



Pediatric & Adolescent Center of Northwest Houston

www.pedsofnwh.com

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Caring For Your Baby



Tomball Medical Park
455 School Street
Suite 26
Tomball, Tx 77375

Gleannloch Farms Center
19059 Champion Forest Drive
Suite 101
Spring, TX 77379

Cypress Center
14502 Cypress Mill Place Blvd
Suite 100
Cypress, TX 77429

Monday - Friday 8am - 4:30
Closed for lunch from 1 pm – 2 pm



Congratulations on the birth of your baby and welcome to our practice!

We look forward to watching your child grow and to providing quality health care in a caring and comfortable office atmosphere. We hope this booklet will serve as a common sense guideline, which will enable us to work together as parents and physicians to provide the highest quality of care for your children. Please keep this booklet handy, as you will refer to it often to answer some common questions and guide you through your child's care. At any time you have any questions or concerns, please feel free to discuss them with us.

Office Hours

For your convenience our office hours are:

Sick or Well Appointments

Monday - Friday 8:00am - 4:30 pm (closed for lunch: 1 - 2pm)

Closed Saturday and Sundays and major holidays.

Emergencies

If you are experiencing an emergency, please call 911 or visit your nearest emergency room – whichever is most appropriate.

Important Phone Numbers

Emergency (Police, Fire, Paramedics) 911

Poison Control. 1-800-222-1222

Our Office Phone. 281-374-9700

Nurse line extension: 2

Child's Name:_____

Date of Birth:_____ **Time:**_____

Birth Weight:_____ **Length:**_____

When to Call the Doctor

A sick baby can be very frightening, and many new parents are often uncertain when to call us. The following is a guideline to use for warning signs of severe illness:

- No urine output for 8 hours
- Rectal temperature over 100.4° F
- Forceful vomiting
- Refusing to take feedings
- Watery, loose stools, especially if they contain mucus, blood, or an unusually bad smell
- Won't wake up, or no energy
- Unusual crying that lasts for several hours
- If at any time you feel your infant is acting strangely and are concerned, please call the office.

Resources

Helpful Websites

www.pedsofnwh.com

Centers for Disease Control and Prevention.....www.cdc.gov

American Academy of Pediatrics (A.A.P.) www.aap.org

Healthy Children (Associated with A.A.P.)..... www.healthychildren.org

www.brightfutures.org

Helpful Books

Your Baby's First Years, by the American Academy of Pediatrics

New Mother's Guide to Breastfeeding, by the American Academy of Pediatrics

Bright Beginnings Books Set, by the American Academy of Pediatrics

Breastfeeding Support

Lactation Specialists

Call office for lactation consultant numbers.

After Hours Calls

If you have an **urgent problem** that occurs after 4:30 pm or when our office is closed, please call our regular phone number, **281-374-9700** and our answering service will contact the doctor on call. **Please remain near your phone until we can call you back and remove any call blocking you may have.** In the event of drowning, unconsciousness, severe injury or other life threatening emergency, **call 911 immediately!** If you feel the need to go to the emergency room, please do not hesitate to do so. If circumstances permit, please contact us before you go.

Privacy Statement

We understand that medical information about you and your health is personal. As the custodians of the information in your medical record, we are committed to protecting the privacy of your information as required by law, professional accreditation standards and our internal policies and procedures. At your first visit to our office you will receive a personal copy of our Notice of Privacy Practices. This notice explains your rights, our legal duties and our privacy practices. It also describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully. Please understand that this summary is not our Notice of Privacy Practices, nor is it a substitute for the notice. The actual notice will be given to you, as required by law. If it is not, please contact our office manager.

Pediatric Vaccine Statement

The pediatricians at Pediatric & Adolescent Center of NW Houston have all witnessed tragedies and heartbreaks caused by vaccine-preventable diseases. Because of this **we are strong advocates** for vaccinating children to prevent illnesses we so frequently encountered in the past. We are also aware of the presence of misinformation, not validated by scientific studies, on the value and side effects of vaccines.

Not vaccinating your child not only puts that child at risk but also other patients of ours, including children too young to vaccinate and children with immune deficiencies. For the safety of all of our patients, we ask that you please vaccinate your child.

Pediatric & Adolescent Center of NW Houston strongly supports routine and timely vaccinations.

Appointments

After coming home from the hospital please call our office to schedule your baby's first well-baby appointment. This **first check-up** should be within 2 days after you have been discharged from the hospital, unless otherwise indicated by the physician.

Our office phones open at 8:00 am on weekday mornings. We will make every attempt to have you see your desired physician. Please schedule appointments as far in advance as possible to ensure the physician of your choice.

PLEASE REFRAIN FROM COMING INTO THE OFFICE WITHOUT CALLING THE OFFICE FIRST. We can always work an extra patient into our schedule provided we have some advanced notice. Patients without emergencies that "walk in" will only be seen after all regularly scheduled patients are seen. If you cannot keep your appointment or you are going to be late, please call the office as soon as possible to avoid \$40 no show fee.

You can help us keep our schedule on time by:

1. Being on time on the correct date - Please arrive 15 minutes early. If you are more than 30 minutes late, you may be asked to reschedule.
2. Being specific about the reason for the visit when you make the appointment, i.e., well check, earache, recurrent headaches or any prolonged symptoms or illness.
3. Indicate when making the appointment if your child has a complex or chronic medical problem that will require extra time. This will allow us to schedule your appointment duration accordingly.

