing stops
- Begin to talk to you using facial expressions and body motions

By 7 months:

- Smiles and giggles frequently
- Turn toward sounds
- Roll over both ways (stomach to back and back to stomach)
- Stand on legs when held under the arms
- Support weight on hands when lying on stomach
- See and reach for small objects such as cheerios
- Can support head (no lagging) when pulled up by hands from a lying to a sitting position
- Try to put crackers to mouth
- Pass toys from one hand to the other
- Babble (consonant sounds like ga, ba, da, etc)

By 9 months:

- Sit well without using hands for support
- Creep or crawl
- Poke objects with an index finger
- Pass toys from one hand to the other and bangs toys together
- Look for dropped objects
- Jabber (ga-ga, ba-ba, ma-ma, etc)
- Look for source of soft sounds that are to the side or behind
- Laugh and smile easily
- Feed self soft foods

By 12 months:

- Likes to imitate people when playing
- Prefer mom/dad or regular caregiver over all other people
- Feed self with fingers
- Extend arm or leg to help when getting dressed
- Get to sitting position without help
- Walk when holding onto furniture and will stand alone for a few seconds
- Pay more attention to speech
- Respond to simple requests you make, including “no”
- Use simple gestures such as shaking head for “no”
- Babble with inflection
- Say “ma-ma” or “da-da” specifically for mom and dad
- Begin to imitate words
- Explore objects in many different ways such as shaking, banging, or throwing
- Try to give you a toy and then wants it back
- Easily find hidden objects

By 18 months:

- Hold a regular cup without help and drink from it without spilling
- Walk without falling or wobbling from side to side
- Initiates play with other children
- Scribbles
- Points with index finger to show you things
- Can say three words other than “mama” and “dada”
- Feed himself or herself using a spoon/fork
- Follows direction, “give this to daddy,” etc
- Some pretend play (feed doll, drive toy truck)

By 2 years:

- Pull toys behind self while walking
- Carry a large toy or several toys while walking around
- Runs
- Kick a ball
- Climb up and down from furniture without your help
- Walk up and down stairs when holding onto a railing or your hand
- Turn over a container to pour out what is inside
- Stack 2 to 4 or more blocks

- Point to an object or picture when you name it
- Recognize the names of familiar people, toys, and body parts
- Use two-word sentences that consist of simple phrases to express needs ("mommy, milk")
- Remove shirt or pants
- Repeat words overheard in conversation
- Begin to sort things by their shape and color
- Begin to play "house" and other games that imitate patterns he or she has seen
- Imitate and enjoy play with other children

By 3 years:

- Climb well
- Walk up and down stairs putting one foot on each step
- Run easily
- Pedal a tricycle
- Make vertical, horizontal, and circular strokes with crayon/pencil
- Turn book pages one at a time
- Build a tower of 6 to 8 blocks
- Hold a pencil in writing position
- Screw and unscrew jar lids, nuts and bolts, and turn handles such as doorknobs
- Follow a two-part direction
- Recognize and identify most common objects and pictures
- Use 3 to 4 word sentences
- Speech is understandable to strangers most of the time
- Begin to understand and use questions beginning with the words why, what, where, and when
- Use some plural words such as cars, dogs, and birds
- Can jump up
- Match an object in hand or room to a picture in a book
- A lot of pretend play with dolls, animals, and people
- Finish a puzzle with three or four pieces
- Understand the idea of "two"
- Show affection for familiar friends
- Take turns when playing games
- Can put on shirt
- Understand the idea of "mine" and "his/hers"
- Show a wide variety of emotions
- Likes a routine, may object to big changes in the routine

By 4 years:

- Hops on each foot
- Go up and down stairs without holding onto railing
- Kick a ball forward, throw it overhand, and catch a bounced ball most of the time
- Copy a circle and "+" sign
- Draw a person with 2 to 3 body parts
- Use scissors
- Understand the ideas of "same" and "different"
- Use 5 to 6 word sentences
- Tell and remember stories
- Name some colors correctly
- Understand the idea of counting and may know a few numbers

- Tell you his or her name and gender
- Strangers can understand about 90 percent of his/her words
- Begin to understand time
- Follow a three-part direction
- Show interest in new experiences
- Cooperate and share with other children
- More imaginary games such as pretending to be “mom” or “dad”
- Dresses self, including buttons and zippers

By 5 years:

- Stand on one foot for 5 to 10 seconds or more
- Hop on one foot easily
- Swing and climb
- May skip
- Copy triangles, squares, and other shapes
- Draw a person with 3 to 5 body parts
- Print some letters
- Dress and undress without help
- Usually take care of toilet needs
- Use the future tense
- Understand time concepts such as today, yesterday, and tomorrow
- Tells longer stories (5 to 6 word sentences)
- Tell you full name and address
- Speak so that a stranger can easily understand almost all of his/her words
- Count 5 or more objects
- Correctly name at least 4 colors
- Know about things that are used in the home every day (money, food, appliances, tools, etc)
- Understand and follow rules to games and other activities
- Enjoy singing, dancing, and acting
- Tell the difference between fantasy and reality
- More independent, wants to visit friend next door by self
- Wants to please his/her friends

Encourage Your Child’s Development

*Discourage screen viewing (TV, phones and other media) in children under 2 years of age. If electronics are used by older children, try to keep it educational and less than 2 hours of screen viewing per day.

Activities from birth to 2 months:

- Swaddle your baby in a soft blanket and rock
- Massage your baby with lotion
- Offer tummy time when awake
- Make eye contact and talk to your baby
- Sing/play soothing music

Learning Activities from 2 to 6 months:

- Textured toys
- Place baby in a supported sitting position
- Floor time
- Talk while bathing, dressing, feeding
- Repeat what he says

Learning Activities from 6 to 12 months:

- Encourage exploration indoors and outdoors
- Sing short songs and rhymes ("Itsy Bitsy Spider")
- Place toys just beyond baby's arm length so she has to reach and move to them
- Read—point out objects and name them. Encourage her to repeat
- Play house with a doll

Learning Activities from 12 to 24 months:

- Likes push-pull toys, practice up and down steps, walking on tiptoes
- Likes noise makers
- Likes simple puzzles with 2 to 3 pieces
- Likes containers that can be opened, objects removed and toys put back in
- Likes balls, big and little, practice catching, throwing, and kicking a ball
- Plan visits to the playground, zoo, airport
- Enjoys singing, rhythm, imitating new words, dancing to music
- Enjoys being read to, but attention span is short, so 1 to 5 minute stories only
- Likes to look at pictures—cut many out of newspapers and catalogs and paste in photo book
- Likes water play in tub—use sponges, plastic cups, plastic measuring spoons—likes floating bath toys
- Needs to practice following directions, i.e., "bring me your shoe"

Learning Activities from 24 months to 4 years:

- Encourage child to dress and undress
- Draw on steamy winter windows
- Trips to grocery store—feeling how heavy a 5# pack of sugar is, or how cold a frozen can of juice is, naming items
- Jar of bubble blowing material and a circle ring to make bubbles—watch them float to the ground, have fun breaking them
- Encourage climbing, running, three-wheel cycle (tricycle or big wheel), play on swings
- Begin to enjoy interactive play, pretend play, bounce balls, follow-the-leader (crawl, tiptoe, hop around chairs, under table, chairs, etc)
- Put scotch tape in a ball with sticky side out for manipulation play
- Likes to use boxes for crawling in and out of, and hiding in
- Likes plastic jars with lids to use as storage area for small items
- Likes pieces of cloth (silk, velvet, cotton, bright colors) to put in a box to sort and feel
- Likes stringing things—empty spools, macaroni on shoelaces
- Learning colors—likes to draw and color
- Learning to count

Learning Activities from 4 to 6 years:

(Also see Preschool Activity Suggestions which follow)

- Promote activities that include other children
- Likes to participate in household tasks like setting and clearing the table
- Likes to take exploratory trips, outings to new places, shopping trips
- Likes to use card and board games, puzzles with more pieces
- Lots of pretend play—pretending they are a family
- Like to tell about their day at daycare or preschool
- Likes to practice complicated tasks like shoe stringing, reading you a story
- Likes activities that occur outdoors—sandboxes, play or swing set, riding big wheel, helping in garden, helping rake lawn
- Likes cutting, pasting, finger painting, painting with brush, coloring, tracing objects
- Likes clay modeling, building structures with many blocks
- Make obstacle courses to help hop, jump, and climb

Preschool Activity Suggestions

The aim of this section is to suggest activities which parents may use with their children to build a readiness foundation for formal school activities.

The Positive Approach

One thing that thrills all of us is to be made to feel important. While some children learn quickly, others learn slowly. Our job as parents is to see that our child finds out that it is important to learn. We must make the child aware that it is quite important to try. For example, if we make a big deal of a child learning to count, they will enjoy trying it. On the other hand, if we constantly gripe at the child for not doing better, they won't enjoy learning to count. Thus we must be positive about learning. A parent can do a tremendous favor for a child by talking in a positive manner about school activities.

There are three rules to keep in mind when helping your child:

1) Children will do things that are fun.

2) If you plan the learning games with your child so they are enjoyable, he will want to do it and will learn more.

3) Don't work with your child when either of you are not in the mood for it.

Young children work well for only short periods of time. Don't work beyond 5 or 10 minutes at a time. Even busy parents can find a few minutes a couple of times a day to help their child. These "breaks" in the day may be rewarding to you and your child.

If you give your child things to do that are too hard, the child will be unsure and won't want to do it. The way you respond is important. If the child doesn't know, explain that it was a hard question and that it was a nice try. Don't emphasize the mistakes children make, rather, tell them how good they are doing. Make sure the child feels successful by the questions and comments you make.

Keys to Using These Activities

The language and non-language activities listed on the following pages are provided to give you a guideline about the kinds of things your child may need to practice. When the parent tries these activities and then makes up their own based on the ideas presented, the child will do best. An attempt is always made to start with easy items first and then build to more difficult ones. Don't go into difficult items if your child fails the easy ones. Make sure the child is doing pretty well with the easy items first. Not only parents, but also older children can help the preschooler through these activities.

Listening Skills

- Tell your child a short familiar story and ask questions about it. For example: Three Bears: How many bears were there? Why did they leave their supper? Where did they go? Who came to their house? What happened to the chair? Where did the bears find Goldilocks?
- Make up a story (about things the child likes) and ask him to answer questions about it (like those above).
- See if your child can answer questions like these: Do airplanes fly? Do dogs fly? Do balls roll? Do sidewalks roll? Do girls like dolls? Do books eat? Do tables dance? Do gyms exercise? Do trucks eat? Do you sharpen your ballpoint pen?
- Play “Guess what I'm thinking of" by giving your child clues one at a time until he knows what you are thinking of. (Example: rabbit) "I'm thinking of something that lives in a field. It is afraid of dogs. It can run fast. It hops when it runs. It has long ears. It eats carrots." (Continue until it is guessed.)
- Play "Why's this funny" by having your child tell you what is funny about these statements. "My car can jump." "You wear shoes on your ears." "Mary is a boy." "Snow is hot." "Children don't like candy." "A horse had a flat tire." "My boat sank in the road." "Water runs uphill."
- Play "Simon says." Example: Simon says "Stand up." "Raise your hand." "Put your fingers on your knee." "Put one hand on your tummy and one hand on your head." "Hop on one foot, count to five, and sit down." "Say Brown Bears, clap your hands twice, lie down on the floor, and shut your eyes."

Picture Vocabulary

- Play "What's that." Take pictures, sit down with your child and point to an item and ask what it is. (You may be surprised to find out some of the things the child does or does not know). Point to most of the main items in the picture in the same way. If the child doesn't know, then give the answer.
- Play "Remember what you saw." Show your child a picture for about a minute, and give instructions to look carefully and try to remember what is in the picture. Then ask the child to tell you everything he or she can remember. Afterward, show the picture again and see how many more the child can get. (You may even talk about the colors, what is happening, what season it is, whether the things are old or new, etc.).
- Play "Find the picture." Place several pictures in front of the child and ask him or her to find the right picture that has (examples) an old man, a red barn, something alive, an animal, the tallest, the most windows, can fly, runs the fastest, etc.

Word Relationship Skills

- Play "Finish the rest of this." Ask your child to tell you what the rest of this should be. Example: A baby is small, a daddy is ....big, large, etc. A turtle goes slow, a rabbit goes... fast. Night is dark, day is... light, bright. I draw with a pencil, I cut with a...scissors.

- Play "Pick out the picture." Have your child cut out quite a few pictures of items from a catalog or magazine. Select groups of similar objects and one that doesn't match. Have the child pick out the wrong picture. Then ask the child why the picture doesn't belong with the others. (You may be surprised at some of the reasons your child gives you.) Examples: Coat, chair, dress, slacks: because the others are worn by you, are clothing etc. Screwdriver, wrench, hammer, sled: because the others are tools. Baby carriage, wagon, bicycles, car: Several answers possible - car because it isn't for kids to play with - bicycle because it only has two wheels - bicycle because you ride in the others. Candle, watch, glass, stone: stone because the others are made by people.
- Name objects that belong to the same group. (For example: Tell me as many things as you can that have wheels. Name as many boys as you can. Tell me the different kinds of cereal you like. What are the names of all the TV programs you watch.) You can have this done by timing your child and seeing how many are named in 30 seconds or so.
- Play "Why are these alike?" Tell your child several items and ask him or her to tell you how they are alike. (For example: Spoon, fork, knife: things you use to eat with, found in the kitchen, etc. Cup, glass, jar: things you hold water in, will break, etc. Cookie, hot dogs, potato chips: party food, things kids like, you eat them, etc. Bird, flower, worm: all are alive, find them outside, see them in the summertime, etc.)
- Play "Tell me all about" - a baseball, (round, hard, has seams, play with it, throw it, bounce it, you bat it, white, red strings, see it on TV, buy at store, have fun, etc.) A coat (soft, keeps you warm, wear it in the winter, keeps you dry, has a zipper, made of cloth, is red [color], has fur on it, etc.) A car, horse, house, school, boy, breakfast, etc. Keep track of the number of things the child can tell you about the item. Usually three or four things are pretty good to start with.

