



IRVINE PEDIATRICS, Inc.

Maureen C. Downes, M.D.

Elaine Gan-Yong, M.D.

Peggy Tse, M.D.

Mary Anne Galang-Lombay, M.D.

Danielle Winkler, M.D.

Linda Wang, M.D.

*Diplomates American Board of Pediatrics
Fellows American Academy of Pediatrics
Pediatrics & Adolescent Medicine*

16300 Sand Canyon Avenue #811 & #504
Irvine, CA 92618

(949) 753-9000

(949) 753-5044 - Fax

www.irvinepediatrics.com



IRVINE PEDIATRICS, Inc.

Dear Parent:

Please be sure to register your baby with your Insurance Company. Many parents forget and are unpleasantly suprised to see doctor and hospital visits not covered.

*Our HMO plans are only through Greater Newport Physicians, IPA **not** Monarch or Bristol Park. We accept PPO's.*

*Irvine Pediatrics Inc.
Business office*

About Your Physicians

Maureen C. Downes, M.D., F.A.A.P.

Maureen C. Downes, MD is board certified in pediatric medicine. Dr. Downes is a graduate of the Georgetown School of Medicine. She has been a physician for over twenty-five years, having completed an internship at Cedars-Sinai Hospital, a residency at UCI Medical School as well as a two year fellowship in Adolescent medicine. She was on the volunteer faculty at UCI before starting private practice in 1981.

Dr. Downes is certified in neonatal life support. She has privileges at Children's Hospital of Orange County, Hoag Memorial Hospital and Irvine Medical Center.

Dr. Downes has been married for over twenty-five years and has three children.

Our practice offers experienced, caring physicians who are on staff at Hoag Hospital, Irvine Medical Center.

Elaine A. Gan-Yong, M.D., F.A.A.P.

Dr. Elaine Gan-Yong was born in Singapore but came to the United States when she was 6 years old. She grew up in Huntington Beach, California. She attended UC Irvine, coincidentally with Dr. Tse, and graduated magna cum laude with a Bachelor of Science degree in biology. She received her doctorate in medicine at UC San Diego, and subsequently did her pediatric training at UC San Diego Medical Center and Childrens Hospital of San Diego. She has been with this practice since 1995. She is a board certified pediatrician and a fellow of the American Academy of Pediatrics.

She has hospital privileges at Irvine Medical Center and Hoag Memorial Hospital.

Dr. Gan-Yong is married and they have three young sons. She works three days a week and spends the rest of her free time raising her three sons in Irvine.

Peggy Tse, M.D.

Dr. Peggy Tse was born in Hong Kong and has lived in Southern California since 1976. She grew up in various areas of the United States and lived in West Germany for a year. She graduated cum laude from the University of California Irvine in 1988 with a Bachelor of Science and received her M.D. also from the University of California Irvine in 1992. She completed internship and residency training in Pediatrics at the University of California San Diego Medical Center in 1995 and has been with Irvine Pediatrics since then. She is a member of the California Chapter 3 American Academy of Pediatrics and has been Board Certified in Pediatrics since 1995. Hospital affiliations include Irvine Medical Center, Hoag Memorial Hospital Presbyterian. She is married (*also to a pediatrician!*) and has a daughter and two sons. In her spare time she enjoys camping, hiking, and swimming.

Mary Anne Galang-Lombay, M.D.

Mary Anne Galang-Lombay, M.D. is board certified in pediatric medicine. She attended California State University in Fullerton where she received a Bachelor of Arts Degree in Biology with a minor in Chemistry. After graduation she worked at Norris Cancer Hospital in Los Angeles for one year as a Research Associate. She received her M.D. degree from St. Louis University School of Medicine and then completed a pediatric residency training at the University of California in Irvine. She is married and they have three boys and live in Irvine. She has privileges at Irvine Medical Center and Hoag Memorial Hospital.

Linda (Chih-kuan) Wang, M.D.

Linda (chih-kuan) Wang was educated at Taipei Medical College where she received her bachelors degree in medicine. Dr. Wang received her training at Chang-Gung Memorial Hospital in Kaohsiung, Taiwan from June 1994 - May 1995. With an Internship during the final year of medical school. She served her Residency in Pediatrics at the St. Joseph's Hospital, Kaohsiung, Taiwan from July 1995 through March 1996. She then served her Pediatric Residency Program at Wright State University School of Medicine, Dayton Ohio from June 2003 - July 2006.

Dr. Wang was born in Taiwan in 1969. Her family moved to the United States in 1983 and she attended high school in Irvine, Calorornia. She is married and has two children, Jonathan and Serena. She is a US citizen, fluent in English, Chinese, and Taiwanese. In her spare time, she enjoys listening to music, playing the piano, and traveling.

Danielle Winkler, M.D.

Dr. Danielle Winkler is a board certified pediatrician. She joined Irvine Pediatrics in May 2008. Dr. Winkler has been a pediatrician for 8 years and comes to us from a pediatric practice in Temecula where she was a beloved pediatrician to many children in the Inland Empire. Dr. Winkler attended medical school at Creighton University in Omaha, Nebraska and completed her residency at University of California San Diego. She resides in Newport Beach and enjoys the outdoors and spending time with family and friends.



Congratulations on the birth of your new baby!

You have just shared in the miraculous process of conception, fetal development and birth. We hope that this brochure, along with common sense, your instinct's loving care and your pediatricians' advice, will satisfy most of the minor problems and questions that arise during this period. It is our desire to provide you with intelligent guidance and sound advice. Please feel free to call regarding any questions or concerns you may have about your baby. We hope that our talks in the hospital, along with the suggestions in this brochure, and most importantly, your loving care, will assure you and your baby the best start possible.

In this booklet, we will briefly cover some of the normal characteristics of newborns, discuss issues in feeding, cleaning, and clothing your baby, review some of the common minor symptoms your baby may develop, outline accident prevention tips, and present our routine schedule for well baby/child visits and immunizations. We hope that this booklet will provide you with many answers to common questions about your healthy baby.

We, as your pediatricians, are concerned with the preventive aspects of medicine. This does not merely involve the giving of immunizations, but embraces the total emotional and physical development of the individual, especially throughout the rapidly changing first year of life. Therefore, we recommend the first well baby visit at 1 to 2 weeks of age with subsequent visits to coincide with the latest schedules of visits and immunizations recommended by the American Academy of Pediatrics and the Public Health Service. Call the day after going home to make your 1st appointment. All well visits are by appointment only. Most emergencies can be handled in the office. A quick call to the office can be the best course of action. In a life threatening emergency call 911. You can also be assured that whenever the office is closed, there will be the best pediatric coverage available at the CHOC Clinic, and our "back-up" pediatrician.