Telephone Instructions

If you need advice, please do not hesitate to call the office. We will be happy to give you guidance and counseling. If our staff feels that your child needs to be seen, we will be glad to schedule an appointment. Please have paper and pen handy for writing down instructions and **have your pharmacy number available** in case we need to call in a prescription for medication.

If you have a question or your child is ill, please try to call our office between 8:00 am to 1:00 pm and 2:00 pm to 4:30 pm. Should your child experience a life-threatening emergency **call 911 immediately!** For urgent issues (earache, high fever, injury etc.), please call our office as soon as possible so we can fit you in to see the doctor. After hours, one of our doctors is always on call for urgent problems or emergencies. Again, all non-emergent issues should be handled during office hours.

Due to the fact that it is very difficult to interrupt the doctors while they are seeing patients our experienced Medical staff handles most non-emergency calls. On occasion the Medical assistant may need to return your call later in the day. If it is necessary for you to speak with one of the doctors, they will be glad to return your call. Routine calls from the doctors will be returned between seeing patients as the schedule allows, between 1 - 2 pm or after 5:00 pm.

General Newborn Care

Female Genitalia

Due to the mother's hormones, your baby's vagina and vulva may have some reactions which are very normal. The labia may be red and swollen, lasting just the first month. She may also have a whitish vaginal discharge or occasionally a bloody discharge. The discharge is a result of hormone levels decreasing in her blood.

Male Genitalia

Uncircumcised Penis

In the first few months of life, you should clean your son's penis with soap and warm water like the rest of his body. Do not try to pull back the skin as it is connected by tissue to the head of the penis. Your pediatrician will tell you when the foreskin has separated and it is safe to retract the skin – this will not be for several months or years.

Circumcised Penis

If you choose to have your son circumcised, it is most often done on the second or third day after birth. Depending on how it was performed you will need to place a piece of gauze with petroleum jelly over the penis at every diaper change prior to putting on new diaper. If a plastibell was used for the circumcision it will fall off 5-7 days after the procedure. Clean the area with warm soapy water if any stool gets on the penis.

You may see some redness and/or yellow secretion at the tip of the penis. This is very normal. The area should heal within a week of the procedure.

Umbilical Cord Care

Part of the umbilical cord will stay attached to your baby and will fall off usually within two weeks. When the cord is separating, it's normal for your baby to have a little yellow drainage or a small amount of blood for a few days. It's important to keep the umbilical cord dry. Exposing the cord to air will help with the drying process. Fold the front of your baby's diaper down so it does not cover the cord and get wet with urine. Only give your baby sponge baths until the cord falls off. It's important for the cord to fall off on its own. Even if it's hanging on by a thread, do not pull of the cord

Jaundice

Jaundice is a common condition in newborns. It is a yellow discoloration in a newborn baby's skin and eyes caused by excess bilirubin in the blood. Bilirubin is produced by the normal breakdown of red blood cells. Often, treatment is not necessary, and in cases where treatment is needed usually a light therapy is used.

Bowel Movements & Constipation

Your baby's first bowel movements will be a thick black or dark-green substance called meconium. Meconium filled your baby's intestines before birth. Once all the meconium has passed, the stools will turn to a yellow-green color. Breastfed babies will have stools that resemble light mustard with seedlike particles and a consistency ranging from very soft to loose and runny. Formula-fed babies usually have bowel movements less frequently. Stool is more solid with a tan/yellow color.

Frequency of bowel movements can be different from one baby to another. Many babies experience a bowel movement after each feeding. After 3 to 6 weeks of age, some breastfed babies have only one bowel movement a week. This is not a cause for concern. Breastmilk has very little solid waste that needs to be removed from your baby's digestive system. Formula-fed babies should experience at least one bowel movement a day.

Many parents are concerned their baby is constipated when they turn red and appear to be straining while passing stool. This is very normal, as long as the stool is normal, your baby has an appetite and the stool is not hard.

Your baby is experiencing constipation if his stools are very hard or he is not producing stool, causing him to not eat and be in discomfort. Please call our office if your baby is experiencing constipation.

Hiccups

It's very common for babies to get hiccups. This is more bothersome to you than your child. If your child gets the hiccups during a feeding, change his position or try to burp him. Stop feeding until the hiccups are gone. If the hiccups have not gone away within 5 to 10 minutes, try feeding again. This will often help them go away. Feeding your baby before he gets very hungry can often help prevent hiccups during a feeding.

Eye Drainage

During the newborn period, eye drainage can occur, most likely due to a blocked tear duct. In newborns, tears are produced on the outside corner of the eye and then move towards the nose to drain. Since a baby's tear duct is very small, it can easily be clogged due to mucus, causing the eye to drain. If this happens, massage the inner corner of the eye and gently wipe the mucus away with a cloth or cotton ball. If drainage continues, and the eye becomes red, please call our office.

Colic & Crying

Babies cry for many reasons – they are hungry, wet, too hot, too cold, tired, sick, want attention, etc. You will begin to notice the difference between the cries and what your baby wants. Crying is their only way of communicating at this early age. Don't worry about giving your baby too much attention – when he is really young, pick him up and cuddle him when he is crying.

If you are feeling overwhelmed by your crying baby, take some time away from your baby. This is a normal feeling. Ask a family member or friend to come watch your baby so you can step out for a walk. Or, if he is fed, burped and changed, place him in his crib for 10 to 15 minutes and step out of the room.