Putting Things In Correct Order

- "Say this," - tell your child you are going to say some things and he or she is to listen carefully and repeat them after you have finished. Then say the number, word, or letter group at a rate of about 1/2 second each. 7 - 8 - 4- 6- 3; 6 - 5 - 9 - 7; 3 - 6 - 2 - 7 - 9. Cat, dog, cow. Brown, tree, frog. Mary, Sally, Jerry, Billy. Pencil, chair, book, red. Big, snow, friend, box, smile. R-V-K. S-E-O. B-P-G-T. J-D-V-B-E. W-Q-I-U-S. P-Y-G-N-L-T.
- "Put the pictures in the right order." Have your child cut out several selected pictures for the following types of activities. Have the child arrange the pictures in order from the youngest with: a baby, a boy, a teenager. A grandfather, a baby, a woman, and a boy. A kernel of corn, a sprouted plant, a tasseled corn plant. A newsboy on a bicycle, a newsboy throwing the paper, the paper on the roof. The bare ground, the snow falling, a heavy downfall, things all covered with snow. An empty glass, a glass partly filled, a glass nearly filled, a glass full. A tiny pair of shoes, a middle-sized pair of shoes, and a large pair.
- "See how many of these things you can do." Tell your child you will give directions and when you say go ahead, to do the things just like you explained them. Example: Open (or close) the door, push the chair under the table (or pull it out), and bring me that (point to) book. Now get me a fork, put the pencil on the couch, and turn on the living room light. Increase the tasks until four or five easy items can be done by the child.
- Teach your child to memorize several lines of short poems, nursery rhymes, or readings. Some parents like to teach short scriptures.
- "See if you can remember what to do" can be played by showing your child how something is done (like cutting out cookies). Now have the child tell you what to do first, next, etc. You may need to ask which you would do first (roll out the dough or put it in the oven), etc. Other activities like building a fence could be considered. What do you do first, nail the board on, dig the hole, saw the board off, or put the post in the hole?

Activities To Help Improve Skills With The Hands

(Cutting skills/scissors)

- Have your child practice cutting things out with scissors by starting with a straight line (you or the child could draw one). Then try a corner, like an "L". Next try a part of a circle. Try a circle. A square. Try other straight or smooth curved lines. (The important thing is to make sure the child gets practice, not how well it's done.)
- Cut things out of magazines or catalogs. Start with easy straight line drawings like a tool box, book, record player. Then have the child try other things. (Don't be concerned with how well it's done.)

Activities To Aid In Space And Direction Discrimination

- Direct the child to point above, below, over, under, and between objects. Examples:
  - Over the door
  - Over your shoulder
  - Below the window
  - Between the books
  - Under the chair
  - Over the wastebasket
- Direct the child to move in relation to objects in the room. Examples:
  - Stand in front of the table.
  - Stand with the window in back of you.
  - Move so that the door is in front of you.
  - Move so that you are under a table.
  - Move so that you are between two chairs.
- Instruct child to point to different sides of the body. Examples:
  - Look to the left side of body.
  - Look to the right side of body.
  - Point to the right side of your head.
  - Point to the left side of your head.
  - Point to your right foot.
  - Touch your right shoulder.
- Instruct child to walk:
  - To the right
  - Forward
  - To the left
  - Backward
- Ask child to close eyes and point:
  - Up
  - Down
  - Behind
  - In front
  - To hips
  - To ankles
  - To chin
  - To neck
  - To heels
  - To wrists

Activities To Aid In Large Motor Coordination

- Child extends arms and moves them up and down in a graceful movement and tiptoes around the room.
- Child hops:
    - with right foot on floor, left foot off floor;
    - with left foot on floor, right foot off floor;
    - alternate - hop once on right foot, once on left;
    - alternate - hop twice on right foot, once on left;
    - alternate - hop twice on left foot, once on right.
- Bounce a large rubber ball for the child to catch and bounce.

Television and Technology

- The AAP states that "When media is used thoughtfully & appropriately, media can enhance daily life. But when used inappropriately or without thought, media can displace many important activities such as face-to-face interaction, family-time, outdoor-play, exercise, unplugged downtime & sleep". Having electronics turned off (TV, phones, video games) encourages more interactive activities between children and parents (such as talking, playing, singing, reciting nursery rhymes, reading and exercising together) that enhances brain development.
- Adult background television that is on with a young child in the room is distracting for both the parent and the child and can have a negative impact on development.
- Parents are encouraged to keep phone usage to a minimum when their children are awake-it distracts you from your child. Children learn valuable social and communication skills by listening to, talking to, reading and playing with their parents-these interactions are lost when you are on your smartphone.
- Unstructured playtime is more valuable for the developing brain than any electronic media exposure. If a parent is not able to actively play with a child, that child should have solo playtime with an adult nearby. Even for infants as young as 4 months of age, solo play allows a child to think creatively, problem-solve, and accomplish tasks with minimal parent interaction.

Among the AAP recommendations:

- **For children younger than 18 months:** Avoid use of screen media other than video-chatting. Parents of children 18 to 24 months of age who want to introduce digital media should choose high-quality programming, such as Sesame Street, and watch it with their children to help them understand what they're seeing.
- **For children ages 2 to 5 years:** Limit screen use to 1 hour per day of high-quality programs. Parents should co-view media with children to help them understand what they are seeing and apply it to the world around them.
- **For children ages 6 and older:** Place consistent limits on the time spent using media, and the types of media, and make sure media does not take the place of adequate sleep, physical activity and other behaviors essential to health.
- Designate media-free times together, such as meals and driving, as well as media-free locations at home, such as bedrooms.
- Have ongoing communication about online citizenship and safety, including treating others with respect online and offline.

You are setting an example, parents' media diet influences the media habits of their children.

Toys

Children make no distinction between work and play. Through imaginative play, they learn how it feels to be something, to be someone else. They play out real life roles, release anger, and re-live experiences during play.

To maintain order, each child should have a place to store toys. A toy chest or even a cardboard box will work well. Very early, teach your children to help pick up their toys and put them away.

A few simple toys, carefully selected for the child's interests and activities, are all that is needed. Your child will play with anything allowed. Many educational toys can be made or found at home.

Tips for Choosing Safe Toys

Buying safe toys can be a challenge. Parents assume that before a toy goes on the market it must pass some rigorous testing, but that is not the case. As a parent you need to protect your child from unsafe toys, and most of all, supervise play.

As toy safety is always a concern, check the Consumer Product Safety Commission website, CPSC.gov, regularly and sign up for their email alerts.

- Toy should be sturdy enough so it will not splinter or break.
- Be large enough so it cannot be swallowed. (Bigger than your child's mouth)
- Have no parts that can become loose or be swallowed, such as whistles in rubber toys or the plastic eyes of stuffed animals.
- Have no sharp or rough edges.
- If painted, it should be lead-free. Make sure the label says "nontoxic".
- Read the label-it indicates what age the toy is safe for and how to use the toy.
- Fabric should be flame resistant or flame retardant.
- Stuffed toys should be washable and well made. Make sure all parts are tight and edges are secure. Take off loose ribbons or strings. .
- Art supplies should say "non toxic."
- Crayons and paint should be labeled ASTM D-4236, which means they've been tested by the American Society for Testing and Materials.
- Avoid hand-me-down toys from friends and relatives, as they may not meet newer safety standards and can be so worn they may break.
- Make sure toys are not too loud—it can contribute to hearing damage.
- CAUTION: Balloons are a common cause of choking. Throw away if deflated or when not supervised.
- If more than one magnet is swallowed, they can attract and cause intestinal perforation or blockage. Keep refrigerator magnets out of reach of children.
- Avoid toys that shoot objects in the air-can cause serious eye injury and choking.
- Any hanging crib toy (mobiles, crib gyms) should be out of baby's reach and removed when your baby pushes up on hands and knees, around 5 months old. These toys can strangle a baby.

Infants to 1 Year Old

For this age group, rubber, cloth, and wood are the safest materials. Be alert for small parts that may come off and be put in the mouth.

- Mobile
- Rattles
- Soft, washable dolls and animals
- Pan lids and large spoon
- Blocks
- Floating bath toys
- Soft balls (>1.75 inches diameter)
- Books (single object on each page)
- Cradle gym
- Teething rings
- Pots and pans
- Games (Pat-a-cake & Peek-a boo)
- Rubber squeak animals
- Small boxes with covers

1 to 2 Years Old

- For this group, avoid toys that come in many pieces because they are difficult to keep track of and cause endless work to pick up. Wind up toys are considered a poor choice because all play is in the toy and not in the child. Be alert to toys with sharp edges or parts so small they can be swallowed.
- Books (cloth or heavy cardboard)
- Push toys
- Pull toys (no cords or long strings)
- Telephone
- Doll, doll bed, and covers
- Pounding toy
- Bead Boards
- A small suitcase or large purse
- Puzzles (3 to 8 pieces)
- Nested blocks (can make your own with different size boxes or plastic storage containers)
- Soft animals or teddy bears
- Child-sized chair
- Musical toy or bell
- Pots and pans
- Simple take-apart and put-together toys

3 to 4 Years Olds

Be alert to toys with sharp edges or small pieces. Don't use electrical toys that require wall plug-ins. Avoid thin plastic toys that may break or splinter. Avoid coins and marbles.

- Dolls
- Housekeeping toys (doll bed, buggy, stroller, chair and table, dishes, pots and pans, dust mop, sweeper, etc.)
- Transportation toys (tricycle, wagon, big wheel)
- Simple take-apart and put-together toys
- Tents
- Blackboard and chalk
- Clay, large crayons, finger paint

- Large ball
- Simple musical toys (bells, tambourine)
- Storekeeping toys (cash register, empty grocery boxes)
- Farm toys (animals, tractor, barn)
- Outdoor toys (sandbox, sled, swing set)
- Puzzle (4 to 12 pieces)
- Sturdy cars and trucks
- Wooden toy bench with large tools
- Easel and brushes
- Books (simple stories about familiar animals or toys, birthday parties, trips)

5 to 7 Years Old

Shooting type toys should have soft tips or suction cups, not points. If buying a gun, be sure it is brightly colored, so it is not mistaken for a real gun. Teach children not to point guns, arrows, or darts at anyone. No electrical toys yet. Trampolines are not recommended. Helmets are recommended for bicycles, skateboards, and roller bladers. (See Chapter 5, Safety Checklist.)

- Dolls
- Outdoor toys
- Easel, brushes
- Simple sewing sets
- Scrap book
- Doll house, Farm (animals, barn, fence, tractor)
- Wind-up trains
- Clay, crayons, finger paints
- Hand puppets
- Counting and ABC toys
- Toy trucks, airplanes, boats
- Gardening tools - shovel & rake
- Housekeeping toys
- Blackboard, chalk
- Blunt scissors, paste, colored paper
- Viewmaster and reels
- Roller blades
- Puzzles (6 to 24 pieces)
- Tinker toys
- Simple card games
- Books
- Costumes (cowboy suits, old clothes)
- Dominoes
- Pets (fish, guinea pig, hamster, dog, cat, bird)

Exercise

- Set a good example. Be active and have fun together. Go for a walk, tumble in the leaves, or play catch.
- Take the President's Challenge as a family. Track your individual physical activities together and earn awards for active lifestyles at www.presidentschallenge.org.
- Establish a routine. Set aside time each day as activity time—walk, jog, skate, cycle, or swim. Adults need at least 30 minutes of physical activity most days of the week; children need 60 minutes every day or most days.
- Have an activity party. Make the next birthday party centered on physical activity. Try backyard Olympics or relay races. Have a bowling or skating party.
- Set up a home gym. Use household items, such as canned foods as weights. Stairs can substitute for stair machines.
- Move it! Instead of sitting through TV commercials, get up and move. When you talk on the phone, lift weights or walk around. Remember to limit TV watching, phones and computer time.
- Give activity gifts. Give gifts that encourage physical activity—active games or sporting equipment.

Source: USDA

Autism

Autism Spectrum Disorder is a developmental disability that impacts how a child perceives and socializes with others, causing problems in critical areas of development —communication, social interaction and behavior.

Some children show signs of ASD in early infancy. Some children may develop normally for the first few months or first year of life and then suddenly become withdrawn or lose language skills they've already acquired.

Most young children with ASD will achieve motor skills such as sitting, crawling, and walking on time.

A child with ASD is likely to have their own pattern of behavior and level of severity — from low functioning to high functioning. Severity is based on their social communication impairments, the restrictive and repetitive nature of behaviors, along with how these impact their ability to function.

Autism Spectrum Disorder has no single known cause and there are probably many causes. Both genetics and environment may play a role.Researchers are currently exploring many factors.

One of the greatest controversies in Autism Spectrum Disorder is centered on whether a link exists between autism and certain childhood vaccines. Despite extensive research, no reliable study has shown a link between autism and routine childhood vaccines, and avoiding childhood vaccinations can place your child in danger of catching and spreading serious diseases.

At well child visits, your child is screened to make sure normal development is occurring and to look for problems. The good news is that the sooner a child gets help, the more likely the child can reach his or her full potential.

Some key developmental milestones to note in your child:

4 months old

- Turn toward sounds?
- Likes to watch your face
- Smile back when you smile?
- Coos and babbles back to you when you talk to him or her?

6 months old

- Smile often while playing with you?
- Expresses real joy to see you?
- Babble when happy?
- Turn to your voice?

9 months old

- Smile and laugh when looking at you?
- Imitate sounds back and forth with you?
- Exchange gestures with you, such as giving and taking?

12 months old:

- Follows your finger when you point to show her/him things?
- Play pat-a-cake, so-big or peek-a-boo?
- Lots of babbling and making sounds like ma, ga, da…?
- Using mama or dad specifically for you?
- Aware of name and looks when name is called?

15 months old

- Points with index finger to show you things?
- Use and understand at least three words?
- Looks when name called?
- Exchanges many back and forth smiles and sounds?

18 months old

- Use lots of gestures with words to get needs met, like pointing with index finger, or putting hands up to be picked up?
- Bring over toys, books to show you?
- Use and understand at least 5 words?
- Point to familiar people or body parts when they are named?
- Do pretend play, like feeding a stuffed animal or doll, using trucks in multiple ways like loading it or backing it up?

24 months old

- Do more extensive pretend play with you, make some pretend food and then feed it to you?
- Use and understand at least 50 words? Not just repeating what is heard?
- Use two word sentences, such as “mommy bye”, “more milk”?
- Show interest in wanting to be next to other children and playing with them, perhaps approaching and showing a toy to another child?
- Look for objects that are out of sight when asked, like where are your shoes?