The office is open:

Monday through Friday 8:00 a.m. - 5:00 p.m.,

Saturday 8:30 a.m. - 12 noon.

A walk-in hour for *acutely sick* children is available:

Monday - Friday 8:00 a.m. - 9:00 a.m.

NEWBORN BEHAVIOR

Babies can do a lot of things that can scare you if you do not know that they are normal. The following are just some of those normal behaviors:

- a. Chin Quivering
- b. Irregular breathing 3 to 4 months
- c. Snorting, Sniffing and Sneezing 3 to 4 months
- d. Hiccuping
- e. Spitting Up
- f. Startle and Cry
- g. Eye Crossing 1st 6 mos.
- h. Fist Clenching

All babies can sound congested the first two months of life. Unless it interferes with feeding or sleeping, it is considered the normal congestion of a newborn. If congestion does interfere with eating or sleeping, call the office. All babies have gas and spit up. It is not the breast milk or the formula.

SKIN CARE AND LAUNDRY

Use only soap and water on your baby. Preferred soaps are Dove® and Johnson's® Baby Soap. Other baby products such as lotions, creams, Vaseline® or powders usually are not used. Use A&D® ointment (*preventative*). Desitin® or Balmex® can be used on flat red rash. Disposable diapers with elastic legs can be used. Always fold the plastic away from the skin. No diaper wipes for the first four weeks then only non-scented non-alcohol on good skin afterwards.

Always leave the umbilical cord exposed to the air. Fold shirt and diaper down until the cord falls off. Wash all clothing and bedding before it touches your baby. Use Dreft® or Ivory® Soap. Do not use any bleach or presoaks such as Biz or dryer sheets.

BATHING

Wash your baby's head, neck, armpits, hands and genitalia every day with soap and water only. Wash the flat surfaces of the body weekly with soap and water only. After the umbilical cord comes off, your baby may have a tub bath following the instructions above. Dress your baby as you would dress yourself. Feel the baby's tummy for correct temperature. Do not feel the hands or feet.

BREAST FEEDING

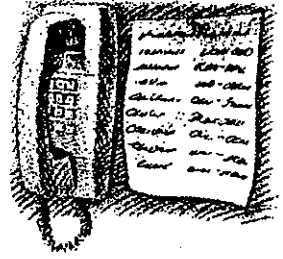
Nursing mothers can drink or eat anything.

The following foods: (*Conservative*)

- a. Diet Drinks
- b. Cola Beverages
- c. Caffeinated Coffee or Tea
- d. Hard Liquor
- e. Chocolate
- f. Citrus in moderation
- g. Spicy hot foods
- h. Avoid gas producing foods such as cabbage or broccoli
- i. Dairy (*if history of allergies*)
- j. Garlic, onion

Office Visits:

Call the office soon after coming home to make an appointment for your baby's first visit at 1-2 weeks of age. Call us if you have any questions. Babies staying only 1-2 days in the hospital are to be seen at 3-4 days of age.



Telephone Instructions:

When you feel you need advice, telephone us at the office and we will be happy to give you guidance and counseling. Have paper and pencil handy for writing down instructions. Phone calls are returned 12:30 - 2:00 p.m. and after 5:00 p.m.

For routine questions: try to call between 10:00 a.m. and 3:00 p.m. (*We like to keep the lines open from 9:00 to 10:00 for those who need appointments for sick children.*) Should an emergency arise, call immediately. Use voice mail for non-emergency questions.

If you think your child may need to be seen after hours, please phone and discuss the problem with the pediatrician on call.

Be sure to indicate to the telephone answering service whether you need an urgent or emergency return call, or if you can wait for a routine call back. Remain near your phone until called back. Please call back if your child's condition worsens. **Have your pharmacy phone number available**, and check to be sure that it is open.



For After Hours Questions or Advice:

Please call our phone number (949) 753-9000 and talk to our exchange. Depending on the issues, they will refer you to CHOC Nurse or page the pediatrician on call. Please only call if it is an **urgent** issue; a routine question can be answered during office hours (*ie. diaper rash, feeding questions, constipation, prescription refills*).

If you have an HMO insurance and you have called CHOC and they advise your child to be seen at an urgent care or emergency room, please call (949) 753-9000. The physician's exchange will contact one of us on call so that we can give authorization for you to be seen at a designated ER or urgent care. Please do this before going straight to the ER or urgent care, or else you might be responsible for the payment of the visit. For life threatening emergencies, call 911. Hoag Hospital is the Hospital for our HMO patients.

If you are having difficulty getting your call returned, please be patient. We will make every effort to return your call promptly. You may call back to check to see if your phone number was recorded accurately.

YOUR NEWBORN IN THE HOSPITAL

For the first several days, your baby will probably be sleepy, and may not seem interested in feeding. Do not become upset if he takes only 1/2 to 1 ounce each feeding or if he falls asleep during nursing. Occasionally, you must stimulate him in order to wake him enough to take either bottle or breast. If you nurse, your milk is not produced until the third or fourth day. Your baby may spit up or develop hiccups after the first feeding; this is normal. Skin rashes and red marks on baby's skin should not alarm you. Sneezing and some mucus in the nostrils and mouth is common and does not mean the baby has a cold nor does the swelling and discharge from the eyes mean an infection is present. Most babies lose fluid weight, perhaps as much as 10 ounces, but they should begin to regain by the time they are 10 to 14 days of age. A baby has delicate tissues, especially the lining of the entire respiratory tract from the nose to the air sacs of the lung. It has been proven that noxious substances, especially cigarette smoke, can damage this epithelium and will predispose to infection. Therefore, we feel strongly that children of all ages should be spared the noxious and potentially dangerous effects of cigarettes.

GENERAL INFORMATION AT HOME

Keep the baby in a clean, quiet room at a comfortable temperature, usually around 72°. Use a fine mattress, and no pillow or loose bedding. Dress the baby according to the weather so that the body skin feels warm but not moist to your hand. The hands and feet normally feel cool and look bluish in color. Babies should sleep on their backs, looking towards the right or left, especially after feedings. Keep people who have colds away from your baby.

If the weather is fair, feel free to take your baby outside for walks; avoid direct sunlight to his or her eyes. Encourage free access of any older children in your family to the baby; teach them the word "*gentle*" when hugging or playing with the baby. Generally speaking, you can't "*spoil*" a newborn. If he cries, pick him up and give all the "*TLC*" you can. Until a reasonable schedule is developed, letting your little one whine for short periods during the night may be helpful. Encourage your baby to be wakeful during the day with relatively short naps between frequent feeds. If he sleeps longer than 3-4 hours, wake him in the day. At night — let him wake you — hopefully more like 4-6 hours between feeds.