Remember to NEVER shake your baby. Many babies become fussy around 6 p.m. – often the same time their parents arrive home from work.

If your baby is healthy, but is crying more than three hours a day, three days a week for more than three weeks, it may be colic. Colic is very hard for your baby and you. Colic usually goes away by 3 months of age.

-Period of purple crying

THE LETTERS IN **PURPLE** STAND FOR

P	U	R	P	L	E
PEAK OF CRYING	UNEXPECTED	RESISTS SOOTHING	PAIN-LIKE FACE	LONG LASTING	EVENING
Your baby may cry more each week, the most in month 2, then less in months 3-5	Crying can come and go and you don't know why.	Your baby may not stop crying no matter what you try.	A crying baby may look like they are in pain, even when they are not.	Crying can last as much as 5 hours a day, or more.	Your baby may cry more in the late afternoon and evening.

**THE WORD PERIOD MEANS THAT
THE CRYING HAS A BEGINNING AND AN END**

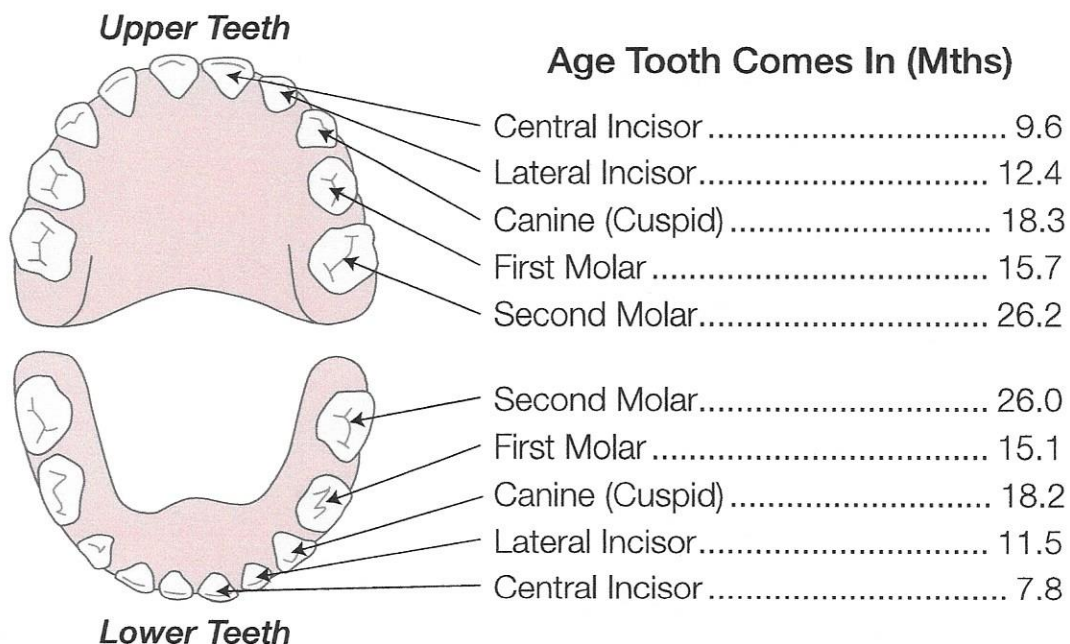
Teeth

Babies often begin teething between 4 and 7 months. Common signs for teething are drooling, chewing on objects and crankiness. To help soothe the pain, give your baby cool liquids or a teething ring. You can also give your baby over-the-counter medications such as **TYLENOL®** or **MOTRIN®** (if over 6 months of age)

Age	Recommended Dental Care
< 1 Year	Wipe your baby's teeth and gums with a wet cloth to remove any food.
1 – 2 Years	Use a soft infant toothbrush with water or infant toothpaste. It is best to brush after breakfast and before bedtime. Limit the amount of juice your child drinks to help prevent tooth problems.
2 – 3 Years	Your toddler should brush twice a day with a child-sized soft toothbrush and toothpaste. Encourage your child to brush on his own, but you should brush them again when he is done to make sure he got a good cleaning. Take your child to the dentist for a cleaning at least once a year.
> 3 Years	Your child should continue brushing twice a day and should have two cleanings a year from the dentist.

****Discuss with your child's doctor or dentist when to start fluoride toothpaste and how much to use.**

Children's Teeth Anatomy



Feeding

Feeding Time

Feeding time is your baby's favorite time. Both you and your baby should enjoy the closeness that feeding time brings. Your baby should be dry and warm before starting a feeding. Babies should be fed every 3 to 4 hours during the day, but at night allow your baby to sleep as long as he wants. Both breastfeeding and formula feeding are healthy and safe options to feed your baby – choose what works best for you.

Sterilization

Sterilizing your bottles is not always necessary. A dishwasher or hot water washing will work just fine.

Burping

Babies often get fussy when they swallow a lot of air. Both breastfed and bottle-fed babies will swallow air during feedings, but it is more common in bottle-fed babies. If your baby begins to fuss while feeding, it's best to stop feeding and burp him. When feeding, you should burp frequently to decrease the amount of air he takes in. A breastfed baby, should be burped between breasts and a bottle-fed baby should be burped every 2 to 3 ounces.