36 months old

- Loves pretend play and acting out different characters, like action figures or dolls?
- Approaches and plays with children of the same age?
- Can tell you a story about what happened at daycare or at the park in short (3 or more word) sentences?
- Answer questions easily such as “what,” “where,” and “who”?

Chapter 5

Keeping Your Child Safe

Injury Prevention

Babies born healthy are more likely to get hurt or die from accidents than from any illness. Child products (strollers, cribs, playpens, etc) need to be chosen carefully, and inspected regularly for defects and wear. Websites for the Consumer Product Safety Commission (CPSC.gov) and the American Academy of Pediatrics (AAP.org) are good resources for recalls and information.

Accidental injuries can cause severe handicaps. You can prevent almost all accidents by knowing what your baby is able to do and making sure it is done in a safe way. Use the following checklist.

Birth to 4 Months

What can baby do:

- Eat, sleep, cry, play, smile
- Roll off a flat surface, wiggle a lot

Babies at this age need complete protection all of the time.

Safety checklist:

Bath

- Turn thermostat on your hot water heater down to below 120 degrees.
- Check bath water temperature with your hand to avoid burns.
- Keep one hand on baby at all times in the bath. Never leave baby alone in the bath.

Falls

- Never turn your back on a baby who is on a table, bed, or chair.
- Always keep the crib sides up.
- If interrupted, put your baby in the crib, under your arm, or on the floor.
- Do not leave baby in an infant seat on a table or counter unattended.

Burns

- Put screens around hot radiators, floor furnaces, stoves, or kerosene heaters.
- Don't let caregivers smoke when they are caring for your baby.
- Don't hold your baby when you are drinking a hot beverage.
- Don't leave a filled coffee or tea cup on a placemat or near a table edge where it could be pulled down.
- Be sure that foods and bottles are not too hot. Test before using.
- Avoid heating baby food or formula in a microwave oven—it can get "hot spots."

In Crib, Bassinet, or Playpen

- Select a safe sleep environment for your baby—see Cribs and Playpens in this chapter.
- Don't use a hammock in the crib.
- Bumper pads are not advised.
- Toys or mobiles that hang should be out of baby's reach and should never be strung across the crib.
- Never leave the side of a mesh playpen lowered, as baby can get trapped and suffocate.

In Motor Vehicles

- Always use your car safety seat in the infant position (semi-reclining and facing rearward) in the back seat.
- Never leave your child alone in the car, as the temperature can reach deadly limits in minutes.
- If a child safety seat is involved in a crash, it may need to be replaced. (See **aap.org** or **nhtsa.gov** websites)

Other

- Never put a loop of ribbon or cord around your baby's neck to hold a pacifier or for any other reason.
- Do not put necklaces, rings, or bracelets on babies.
- Take all toys and small objects out of the crib or playpen when your baby is asleep or unsupervised.
- Select toys that are too large to swallow, too tough to break, with no small breakable parts and no sharp points or edges.
- Keep pins, buttons, coins, and plastic bags out of reach.
- Never put anything, but things a baby can eat or drink, in a baby bottle, baby food jar, or baby's dish. Someone might feed it to the baby.

Supervision

- Don't leave your baby alone with young children or with pets.
- Have the telephone numbers of physician (563-584-3440), rescue squad (911), and poison control center (800-222-1222) programmed in your telephone.

Household

- Teach your older children how and when to call "911," the emergency telephone number.
- Install smoke detectors if you do not already have them. Keep a small fire extinguisher out of children's reach in the kitchen.
- Use a carbon monoxide detector.

4 - 7 Months

What baby can do:

- Move around quickly
- Put things in mouth
- Grasp and pull things

Babies at this age will need more time out of the crib.

Safety checklist:

- No walkers.
- Stationary activity centers are acceptable if used for short periods of time. Supervise closely.
- Recheck the Birth to 4 Month list.
- Never leave your baby on the floor, bed, or in the yard without watching constantly.
- Fence all stairways, top and bottom. Do not use accordion-style expandable baby gates that can strangle.
- Don't tie toys to the crib or playpen rails—a baby can strangle in the tapes or string.
- Keep baby's crib away from drapery or venetian blind cords that can strangle.
- Baby-proof all rooms where the child will play by removing matches, cigarette lighters, cigarette butts, other small objects, breakable objects, sharp objects, and tables or lamps that can be pulled over.
- Crawl around and look at things from your child's perspective. Cover all unused electric outlets with safety caps. Keep all electric cords out of reach.
- Keep high chairs, playpens, and infant seats away from stoves, work counters, radiators, furnaces, kerosene heaters, electrical outlets, electric cords, draperies, and venetian blind cords.
- Always use restraining straps on a high chair and do not leave your baby unattended in one.
- Keep cans, bottles, spray cans, and boxes of all cleansers, detergents, pesticides, bleaches, liquor, and cosmetics out of reach.
- If your house is old and has any chipping paint or plaster, repair it (don't sand it) and cover it with wallpaper or safe, new paint. If there is chipped paint or plaster in halls or other places you can't repair, have it tested for lead by the health department. If it contains lead, cover it with wallpaper or fabric, or put furniture in front of it to keep out of reach.

8 to 12 Months

What baby can do:

- Move fast
- Climb on chairs and stairs
- Open drawers and cupboards
- Open bottles and packages

At this point, your baby needs more opportunity to explore <u>while you are watching.</u>

Safety Checklist:

- Recheck the Birth to 4 Month and the 4-7 Month Lists.
- If you use a toy chest or trunk, make sure it has a safety hinge (one that holds the lid open) or remove the lid.
- Make sure dressers, stands, and tables cannot be pulled over when your baby tries to stand up by them. Dressers may need to be bolted to the wall.
- Baby-proof all cupboards and drawers that can possibly be reached and opened. Remove all small objects and sharp objects, breakables, household products that might poison, plastic bags, and foods that might cause choking (small foods such as nuts, raisins, or popcorn).
- Keep hot foods and hot beverages, hot pots and pans out of your baby's reach. Turn pot or pan handles toward the back of the stove.
- Don't use a table cloth or placements, as they can be pulled and everything on it can crash on your baby and the floor.

- Keep medicines and household products (such as bleach, oven and drain cleaners, paint solvents, polishes, waxes) that might poison in a locked cabinet. Try to buy items in child resistant containers.
- Never leave your baby alone in the bathtub or wading pool. Babies can drown in only a few inches of water. They can also turn on the faucet and scald themselves.
- Keep young children out of the bathroom unless you are watching. They can drown in the toilet or pull a hot hair iron off the counter.
- Be very careful when you or someone else in the family is sick. Medicines are likely to be out of their usual safe place, and your baby may want to imitate you by eating them.
- Keep medicines separate from household products and household products separate from food.
- Never give medicine in the dark. Turn on the light and read the label - EVERY TIME.
- Avoid overexposure to the sun which can lead to sunburn. Use sunscreens on advice from your doctor or clinic staff.
- Keep diaper pails tightly closed and out of reach.
- Keep a close watch for moving machinery (lawnmowers, cars backing up) when your baby is outdoors.
- Never leave your baby alone in a child safety seat in a car.
- During hot weather, cover your child safety seat with a towel if your car is parked in the hot sun to avoid burning your child.
- For the best protection in a vehicle, keep infants in the back seat, and rear-facing until 2 years of age, or until they reach the maximum height and weight limits of the car seat.
- Keep alcoholic beverages and ash trays out of the reach of children.
- Have older siblings keep their toys with small parts picked up and away from the baby.

1 - 3 Years Old

Safety Checklist:

- Review your "baby-proofing." Your child's increased growth and mobility make it possible to reach new heights and play with dangerous material. They are more skillful at opening doors and climbing. Get down on your knees and look at things from your child's perspective. Put toxic items and medicines up high, preferably in cabinets with a safety latch.
- Buy medicine with safety closures and use them.
- Never leave your purse or diaper bag (or anyone else's) where children can reach it. They may contain medicine and can be a source of poisoning for the child seeking gum, candy, and other treasures.
- Supervise your child every second. This can be a dangerous age because of their quickness and agility.
- Keep your child rear facing in the car seat until 2 years of age, or until they have exceeded the maximum rear facing limits on your car seat, then they should ride forward facing in the seat. Keep them in a seat with a harness as long as possible.
- Kids are safest in homes without guns. Never keep loaded guns in the home. If you have guns, store them unloaded and locked. Lock the ammunition in a separate place.

3 - 6 Years Old

Safety Checklist:

- Preschoolers explore many places outside the home. They're big risk takers, and aren't afraid of many things. Now is a good time to teach children about safety.
- Teach your child how to cross streets safely (by holding your hand and looking both ways), and about traffic dangers.
- Set and enforce rules for riding tricycles. Have your child ride on the sidewalk or pathway, never in the street or road. Use a helmet.
- Select playground equipment carefully, and always watch children when they are playing on the playground. Teach your child to take turns, too.
- Never use a knife or fork to remove toast from the toaster in front of your child—even if the toaster is unplugged.
- Unplug and coil the cords of hair dryers, curling irons, electric shavers, and other bathroom appliances when not in use. Better yet, store them out of sight to prevent them from ending up in the tub with young bathers.
- During the holiday season, be certain to secure Christmas tree light plugs and establish specific rules about who is allowed to turn on the tree and when.
- Choose toys that are safe for your child. Watch for sharp edges, or ones that easily break. Children can be very hard on toys at this age so be sure no small pieces can easily break off. (see Toys.)
- Trampolines are not recommended.
- Always wear a helmet when biking.
- The American Academy of Pediatrics recommends the following regarding skateboards and scooters:
    - Children younger than 5 years should not use skateboards.
    - Children younger than 8 years should not ride scooters without close adult supervision (always wear helmet, knee, and elbow pads)
    - Children younger than 10 years should not use skateboards without close supervision by an adult or a responsible adolescent (always wear helmet, knee, and elbow pads)
- Kitchens can be dangerous places. Wanting to be your helper may get your child injured. Be careful of knives, pans, and hot foods; continue to keep pan handles turned toward the back of the stove, and use back burners whenever possible. Do not allow them to microwave or pull items out of microwave.
- Remember that appliances, such as toasters and irons, can create a burn hazard.
- In vehicles, children should ride in a forward-facing car seat in the back seat.

Car Safety

Traffic crashes are still the leading cause of death for children of all ages. Properly installed child restraint systems are very effective in reducing injuries and death in children.

A safety approved car seat should be used every time you travel with your child...starting with the baby's first trip home from the hospital. **Mother's lap is NOT safe.**

“LATCH” (Lower Anchors and Tethers for Children) is an attachment system for car safety seats. Lower anchors can be used instead of the seat belt. The top tether improves safety and is important to use for all forward-facing seats.

Vehicles with the LATCH system have anchors located in the back seat. Car safety seats that come with LATCH attachments can be fastened to these anchors. Nearly all vehicles and all car safety seats made on or after September 1, 2002, come with LATCH. However, unless both your vehicle *and* the car safety seat have the LATCH system, you will need to use seat belts to install the car seat. Either method of securing the car seat is okay, and are equally safe.

AAP guidelines for Child Passenger Safety

Save your child from injury or death by observing all four steps:

1. Rear-Facing Seats. Children should ride in a rear-facing car seat as long as possible, up to the limits of their car safety seat. This is virtually all children under 2 years of age and most children up to age 4.

2. Forward-Facing Seats. Once they have been turned around, children should remain in a forward-facing car safety seat with a 5 point harness up to that seat's weight and length limits. Most seats can accommodate children up to 60-65# or more.

3. Booster Seats. When they exceed forward facing car seat limits, children should ride in a belt-positioning booster seat until they can use a seat belt that fits correctly. High back and backless are the 2 types of booster seats. They must be used with lap and shoulder type seatbelts. They are designed to raise your child high enough so the lap and shoulder belt fits properly.

4. Seat Belts. For most children, seatbelts fit properly when children are around. 4' 9" tall and between 8 and 12 years old.
• Seat belts are used once they exceed the booster seat limits, and are large enough to use the vehicle seat belt properly; lap belt across the upper thighs, shoulder belt across the middle of the chest and shoulder (not the neck.) They also should be tall enough to sit against the vehicle back seat with knees bent over the edge of the seat.
• Make sure your child does not tuck the shoulder belt under the arm or behind the back. This leaves the upper body and abdomen at risk.
• All children younger than 13 years should be restrained in the rear seats of vehicles for optimal protection.

Never allow anyone to share seat belts. All passengers must have their own safety seats or seat belts.

Shopping for a safety car seat can be very confusing. There are dozens of models at different prices. See "Car Safety Seats: A Guide for Families" from AAP.

- The best child restraint system is one in which your child is comfortable, one that fits your car and is correctly installed, and one that you are willing to use correctly each time you travel.
- A higher price does not mean the seat is safer or easier to use, so don't decide by price alone.
- Certification label should state "meets or exceeds all applicable Federal Motor Vehicle Safety Standards." (FMVSS)
- Acquiring a used child seat can be dangerous. Only a seat less than six years old with a known history, with the manual and all parts intact and functional should be acquired. The label should be intact with the date of manufacture and model number. There should be no visible cracks.
- Carefully read the manual that comes with your car seat & use exactly as directed.
- Read your vehicle owner manual on restraining children.
- The safest location for your child is usually the center position in the rear seat. Children 12 years of age and younger should not ride in front seat.
- Keep all doors locked while traveling.

- Visit these websites for more information on child passenger restraint guidelines: **blankchildrens.org/cps** or **nhtsa.gov** or **AAP.org**.
- Car seat checks are free, and are held from 10 am until noon, on the third Saturday of every month, at Anderson-Weber in Dubuque. Call 563-556-3281 for an appointment.

My Child Won't Stay in His Car Seat

Most young children accept child restraint use easily, especially when they have used it since birth. Others may resist. Parents may search for an "escape proof" car seat, but there is no such thing. Suggestions for keeping a child restrained:

- The "magic car" routine has been very effective for many parents. Explain to your child that the imaginary lock on the ignition makes the car stop if anyone is unbuckled. If your child gets out, the car stops and doesn't go again until the child is back in his restraint.
- Provide special car toys and books (soft and small). Play favorite tapes.
- Make your trips short. If on a long trip, stop frequently.
- Point out interesting things you see. This is also a good time to teach your child about the world. (Example: "Beth, see that big red fire truck? Look how fast it's going. Why is the light flashing?")
- Set a good example for your child and buckle your seat belt every time you travel.