SPECIFIC INFORMATION

Feeding:

Breast vs. Bottle: Nothing that happens to your baby in the first year is more important than nutrition. Breast feeding is the best feeding for your baby. We recommend it for as long as possible, preferably during the entire first year of life. In addition to giving the proper nutrition, it offers protection from disease, and fosters that special closeness between you and your baby.

However, if you are unable to breast feed, or chose not to for some reason, we have chosen the best formula for your baby. There are good reasons for our decision, and we do not make this choice lightly. We have been trained and have

experience with selecting the appropriate formula for your baby. The formula decision is not made with the same ease that enters into the decision as to what diaper to put on your baby. The factors that we consider are the ingredients in each formula, which may or may not be correct for your baby.

You will see ads on television, and receive coupons in the mail for formulas other than the one, which we have prescribed for your baby. We understand the financial significance of the coupons, but urge you to disregard them, and maintain your baby on the formula, which we have prescribed.

Types of Feeding:

Nursing: This method is the most natural and satisfying conclusion to the normal cycle of pregnancy and delivery. Breast milk is easily digested, readily available at the proper temperature, free from contamination, and offers protection from certain illnesses in the neonatal period. Before nursing, wash your nipples gently with water. Begin at one breast for 5 to 10 minutes, and then at the other for a total time of not more than thirty minutes. A baby with a vigorous suck can empty a breast in 5 minutes. Of course, the milk does not come in for 2 or 3 days and mature milk does not come until 5 to 7 days. By placing two fingers on each side of your nipple, and pressing slightly, your nipple will protrude enough for the baby to easily take hold. Relax and enjoy the priceless moments of closeness.



Initially, the baby may feed frequently at night, but work with him in finding a mutually satisfying schedule. Supplemental feedings of water or formula are rarely needed. Your diet should include about 1,000 more calories per day of a balanced high-protein nature with extra fluids and extra rest. You will be given instructions in technique and will have your questions answered while in the hospital. Please refer to the books suggested in the back of this booklet for specifics.

Breastfeeding: Successful breastfeeding depends on a mother with a desire to breastfeed, a father who is in agreement with the mother, and a baby with an efficient suck.

Breast milk production is best on supply and demand. The more (*not the longer*) the baby nurses at the breast, the more milk is produced; the less the baby is at the breast, the less milk is produced. Nursing frequently, every 2-3 hours, with many wet diapers and frequent bowel movements, is a good general indication that baby is getting enough food.

Breastfed babies feed more frequently than formula-fed babies because breast-milk digests more completely. Nursing every 2-3 hours with one 4-6 hour stretch in 24 hours is typical for a newborn. Babies vary their time on each breast, but generally fifteen minutes per side is the norm.

What's The Best Way To Get My Baby Started At The Breast?

Wash your hands well, and have several pillows handy. Find a comfortable position and take a while to relax and play with your baby. Hold him in your arm with the head in the crook of your elbow and his whole body facing your chest. For better head control, place your hand behind baby's head. For example, if baby is nursing at left breast, place right hand behind head, left hand under breast. Make sure his mouth is right in front of your nipple (*without moving the breast*).

Now hold the breast, placing your fingers about one finger-breadth outside the areola. Your fingers should be just beyond where you want the baby's upper and lower gums to be. Compress the areola gently and bring your baby close so that his lower lip touches the nipple. When his mouth opens toward the nipple, bring him very close so that he has as much breast in his mouth as possible. His upper and lower gums should be at the outer edges of the areola. It will probably seem as though your baby's nose is buried in your breast. Baby's nose should just barely touch your breast, allowing baby to breathe easily from the sides of the nose.

How Can I Keep My Nipples And Breasts Comfortable?

(1) Teach your baby that it's all or nothing. The areola should be well into the mouth so that your baby's tongue and gums massage the areola, not the nipple. No fair nibbling on the nipple! (2) Slip your finger into the baby's mouth to break the suction **before** beginning to pull him away from the breast. (3) When you wash, use only water on the breasts, and pat dry. If the nipples are tender, rub in expressed breast milk and allow to thoroughly dry after feeding or washing. (4) Use a comfortable nursing bra. (5) Nurse at least every 3 hours day and night during the first few weeks. If your breasts get full and tender, nurse every two hours. (6) Hand expressing milk at the beginning of a feeding can make it easier for your baby to get his mouth around the areola, and save you the discomfort of the energetic nursing he's likely to use to get the milk flowing. Remember, if you have pain with nursing, something is wrong. Usually, there is only minor discomfort when the baby first latches, for the first 5-10 seconds; any longer than that, remove baby from breast and relatch.

The primary cause of sore nipples is improper latch-on or positioning at the breast, not the length of the nursing. When latching your baby on, make sure her mouth opens wide and she attaches beyond the nipple. This will help prevent nipple soreness.

If your nipples do get sore,

- Correct the positioning of the baby.
- Air dry nipples after every feeding.
- Express breastmilk onto end of nipple and rub in between feedings.
- When nursing, start with the less sore side first.
- Vary nursing positions.

Often when a mother's milk first comes in, an excess is present, resulting in hard, firm breasts. Applying warm moist heat to the breasts prior to feeding and then hand expressing or pumping to relieve the initial fullness increases mother's comfort and also helps the baby to latch on more easily. Nursing frequently on demand helps regulate the milk supply and decreases problems of engorgement most effectively.

Eat everything you desire, but avoid very spicy foods. Eat a well-balanced diet and drink plenty of fluids (*drink to thirst*). A good general guideline is "Everything in moderation."

Breastmilk can be expressed and frozen for later use. Use the disposable plastic bags that come in a roll (Playtex®, etc.). Date each bag. You can store frozen milk for several weeks or months depending on your type of freezer. To defrost milk, put the container under or in cool running water and shake until thawed. No microwaving please!

Thawed breastmilk is good for only four hours. Expressed milk that is not frozen is good in the refrigerator for twenty-four hours.

If you need to take medicines, check with your doctor or with one of us first, before continuing breastfeeding.

How Do I Express My Breast Milk?

Get ready: a) Wash your hands well. b) Relax (*happy thoughts, good music, a comfy chair if possible*). c) Have a wide-mouthed pyrex measuring cup ready (*pre-rinsed in boiling water*) to express into if you'll be expressing by hand. d) Warm wet washcloths on your breasts just before nursing help if you're finding flow slow.

Get set: Massage your breasts, first in circles all around the breast, then moving downward toward the nipple.