Formula Feeding

Every baby is different and their feedings are unique. Over time you will figure out your baby's schedule and needs. After the first few days of life, a formula-fed baby will take about 3 to 4 ounces every three to four hours for the first few weeks. By the end of the first month, your baby will be up to 4 ounces a feeding. Between 2 to 4 months, your baby will be eating enough that he no longer needs a feeding in the middle of the night. At 6 months of age, he will be eating four to five times a day at 6 to 8 ounces per feeding. Your baby will reach a maximum of 7 to 8 ounces per feeding. He should not drink more than 32 ounces of formula in a 24-hour period.

Breastfeeding

Breastfeeding does not always come easy. Be patient and confident that you can breastfeed your baby. It is often uncomfortable for the first few weeks until you and your baby learn to latch properly. During the first few weeks, your baby will feed 8 to 12 times a day. If you're having trouble getting your baby alert to latch on, undress him down to a diaper and place him against your bare chest. You will begin to notice when your baby wants to eat – watch for rooting, licking and sucking. If you wait for your child to cry, you may have a harder time getting a good latch. Typically your baby will nurse 10 to 15 minutes on each side.

Breast & Nipple Care

Breastfeeding can be tough on your breasts and nipples. The following tips will help keep your breasts and nipples healthy, making breastfeeding more enjoyable.

- When bathing, wash and dry breasts and nipples as you normally would.
- While bathing, massage your breast and soften out any hard spots you may find.
- If you leak milk onto breast pads, change them to keep the nipple dry and rash-free.
- Wear a soft and supportive bra without underwires. Underwires can sometimes block milk flow.
- After feeding, leave a little expressed milk on the nipple and let it air dry.



Pumping & Collecting Milk

Short and frequent pumping in the first 2 weeks of your baby's life can help improve breastmilk supply. If you plan to offer a bottle to your baby in the future, introduce it at 3 to 4 weeks of life. It's important to wash all bottles and pump parts in hot soapy water or in a dishwasher; rinse and dry on a clean towel. Be sure to read and follow your pump instructions.

Breastmilk Storage

Milk Storage Guidelines for Healthy, Full-Term Infants			
Where	Temperature	Time	Comments
Countertop, table (fresh milk)	Room temperature 60° to 85° F (16° to 29° C)	4 hours optimal 6-8 hours at lower temperatures	Contents should be covered and kept as cool as possible; covering the container with a damp towel may keep milk cooler.
Insulated cooler bag	5° to 39° F (-15° to 4° C)	24 hours	Keep ice packs in constant contact with milk containers; limit opening cooler bag.
In a refrigerator	39° F (4° C)	4 days (optimal) 5 days acceptable	Store milk in the back of the main body of the refrigerator.
Freezer (compartment of refrigerator)	5° F (-15° C)	2 weeks	Store milk away from sides and toward the back of the freezer where temperature is most constant. Milk stored longer than these ranges is usually safe, but some of the fats break down over time.
Freezer (compartment of refrigerator with separate doors)	0° F (-18° C)	3 – 6 months	
Deep Freezer	-4° F (-20° C)	6 – 12 months	

Reference: Academy of Breastfeeding Medicine. (2017) Clinical Protocol Number #8: Human Milk Storage Information for Home Use for Healthy Full Term Infants. *Breastfeeding Medicine*, 12(7), 390-395.

Centers for Disease Control and Prevention. (2017). Proper Handling and Storage of Human Milk. Retrieved from https://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm

Storing Breastmilk Tips

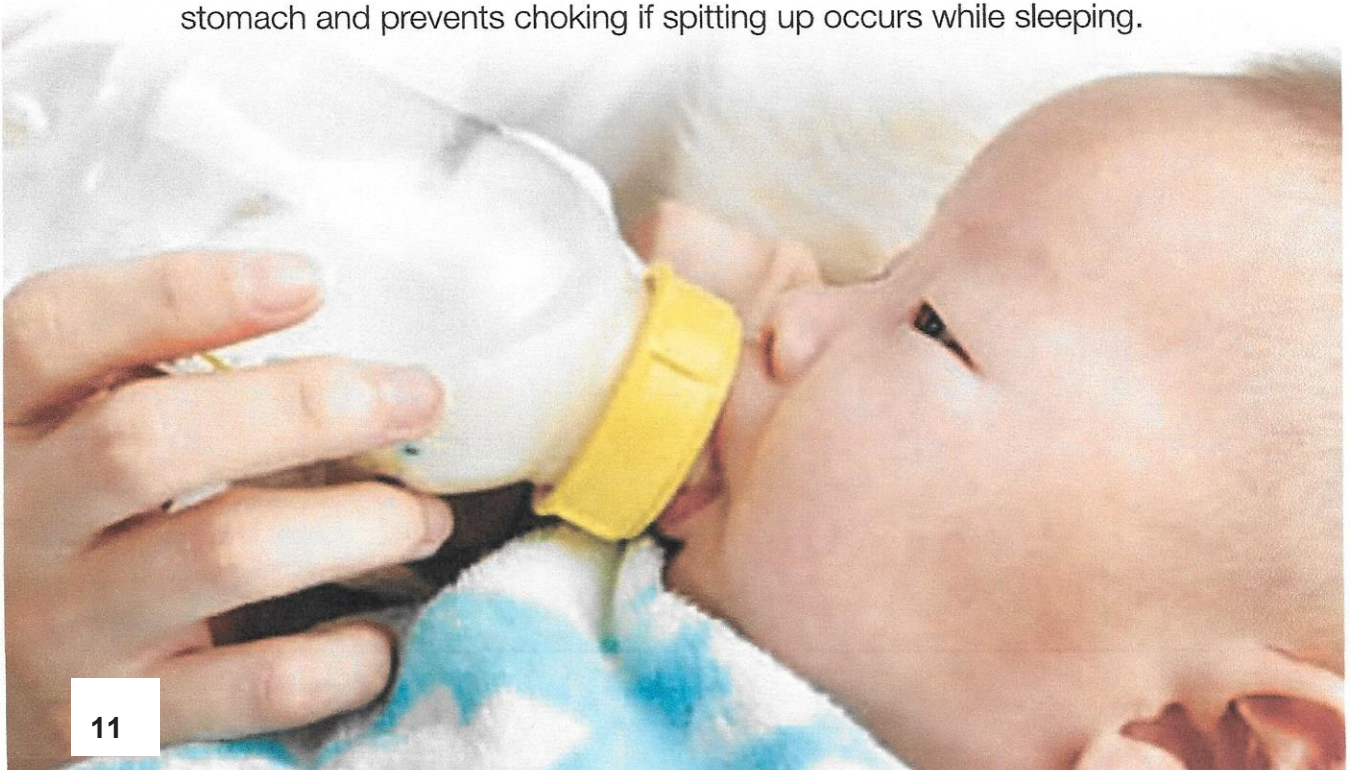
- Wash your hands before expressing or handling any milk.
- Store your breastmilk in screw-cap bottles or bags specifically designed for breastmilk.
- Label all your breastmilk with the date and time it was expressed and use your oldest milk first. If giving it to a caregiver, clearly label it with your child's name.
- Freeze milk in 2 to 4 oz portions to reduce the amount of waste.
- Do not add fresh milk to already frozen milk.
- Thaw your milk in the refrigerator or by placing it in a warm bowl of water.
- If your baby does not finish his milk during a feeding, the recommendation is breast milk may be reused within 1-2 hours. After that time frame reused breast milk should be discarded to avoid transfer of bacteria from baby's mouth to bottle.