Never leave your child alone in or around cars:

- The inside temperature can reach deadly levels within minutes.
- The child can be strangled by power windows, retracting seat belts, sunroofs, or accessories.
- The child could knock the vehicle into gear, setting it in motion.
- The child could be backed over by the vehicle.
- The child could get trapped in the trunk.

Cribs

Inspect every crib your child uses for safety—at grandparents' homes, babysitters' homes, and daycare centers. Never use a water bed, soft mattress, adult bed, or pillow as a sleep surface for your baby.

- Do not use cribs with drop rails, they are no safe.
- Select a crib labeled "Juvenile Product Manufacturers Association (JPMA).
- Check the crib regularly and make sure it has not been recalled.
- Use a firm, tight-fitting mattress, so a baby cannot get trapped between the mattress and the crib.
- No missing, loose, broken, or improperly installed screws, brackets, or other hardware on the crib or mattress support.
- There should be less than 2 3/8 inches between crib slats, so a baby's body cannot fit through the slats. If a pop can fits between the slats, they are too far apart.
- There should be at least 26 inches from above the mattress to the top of the rail.
- No corner posts over $1/16^{th}$ of an inch high, so baby's clothing cannot get trapped.
- No cut-outs in the headboard or footboard.
- No pillows. No bumper pads, sheepskin, thick blankets, stuffed animals. No rolled blankets, wedges, or commercial devices to keep them on their backs.
- Place crib away from a window, where direct sunlight and drafts might make your baby uncomfortable and away from radiators. Make sure there are no blinds or strings from curtains nearby.
- Once your child is about 3 feet tall they should be moved to a bed.

For mesh-sided playpens or crib yards:

- Never leave the side of the playpen lowered, your baby could roll into the pocket created and suffocate.
- Mesh should be less than ¼ inch in size-smaller than the tiny buttons on baby's clothing
- Mesh has no tears, holes, or loose threads that could entangle a baby.
- Mesh is securely attached to top rail and floor plate. Check for staples that are loose, missing or exposed.
- Top rail cover has no tears or holes. (Teething children sometimes chew, and can bite off pieces.) If tears are small, repair with heavy duty cloth tape.
- Once your baby can sit up, or is on all fours, remove any toys that have been tied at the top.
- If your playpen has a raised changing table, remove the table when your baby is in the playpen so she does not become trapped under the table.
- When your baby can pull to a stand, remove any toys that she might stand on to climb out.
- Circular encounters made from accordion style fences should NEVER be used, children can get their heads caught in the diamond and V-shaped openings.

  All cribs and nursery equipment should meet Consumer Product Safety Commission standards (CPSC). If you're not sure how old a piece of nursery equipment is, call the CPSC toll free hotline at 1-800-638-CPSC, or visit their website at **www.cpsc.gov.**

  Also see: SIDS & Sleeping Positions, Chapter 2.

Chapter 6

Illness

Recognizing Illness

Learn to recognize when your child is sick. They often cannot complain about feeling sick, but have other ways of letting you know they are not up-to-par. They may suddenly stop eating. They may be fussier and cry more than before. They may start spitting up milk or vomiting. Bowel movements may change. If fever is present, they will feel hot and dry to the touch, but you must take their temperature to evaluate for fever. The eyes may look glassy or be watery. They may be thirstier. They may show pain by rolling the head, pulling the ears, or doubling up, especially when abdominal cramps or pain are occurring. The cry of pain is sharper and higher pitched than usual.

When To Call The Doctor

Do not hesitate to call if you are worried about a problem. Emergency calls will be taken immediately. If we cannot take a routine call, it will be returned as soon as a free moment is available. During non-office hours the Help Nurse is always available to answer calls and advise.

Problems that need consultation with our office:

- Your child is less than three months old and has a rectal temperature of 100.4°F (38°C) or higher. See Fever section in this chapter.
- Your child is fussy or lethargic (very sleepy and hard to arouse).
- Your child has other symptoms such as sore throat, ear pain, pain with urinating, or abdominal pain.
- Your child is drinking less than usual and has fewer than four urinations or wet diapers in the past 24 hours.
- You are worried that your child is having trouble breathing (call regardless of whether fever is present).
- Cold symptoms for 2 weeks.
- Fever persists over 101°F rectally beyond three days, or it goes above 103° and your treatment doesn't make it fall.
- The baby vomits or has diarrhea, and you have questions, or the treatment discussed here hasn't helped.
- The baby has an accident and there is concern about injury.
- The baby seems to be in the "recovery phase" of an illness (i.e., cold, diarrhea) and seems to become ill again.

After Your Sick Child Has Been Examined

- Follow carefully the directions given by the doctor and nurse. Give medication as directed on the prescription. See also "Medicine," in this chapter.
- Call us to report any new developments.
- Call us if your child is getting more sick.
- It frequently takes two to three days for your child to improve after antibiotics have been started.
- Viral infections such as colds and flu do not respond to antibiotic therapy, therefore, an antibiotic or injection will not be given if just these symptoms are found in examining your child.

- If we have not prescribed antibiotics for your child because we believe the fever's source is a virus, then you should be especially careful to observe for the development of symptoms such as rash, purulent (yellowish-green) nasal discharge, swollen glands, stiff neck, trouble urinating, etc. New developments may constitute a reason for re-examining your child and should be called to our attention.

Some of the things to be aware of are as follows:

- Some temporary hearing loss may be associated with an ear infection.
- Most viral rash conditions are no longer contagious after the rash starts to fade.
- It may take 7 to 10 days after an illness for your child's appetite to return to normal. This is a normal aspect of convalescence.
- A patient with strep throat is not considered contagious after he or she has been on adequate antibiotic therapy for at least 24 hours.
- Urinary infections should be monitored carefully until resolved, and the child observed for further recurrence.

Chickenpox - (Varicella)

Chicken Pox is rarely seen due to vaccination. The chicken pox rash begins as red, flat dots (lesions) that rapidly change to raised red lesions. The red lesions look like water blisters, and eventually crust over to form the characteristic chickenpox scabs. New lesions occur for about 3 to 5 days. The rash is very itchy.

Notify your healthcare provider if your child has any of the above symptoms and you suspect chicken pox disease.

It takes about 7 to 10 days for all the lesions to crust over after the rash has started. Most children begin to feel better when there are no more new lesions. Children need to be excluded from daycare and school until all lesions are crusted.

There are some things that you can do to reduce secondary infection and scarring:

- Keep fingernails short and clean so that they will not break open the lesions.
- Wash the skin with soap and water to remove bacteria from the skin.
- Calamine lotion, applied with a cotton ball to the skin, helps to relieve the itching. Cornstarch or oatmeal baths also help.
- Benadryl (a non-prescription oral antihistamine) can be used to alleviate the itching. See dosing guide under “Rashes” in this chapter.
- Acetaminophen (Tylenol) for temperature elevation. Aspirin and Ibuprofen are not recommended for children with this disease.

If chicken pox has been diagnosed be sure to call if any of the following symptoms develop:

- Continued fever
- Pus draining from the lesions
- Redness and pain after the crusts have formed
- Stiff neck
- Nausea and vomiting
- Headache
- Unusual sleepiness

Colds

The most common illness your child will get is a cold (upper respiratory infection). It can be normal to get 6-8 colds per year each of those first few years. Colds are caused by viruses and generally go away on their own.

An older child with a cold usually does not need to be seen unless the cold seems more serious than usual or is lasting longer than expected.

If your baby is under 3 months, call the office, as young infant's colds can quickly turn into more serious illnesses.

Cold symptoms:

- Runny nose (starts as clear drainage for few days, thick and colored the next few days, then begins to thin and clear again)
- Sneezing
- Mild fever 101-102 at onset for 1-3 days, mostly noted towards evening. Call promptly if baby under 3 months of age. Help Nurse is available 24 hours a day (584-3440)
- Decreased appetite, but should be able to consume at least half of usual amounts.
- Sore throat
- Fussy
- Symptoms usually disappear gradually by 10-14 days.

How are Colds Spread?

They are usually spread by contaminated hands. Small children often spread these infections because they touch and taste everything. Colds are also spread by coughing and sneezing.

How to Reduce Infections

- If your child is young, keep them away from other sick people
- Teach and encourage handwashing. Handwashing helps to prevent the spread of upper respiratory infections more than any other approach.
- Wash the hands after blowing or touching the nose.
- Discourage habits of touching the mouth and nose.
- Discourage cloth handkerchiefs and encourage tissues.
- No smoking in the home. The inhalation of passive smoke increases the frequency and severity of all upper respiratory infections.
- Clean all contaminated areas with a disinfectant so as to kill most bacteria that cause infections.
- Don't share washcloths and towels.
- During "high contagion" periods of the year, younger children and infants should stay away from crowds such as grocery stores, malls, etc.

Cold symptoms can be relieved with these measures:

- Encourage as much of their usual fluids/foods as possible.
- Elevate the head of the bed slightly to facilitate fluid drainage.
- Infants need to be able to breathe thru their nose. Use a bulb syringe to clear the nasal passages—especially before feeding or sleeping.

- Use saline nose drops before suctioning the nose to loosen thick mucus and crusties. Purchase at the store or make at home: Add 1/4 teaspoon of salt to 4 oz. water (distilled or tap water boiled for 1 minute and cooled). Stir well and allow to cool. Put 3-4 drops into each nostril (1-2 drops for young infants), then suction with the bulb syringe. This solution can be stored in the refrigerator up to two days.
- Fever medication does not cure a cold, but may be used for elevated temperature or moderate fussiness.
- Colds are caused by a virus, and do not require antibiotics. Colds usually last 7-10 days.
- Cold/cough medicines are not recommended under 2 years of age.

When to call the office

- Infant under 3 months
- Symptoms have lasted more than 10 days
- Symptoms seem severe; fever >102, colored nasal drainage for more than 3-5 days.
- Excessive sleepiness or fussiness
- Nostrils are widening with breathing
- Sucking in, between or under the ribs, with breathing
- Rapid breathing
- Lips or fingernails are blue.
- Cough greater than a week/worsening
- Ear pain

Diarrhea (With or Without Vomiting)

Diarrhea is common during childhood. It usually lasts 3-7 days. Diarrhea is defined as abnormally frequent passage of loose or watery stool. Diarrhea by itself, or when associated with vomiting, can lead to dehydration. Most diarrheal illnesses in children are cause by one of several viruses and clear up over time. There are no medications that can help these illnesses get better faster.

Children with viral diarrhea often have a fever and the illness often starts with some vomiting. Intermittent stomach cramping is common. Many children feel tired during these illnesses and may not be up to their usual activities.

- In most cases, dehydration can be prevented by providing adequate amounts of the right type of fluids known as *oral rehydration solution* (ORS). ORS includes such fluids as Infalyte, Kao Lectrolyte, and Pedialyte. Anti-diarrheal medications can be *harmful* and should not be used unless recommended by your pediatrician.

Signs of dehydration:
Signs of dehydration include dry mouth, no tears when crying, infrequent urination (8 or more hours since last wet diaper/urination), unusually sleepy or fussy, extreme thirst, rapid deep breathing, pale cool hands and feet.

When to call your pediatrician:

- If signs of dehydration occur (listed above).
- A child less than six months of age who has more than four to six watery stools per day.
- Blood in the stool.
- Fever and vomiting without diarrhea.

- Persistent vomiting.
- Severe abdominal pain.
- High fever.
- Frequent large watery stools.
- A child with a history of prematurity, chronic illness, or another illness at the same time.
- Extreme irritability.

Children with no signs of dehydration: *(see signs of dehydration listed above)*

An example would be a child with plenty of tears and a moist mouth who is alert and has plenty of wet diapers. These children should stay on an unrestricted (normal) diet. Infants who are breast fed should continue to nurse often. Infants who are formula fed should stay on their usual formula in the usual amounts. Do not dilute the formula as this may prolong the illness. Older children drinking milk may stay on milk in the usual amount. Juice and water per their usual amount are fine as well, although excess juices should be avoided (no more than 4 to 6 oz per day).

In addition to their usual amount of fluid, these children need to have their excess fluid losses replaced. Do this with ORS (such as Pedialyte) using a simple rule: 2 to 4 oz per diarrhea stool or vomiting episode for children less than 20 pounds, and 4 to 8 oz per diarrhea stool or vomiting episode for children over 20 pounds. Offer this replacement fluid in small frequent amounts such as one teaspoon at a time and keep close track of the amount given.

If ORS is refused, use their usual fluids in increased amounts to accomplish the goal. Focus initially on fluid intake by way of ORS or usual fluids and once these are staying down, move on to normal diet (solids) as well. ORS is typically needed for 6 hours or less. It has been shown that an unrestricted diet (with all their usual age appropriate foods) can shorten the illness. You may want to avoid greasy or spicy foods.

Children with minimal or no dehydration often have little thirst or appetite. Encourage fluids and offer them frequently, but do not force fluids in this case.

Decreased urine production often occurs early in diarrhea illnesses and is a normal part of the body adjusting for decreased fluid intake and/or increased fluid losses. It is not necessarily a sign of dehydration by itself.

Children with mild/few signs of dehydration: *(see signs of dehydration listed above)*

An example of a child with mild signs of dehydration would be a child who is recently sick and is slightly irritated with fewer tears but still wets well and has a moist mouth. Many children with diarrheal illnesses will show some signs of mild dehydration. You should check with your child's pediatrician or nurse by phone. Infants less than six months of age should be seen in the office if any signs of dehydration occur.

Most children with mild dehydration can and should be treated at home. Some general management guidelines are included below:

Children with dehydration are often thirsty. This fact is useful since your first goal is to replace the fluids they have lost. You can estimate how much "replacement" fluids they need by using the following formula: 1 oz per pound of body weight (example: a 20 pound child needs 20 oz of fluid). This fluid should be ORS such as Pedialyte, not Gatorade or sports drinks.

If the child refuses ORS, try chilling the Pedialyte or offering different flavors or rewards for drinking. The "replacement" fluid should be given over 2 to 4 hours. You may start out syringe feeding or using a teaspoon or medicine dropper every few minutes and gradually increase the amount of fluid given.

There may be an initial increase in vomiting when you are trying to replace lost fluid in this manner. Give the child 10 to 15 minutes, and then try again with small frequent amounts. If you are unable to get the desired amount of fluid in, or the child cannot keep any of the fluid down, then call or be seen in the office.