Go: When expressing by hand, a) put thumb and finger just chestward from your areola, and firmly press toward your chest wall. b) Then press the base of the areola (*not the nipple!*) between your thumb and fingers as you roll the areola away from the chest.

When using a hand pump, get a cylindrical style, not one that looks like a bicycle horn. a) Center your nipple in the pump, with the outer cylinder pulled out about an inch. b) Push and pull gently several times to massage the areola.

c) Then pull out gently till flow begins (not so far that it is uncomfortable). d) When flow slows, repeat the in and out movements.

If you need to pump several times a day, it will be wise to ask about renting an electric Medella breast pump.

What About Storing Breast Milk?

Refrigerate expressed breast milk immediately. If expressing at work, transport your milk in a thermos cooled with ice, or in a lunch box with an ice pack. To freeze, put your milk in a sterile plastic or glass bottle. Do not add to frozen milk, but you can add to refrigerated, fresh breastmilk.

Maximum Safe-Keeping: 30 minutes unrefrigerated; 48 hours refrigerated at 40°F; or 3 months in the back of the freezer compartment of a 2 door unit (*if ice-cream stays hard*). Milk should be thawed in a bowl of warm water just before using. **Do not microwave or boil breastmilk, as it destroys the milk immune properties.**

What About Drugs And Diet For The Nursing Mother?

Caffeine, found in tea, coffee, cola drinks and chocolate, will tend to decrease milk supply and may make the baby more irritable. If you, the baby's parents, have a strong family history of allergy (*asthma, eczema, bad hay fever*), your baby may be sensitive to protein of milk or eggs in the mother's diet. Beyond this, whether or not certain foods eaten by the mother affect the infant is a controversial matter. Onions, cabbage family vegetables, tomatoes and other citrus fruits, and spicy foods are sometimes "accused" but not always guilty. Moderation in all foods is advised.

Pain medicines may make your baby somewhat sleepy and should be used in moderation. The antihistamines and decongestants in cold remedies will tend to decrease your milk supply. If your physician prescribes medication, be sure she knows that you are breast-feeding so that she may use appropriate caution. You do not need to discontinue breast feeding when you have minor illnesses such as colds, diarrhea, or mild flu-like illnesses. For more serious illnesses, consult your pediatrician.

What About Formula?

Formula, like breast milk, is an entirely adequate diet throughout the first 4 to 6 months of a baby's life. No other foods need to be offered. Avoid the use of regular (*whole, skim, or low fat*) milk before the age of one year unless recommended by your doctor. Regular milk, low fat and skimmed milk can make a baby sick because they have too much salt and protein for your baby to handle. Unprocessed cow's milk protein can cause intestinal bleeding and anemia. Raw milk, even "certified", may give your baby a dangerous infection unless first pasteurized by bringing to just below boiling point for 15 seconds and then cooling promptly. Honey and syrups are also dangerous for infants under a year of age because of the risk of botulism.

Formula Preparation

If you're bottle-feeding your baby, infant formula should be the only form of milk your baby gets during the first year of life. *Similac® Advance®*, *Similac® Isomil® Advance®* or *Similac® Alimentum®*, the formulas we recommend, are available in three forms. Ready To Feed is fed without adding water. Concentrate is a liquid that's been condensed and must be diluted with water. Powder must be dissolved in water. Be sure you are buying the right form by the container size and the written description of Ready To Feed, Concentrate or Powder.

If the milk will not be out of refrigeration longer than 30 minutes before feeding, sterilization is unnecessary as long as bottles, nipples and utensils are rinsed well immediately after using and are washed in hot, sudsy water. The Sanicycle or hot rinse on the dishwasher is adequate for cleansing. In this area, tap water may be used directly, but it is wise to boil the water whenever traveling.

SPECIAL POINTERS ON FEEDING WITH THE BOTTLE

Warm milk in warm water. Never use a microwave oven to heat the baby's milk, as hot spots may occur which can cause little burns.

Feeding schedules should be adjusted to meet your convenience and your infant's needs, but a compromise between demand and strictly scheduled feedings is probably best. If your infant wakes two to four hours after a feeding, you should feed him. During the day, awaken him if he sleeps longer than 4-5 hours between feeds. If you are so lucky as to have an infant who sleeps through the night, leave well enough alone, so long as the totally bottle-fed infant is taking at least 2 ounces of formula per pound body weight each day. Do not feed your infant more often than every two to two and a half hours and at no time in his life should he receive more than about a quart (*32 ounces*) of formula in a 24 hour period.

Hold your infant while feeding. Do not prop the bottle, as your baby could choke. Do not put your baby to bed with a bottle because this could result in tooth decay or ear infections.

Does The Baby Need Other Liquids During The First Weeks?

Generally, a baby's needs are well satisfied by the colostrum and subsequent breast milk the mother produces. If for any reason we feel that a baby does need some extra liquid, we will usually recommend that it will be water offered passively by a dropper or syringe to avoid confusing the baby who is just learning how to use the breast. (*The baby must learn a different technique for getting liquid from a bottle.*) It is wise to check with us about giving your baby some extra liquid if the weather is hot and dry or if you feel that he is not wetting at least one diaper per six hours.

In What Position Should I Put My Baby After Meals?

The best position is lying on the back (*with head to right side*). In these positions it is easiest for the milk to go from the stomach into the intestines. Also, if the baby should spit up, the milk will not accumulate in the mouth and cause any trouble breathing. Alternate head right to left to avoid flattening.

How About Burping?

Your breast-feeding baby won't get much air if he's in a good position. Just burp him when you're ready to change breasts and when he's finished nursing, unless he seems uncomfortable sooner. The bottle-fed baby will need to be burped whenever he stops sucking for a few moments. Gently patting the baby over your shoulder or on your lap moving to and fro from a sitting position helps the air find its way out. Whenever air is swallowed, burping is comforting.

Must A Baby Have A Bowel Movement Every Day?

Healthy babies may have a bowel movement each time they feed, particularly in the early weeks of breast feeding. On the other hand, they may go for as long as 3-4 days without having a bowel movement and then pass a large soft stool. This is particularly common in older babies who are receiving only breast milk. It is important to know that the baby can pass a stool, so we will want to know if the baby has not passed any of the tarry black meconium stool within the first day or two after birth. It is also appropriate to let us know if the baby is having less than one bowel movement per two days throughout the first two weeks of life, especially if it is difficult to get the baby to drink well and the diapers are usually dry.

Does The Baby Sometimes Want To Suck Even When He's Full?