Spitting Up

Spitting up is very common with infants. This most often occurs when your baby eats more than his stomach can handle, or he burps or drools. Some babies spit up more than others. The good news is they usually outgrow it by the time they are 6-9 months. Spitting up can be messy, but don't be concerned. It is very normal and almost never is a danger to your child. It's important to know the difference between spitting up and vomiting. When your child vomits, it will be forceful and cause discomfort. If your baby vomits frequently, you should contact our office.

Spitting up can occur no matter what you do, but below are a few tips to help manage spit up.

1. Feed your baby in a calm and quiet environment.
2. Avoid interruptions, sudden noises, bright lights, and other distractions during feedings.
3. Burp a bottlefed baby at least every 3 to 5 minutes during feedings.
4. Do not feed your baby while he is laying down.
5. Hold your baby upright for 20 to 30 minutes after each feeding.
6. Do not play or move your baby around a lot right after a feeding.
7. Try to feed your baby before he gets frantically hungry.
8. When bottle feeding, make sure the hole in the nipple is the correct size. If it is too large, the formula will flow too fast, and if it is too small your baby will get frustrated and gulp for air. To see if you have the right size, invert the bottle and then stop. A few drops should come out.
9. Elevate the head of the entire crib with blocks and put your baby to sleep on his back. **Do not use a pillow.** This keeps your baby's head above his stomach and prevents choking if spitting up occurs while sleeping.