If the child does keep the fluid down, then you have accomplished the goal of rehydration. Now you need to continue to offer age-appropriate diet and fluids and use ORS if possible to replace any ongoing losses (2 to 4 oz per diarrhea or vomiting episode if 20# or less and 4-8 ozs for older children). Again, early return to a normal diet following rehydration can shorten the duration of the illness.

Moderate to significant signs of dehydration:
(see signs of dehydration listed above)

These children look very sick. They have multiple and exaggerated symptoms of dehydration and need to be seen in the office or emergency room as soon as possible.

Fever

Fever is the body's natural way of fighting infection, and is but one sign of illness. Fever in itself will not cause harm to your child and does not necessarily need treatment. Other signs and symptoms to look for include:

- changes in activity level
- rash
- difficulty breathing
- reduced intake of fluids and less output of urination
- diarrhea or blood in the stool
- discomfort or pain

If you suspect your baby or child is ill or has a fever, take the temperature before you call the office. A child's temperature should be taken rectally (most accurate way) or under the armpit (axillary) until 4-5 years of age.

Always use a digital thermometer; mercury thermometers should not be used.

A fever is generally defined as 100.4 F (38.0 C) rectally or 100.0 F (37.8 C) axillary.

When you call the office, tell the nurse the actual reading and how you took the child's temperature (rectal, axillary, or oral). You do not need to add or subtract a degree.

Ear thermometers, temporal thermometers, pacifier thermometers or fever strips, although popular, are generally not accurate.

Oral temperatures may be taken once a child is around 4-5 years of age and is able to hold the thermometer under the tongue, mouth closed, without biting it or allowing it to fall out. Wait at least 15 minutes after your child has drank for an accurate reading.

If fever causes discomfort to your child, you may give acetaminophen (Tylenol). If your child is over six months of age, another acceptable choice is ibuprofen (Motrin). Both acetaminophen and ibuprofen are safe drugs for children when given at the correct dosages and intervals. Excessive use or overdosing can be very harmful to your child's liver and kidneys. Therefore, always use these medications as directed, and keep them out of the child's reach. See dosing charts that follow.

Do NOT use aspirin for children or teens because it has been linked to Reyes Syndrome.

Be sure your infant gets enough liquids to drink. This also helps reduce a fever.

Keep the child relatively unbundled, and allow for adequate circulation of air in the room.

Sponging of the skin or cool baths for fever reduction are not recommended and can cause adverse effects. They also cause discomfort to your child - crying, shivering, and goose bumps.

Generally speaking, pre-school children will run moderately high fevers very easily with minor illnesses. Your child usually should remain home from daycare, pre-school, or school until they are fever free for at least 24 hours.

On rare occasions, febrile seizures (seizures caused by high fever) can occur. Your child will need to be examined. See "Seizures."

If you have a centigrade thermometer, a conversion table for Centigrade to Fahrenheit is provided below:

C to F	C to F	C to F	C to F
35.0 = 95.0	36.7 = 98.0	38.3 = 101.0	40.0 = 104.0
35.1 = 95.2	36.8 = 98.2	38.4 = 101.2	40.1 = 104.2
35.2 = 95.4	36.9 = 98.4	38.6 = 101.4	40.2 = 104.4
35.3 = 95.6	37.0 = 98.6	38.7 = 101.6	40.3 = 104.6
35.4 = 95.8	37.1 = 98.8	38.8 = 101.8	40.4 = 104.8
35.6 = 96.0	37.2 = 99.0	38.9 = 102.0	40.6 = 105.0
35.7 = 96.2	37.3 = 99.2	39.0 = 102.2	40.7 = 105.2
35.8 = 96.4	37.4 = 99.4	39.1 = 102.4	40.8 = 105.4
35.9 = 96.6	37.5 = 99.6	39.2 = 102.6	40.9 = 105.6
36.0 = 96.8	37.7 = 99.8	39.3 = 102.8	41.0 = 105.8
36.1 = 97.0	37.8 = 100.0	39.4 = 103.0	41.1 = 106.0
36.2 = 97.2	37.9 = 100.2	39.6 = 103.2	41.2 = 106.2
36.3 = 97.4	38.0 = 100.4	39.7 = 103.4	41.3 = 106.4
36.4 = 97.6	38.1 = 100.6	39.8 = 103.6	41.4 = 106.6
36.6 = 97.8	38.2 = 100.8	39.9 = 103.8	41.6 = 106.8

Acetaminophen (Tylenol) Dosages

		Infant's Oral Suspension 160 mg/5 ml 	**Children's Suspension Liquid** 160 mg/5 ml	**Children's Soft Chew Chewable Tabs** 80 mg each	**Junior Strength Chewable Tablets** 160 mg each
WEIGHT	**AGE**	**SYRINGE (use only the syringe provided)**	**TEASPOON (TSP) (use only the dosing cup provided)**	**TABLET**	**TABLET**
6-11 lbs	0-3 mos	1.25 ml			
12-17 lbs	4-11 mos	2.5 ml	1/2 TSP or 2.5 ml	0	0
18-23 lbs	12-23 mos	3.75 ml	3/4 TSP or 3.75 ml	0	0
24-35 lbs	2-3 yrs	5 ml	1 TSP or 5 ml	2	0
36-47 lbs	4-5 yrs		1-1/2 TSP or 7.5 ml	3	0
48-59 lbs	6-8 yrs		2 TSP or 10 ml	4	2
60-71 lbs	9-10 yrs		2 1/2 (TSP)	5	2 1/2
72-95 lbs	11 yrs		3 (TSP)	6	3
96 lbs & over	12 yrs				4
One Dose Lasts 4 Hours					

Ibuprofen (Motrin or Advil) Dosages

		Ages 6 mos -23 mos **Infant's Ibuprofen Concentrated Drops** 50 mg/1.25ml	Ages 2-11 **Children's Ibuprofen Suspension** 100 mg/5 ml	Ages 2-11 **Children's Ibuprofen Chewable Tabs** 50 mg each	Ages 6-11 **Junior Strength Ibuprofen Chewable Tabs** 100 mg each	Ages 6-11 **Junior Strength Ibuprofen Caplets** 100 mg each
WEIGHT	**AGE**	**DROPPERFUL (use only the dropper provided)**	**TEASPOON (TSP) (use only the dosing cup provided)**	**TABLET**	**TABLET**	**CAPLET**
Under 6 mos		**CONSULT YOUR CHILD'S DOCTOR**				
12-17 lbs	6-11 mos	1.25ml				
18-23 lbs	12-23 mos	1.875ml	¾ TSP or 3.75 ml			
24-35 lbs	2-3 yrs		1 TSP or 5ml	2		
36-47 lbs	4-5 yrs		1 1/2TSP or 7.5ml	3		
48-59 lbs	6-8 yrs		2 TSP or 10ml	4	2	2
60-71 lbs	9-10 yrs		2 1/2 TSP or 12.5 ml	5	2 1/2	2 1/2
72-95 lbs	11 yrs		3 TSP or 15ml	6	3	3
One Dose Lasts 6 - 8 Hours						

Influenza

Influenza (the "respiratory flu") is a highly contagious viral infection of the respiratory tract. It can affect all ages and typically occurs from November to April in the U.S. It is often confused with the common cold, but symptoms come on quicker and are usually more severe.

Influenza can cause:

- fever
- cough
- chills
- sore throat
- headache
- muscle aches
- fatigue

It is spread by droplets that are coughed or sneezed into the air. People infected remain contagious as long as they have the symptoms.

Most people are ill with influenza for 3 to 4 days, but some get much sicker and may need to be hospitalized. The best way to prevent influenza is to get the flu shot each fall. The flu vaccine reduces the chance of getting the disease by about 80 percent. But even if someone who has received the flu shot gets the illness, the symptoms are usually milder. See "Influenza Vaccine" section in Chapter 2.

Treatment for the flu:

- Drink lots of fluids to prevent dehydration.
- Sleep and take it easy.
- Take Ibuprofen (Motrin or Advil) to relieve fever and aches.

Preventing spread of the flu:

- Good hand washing.
- Don't share cups or utensils.
- Avoid large crowds during flu season.

When to call the office:

- Your child shows symptoms of the flu.
- Your child's flu symptoms worsen.
- Your child has a high temperature for more than a few days.
- Your child seems to get better, but then feels worse than before.

Medicines

Medicines, other than antibiotics that are to be used up, should be kept on hand for possible future use. Ointments, medicines for asthma or cough, ear drops, etc., should not be thrown out. These items can frequently be used again under doctor's direction. Frequently prescription drugs, where there is repeated need, can be refilled directly from the pharmacist. Check before calling the office.

Antibiotic Use

Antibiotics ordered by your physician, in nearly every case, are ordered in a specific amount and are to be used up for proper treatment of a particular illness. It is important to use all of any antibiotic prescription. There is usually no refill on these. Do not reuse an antibiotic at a later time unless so directed by your doctor. Loose stools occur commonly with antibiotic therapy and, unless excessive, do not constitute a reason to stop the medication. Antibiotics are among the most powerful and important medicines known. When used properly, they can save lives, but used improperly, they can actually harm your child.

Two main types of germs—bacteria and viruses—cause most infections. In fact, viruses cause most coughs and sore throats and all colds. Bacterial infections can be cured by antibiotics, but common viral infections never are. Your child recovers from these common viral infections when the illness has run its course.

As many parents are aware, there is a growing problem with antibiotic resistance. Limiting the use of antibiotics to only those patients with bacterial infections is of utmost importance for the health of your child and the community at large. Most children with cough and nasal congestion/drainage have viral infections which improve with time and symptomatic care, as opposed to antibiotics.

Giving medicine to your child

- Have proper measuring devices such as: oral dropper or syringe, measuring spoon, or measuring cup.
- Read the label and any information given by the pharmacist and healthcare provider before giving the medicine.

- Give the exact dose.
- Finish the full course of the prescription.
- Find out whether it can be given with food or drink.
- Find out if it needs to be stored in the refrigerator.
- Keep it out of the reach of children.

Medicine Safety

These rules prevent most poisonings from medicines:

- Throw away old medicine and harmful substances. Call 563-588-7933 to find a local pharmacy that disposes of unused or expired medications. Try not to flush down the toilet or place in the garbage.
- Before administering medicines, read and re-read the label—do not take medicine from an unlabeled container.
- Take extra care during stressful times.
- Never give medicine in the dark.
- Shake the medicine (if liquid) to mix it well before giving.
- Never give another child's medicine—use only for the child whose name is on the label.
- Always give the amount of medicine as listed on the label.
- Never describe medicine as "candy."
- Do not keep medicine in paper cups or bottles from which you normally drink.
- Re-secure the safety caps after each use.
- Keep medicines out of sight and reach—preferably in a locked cabinet.
- Keep purses/diaper bags out of reach if medicines are kept in them.

Rashes

Rashes with Signs of Illness

A rash is any skin swelling, discoloration, or blotchiness. Most rashes are harmless and clear by themselves. However, there are some rashes that, when accompanied by other symptoms, can be serious or require specific treatment (such as fever, vomiting, change in mental status, headache, sore throat, lethargy, trouble breathing). Call our office if your child has a rash, especially if accompanied by one or more of these signs of illness.

Hives

Hives (urticaria) are very itchy raised pink spots with pale centers that look like mosquito bites. They range in size from one-half inch to several inches across, and vary in shape. Their location, size, and shape will change from hour to hour and repeatedly. Widespread hives can be due to an allergic reaction to a food (especially shrimp, fruits, and nuts), a drug, infection, insect bite, and many times the cause is never found. Usually the child has been exposed to the causative substance many times in the past before developing an allergy to it. Localized hives are usually caused by skin contact with plants, pollen, food, or pet saliva. The hives come and go for three or four days and then disappear.

The best drug for hives is an antihistamine. An antihistamine won't cure the hives, but it will reduce their number and relieve itching. **Benadryl**, one of the most commonly used products for hives, is available without a prescription. It contains the antihistamine "diphenhydramine." The main side effect of this drug is drowsiness.

If you have another over-the-counter antihistamine at home, you can use it if you know the dosage, until you can obtain some Benadryl. Give Benadryl four times daily in the following dosages until the hives have been completely gone for 24 hours.

Benadryl			
Give the weight appropriate dosage listed below every 4-6 hours as needed, or as recommended by your pediatrician			
Child's weight (pounds)	Elixir (12.5mg / 5 ml)	FastMelt Chewable (12.5mg tablets)	Tablets/Capsules & Quick Dissolve Strips (25mg tablets or 25 mg strips)
8-9	1.25 ml (¼ tsp)		
10-11	2 ml		
12-16	2.5 ml (½ tsp)		
17-21	3.75 ml (¾ tsp)		
22-25	4 ml		
26-33	5 ml (1 tsp)	1 FastMelt	
33-39	6 ml	1 FastMelt	
40-45	7 ml (1½ tsp)	1½ FastMelt	
46-52	9 ml	1½ FastMelt	
53-58	10 ml (2 tsp)	2 FastMelt	1 tab/cap/strip
59-65	11 ml	2 FastMelt	1 tab/cap/strip
66-72	12 ml (2½ tsp)	2½ FastMelt	1½ tab/caps/strip
73-80	14 ml	2½ FastMelt	1½ tab/caps/strip
81-88	15 ml (3 tsp)	3 FastMelt	1½ tab/caps/strip
89-99	17 ml	3 FastMelt	2 tab/caps/strip
100-109	18 ml	4 FastMelt	2 tab/caps/strip
110 and over	20 ml (4 tsp)	4 FastMelt	2 tab/caps/strip
*This is the maximum recommended safe dosage based on your child's weight. If the listed dosage makes your child too sleepy, you may need to decrease the amount of medicine given in each dose.			

While you are treating the hives, avoid exposing your child to anything, (such as a food or drug) that you suspect might have brought them on. For localized hives, wash the allergenic substance off the skin with soap and water. Give your child a bath or shower if the hives were triggered by contact with pollens or animals. If the hives are itchy, massage the area with a cold washcloth or ice. There is no need to keep your child away from other children since hives are not contagious.

Call our office immediately if:

- Breathing or swallowing becomes difficult for your child.
- The hives appeared immediately after your child took medicine or was stung by an insect.
- Your child starts acting very sick.