Yes! Your baby probably has a strong desire to suck — after all, that's the one "higher" activity for which he's responsible from the moment of birth. He probably has a safety margin a desire to suck much more than required for nourishment. To satisfy this desire, you can help him learn to find his hand to suck on, or buy him a pacifier. The only disadvantage of the pacifier is that the baby will need you to put it back in his mouth every time it drops out. Unless you are a veteran of breast-feeding with very tough nipples, don't let the baby use you as a pacifier, lest painful nipples result. The urge to suck will decrease around four months of age and if the pacifier is taken away at this time there should be no problems with dentition or developing a dependence on the pacifier.

Will I Be Getting Up Every Night With My Baby?

If you're nursing, your breasts need your baby at least every 2 to 4 hours throughout the first months. Some babies continue to want one or two night feedings for much of the first 3-4 months, whether getting breast milk or formula. Let your baby decide. Don't push baby food on the baby before 4-6 months just to get him to sleep through the night. And, tempting as it becomes when he's a bit older, don't put the bottle in bed with him, as ear infections and dental disease may result. On the other hand, night time isn't play time, so it's back to bed for him as soon as he's finished his drink.

When Can We Offer Juice?

Juices should not be offered before 3-4 months, and like formula, juice may decrease the infection-protection of exclusive breast feeding. Juices especially prepared for infants are ready to serve. Other types of juices should be diluted with 2 parts of water to 1 part of juice. No more than 2-3 ozs. after 6-8 months of age.

When Do We Offer Other Foods?

It will be several months before you begin feeding the baby solids. Each baby is different, and your baby might be ready for solids a little earlier. But please check with us first.

What If There Are Lots Of Allergies In Our Family?

Babies in allergic families are likely to develop allergies. During the first year of life, babies are more likely to develop allergies to foods. Symptoms might include a rash, a constant stuffy nose, tendency to lots of ear infections, colic, or diarrhea. If members of the baby's family have had significant problems with asthma, eczema, or hay fever, talk this over with us. We will want to consider the possibility of keeping the baby on breast milk or a hypo-allergenic formula, and may delay the introduction of foods which are more likely to cause allergies.

Do I Need To Begin Giving The Baby Vitamins?

Most recent studies have indicated that breast milk contains an adequate amount of all vitamins except D so long as the mother maintains a normal dietary intake. Strictly vegetarian diets with no animal protein intake or vitamin supplementation or crash reducing diets are dangerous to your infant and can result in serious nutritional deficiency.

Though vitamin D deficiency would be uncommon with the abundant supplies of sunlight in Southern California, some physicians prefer to begin a vitamin supplement in early infancy if a mother breast feeds. Your pediatrician will advise you if and when she feels this is necessary.

Commercially prepared formulas such as *Similac® Advance®*, *Similac® Sensitive®* Lactose free or *Similac® Alimentum®* contain adequate amounts of all vitamins; therefore, vitamin supplementation is unnecessary.

Contrary to popular belief, vitamins do not: prevent colds, increase appetites, replace well-balanced meals, or provide energy and "go-power". **Excess amounts of some vitamins may cause serious illness.**

Fluoride, a **mineral** which is proven very effective in preventing tooth decay, should be given daily from 3 years of age until the majority of permanent teeth have erupted at 8 or 9 years of age. This is provided in the water supply in some communities, and may be ordered in bottled water from delivery services, or may be prescribed in drops or tablets. Vitamins with iron may be prescribed at 6 months.

SUGGESTED FEEDING SCHEDULE FOR TERM INFANTS

- 1 Month:** Breast milk on demand. Nurse for 10-20 minutes on each breast. If problems arise, consult physician. Formula 1½-3 oz. every 3 - 4 hours initially. (16 - 20 oz. a day)
- 2 Months:** Breast milk on demand. Formula 24-28 ounces a day.
- 3 Months:** Breast milk on demand. Formula 30-32 ounces a day.
- 4-6 Months:** Rice cereal with a spoon. Start rice cereal following the instructions on the box. Start with one feeding per night, then after several weeks, give morning and night.
- 5-7 Months:** Breast milk or 30-32 ounces of formula with iron. 4-6 Tbsp. rice cereal morning and evening. 4-6 Tbsp. vegetables mid-day. Begin with yellow vegetables (*carrots, squash and sweet potatoes*), then green vegetables. One new food per week.
- 6-8 Months:** Breast milk 24-32 ounces of formula with iron. 6-8 Tbsp. cereal morning and evening. 2-4 Tbsp. fruit. 6-8 Tbsp. vegetables. Water, formula, breast milk in a cup.
- 8-10 Months:** Breast milk 24-32 ounces of formula with iron. 6-8 Tbsp. cereal. 6 Tbsp. fruit. 8-10 Tbsp. vegetables. 1-2 Tbsp. meat - stage 2.
- 10-12 Months:** Breast milk or 16- 32 ounces of formula with iron. 12 -14 Tbsp. vegetables. 8 Tbsp. fruit. 3 Tbsp. cereal. 4 ounces juice. ½ cup potatoes, rice, noodles or spaghetti.

The following foods may irritate the digestive system: Pastries, fatty foods, highly spiced foods, fried foods and gravies.

NO HONEY DUE TO INFANT BOTULISM!



SUGGESTIONS FOR FEEDING INFANTS

1. Breast feed as long as desired. Infants should start a cup at approximately 6 to 9 months, with water, formula, or breast milk.
2. It is recommended that the infant remain on the breast or formula for the first year, at which time a choice of milk may be discussed with the physician.
3. Hold the infant while feeding. Do not prop the bottle, as the baby could choke! Do not put the baby to bed with a bottle because this could result in tooth decay or ear infections.
4. When introducing new foods, serve only one new food per week so that you may watch for any allergic reaction. If symptoms such as rash or diarrhea appear, notify your physician.
5. The least allergenic foods are offered first. Generally, in order, as follows: Rice cereal, vegetables, fruits and juices.
6. Use a spoon to feed solids.
7. Prepare homemade baby foods without the use of salt, sugar or spices.
8. Keep regular check-ups to see if your baby is gaining weight properly.
9. Finger foods are recommended when your baby can sit in a high chair.

9-10 MONTHS

Yogurt	Soft bread	Pancakes
Mild cheese	Very lean ground beef	Cheese string, Cheddar
Large curd cottage cheese	Rice	Swiss
Pasta	Ripe banana	Salmon fillet
Dry cereals (<i>Cheerios® or Corn Bran</i>)	Potatoes	Halibut
Grilled cheese	Fresh peeled fruit	Tofu
Small pieces of chicken	Meat: cubed or very lean ground beef	Cooked carrots
	Slices of soft fruit	Vegetables, <i>such as green or wax beans, squash, peas.</i>

WATCH FOR BONES IN FISH. SEA BASS, SWORDFISH, SHARK, TUNA, HAVE MERCURY – PLEASE AVOID!