Bathing & Skin Care

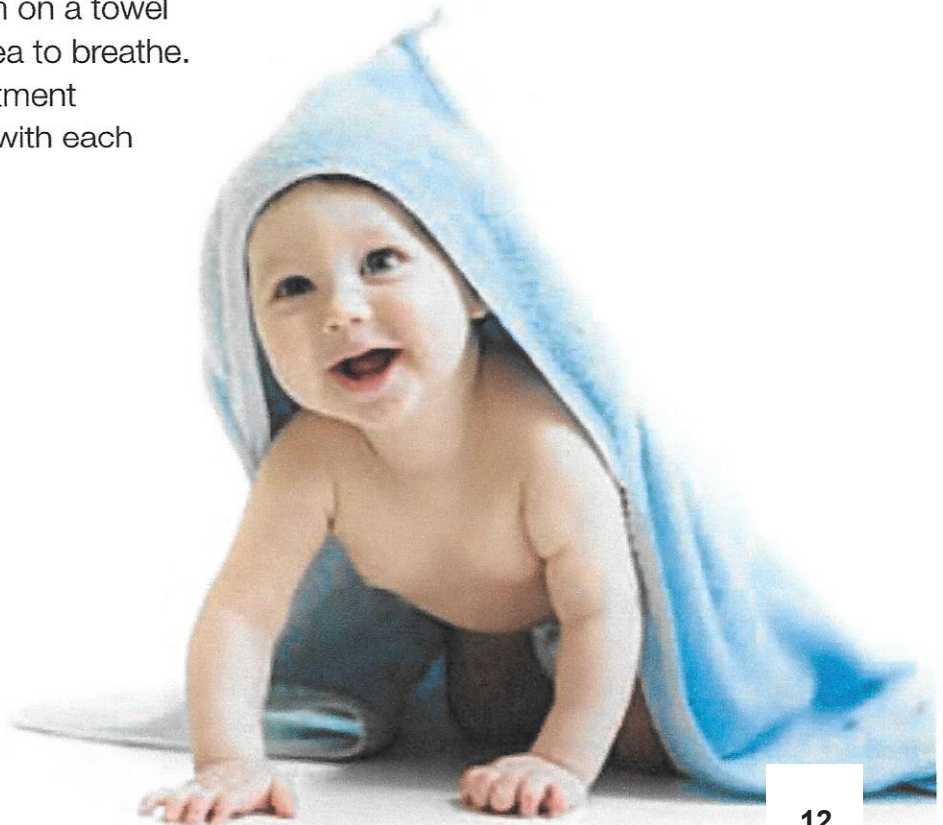
Bathing

After your baby is born, you will bathe him only with a warm, damp washcloth until the umbilical cord has fallen off. A regular bath can be given once the umbilical cord has fallen off and in the case for circumcised boys, the circumcision has healed. Your baby doesn't need many baths as long as you wash his diaper area after each change. Every three days is sufficient during a baby's first year of life. Too many baths will dry out your baby's skin. Applying a baby lotion after a bath can help prevent dry skin.

Before bathing your child, it's important to be fully prepared. If you forgot something, the phone rings or someone is at the door, take your baby with you or ignore it – **NEVER leave your baby unattended in the tub**, even for a second.

Diaper Rash

Diaper rashes are very common in babies and are most commonly caused by his urination, bowel movements or sweat. When your baby has a diaper rash, wash his diaper area after each change with warm water. Soaps and baby wipes can cause irritation. It's important to try and keep the area as dry as possible. This includes keeping him out of a diaper as much as possible. After changing his dirty diaper, lay him on a towel allowing the diaper area to breathe. Also, use a diaper ointment containing zinc oxide with each diaper change.



Cradle Cap

Cradle cap causes thick and crusty, white or yellow scales on your baby's scalp. Some children only have a small patch, whereas others may have scales all over their head. Cradle cap can even occur on the eyebrows, eyelids, ears, crease of the nose, back of the neck, diaper area, or armpits. Cradle cap usually resolves itself in a few months. To help clear it up, you can wash your baby's hair with a mild soap – helping to loosen up the scales. For severe conditions, contact our office for other suggestions, such as a medicated shampoo or lotion.

Milia & Baby Acne

Milia are little white bumps on the nose, chin or cheeks. Most babies are born with it. It is caused by trapped skin flakes near the surface of the skin. Baby acne is more defined and appears as red or white bumps on the baby's face. Baby acne develops within the first month of life due to hormonal changes. Both milia and baby acne will clear up on their own. All you should do is wash your baby's face with water and a mild soap daily, avoid lotions and oils, and never pinch or scrub the bumps.

Eczema/Dermatitis

Eczema, also known as atopic dermatitis is most common in children with a family history of the condition or other allergies. After just a few months of age, you may see itching, redness, and small bumps on your baby's cheeks, forehead or scalp. If you do not treat it, eczema can spread to your baby's arms and body. It may look scaly and be found on the elbows, knees, wrists and ankles on older children. Avoiding long, hot baths and moisturizing your baby's skin can help treat eczema. Sixty percent of babies will outgrow it.

Nail Care

Your baby's fingernails and toenails are very soft; however, they grow very quickly. To prevent your baby from scratching his face and eyes, they should be filed or trimmed. If you clip your baby's nails, it's important to cut them straight across so you don't cut the skin which can cause an infection. It may be easier to trim your baby's nails while he is sleeping.

Sleeping

Infant Sleeping

Babies do not have regular sleep cycles until at least 6 months of age. As babies get older, they need less sleep. Every baby is different and has different needs for sleeping.

Always put your baby on his back to sleep to reduce the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the leading cause of death for infants between the ages of 1 and 12 months.

Sleep Chart

Age	Nighttime Sleep (Hrs)	Daytime Sleep (Hrs)	No. of Naps	Total Sleep (Hrs)
1 Month	8	8	(Inconsistent)	16
3 Months	10	5	3	15
6 Months	11	3.25	2	14.25
9 Months	11	3	2	14
12 Months	11.25	2.5	2	13.75
18 Months	11.25	2.25	1	13.5
2 Years	11	2	1	13
3 Years	10.5	1.5	1	12

Crib Safety

Your baby's crib should be completely empty – this includes no pillows, blankets, toys, etc. When choosing a crib, make sure it meets all the current safety guidelines. Antique and used cribs may appear to be nice, but they may not be safe. Never use a crib with drop rails. Crib bumpers should also not be used in your baby's crib. They pose a risk of suffocation, strangulation or entrapment. Also, once your baby is older, he can use them for climbing out of the crib.

Swaddling

Research shows that swaddling your baby will help keep him calm and sleep longer because swaddling mimics the warm coziness of his mother's womb. It is important that when swaddling, you do it properly so it is snug around your baby and would never come loose – but not too tight. Also, only swaddle your baby when it is time to sleep because a swaddled baby will often sleep longer and not wake as easily. To reduce the risk of SIDS, your baby should always be put on his back to sleep. Stop swaddling your baby by 2 months of age, or once he begins to start trying to roll over.

How to Swaddle

- Spread the blanket flat, with one corner folded down.
- Lay your baby face-up on the blanket, placing his head at the edge of the folded corner.
- Straighten his left arm, and wrap the left corner of the blanket over his body and tuck it between his right arm and the right side of his body.
- Fold the bottom point of the blanket up, leaving room for his feet to move freely.
- Tuck the right arm down, and fold the right corner of the blanket over his body and under his left side.
- Make sure his hips can move and that the blanket is not too tight. You should be able to get at least two or three fingers between the baby's chest and the swaddle.