Call during regular office hours if:

- Most of the itching is not relieved after your child has been taking the antihistamine for 24 hours.
- The hives last more than one week.
- You have other concerns or questions.

Facial Rashes

Milia are the tiny white spots that appear on approximately 40% of newborn babies' faces. They are scattered over the forehead, nose, and cheeks. They are due to plugged sweat and oil glands which will open naturally in time, although it may be several weeks. Use only water and a mild soap to bathe the face. Inside the mouth, they can also be formed along the gums.

Infantile acne is characterized by fine pink or red pimple-like spots. This rash is found over the forehead, cheeks and chin and may spread into the hairline and onto the upper chest. The rash may appear at birth, but does not usually appear until 2-3 weeks of age. It becomes irritated by rubbing on clothes, by spitting up, and by very hot weather; thus, you may notice it appear better at times and worse at other times. This rash also is due to plugged pores. Washing with a mild soap and water can help. Lotions and oils will aggravate the spots. The rash will gradually disappear within several weeks.

Heat Rash

"Prickly heat"—is seen as tiny red bumps found mostly around the neck, chin, and chest where sweat glands are concentrated. Heat and humidity cause sweating that leads to swelling and plugging of the sweat glands, causing irritation to the skin. Infants and children are most prone. It is seen most often in the summer months, and in obese and over-dressed infants.

Cooling your baby off will help. A cool bath in baking soda water will give relief. Do not over-dress your baby. Try to use light, absorbent, cotton clothing. Omit plastic bibs. Use a cotton shirt to keep body folds separated.

Diaper Rash

This is the term applied to any irritation of the skin in areas normally covered by the diaper. Occasionally when diaper rashes are left untreated, the skin in the diaper area may develop sores and lead to a serious skin infection.

Early diaper rash may look like a slight reddening of the skin folds in the areas covered by the diaper. As the rash progresses it can get raw and red, and can hurt when the diaper is wet or soiled.

Generally, with prompt treatment, you will see a response within a day or two and the rash should disappear within 7 days.

You can prevent diaper rash by doing the following things:

- Change the diaper as soon as your baby wets or has a bowel movement.
- Gently wash and dry baby's bottom and skin folds every time you change the diaper. If your baby is a girl, it is important to separate the labial folds and wash from front to back.
- Commercial baby wipes are acceptable as long as your baby does not get skin irritation from them.

- Laundering cloth diapers - Rinse soiled diapers immediately and soak in cold water. Then wash the diapers in hot water using a mild soap (Ivory or Dreft). Avoid using bleach, pre-soaks or fabric softeners. Allow diapers to dry well and, when possible, hang diapers in the sun to dry. Adding 1/2 cup white vinegar to your soaking water or to the final rinse will help to pull out the ammonia in the diapers.

If diaper rash occurs there are several things you can do to heal the rash:

- Change the diapers frequently.
- Clean the diaper area gently and all skin folds carefully with warm water (and a mild soap if soiled), then pat dry.
- Expose the baby's bottom to the air at least 3 times a day for 20-30 minutes. Place a clean diaper underneath to catch urine and stool. The air helps to dry and heal the rash.
- Apply a soothing ointment to your baby's bottom such as A&D, Resinol, Desitin, or zinc oxide.
- If bowel movements are loose refer to the "Diarrhea" section of this chapter.

If the skin becomes quite irritated, moist, and sore, try wet dressings. Prepare a salt water solution containing 1/2 teaspoon salt in 2 cups of tap water to use in soaking with a clean washcloth. The water should be lukewarm. Soak the washcloth and apply to the baby's irritated skin for five minutes, then rinse and reapply. Do three applications 2-3 times a day for two days. This will usually decrease redness and promote drying of the skin. Use frequent airing, and tub soaks while the area heals further. In some instances, diaper rashes do not respond to the above treatments. These diaper rashes may be the beginning of an infection that requires medical care. Notify the office if:

- Any pimple or rash gets bright red and spreads.
- There is drainage or pus.
- Blisters appear.

Respiratory Syncytial Virus (RSV)

Respiratory Syncytial Virus (RSV) is the most common cause of bronchiolitis and pneumonia among infants and children under 1 year of age. Illness begins most frequently with fever, runny nose, cough, and sometimes wheezing. It is most prevalent during the winter months. Most children recover from this illness in 8 to 15 days. However, a child who develops signs of more stressful breathing, deeper and more frequent coughing, and who generally acts sicker by appearing tired, less playful, and less interested in food may have developed a more serious RSV infection. Call our office if you notice these symptoms.

RSV is spread from respiratory secretions through close contact with infected persons or contact with contaminated surfaces or objects. The diagnosis of RSV infection can be made in the office by doing a culture.

For children with mild disease, no specific treatment is necessary other than the treatment of symptoms (i.e., Tylenol to reduce fever, elevating the mattress, saline drops and suction, and humidity). Children with severe disease may require oxygen therapy in the hospital.

For the prevention of RSV:

- Teach and encourage handwashing.
- Avoid secondhand smoke. Do not allow anyone to smoke in your home or car. The inhalation of passive smoke increases the frequency and severity of all upper respiratory diseases.
- Clean all contaminated areas with a disinfectant so as to kill most bacteria that causes infections.

- Don't share washcloths and towels.
- Keep away, if possible, from people outside the family unit who have upper respiratory infections.
- Choose a small home daycare over a larger daycare center. A home daycare will probably have a lower rate of disease. Children cared for in their own home by babysitters have the lowest rate of infections.
- During "high contagion" periods of the year, younger children and infants should stay away from crowds such as shopping malls, grocery stores, etc.

Vomiting

See diarrhea section of this chapter.

Chapter 7

Emergencies & First Aid

Even if you are careful about safety, accidents do occur. Parents and baby-sitters should know some of the basic means of resuscitation. Take a CPR and first aid course from the Red Cross or review a course you may have previously taken.

Choking and CPR

For Choking/CPR instructions and chart from the American Academy of Pediatrics go to http://swpediatrics.net/pdfs/Choking.pdf

Bites and Stings

Insect Bites and Stings

- Remove the stinger if present, by scraping horizontally with a fingernail or a smooth, stiff piece of plastic such as a credit card.
- Do not squeeze the stinger to get it out.
- A cold washcloth or calamine lotion may reduce itching and scratching.
- Apply ice.
- Make a paste out of meat tenderizer, by adding a few drops of water to the tenderizer. Apply directly to the top of the bee sting.

There is usually redness, swelling and/or itching. Many children are susceptible to marked and prolonged swelling following the sting of a bee, wasp, or spider. Swelling may be present for 4 - 5 days.

You may use an oral antihistamine (like Children's Benadryl) to reduce swelling. See Hives, Chapter 6 for dosage. If the bite is associated with hives or a generalized reaction, like difficulty breathing or vomiting, or if infection appears to be developing, please contact us as it may require examination and specific therapy.

Insect repellents containing DEET are considered the best defense against biting insects and ticks, but should be used with caution in children. Look for a concentration of 10 to 30 percent (the maximum concentration recommended for infants and children) and use the lowest strength that works. Insect repellents are not recommended if your child is younger than two months of age. DEET should not be applied more than once per day. Therefore, DEET should not be used in a product that combines the repellent with a sunscreen, because sunscreen needs to be applied frequently.

Other precautions for DEET:

- Apply sparingly to exposed skin, and over the top of clothing.
- Do not apply to hands, or near eyes and mouth.
- Do not apply over cuts, wounds, or irritated skin.
- Wash with soap and water, or bathe, after returning indoors.
- Launder clothing before wearing again

Consider non-chemical insect repellents:

- Tie a dryer sheet to the child's belt loops.
- Dab on clear vanilla or Avon Skin-So-Soft.
- Loose fitting long-sleeved clothing, socks, and a hat can help.
- Netting can be purchased for strollers.
- Avoid dusk and dawn time outdoors when mosquitoes are more likely to bite.

Products that are not effective:

- Bird or bat houses
- Wrist bands soaked in chemical repellents
- Garlic or Vitamin B1 taken orally
- Bug zappers (May actually attract insects to your yard)
- Ultrasonic devices designed to give off sound waves to keep insects away

Ticks

Ticks are arachnids (like spiders, scorpions, and mites). They have four pair of legs and no antennae. There are two types of ticks often talked about in our Tri-State area:

- Deer tick: small, about the size of the head of a pin, with black legs. Can carry Lyme Disease.
- Wood tick/Dog tick: reddish brown with white/pale yellow markings. Can be up to ½ inch long (when engorged with blood), and can transmit Rocky Mountain Spotted Fever and Tularemia.

If you find a tick on your child's skin, don't panic. It's true that Lyme Disease is the most common tick-borne disease in the United States, but your child's risk of developing Lyme Disease after being bitten is rare if the tick is removed within 24 to 36 hours. Therefore, remove the tick as soon as possible. Call us with any questions or concerns.

To remove the tick:

- Use tweezers to grasp the tick firmly at its head or mouth, next to your child's skin. (Do not use petroleum jelly or a lit match to kill a tick.)
- Pull firmly and steadily until the tick lets go of the skin.
- Release the tick into a jar of alcohol (to kill it and preserve it for identification later).
- Swab the bite site with alcohol.

Animal Bites

- Wash the wound immediately with large amounts of tap water and soap.
- Let the wound bleed freely for a moment.
- Place antiseptic in wound—Hydrogen Peroxide is good.
- Leave wound uncovered.
- If there has not been a tetanus toxoid booster within 5 years, one should be obtained within 48 hours after the injury.
- Do not destroy the animal, but identify and confine it.
- Animal bites need to be reported to the authorities.
- If your child requires an office exam, the doctor must contact the appropriate officials. At the authorities' discretion, the animal may be impounded.

CITY of DUBUQUE
City Health Department 589-4185
Monday through Friday, 8:00 a.m. to 5:00 p.m., within city limits
Weekends/Holidays 589-4415 (Police)

DUBUQUE COUNTY
County Health Department 876-3301
Monday through Friday, 8:00 a.m. to 5:00 p.m.
Weekends/Holidays 589-4401 (Sheriff)

GRANT COUNTY
1-608-723-6416

JO DAVIESS COUNTY
1-815-858-2405
Weekends/Holidays/Nights: 1-815-777-2141

Human Bites

- If blood is drawn, cleanse with soap and water.
- Call our office for advice.
- An antibiotic may be prescribed if the bite is unusually deep.

Burns

- Run cool water immediately over the burn for 5 minutes
- Do not use ice, lard, butter, ointments, or medications.
- First degree burns (just redness, no blisters) require no special treatment after use of cool water.
- For second degree burns (blisters), or any electrical burn call the doctor.
- A tetanus booster may be indicated if more than 5 years has elapsed since the last booster.
- For large or deep burns, call 911. Cool the burn, keep child warm with a clean sheet and blanket until help arrives.

Chiggers

Chiggers are tiny mites that live in the grass and weeds in the summer. Their bites produce small, red, itchy welts.

- Apply cool compress.
- Apply calamine lotion.
- An antihistamine such as Benadryl may be used (see Benadryl dosage chart, Chapter 6).
- Apply nail polish to the bites.

Cuts

- Wash thoroughly with soap and water, pat dry.
- Stop the bleeding by pressing against the cut.
- Cover with sterile gauze pad or adhesive bandage.
- If the skin does not fall back into place neatly, if it is gaping, or if the wound is as much as 1/4 inch deep, stitches or a special bandage may have to be applied to speed healing and prevent scarring.

Falls/Head Injury

- Don't pick your baby up immediately after a fall. Watch for a few moments. Babies who cry loudly and move their arms and legs normally probably have no serious injuries. They can be picked up and comforted.
- If your baby is unconscious or if you think there may be a broken arm, leg, neck or back, **call for medical advice immediately—before you move your baby.**
- If your baby is crying loudly and is not unconscious, run your hand over the head to be sure there are no lumps or depressions. Let your baby rest or play quietly, but check frequently. If there are lumps or depressions, call the Pediatric Department.
- If your baby develops unusual sleepiness or vomits more than once, get medical advice. If activity and appetite stay about the same as before the injury, you probably have nothing to worry about. Continue to observe for 48 hours.

Foreign Body in the Eye

- If something gets splashed into the eye, wash the eye with great amounts of water immediately, by pouring water from a clean container held 2 to 4 inches above the eye, for 5-10 minutes.
- Call the doctor.
- Do not rub the eye, apply medication, nor attempt to remove objects stuck in the eye.
- If there is much pain, cover the eye with a paper cup to eliminate lid irritation until you can get to a doctor.

Fracture or Dislocation

- Do not move the injured part, but immobilize it with a sling or splint until the doctor evaluates.
- Keep the child warm and comfortable, and then seek the doctor's help in transporting him or her to the office or hospital.
- If there is a question of a back or neck injury, do not attempt to move the child without expert advice. Call 911.

Frostbite

- Warm the area gradually.
- If pain is severe, the child needs to be seen by the doctor.
- If blisters appear, the child needs to be seen by the doctor.

Lacerations

- In deep, dirty wounds, allow bleeding to continue for a few seconds to cleanse the wound, then apply firm pressure for 5 minutes directly on the point of bleeding, using a clean handkerchief, cloth, or hand.
- Do not use a tourniquet in any situation.
- If bleeding is not severe, wash wound with a large amount of tap water and mild soap. Apply a bandage.
- Call the doctor.
- Suturing may be done as soon as practical within a 6-hour period.

Mouth Injuries

- These are very common in children and ordinarily not nearly as serious as they first appear to be.
- It is rarely necessary to place stitches in the mouth or tongue, so the chances are your child will not need suturing.
- Lacerations that go through the outer border of the lip may need sutures.
- The oral cavity is highly vascular and, therefore, bleeds profusely, but it likewise heals quickly with very little scarring.
- Firm pressure for 5 minutes directly on the point of bleeding is the treatment.
- In a mouth injury, check teeth for looseness or fractures.

Dental Injuries

- Injury to baby teeth is generally not an emergency, however, badly loosened or fractured teeth should have dental attention soon. If a baby tooth is knocked out, do not try to put it back in your child's mouth. Contact your dentist.
- Injury to permanent teeth is more serious and, in general, a dentist should be called as soon as possible, particularly if a tooth has been loosened.
- When trauma to the mouth knocks a permanent tooth out entirely, find the tooth (grasp it by the crown, not the root) and rinse it off, but do not scrub it at all. If possible, place the tooth back in its socket and see a dentist as soon as possible—every minute counts. If the tooth will not fit back in its socket (and the child is older), pocket it in the child's cheek. If unable to put tooth in mouth, place it in a glass of milk, or wrap it in a damp, clean gauze.
- Have your dentist's phone number handy so you can call immediately.