NOTE: Your child should not walk and eat at the same time!

The following foodstuffs may cause choking: Berries, candies, corn, nuts, popcorn, olives, raisins, hard carrots, hot dogs or grapes – Avoid until 4 years of age.

The following foodstuffs may cause allergies: Chocolate, cocoa, orange juice, strawberries, nuts, shellfish, corn and egg – Avoid the first year.

No peanut butter under 3 years of age.

ACCIDENT PREVENTION TIPS

To be forewarned is to be forearmed. This is especially true in the prevention of accidents in infants and children. Accidents are the leading cause of death in infancy and childhood. The purpose of the following safety tips is not to alarm but to inform.

1. Avoid falls in infancy. Never leave your baby unattended on the dressing table, couch, or with crib rails down. Infants, even in the newborn period, can roll off these places of furniture. Never use an adult bed as a playpen substitute.
2. If a scalding or thermal burn occurs, immediately go to a sink and apply cold water to the burned area for at least 20 minutes.
3. Keep infants from putting objects into electrical outlets. Plastic plugs may be purchased to close off the outlets.
4. Do not use Q-tips® to clean your infant's ear canals. They push wax further into the external ear canal reducing hearing and can rupture the ear drum.
5. Always have your child ride in one of the approved car seats when travelling in the car.
6. Keep medicines, detergents, cleaners, sharp objects, small objects (*coins, marbles, and pins*) and other hazardous objects—like plastic bags and powder containers out of reach of infants.
7. In case of ingestions, call the **Poison Control Center: 1-800-876-4766** or the doctor.
8. Do not use pillows in your infant's crib because of the risk of suffocation.

A Word About Jaundice:

Jaundice is a common condition in newborn infants. The word jaundice comes from a French word meaning "*yellow*". It describes the yellowish appearance of the whites of the eyes and the skin of many newborn babies.

Physiological or "*normal*" jaundice usually appears on the second or third day of life in healthy babies born after a full-term pregnancy. It often disappears within a week. As many as two-thirds of full-term babies get physiological jaundice.

Premature babies are even more likely to get jaundice. It may appear later and last longer in these infants, becoming most noticeable between the fourth and seventh days of life.

Physiologic (*normal*) jaundice usually disappears without treatment. In some instances, the doctor may suggest giving the baby extra fluids, such as water or sugar water.

If your baby looks jaundiced to you, call us. We have a device for checking the jaundice level.

Remember:

- Jaundice in newborn babies is very common.
- In the majority of instances, the condition is normal, harmless, and temporary.
- When treatment is necessary, the methods are safe and effective in virtually all cases.

COMMON MINOR SYMPTOMS

Constipation

Infants' stools vary widely in color, consistency and frequency. An infant may have as many as 8-10 stools per day or as few as one pasty or semi-formed stool every 4-5 days. Many babies appear to push and strain a great deal while having a normal bowel movement. The important thing is whether or not the stool is HARD. This seldom happens unless a baby is getting formula, so treatment for a partially breast-fed baby is to use more breast milk and less formula. If just on formula, try increasing the fluid intake. If necessary, you may use 1 teaspoon of Malt Soup Extract [Maltsupex] once or twice a day in the formula or in water for the baby to drink. By 10 weeks of age, you may add prune juice or unfiltered apple juice (3-4 ounces daily) or, after 6 months, strained prunes. If none of these procedures is successful, consult the office.

Never give a cathartic or enema unless ordered by your doctor.

Vomiting Or Diarrhea

If an infant is having more than 8-10 watery greenish stools per day, this is probably **diarrhea**. Generally the best treatment for diarrhea in a breast-fed infant is to use breast milk exclusively until the stools have been normal (*mushy, not mucousy, bloody, or mostly water*) for several days. It is important to stop all cows' milk formula until the diarrhea has been gone for several days. If breast milk is not available, give only special clear liquids like flavored oral electrolyte solution such as *Pedialyte*® for the first 12 to 24 hours. In some cases, flat Gingerale®, 7-Up® or Gatorade® may be used if the baby is unwilling to drink the oral electrolyte solution. (*These are high in salt and sugar and should not be used when the baby is well.*)

It is important to **return to more nourishing food after the first 12 to 24 hours**. For the non-breast-fed infant who has not yet had any solid foods, it is best to use formula *Similac*® *Alimentum*®. (*If allergies are expected, call the office for an appropriate recommendation.*) If the infant is already eating solids, it is usual to have a day on such foods as banana, rice cereal, applesauce, and if eating finger foods, Cheerios®. Then return the baby to a dairy-free diet until stools have been normal for several days.

If the baby is **vomiting**, give nothing by mouth for the first hour. Then use small frequent sips of breast-milk or *Pedialyte*® liquid for the next several hours. If vomiting continues, call the office.

Dehydration is suggested if the baby is very limp and listless, if he does not wet the diaper at least once per 8 hours, if there are no tears when crying hard (*in a baby who usually has tears when crying*), or if the membranes under the tongue are dry and sticky, not wet. If you suspect dehydration, call the office immediately.

Diarrhea Diet for Infants and Children

First 24 Hours: *Pedialyte*® or Clear liquids (*liquids you can see through*)
Kool aid
Pedialyte® Freezer Pops, or Popsicles®
Jello or Jello liquid (*made with twice the amount of water*).
7-Up® or Gingerale® (*shake until the bubbles disappear*).

DO NOT GIVE: Orange or apple juice, fruit punch or MILK.

Second 24 Hours: Continue same fluids as above and add:
½ strength formula
Rice cereal made with water
Applesauce
Bananas (*Baby food or mashed*).
Cottage Cheese



Third 24 Hours: Add full strength regular formula (*add twice the amount of water*).

If diarrhea improves, gradually add regular foods. Avoid plums, prunes, apricots, whole milk and spicy foods until the last. If the child vomits, give only one ounce every hour until he is keeping fluids down; then gradually increase the amounts of fluids.

Hiccups: Give plain water — No honey or Karo® syrup.

Facial And Body Rashes

Most infants around 3-6 weeks develop a reddened, bumpy rash on the face with flaky or crusting areas behind the ears. The scalp may be involved with oilycrusts or scales or tiny pimples. This is called seborrhea and is a normal development. It spontaneously disappears by three months of age. The crusts on the scalp should be removed by loosening with baby oil and then brushing with a baby brush. Do not use oil on the facial rash. This will make it worse. If the rash looks particularly bad or seems irritated, we will provide you with some medications to help to control it.

Smooth, moist, red, rashes in creases just need rinsing and careful drying, followed by a light application of Caldescene® powder or cornstarch.