Cold & Cough

A cold is a very common illness in children. Most children will average 8 to 10 colds in their first two years of life. If your child has older siblings or is in daycare, he may have more. Colds are easily passed between children who are in close contact to each other. The cold will most likely start with a clear runny nose, then turning into a yellow or greenish discharge. Other symptoms include sneezing, low fever, decrease in appetite, irritability and coughing. A typical cold will resolve itself in 7 to 10 days. If the cold worsens or your child is under the age of 3 months, call our office.

There are a few at home treatments you can give your child to help treat a cold.

- **Humidifier** – Use a humidifier in your child's room.
- **Nasal Drops** – If your child has thick mucus, use saline nasal drops to help clear the nostril. Also use a nasal aspirator to help clear the mucus.
- **Fluids** – Your child should drink plenty of fluids. Even if your child doesn't have an appetite, continue to offer a drink.
- **Sit up** – Have your baby sit in an infant chair or swing to help keep their nose clear. Laying down flat can also fill up the nose more.
- **TYLENOL®** – If your child has a fever and is irritable, TYLENOL® may be appropriate. Consult with your doctor.



Ear Infections

Ear infections usually begin with a viral infection such as a cold. An ear infection is caused by fluid or mucus build-up in the middle ear. Symptoms to look for include ear pain, tugging or pulling at the ear, difficulty sleeping, unusual crying, irritability, loss of balance, fever over 100°F, drainage from the ear, loss of appetite, etc. Many ear infections resolve on their own and usually over-the-counter pain relievers are effective. Your pediatrician will determine if antibiotics are needed.

Croup

Croup causes a swelling of the voice box (larynx) and windpipe (trachea). Due to the swelling, the airway below the vocal cords becomes narrow and makes breathing difficult and noisy. Croup is most commonly due to an infection. It most often affects children between the ages of 3 months and 5 years. It can occur at any time but is most common in the fall and winter. The cough sounds like the bark of a seal.

If your child develops croup in the middle of the night, go into the bathroom and shut the door. Run the shower on the hottest setting and let the room steam up. This should help with his breathing within 15 to 20 minutes. The steam almost always works but if it does not, take him outside into the cool air. If your child is not improving, call our office, or in an emergency, go to the nearest emergency room or call 911.

Fever

If your child has a fever, that means he is fighting an infection. It is the body's normal response. There are several types of thermometers. For children under one of age, you should take their temperature rectally. For children over one year of age temperature can be taken under the armpit, in the ear, or temporally (forehead).

Your child has a fever if he has a rectal or oral temperature over 100.4°F or axillary temperature over 99°F. Temperatures under 102°F do not need to be treated with medication. Make sure your child is drinking plenty of liquids and he is wearing minimal clothing. Bundling him can cause a higher temperature. If your child has a fever over 102°F or seems uncomfortable, medication may be necessary. Follow the chart on the next page for medication dosage.

*If your child is under 3 months of age and has a fever, call the office immediately. Do not give babies under the age of 3 months medication until speaking with your pediatrician.

TYLENOL® (Acetaminophen)

Weight (lbs)	Age	Infants' TYLENOL® Oral Suspension (Acetaminophen 160 mg in each 5 mL)	Children's TYLENOL® Oral Suspension (Acetaminophen 160 mg in each 5 mL or 1 tsp)
6 – 11	0-3 Mths	1.25 mL	—
12 – 17	4-11 Mths	2.5 mL	—
18 – 23	12-23 Mths	3.75 mL	—
24 – 35	2-3 Yrs	5 mL	5 mL (1 tsp)

MOTRIN® (Ibuprofen)

Weight (lbs)	Age	Infants' MOTRIN® Oral Suspension (Ibuprofen 100 mg in each 5 mL)	Children's MOTRIN® Oral Suspension (Ibuprofen 100 mg in each 5 mL or 1 tsp)
6 – 11	0-5 Mths	Do Not Use	—
12 – 17	6-11 Mths	1.25 mL	—
18 – 23	12-23 Mths	1.875 mL	—
24 – 35	2-3 Yrs	—	5 mL (1 tsp)

**For both TYLENOL® and MOTRIN®, If possible, use weight to dose; otherwise use age.*

Safety

Car Seats

It's very important to read the manual of your car seat to make sure it is installed correctly. The seat should be snug to the rear seat and not move more than 1 inch from side to side. Follow the chart below for optimal safety.

Age Group	Type of Seat	General Guidelines
Infants/ Toddlers	Rear-facing only seats and rear-facing convertible seats	All infants and toddlers should ride in a Rear-Facing Car Seat until at least 2 years of age and 20 pounds or until they reach the highest weight or height allowed by their car seat's manufacturer.
Toddlers/ Preschoolers	Convertible seats and forward-facing seats with harnesses	All children who have outgrown the rear-facing car seat should use a Forward-Facing Car Seat with a harness for as long as possible, up to the highest weight or height allowed by their car seat manufacturer (around age 4 and 40 pounds).
School-Aged Children	Booster seats	All children who have outgrown the forward-facing car seat should use a Booster Seat until the vehicle seat belt fits properly (usually around age 8 or when they are 4'9" tall).

For more information on child safety seats, visit www.nhtsa.gov.

A certified child passenger safety technician can check your installation and answer any questions. To locate one near you, visit www.seatcheck.org.