Nosebleeds

- Very common throughout childhood.
- Usually caused by dryness of nasal lining, and/or the rubbing and picking children do when nose becomes blocked.
- Have child sit up and lean slightly forward.
- Spit out any blood that drains into the throat. Have your child gently blow his nose if old enough.
- Apply pressure to the soft part of the nose by squeezing the nose for a full 10 minutes. Release the pressure and keep child quiet. If bleeding hasn't stopped, repeat this step.
- If bleeding persists, call your doctor's office.

Poisonings

If Poisoning Occurs—Emergency Phone Numbers:

- **Call Poison Control at 1-800-222-1222, or your doctor at 563-584-3440 or 563-584-4440. DO NOT WAIT!**
- Try to determine what substance was swallowed and how much. (Keep the original container for the doctor).
- Do as your doctor instructs.
- Never give anything by mouth, including Ipecac, without first consulting with your doctor or Poison Control.

Poisonous Plant Exposure

In Mouth

- Remove any remaining portion of the plant, berry or mushroom.
- Gently wipe mouth with wet cloth.
- Check for any irritation, swelling, or discoloration.
- Give one glass of water to drink, provided victim is conscious and able to swallow.
- Call the Poison Control phone line above for further treatment instructions.

On Skin

- A few plants may cause local irritation, itching and/or rash to the skin.
- Remove contaminated clothing; wash well with soap and water.
- Call Poison Control for further treatment instructions.

In Eyes

- Wash hands with soap and water to avoid further irritation to the eye.
- Rinse eye well with lukewarm tap water for 10-15 minutes. Gently pour water from a clean container held 2-4 inches above the eye.
- Call Poison Control for further treatment instructions.

Poison Ivy

- Redness and itching will appear in 12 to 48 hours.
- Blisters will follow.
- Wash with soap and water immediately.
- Use cool compresses.
- Use calamine lotion.
- Hydrocortisone cream such as Cortaid may help.
- If extensive, or on the face or genitals, call our office.

Scrapes

- Wash thoroughly with soap and water to remove all dirt particles.
- Antibiotic ointment such as Neosporin may be used.
- Cover with sterile nonstick gauze pad or adhesive bandage.

Seizures (Convulsions)

- This may be the most frightening emergency, but it is not as serious as it appears. Stay calm. It is rare for a person to die due to a seizure.
- Convulsions usually last no more than 5 to 10 minutes.
- Fever is a common trigger of convulsions in children.
- Symptoms can be as mild as rolling of the eyes, stiffening of the limbs, or as startling as twitching and jerking movements of the whole body.

What to do:

- If the patient is unconscious, find a safe place on the floor, away from a stairway.
- Do not put anything into your child's mouth.
- Turn your child on his side. This is especially important if your child is vomiting.
- Loosen any tight clothing, especially around the neck area.
- Do not restrain or lay on top of your child.

After the Seizure

- Always call the doctor, no matter how many seizures the child may have had previously. A physician should always check your child after a first time seizure.
- Call an ambulance if the seizure lasts more than 5 minutes or seems unusually severe (difficulty breathing, blueness, choking, several in a row).

Slivers or Splinters

- Wash with soap and water.
- Remove sliver or splinter with a tweezers, or scrape it out with a sterilized needle.
- Wash again.
- Cover with an adhesive bandage.
- If not easily removed, call your doctor.

Sunburn

- Cool moist compresses, or cool bath (no soap).
- Moisturizing cream such as Eucerin, Noxema, or aloe creams may be used.
- Tylenol.
- Call your doctor if sunburn is extensive or if blistering occurs.
- See Sunscreen section in Chapter 2.

Chapter 8

Changes You and Your Family Face

Find Time to Relax

Being a parent can be one of life's most joyful and rewarding experiences, but there are times when the demands and hassles of daily living cause stress. The additional stress of caring for children can, at times, make you feel angry, anxious, or just plain "stressed out." These tensions are normal, and parents need to learn ways to cope.

It's okay to feel sad, anxious, or worried at times, but chronic stress can have a lasting impact. Find time to unwind, for your own peace of mind, and for your child's health.

Some things you can do:

- Make time for yourself. Reserve time each week for your own interests.
- Take care of your health with a good diet and regular exercise. You need a lot of energy.
- Avoid fatigue. Go to bed earlier and take short naps when you can.
- Take a break from looking after the children. Ask for help from friends or relatives. Exchange babysitting services with a neighbor, or hire a teenager, even for a short time once a week.
- Look for community or church programs for parents and children. They offer activities that are fun, other parents to talk with, and some even have babysitting.
- Talk to someone. Sharing your worries is a great stress reducer!
- Look for parenting courses and groups in your community, such as the Visiting Nurse Association (556-6200).
- Learn some ways of unwinding to manage the tension. Simple daily stretching exercises, vigorous walking, aerobics, and/or deep-breathing exercise are all ways to control physical and mental tension.
- If you're feeling pressured, tense, or drawn out at the end of a busy day, say so. Tell your children calmly that you will be happy to give them some attention soon but first you need a brief "quiet time" so that you can relax.
- Practice time management. Set aside time to spend with the children, time for yourself, and time for your spouse and/or friends. Learn to say "no" to requests that interfere with these important times. Cut down on outside activities that make the family feel rushed.
- Talk to your pediatrician or nurse practitioner at healthcare visits if you need additional support or information.

Babysitters

You need some rest from your baby, and babies have to learn that others can care for them. Make plans to get out without your baby for at least several hours a week after the first month.

Select your baby-sitter with care. Relatives, neighbors, and friends—all can be great—or terrible. You want someone who really cares about your baby and whom you can trust. You will want the sitter to be healthy. Get to know the sitter by inviting him or her for a brief stay while you are home. Show where things are, how you care for the baby, and tell what you expect. Observe feeding and diapering to see whether the sitter seems to know and care about what he or she is doing.

Whoever is left to care for your child, even for a brief time, needs to know emergency phone numbers, how and when to feed your child, and how to reach you.

Here is an example of a note to leave with your babysitter:

EMERGENCY INFORMATION

Name of Family: _____

Address:_____

City:_____ State: _____

Home Phone: _____

Cell Phone: _____

Police: 911

Fire: 911

Rescue Squad: 911

Doctor:_____

Where we are: _____

Close Friends or Neighbors: _____

_____

_____

Other: How and when to feed baby
Baby's sleep habits
How to regulate heat
How to lock and open doors

Crying When You Leave

Up to the age of 5 to 7 months, babies usually accept care from anyone. After that they may take some time to get used to a stranger and may scream when the parents leave. Give your baby and sitter some time together before you leave and use the same one or two baby-sitters as much as possible. But, don't be fooled by screams—your baby will probably be happy within 5 minutes. Babies have to learn that they can trust their parents to come back and they can only learn this trust if parents do leave and do come back.

Working Moms and Daycare

Many mothers return to full or part-time work after their baby is born. Women work not only for career satisfaction but also because they and their families need the income. Some people may think that a mom needs to give up her work to stay home with her children. However, there is no scientific evidence that children are harmed when their mother goes to work. A child who is well loved and well cared for, will do well developmentally and emotionally regardless if mom returns to work. The emotional health of your family is important; how your family feels about mom working, if there is support from family and co-workers, and the mother feels valued .

A mom that successfully balances both parenthood and an outside job provides a good role model for her child. In most working mother households each family member plays a more active role in helping around the home. Children will have chores and will help look after their siblings. Dads will be more active with child rearing and household chores as well as working.

Most mothers will wait at least 2 months before returning to full-time work; many will want to wait longer.

Finding the right child care while you are at work is crucial for your child, but also for your own peace of mind. There is no need to be desperate or to just settle.

Every mother should carefully consider whether the money and satisfaction she gets for returning to work are worth the cost to her and to her family. Quality child care is always expensive and can be hard to find. Poor child care causes a great deal of trouble and worry for the mother and can be dangerous for the baby. You may want to add up the total cost of child care, transportation, meals, extra clothing you will need to return to work, and subtract this from the take-home pay you will receive. Then decide what will best suit your situation.

The first step in finding child care is for you to decide what you need and want in a sitter. Take notes. What qualities do you find ideal: Are you comfortable with someone older or younger? What about a professional baby-sitter? Should she have children of her own? What kind of person would fit with your baby? If your baby is quiet, consider someone who will stimulate him and encourage play. If you have an active, restless baby, perhaps your sitter should be more soothing. Consider also what kind of person would compliment you and your family's personalities. These are personal choices, not a matter of right or wrong, good or bad.

There are many ways to arrange baby-sitting or child care.

- Someone may care for your child in your own home such as a relative, nanny, or babysitter.
- Someone may care for your child in their home—home day care.
- Your child may be cared for in a center designed and staffed especially for the care of children—a day care center.

Checklist for judging a daycare home or center

- Does the person caring for the children really care about your child as an individual?
- Is there at least one person to care for each 4 to 5 children at all times of the day (including the day care owner's children)?
- Does the caregiver treat each child as his or her own, talking to the child while bathing or changing the diaper, holding the child while feeding, "teaching," and paying attention to each child's temperament and development?
- Is the home or center safe, healthful, with room for children's play and care, fresh air, reasonable cleanliness, and free of safety and accident hazards? (See the safety checklists).
- Are your suggestions for the care of your child welcomed and listened to?
- Do the caregivers and children seem happy, alert, and enjoying themselves?
- Are you welcome to visit at any time, with or without telling in advance that you are coming?
- Will they tell you about any accidents your child may have had, or any contagious disease in the group?
- Will appropriate snacks and meals be given?
- What happens if your child gets ill or hurt?

- Has the caregiver had a medical examination to show that he or she has no disease that your child could catch, and is strong and healthy enough to care for children?
- Is there a telephone which the caregiver can use to reach you or to call for help in an emergency? Is there a first-aid kit?
- Does the caregiver know CPR (cardiopulmonary resuscitation)?
- Is the outdoor play area safe? Does it have adequate, safe, sturdy equipment?
- Are there fire extinguishers, smoke and carbon monoxide detectors available?
- Are there adequate toilet facilities? Are diaper changing and hand washing areas separate from food areas?

Home care

Parents may choose to have their child (or children) cared for in their home by a grandparent, friend, maid, neighbor, or baby-sitter. The quality of this type of care depends on the choice of the caregiver. The optimal choice is someone who shares the same positive and supportive values toward childrearing as the parents, and who is consistent in the care of the child. Some advantages of home care include the close, personal relationship that can be established between caregiver and child, the convenience, the familiarity of the setting, and the mother's control over what takes place in her absence. It can also be economical if care is provided for more than one child, or includes other services.

Home daycare

A day care home can range from a licensed, supervised home to an informal agreement between friends at one home. The caregiver may be related or unrelated, trained or untrained. The number of children, fixed by regulation in many states, may extend to 6 in a family day care home. Optimally, this type of care has many advantages including flexible hours, relative economy, and a situation that provides new experiences and people. You may have less to say about how such a person takes care of your child, so you must choose very carefully and visit frequently to be sure that your baby is getting the kind of care you want.

Daycare centers

The day care center is another alternative for child care. Children at these centers are usually grouped according to age, and the teachers are sometimes younger than those who provide day care in their homes. Centers have the advantages of being set up as an ongoing business, open to public inspection, and easily monitored by parents. They offer an environment that frequently is rich in materials and equipment, they may have some staff trained in child development, and they usually offer educational opportunities for the children. However, they can have less flexible hours, usually are unable to care for sick children, and may be more expensive than alternative child care. As with homes offering day care, centers vary greatly in their quality. Parents should evaluate disciplinary techniques, frequency of turnover of caregivers, and educational opportunities at the center.

Parents who are concerned that an infant may be exposed to five or six caregivers a day at a center will want to know if each infant is assigned a primary caregiver, with others secondary. The infant needs a primary caregiver at the center with whom to form a special relationship.Word of mouth can also provide information about child care quality, but parents need to be advised that selection of the best place for their child should be made only after they have observed a variety of settings and feel comfortable with a particular day care home or center.

Sometimes part of this cost is covered by a church, industry, or other sponsor, so the actual charges to parents can be less.

Preschools

How To Choose A Pre-School

- How long has the daycare/pre-school been in operation?
- Is the daycare/pre-school licensed, registered, approved, or inspected by an appropriate agency?
- Can the center be visited at any time without prior notification?
- What is the staff/child ratio at the center?
- Is there a fast turnover rate of employees?
- Can the staff show warmth and spontaneous affection?
- Can the staff adapt to my needs as a parent?
- Is this a good setting for my child?
- Is my child able to participate in the majority of the activities?
- Can the children pursue their individual interests?
- Are the children provided with appropriate stimulation for their ages?
- Will I, as a parent, be able to participate in decisions regarding my child's daily activities?
- Is there a schedule of activities I may have?
- Is the program supportive to my family's parenting style?
- How does the staff discipline children?
- Does this reflect the parent's philosophy?
- Is nutritious food provided?
- Is there a quiet place for naps?
- What are the policies regarding care of the child?
- Do the children appear happy and relaxed?
- Are the children assigned to individual caregivers on a continual basis?
- Is there one staff person I may contact who is responsible for issues related to the health and safety of the children?
- Do the caregivers spend most of their time performing janitorial tasks (cleaning, etc.), reprimanding the children, or playing with them?
- What are the sanitary and safety precautions for the daily physical care of the young child?
- Can the children go in and out of the center safely?
- What accident precautions are taken for special trips?