Most infants develop rashes on the face and body quite frequently. Most of these are of no significance and fade spontaneously. Many are seen at the time of a minor cold or upper respiratory infection. If your infant has a rash and appears ill or if the rash appears to cause discomfort, consult the office.

Colds

Almost every infant will have at least one cold before he is one year old. Some will have considerably more. Six to eight per year is not an unusual number.

Colds are caused almost exclusively by viruses. There are hundreds of viruses, none of which will be even temporarily fazed by penicillin or any other antibiotic. Colds are treated symptomatically or each symptom receives treatment directed at it, i.e. fever if treated with acetaminophen drops.

Many infants with a cold do well with a cool mist humidifier operating in the room while asleep. The humidifier needs only plain water. Spray cans of vapor are useless. Liniments and ointments such as Vicks Vaporub may smell important, but they are also useless.

Since the infant breathes almost totally through the nose, he tolerates any nasal obstruction very poorly, becomes irritable, and feeds poorly.

It is wise to purchase salt water (*saline*) nose drops, such as Ocean® or Nasal®. If you choose, make them by mixing: ½teaspoon of table salt with 8 ounces of water; do so CAREFULLY, as too much salt in the drops can cause marked swelling of the nasal mucosa and actually block the nose completely. The infant may have 2-3 drops placed in each nostril by a medicine dropper as often as needed.

To suction mucus from the nose to clear it for breathing, you may use the long-tipped syringe which you receive from the hospital. It is important to place the suction bulb firmly against the nose to obtain a tight seal. You will not hurt the baby, though he will cry fiercely because you are temporarily blocking his airway. If you instill 2 to 3 drops of the saline solution in the nostrils just before suctioning, you will be more successful. The most important times to suction are just before feeding and at bedtime.

Colds in infants may follow a very prolonged course, sometimes lasting as long as 2 weeks. However, if a) the nasal discharge becomes persistently thick and yellowish or greenish, or b) the baby is having a hard time breathing despite your nasal suctioning, or c) the baby develops a fever after several days of the cold symptoms, or d) the baby begins to awaken crying repeatedly during the night, call the office for an appointment. Over the counter decongestants can be used over two months of age.

Fever

Fever in an infant is any temperature greater than 100.4° F rectally. One cannot tell temperatures by feeling. An infant may be cool and have 106°F rectally or feel very hot and be normal.

An infant under 2 months of age with any degree of fever which has been documented by a rectal temperature reading should be seen in the office. Please call promptly, as it should not wait till the next day. (*The fever itself is not dangerous, but it may signify an illness that needs immediate attention in the young infant who has few ways to indicate illness.*)

Fever in an infant may be treated with acetaminophen infant drops: with a half dropperful up to 4 months of age, with one dropperful between 4 and 12 months, and with two dropperfuls between one and two years of age. This may be repeated every 4 to 6 hours if needed. The fever will begin to come down when the medicine has gotten into the blood stream and had a chance to "*turn down the thermostat*" for the body (*allow about ½ hour*). At that time, make sure to let the heat escape by taking off any warm clothes and heavy blankets. The evaporation occurring if you sponge or bathe the baby with WARM water ½ to 1 hour after the medicine will hasten the cooling but is usually not necessary. Do not let the child chill enough to shiver, as that will only cause the temperature to rise again.

Aspirin should never be given if you suspect that the child has influenza (*winter cold with fever*) or chicken pox.

High fever is not synonymous with serious illness and by itself does not constitute an emergency. Young children frequently have fevers over 104°F with minor illnesses. There is no evidence that high fever causes brain damage. Fever convulsions are caused by rapidly changing body temperature, not by the height of the fever.

If fever is unresponsive to the above measures or persists for longer than 24 hours, or if you are concerned about your child's condition, consult the office. Do not expect the temperature to return to a completely normal reading with the above measures. These measures are to lower temperatures, not to break fevers.

Signs of Illness to Report to the Office:

Most colds are self limiting and are not serious. Most are caused by viruses. *Please note:* Antibiotics (*injections or liquids*) do not cure fever, colds, flu, diarrhea, rashes, etc. They will never be prescribed over the telephone without our first seeing your child. Finish all medications that are prescribed and watch the label for expiration dates. Report to us if your **infant** has:

1. A fever of 100.4° or more rectally.
2. Excessive crying, irritability, lethargy or listlessness.
3. Vomiting (*not just "spitting up"*) or refusal of food several times in a row.
4. Diarrhea or loose, watery stools.
5. Any unusual rashes.
6. Bleeding from any place other than slight oozing from the navel or circumcision.
7. Convulsions or peculiar jerking motions of the body.
8. Rapid breathing, shortness of breath or persistent cough.
9. Blueness or cyanosis.
10. Failure to urinate or stool for long periods of time.

Or any other signs or behavior that may alarm you. Please never hesitate to call any time with any question.

BIRTH TO SIX MONTHS - SAFETY TIPS

1. Use Car Seats

- **Car Crashes** are a great threat to your child's life and health. Most injuries and deaths from car crashes can be prevented by the use of car safety seats. Your child, besides being much safer in a car seat, will behave better, so you can pay attention to your driving.
- **Make certain that your baby's car seat is installed correctly. Read and follow the instructions that come with the car seat. Use it EVERY time your child is in a car.**
- **A child cannot be front facing until he/she is 1 yr old and twenty (20) pounds.**

2. Suffocation

- To prevent possible suffocation, your baby should always sleep on his back, until rolling over on his own. **Never put your baby on a waterbed, beanbag, or anything that is soft enough to cover the face and block air to the nose and mouth. Keep plastic wrappers, plastic bags, and balloons out of reach.**



3. Burns

- **NEVER carry your baby and hot liquids or foods at the same time. You need to put flame retardant pajamas on your child. Avoid exposing your child to second-hand smoke.**

4. Infant Seats

- Do not place an infant seat on anything but the floor when the seat is in use outside of the car. Babies **wiggle and move and push** against things with their feet soon after they are born. Even these first movements can result in a fall.