Choking

A choking child is a very scary event. Your baby can choke on anything he puts into his mouth. Be aware of any objects around that your baby could possibly put in his mouth. Keep items that are choking hazards away from your child.

These include:

- Coins
- Buttons
- Toys with small parts
- Toys that can fit entirely in a child's mouth
- Small balls and marbles
- Balloons
- Small hair bows, barrettes, and rubber bands
- Pen or marker caps
- Small button-type batteries
- Refrigerator magnets

Certain foods are more of a choking hazard than others. Be sure to cut your child's food into pieces no larger than ½ inch. When your child is eating, he should be sitting and not moving around a lot. Keep the following foods away from children under the age of 4:

- Hot dogs
- Nuts and seeds
- Chunks of meat or cheese
- Whole grapes
- Hard or sticky candy
- Popcorn
- Chunks of peanut butter
- Chunks of raw vegetables
- Chewing gum

It is recommended that all parents take a CPR class to learn how to properly help a child or adult when they are choking.



Healthcare Record

1 to 2 Week Visit

Date:_____ Wt:_____ Ht:_____ HC:_____

Diet: Formula or breast milk.

Development: Hearing is fully developed, eyes focus well at about 12" from face. Yawns, sneezes and hiccups. Startles to noise, has interest in the human voice.

Socialization: Try to establish eye contact with your baby. Give brightly colored toys, like a mobile. Talk to your baby, smile at him and enjoy him.

Notes: _____

2 Month Visit

Date: _____ Wt: _____ Ht: _____ HC: _____

Diet: Formula or breast milk.

Development: Recognizes his caregiver. Smiles at people and begins to coo and make other noises. He may start sleeping through the night.

Socialization: Smile back at your baby. Place different textures and toys in his hands, like a musical toy.

Notes: _____

4 Month Visit

Date: _____ Wt: _____ Ht: _____ HC: _____

Diet: Formula or breast milk and may be ready for solids.

Development: Lifts his head and upper body off the ground when lying on his stomach. He may be rolling over and will look around when someone enters the room or calls his name. Giggles when tickled and babbles.

Socialization: Give your baby grasping toys or toys to bat at. Child mirrors are a great toy for this age. Introduce the game pat-a-cake.

Notes: _____

6 Month Visit

Date:_____ Wt:_____ Ht:_____ HC:_____

Diet: Formula or breast milk, plus the start of solid foods. We suggest introducing cereal first, then vegetables, then fruits. Allow a few days between the introduction of each new food to watch for signs of food allergy, such as diarrhea or a rash.

Development: May sit well alone, or with some support. Expresses definite emotions such as fear, anger and loneliness. Teeth may appear, usually the lower ones. Helps hold his bottle and puts everything in his mouth.

Socialization: Play “peek-a-boo” with your baby.

Notes: _____

9 Month Visit

Date:_____ Wt:_____ Ht:_____ HC:_____

Diet: Formula or breast milk, plus cereals, fruits and vegetables. Introduce a sippy cup.

Development: Sits well and may try to stand or walk holding onto furniture. Can pick up a small object using two fingers. Understands specific commands, such as “no” and may say “ma-ma” or “da-da”.

Socialization: Let your baby hold your hands and try to walk. Introduce toys with different shapes and sounds. Point out familiar objects and repeat their names.

Notes: _____

12 Month Visit

Date: _____ Wt: _____ Ht: _____ HC: _____

Diet: Wean off the bottle and start whole milk. You may continue breastfeeding.

Development: Walks with support or may take steps alone, picks up small objects and eats with his fingers. He may say one to three meaningful words besides "ma-ma" and "da-da". He waves bye-bye and claps hands. Cries when mom or dad leaves.

Socialization: Encourage social games such as peek-a-boo and pat-a-cake. Encourage speech development by naming common objects and point out body parts.

Notes: _____

15 Month Visit

Date: _____ Wt: _____ Ht: _____ HC: _____

Diet: Your baby may exhibit strong food preferences. Remember that children of this age typically do not eat much.

Development: Walks independently with confidence, and may even run and climb. Your child uses utensils at mealtime, and can point to a few body parts. Drinks from a cup.

Socialization: Encourage imitative behaviors with pretend play such as cooking, cleaning, working with tools and driving.

Notes: _____

18 Month Visit

Date:_____ Wt:_____ Ht:_____ HC:_____

Diet: Your child will be very opinionated with what he wants. Try to avoid struggles at mealtime.

Development: Climbs stairs while holding the railing or your hand. He kicks and throws balls. His vocabulary may consist of about 10 words, and he may begin to combine two-word phrases.

Socialization: Encourage your child's curiosity independence.

Notes:_____

2 Year Visit

Date:_____ Wt:_____ Ht:_____ HC:_____

Diet: Your child will continue to be very opinionated with what he wants.

Development: Names many familiar things. Is able to entertain himself while playing alone and also plays well with an adult. Can point to several body parts when asked and starts to undress himself. Turns book pages one at a time.

Socialization: Encourage your child's curiosity and interest in learning new things like songs, letters, etc. Also, nurture his independence.

Notes:_____



Feeding solutions to support baby's growth and development

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Complete nutrition for baby's first year and 2'-FL HMO for immune support

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Complete nutrition for baby's first year



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Gentle nutrition for fussiness,[‡] gas,[‡] or mild spit-up and 2'-FL HMO for immune support

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