Internet Resources

GENERAL HEALTH

Healthychildren.org - (parent site from AAP)
American Academy of Pediatrics - www.aap.org
Centers for Disease Control – www.cdc.gov
Centers for Disease Control & Prevention-Traveler's Health - www.cdc.gov/travel
Healthfinder – www.healthfinder.gov -US Dept of Health and Human Services
Medline Search - www.nlm.nih.gov US National Library of Science

ATTENTION DEFICIT/HYPERACTIVITY DISORDER

Children & Adults with Attention Deficit/Hyperactivity Disorder - www.chadd.org
National Attention Deficit Disorder Association - www.add.org

AUTISM

American Academy of Pediatrics National Center of Medical Home Initiatives for Children with Special Needs - www.medicalhomeinfo.org/health/autism.html

Autism Society of America - www.autism-society.org

Centers for Disease Control and Prevention Autism Information Center - www.cdc.gov/ncbddd/dd/ddautism.htm

Cure Autism Now - www.cureautismnow.org

First Signs - www.firstsigns.org

National Alliance for Autism Research - www.autismspeaks.org/naar_history.php

CAR SAFETY & CARSEAT GUIDELINES

Child Passenger Restraint Guideline - www.blankchildrens.org/cps
Iowa Department of Public Health - www.idph.state.ia.us
National Highway Traffic Safety Administration - www.nhtsa.dot.gov

DIABETES

American Diabetes Association - www.diabetes.org
Children with Diabetes - www.childrenwithdiabetes.com

DOWNS SYNDROME

Association for Children with Downs Syndrome - www.acds.org
National Association for Downs Syndrome - www.ndss.org
National Downs Syndrome Society - www.ndss.org

EPILEPSY

Epilepsy Foundation - www.efa.org

HEART DISEASE
American Heart Association - www.americanheart.org

IMMUNIZATIONS
Immunization Action Coalition - www.immunize.org
Immunization Information - www.immunizationinfo.org
Childhood Immunization Support Program - www.cispimmunize.org

PRODUCT SAFETY
Consumer Product Safety Commission - www.cpsc.gov

SUDDEN INFANT DEATH SYNDROME (SIDS)
SIDS Alliance - www.sidsalliance.org
SIDS Institute - www.sids.org

Jo Daviess County, Illinois Resources

Child Abuse & Neglect
Department of Children & Family Services (DCFS) 660 W. Stephenson Street Freeport, IL 61032 Phone: (815) 235-7878 **Child Abuse & Neglect Reporting: 1-800-25-ABUSE (1-800-252-2873)** State Website**:** **www.state.il.us/dcfs/child/index.shtml**
Child Care Resource & Referral
YWCA Child Care Solutions 4990 E. State Street Rockford, IL 61108 Phone: (815) 484-9442 ext. 204 Toll Free: 1-888-225-7072 Illinois CCRR Hotline: 1**-**877-20-CHILD (1-877-202-4453) State Website: **www.inccrra.org**
Children with Special Health Care Needs
Division of Specialized Care for Children State Regional Office Building 4302 North Main Street, Room #106 Rockford, IL 61103 Phone: (815) 987-7571 Toll Free: 1-800-651-9319 Website: **http://internet.dscc.uic.edu/dsccroot/ros/rockford.asp** State Website: **http://www.uic.edu/hsc/dscc/**
Department of Human Services – Jo Daviess County Office
DHS Family Community Resource Center in Stephenson County Family Community Resource Center 1631 S Galena Ave Freeport, IL 61032 Phone: (815) 232-6123 Illinois DHS Help Line: 1-800-843-6154 State Website: **www.dhs.state.il.us**
Domestic and/or Sexual Violence
Riverview Center – Galena Office 705 South Dodge Street Galena, IL 61036 Phone: (815) 777-8155 Domestic Violence Hotline: 1-815-777-3680 Sexual Assault Hotline: 1-888-707-8155 Agency Website: **http://www.riverviewcenter.org/**
Early Intervention Services
Child & Family Connections Regional Office of Education for Carroll, Jo Daviess, & Stephenson Counties 302 W Exchange Street Freeport, IL 61032 Phone: (815) 297-1041 Toll Free: 1-888-297-1041 State Website: **http://www.dhs.state.il.us/page.aspx?item=60697**
Family Planning
Family Planning Clinic 10 West Linden Street Freeport, IL 61032 Phone: (815) 235-8271
Health Department
Jo Daviess County Health Department 9483 Rt. 20 West, Box 318 Galena, IL 61036 Phone: (815) 777-0594 Toll Free: 1-877-777-0594 Website: **www.jodaviess.org** (click on county departments & health, then scroll down)
Mental Health
Jane Addams d/b/a FHN Family Counseling Center 300 Summit Street Galena, IL 61036 Phone: (815) 777-2836 24 hour crisis line: 815-233-4357 Link to Crisis Resources**: www.dhs.state.il.us/page.aspx?item=30893**
State Children's Health Insurance (S-CHIP) Program
All Kids Program Toll Free: 1-866-ALL-KIDS (1-866-255-5437) Website: **www.allkids.com**
WIC Program
Jo Daviess County Health Department 9483 Rt. 20 West, Box 318 Galena, IL 61036 Phone: (815) 777-0594 Toll Free: 1-877-777-0594 **www.jodaviess.org** (click on county departments & health, then scroll down)

Grant County, Wisconsin Resources

Child Abuse & Neglect
Department of Children & Families (DCF) Grant County Department of Social Services 8820 Hwy. 35 and 61 South, PO Box 447 Lancaster, WI 53813 Phone: (608) 723-2136 **Child Abuse & Neglect Reporting: (608) 723-2136 After Hours: (608) 723-2157**
Child Care Resource & Referral
Family Connections of Southwest Wisconsin 1015 South Madison Street Lancaster, WI 53813 Phone: (608) 723-3400 Toll Free: 1-800-267-1018 Wisconsin CCRR Hotline: 1-888-713-KIDS (5437) Website: **www.familyconnectionsswwi.org**
Children with Special Health Care Needs
Southern CYSHCN Regional Center: c/o Waisman Center 1500 Highland Avenue, Room 102 Madison, WI 53705 Phone: (608) 263-5890 Toll Free: 1-800-532-3321 State Hotline: 1-800-642-STEP (7837) Website: **www.waisman.wisc.edu/cshcn**
Department of Health – Grant County Office
Grant County Health Department 111 S. Jefferson Street, Floor 2 Lancaster, WI 53813 Phone: (608) 723-6416 Website: **www.co.grant.wi.gov** (click on departments, then health department)
Domestic Violence
Family Advocates, Inc. 295 West Main Street, PO Box 705 Platteville, WI 53818 Business Phone: (608) 348-4290 Crisis Phone: (608) 348-3838 Toll Free Crisis Phone: 1-800-924-2624 Wisconsin Coalition Against Domestic Violence: 1-800-799-7233 Website: **www.familyadv.org**
Early Intervention Services
Unified Community Services: Birth to 3 Program 200 West Alona Lane Lancaster, WI 53813 Phone: (608) 723-6357 (Lancaster contact) Alternate Phone: (608) 935-2776 (Dodgeville regional contact) Wisconsin Birth to 3 Program Hotline: 1-800-642-STEP (7837) State Website: **http://www.dhs.wisconsin.gov/children/birthto3/index.htm**
Family Planning
SW Wisconsin Community Action Program Reproductive Health Care Center 275 W. Main Street, PO Box 704 Platteville, WI 53818 Phone: (608) 348-9766 Toll Free: 1-877-449-7422 Website: **www.reproductivehealthcarecenter.org**
Health Department
Grant County Health Department 111 S. Jefferson Street Lancaster, WI 53813 Phone: (608) 723-6416 Wisconsin Maternal Child Health Hotline: 1-800-722-2295 Website: **www.co.grant.wi.gov** (click on departments, then health department)
Mental Health
Unified Community Services 200 West Alona Lane Lancaster, WI 53813 Phone: (608) 723-6357 24-hour crisis line: 1-800-362-5717 Website: **www.co.grant.wi.gov** (click on departments, then unified community services)
State Children's Health Insurance (S-CHIP) Program
BadgerCare Program Toll Free: 1-800-362-3002 Website: **www.badgercareplus.org**
WIC Program
Grant County Health Department 111 South Jefferson Street Lancaster, WI 53813 Phone: (608) 723-6416 Website: **www.co.grant.wi.gov** (click on departments, then health department) State Website: **www.dhs.wisconsin.gov/wic**

Information may not be all inclusive and resources may change. If you have additions or corrections, please contact the Dubuque VNA at 563-556-6200. Rev. 09.16.14

Dubuque County, Iowa Resources

Child Abuse & Neglect

Department of Human Services (DHS) – Dubuque County Office
410 Nesler Centre, PO Box 87
Dubuque, IA 52004-0087
Phone: (563) 557-8251 **Child Abuse & Neglect Reporting: (563) 557-8251 (local) Statewide Hotline: 1-800-362-2178**

Child Care Resource & Referral

Child Care Resource & Referral Program
2728 Asbury Rd, Suite 215
Dubuque, IA 52001
Phone: (563) 582-5572 Toll Free: 1-877-216-8481

Child Health Program

Dubuque Visiting Nurse Association
1454 Iowa Street, PO Box 359
Dubuque, IA 52004-0359
Phone: (563) 556-6200 Toll Free: 1-800-862-6133 State website: **http://www.iowaepsdt.org**

Children with Special Health Care & Mental Health Needs

Child Health Specialty Clinics – Dubuque Office (**Community Circle of Care affiliated center**)
799 Main Street, Nesler Centre, Suite 230
Dubuque, IA 52001
Phone: (563) 556-3700 Toll Free: 1-888-588-0903 State CHSC Toll Free Number: 1-866-219-9119
Local Website: **http://www.communitycircleofcare.org/** State Website: **http://www.chsciowa.org/**

Department of Human Services – Dubuque County Office

Dubuque County Department of Human Services
410 Nesler Centre, PO Box 87
Dubuque, IA 52004-0087
Phone: (563) 557-8251
State Website: **http://www.dhs.state.ia.us/**

Domestic and/or Sexual Violence

Dubuque Community Y – Domestic Violence Program
PO Box 1301
Dubuque, IA 52004-1301
Phone: (563) 588-0048 Local 24-Hour Crisis Line: (563) 556-1100 Toll Free Crisis Line: 1-800-332-5899
Iowa Coalition Against Domestic Violence: 1-800-942-0333 (24-hour statewide hotline)
Agency Website: **http://www.dubuquey.org/dv/index.cfm** State Domestic Violence Website: **http://icadv.org/**

Riverview Center – Dubuque Office
2600 Dodge Street
Dubuque, IA 52003
Phone: (563) 557-0310 Hotline: 1-888-557-0310 Agency Website: **http://www.riverviewcenter.org/**

Early Intervention Services

Early ACCESS Program
Keystone Area Education Agency – Dubuque Office
2310 Chaney Road
Dubuque, IA 52001
Phone: (563) 556-3310 (Dubuque) Regional Phone: (563) 245-1480 (Elkader regional office) Iowa Early ACCESS Referral Hotline: 1-888-IAKIDS1 (1-888-425-4371)
State Website: **http://www.earlyaccessiowa.org/**

Family Planning

Hillcrest Clinic
220 West 7th Street
Dubuque, IA 52001
Phone: (563) 583-6431 Toll free: 1-877-437-8634
Website: **http://www.hillcrest-fs.org/programs_services/familyservices.cfm**

Maternal Health Program

Hillcrest-Mercy Maternal Health Program
200 Mercy Drive, Suite 102
Dubuque, IA 52001
Phone: (563) 589-8595 Toll Free: 1-877-432-3942 Local Website: **http://www.hillcrest-fs.org/programs_services/maternalhealthcenter.cfm**

Mental Health

Hillcrest Mental Health
200 Mercy Drive, Suite 200
Dubuque, IA 52001
Phone: (563) 582-0145 Toll Free: 1-800-437-8634 Local Website: http://www.hillcrest-fs.org/programs_services/counseling.cfm

State Children's Health Insurance (S-CHIP) Program
hawk-i (Healthy and Well Kids in Iowa) Program Toll Free: 1-800-257-8563 Website: **www.hawk-i.org**
WIC Program
Hillcrest Family Services – WIC Program 220 West 7th Street Dubuque, IA 52001 Phone: (563) 557-4444 Toll free: 1-877-437-3942 Local Website: **http://www.hillcrest-fs.org/programs_services/wic.cfm** State Website: **http://www.idph.state.ia.us/wic/**

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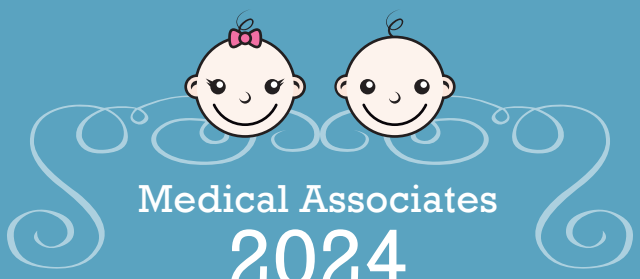

Medical Associates

2024

The Julie A. Olberding **Infant and Child Guide**

PEDIATRICS

East Campus
563-584-3440
Callahan, John MD
Scott, Karen MD
Wendland, Meghan MD
Carter, Tassie ARNP
Thibadeau, Sarah ARNP
Tiernan, Kris ARNP

West Campus
563-584-4440
Callahan, Thomas DO
Edwards, Mitchell MD
Mullen, Kevin MD

FAMILY MEDICINE

East Campus
563-584-3226
Leubka, Kyle MD
Stille, Ryan MD
Mormann, Larissa PA-C
Schmidt, Bridget ARNP

West Campus
563-584-4450
Freiburger, Jared DO
Kraciun, Matthew DO
Mohr, Jennifer DO
Steffen, Kenneth DO

REGIONAL CLINICS

Bellevue Clinic
563-872-4008
Hunter, Jeffrey MD
Vervoot, Angela PA-C

Cascade Clinic
563-852-7756
Vervoort, Angela PA-C
Kelchen, Sherry ARNP

Cuba City Clinic
608-744-2115
Hiatt, Jacob, DO
Willis, Christianne PA-C

Dyersville Clinic
563-875-2776
Snyder, Joseph DO
Hoffman, Haley DNP
Salter, Olivia PA-C

Elizabeth Clinic
815-858-2642
Crist, G. Allen DO
Koenigs, Mary MD
Vandigo, Gregory MD

Galena Clinic
815-777-0900
Crist, G. Allen DO
Hernandez, Maria MD
Koenigs, Mary MD
Vandigo, Gregory MD

Platteville Clinic
608-348-6266
Bearse, Dianna DO
White, Jeffrey DO
Ragatz, Alison PA-C
Straub, Elizabeth APNP
Temperly, Candy PA-C

MEDICAL ASSOCIATES

Toll Free All Locations: 800-648-6868
www.mahealthcare.com/pediatrics