PREVENTIVE HEALTH CARE AND IMMUNIZATION SCHEDULE

We recommend the following schedule of preventive visits:

Approximate Age	Immunization
In Hospital	Hep B (if desired , AAP recommends)
*10 to 14 days <i>Growth evaluation</i>	None
* 6 to 8 weeks <i>Assess physical and mental development</i>	DTaP#1, IPV#1, Hib#1 (HepB #2), Prevnar#1, Oral Rotateq#1
* 4 months <i>Same as above and evaluate neurological development. Discuss feeding.</i>	DTaP#2, IPV#2, Hib#2, Prevnar#2, Rotateq#2
* 6 months <i>Same as above. Discuss vitamins with iron. Begin to plan for increasing environmental exploration - crawling, sitting and transferring objects.</i>	DTaP#3, Hib#3, HepB#3, Prevnar#3, Rotateq#3
* 9 Months <i>Evaluate standing, walking and shoes. Discuss safety accidents, poisoning. Growth and development.</i>	Test for anemia
* 12 Months <i>Safety, accidents, poisoning, exploring, weaning from bottle and hearing.</i>	Varivax#1, Prevnar#4
* 15 Months <i>Same as above. Discuss speech and language development.</i>	Tuberculin Test, MMR#1
* 18 Months <i>Discuss mental and motor development.</i>	DTaP/Hib#4, IPV#3
* 2 Years <i>Continue to assess for satisfactory nutritional, physical and neurological development.</i>	HepA# 1
* 3 Years <i>Continue to assess for satisfactory nutritional, physical and neurological development.</i>	Tuberculin Test, HepA#2
* 4 Years <i>Continue to assess for satisfactory nutritional, physical and neurological development. Vital preschool evaluation. Second Varivax after 4 years old.</i>	MMR#2, IPV#4, Varivax#2
* 5 Years <i>Vital kindergarten evaluation.</i>	DTaP#5, Tuberculin Test
* 6-7 Years	Well Exam (<i>well checks every other year thereafter</i>)
* 8-9 Years	Well Exam
* 10 Years	Well Exam
* 11-12 Years	Well Exam, adult tetanus Pertussis booster Menactra, Adacel
* 13-14 Years	Girls, Gardacil (<i>Cervical Cancer Vaccine</i>) Series of 3 within 6 months.
* 15-16 Years	Well Exam

IMMUNIZATION INFORMATION

<p>DTaP, Tdap (Diphtheria, Tetanus, Pertussis-also called Whooping cough)</p>	<p>Reaction: Many children will be irritable and have a fever. The site of the shot may be tender and swell. There may be a lump that will go away after a while. Treatment: Rest. Drink clear drinks, such as water or apple juice. Tylenol® for fever over 101°F. Do not rub or apply heat to swollen area. Treat area with cold pack (<i>crushed ice in a plastic bag covered with a towel</i>).</p>
<p>Tetanus-Diphtheria</p>	<p>Reaction: In many children, the site of the shot may be slightly tender and may swell. A small lump may remain for a while. Treatment: Rest. Drink clear drinks, such as water or apple juice. Tylenol® for fever over 101°F. Do not rub or apply heat.</p>
<p>MMR (Measles, Mumps & Rubella-also called German Measles)</p>	<p>Reaction: Usually none. A fever (101-103° F), and a skin rash may develop 5-14 days after the shot. The neck or throat may swell within 7 to 14 days. The joints may become swollen and also tender 7-21 days after the shot. Treatment: Rest. Drink clear drinks, such as water or apple juice. Tylenol® for fever over 101°F and to relieve joint pain. Do not rub or treat rash on the site of the shot with heat. Treat area of shot with cold pack.</p>
<p>HiB (Haemophilus influenza Type B)</p>	<p>Reaction: Usually none. The site of the shot may be tender and there may be a mild fever. Treatment: Rest. Drink clear drinks, such as water or apple juice. Tylenol® for fever over 101°F.</p>
<p>Polio (Trivalent Oral)</p>	<p>Reaction: None. Treatment: None.</p>
<p>Hepatitis A</p>	<p>Reaction: Soreness, headache, loss of appetite and tiredness.</p>
<p>Hepatitis B</p>	<p>Reaction: Usually none. The site of the shot may be slightly tender. The child may be irritable. Treatment: Rest. Drink clear drinks, such as water or apple juice. Tylenol® for fever over 101°F.</p>
<p>Varivax (Chicken Pox)</p>	<p>Reaction: 5 to 26 days after vaccination. Low grade fever. 5 to 10 pox (<i>look like mosquito bites</i>). Blisters at the site of injection. Contagious only if rash present.</p> <p>Avoid newborns, pregnant woman who have not had chickenpox and anyone on chemotherapy or immunocompromised. There is no guarantee of perfect immunity; however, vaccination will modify cases of chickenpox.</p>
<p>Prevnar</p>	<p>Reaction: Soreness of leg, fever, irritability, sleepiness and appetite.</p>
<p>Meningococcal (Menactra)</p>	<p>Reaction: Mild side effects such as redness or pain where the Meningococcal shot was given. These symptoms usually last for -2 days. May develop a fever.*</p>
<p>Rotavirus (Oral Rotateq)</p>	<p>Reaction: 1-3% babies have mild diarrhea within 1 week.</p>

Vaccinations:

A Commitment to Protect

To learn more about vaccines, please visit these Websites:

www.vaccineplace.com

www.cdc.gov/nip/vasafe

www.aap.org

www.immunize.org

www.vaccine.chip.edu

www.immunizationinfo.org

Date: _____ Age: _____

Wt: _____ %

Ht: _____ %

HC: _____ %

Questions: _____

Comments: _____

Return Visit: _____

Date: _____ Age: _____

Wt: _____ %

Ht: _____ %

HC: _____ %

Questions: _____

Comments: _____

Return Visit: _____

Date: _____ Age: _____

Wt: _____ %

Ht: _____ %

HC: _____ %

Questions: _____

Comments: _____

Return Visit: _____

In Conclusion:

We shall be on the lookout for physical and developmental anomalies and will perform a number of tests on the skin, blood and urine at regular intervals in order to detect a number of potential problems as early as possible. These will be explained to you as they are done, and any physical or psychological problems will be discussed. Occasionally, a referral to a subspecialist may be necessary. Because of CHOC, our medical community has top-qualified subspecialists in pediatrics at hand when needed.

We are looking forward to a most pleasant association with you and your child. We highly recommend these paperback books.



1. *Caring for Your Baby and Young Child*,
by Steven Shelov, et.al. (Series from AAP)
2. *Your Baby and Child*,
by Penelope Leach
3. *What to Expect in the First Year*,
by Arlene Eisenberg
4. *AAP Birth to 5 Years*,
by The American Academy of Pediatrics.
5. *The Magic Years, Nursing Your Baby*,
by Karen Pryor

Again, **congratulations!** Relax and enjoy your new baby.

Maureen C. Downes, M.D., F.A.A.P.
Peggy Tse, M.D., F.A.A.P.
Elaine Gan-Yong, M.D., F.A.A.P.
Mary Anne Galang-Lomboy, M.D.
Danielle Winkler, M.D.
Linda Wang, M.D.

