

Pediatric Associates
645 N. Arlington Ave. Suite 620
Reno, Nevada 89503
775-329-2525

2 WK WELL CHILD VISIT

DATE _____ WT _____ HT _____ HC _____

DIET

- all babies feed differently; some feed frequently, some less often; good weight gain is the most important sign that the baby is getting enough to eat
- if breast feeding, 10-15min/side is typical; nurse every 2-3 hour until baby is back to birth weight, after that you can let the baby feed less often if able
- mother should keep herself hydrated and continue with prenatal vitamins
- if bottle feeding, babies normally take 2-4 oz every 2-4 hours; avoid bottle propping
- growth spurts occur at approximately 3wks, 6wks, 3mo, and 6mo; feed baby more frequently through them

DEVELOPMENT

- your baby may sleep 2-4 hours at a time, usually 15-18 hours/day is typical
- sneezing, hiccoughs, and noisy breathing while sleeping are common in newborns and can be ignored
- babies look at and follow human faces; they begin to smile between 2wk and 2mo
- gradually babies spend more time awake and alert; use this time to stimulate; most babies are fascinated with bright colors, music, faces, voices, and mobiles
- you CANNOT spoil a baby in the first few months by holding it too much or picking him up when crying

GUIDANCE

- bathe baby no more than every other day with unscented soaps and shampoos; give a sponge bath until the cord falls off and the site is healed
- skin peeling in the newborn is normal
- treat nasal stuffiness with a bulb syringe and salt water drops; vaporizers also help
- crying is normal for babies; in the early weeks, some babies cry off and on for a total of 2-3 hours/day; you will learn to distinguish between the various types of cries and how to respond appropriately
- see attached sheets on when to call the doctor, sleep guidelines, and calming crying baby**

SAFETY

- put to sleep on back only and DON'T SLEEP WITH THE BABY
- use rear facing car seat
- support head and neck; don't shake the baby
- set water heater to 120 degrees max
- DON'T SMOKE OR HAVE SMOKERS NEAR THE BABY
- never leave baby unattended on bed or changing table
- OK to take baby outside; use hat and long sleeves to protect from the sun/wind and don't overdress; dress baby in same # of layers that you require for comfort
- don't tie strings, necklaces, or pacifiers around the neck
- have smoke detectors installed
- TAKE CPR CLASS
- keep baby away from places where other sick children are as long as possible, but at least until over 1 month of age

SOCIAL

- family roles change; mom's time off is important

The 5 S's for Soothing Babies

All babies cry and that's actually a good thing. How else would we know if our helpless infants were cold, hungry, lonely or in pain?

Most babies fuss an average of one and a half hours a day during the first few months. Ten percent cry more than three hours a day, which is the medical definition of colic. Traditionally, moms and dads have been encouraged to just keep their chins up and wait until the baby grows out of it. But, that's easier said than done!

Crying Takes a Toll on Babies AND Parents

Usually, babies' irritability starts churning around sundown and can continue for hours. No wonder, parents get concerned, frustrated and very, very tired.

Exhaustion triggered by persistent crying creates huge stress in families, including marital conflict, maternal and paternal depression and obesity. It causes car crashes and other accidents — people make all kinds of poor decisions when stressed and overtired. It also puts babies in danger when a wiped-out parent falls asleep with a baby in his arms, on an unsafe couch or a bed, which increases the risks for SIDs and infant suffocation. And believe it or not, the national costs of complications of infant crying and parental exhaustion total well over \$1 billion dollars a year.

The 1St S: Swaddle

Swaddling imitates the snug packaging inside the womb and is the cornerstone of calming. It decreases startling and increases sleep. And, wrapped babies respond faster to the other 4 S's and stay soothed longer because their arms can't flail wildly.

Wrap arms snug – straight at the side – but let the hips be loose and flexed. Use a large square blanket, but don't overheat, cover your baby's head or allow loose blankets. Babies shouldn't be swaddled all day, just during fussing and sleep.

The 5 S's for Soothing Babies

The 2nd S: Side or Stomach Position

The back is the only safe position for sleeping but it's the worst position for calming fussiness. This "S" can be activated by holding a baby on her side, on her stomach or over your shoulder. You'll see your baby mellow in no time.

The 3rd S: Shush

Contrary to myth, babies don't need total silence to sleep. That's why they're so good at dozing off at noisy parties and basketball games!

In the womb the sound of the blood flow is a shush louder than a vacuum cleaner. But, not all white noise is created equal. Hissy fans and ocean sounds often fail because they lack the womb's rumbling quality. The best way to imitate these magic sounds is white noise.

The 4th S: Swing

Life in the womb is very jiggly. Imagine your baby joggling inside you when you walk down the stairs! While slow rocking is fine for keeping quiet babies calm, you need to use fast, tiny motions to soothe a crying infant mid-squawk. To do it, always support the head/neck, keep your motions small; and move no more than 1 inch back and forth. For the safety of your baby, never, ever shake your baby in anger or frustration.

The 5th S: Suck

Sucking is "the icing on the cake" of calming. Many fussy babies relax into a deep tranquility when they suck. Many babies calm easier with a pacifier.

The 5 S's Take PRACTICE to Perfect

All babies do better with swaddling and white noise, but try adding on the other S's, too, to see what your baby prefers. If she doesn't calm with the S's, ask your doctor to make sure she isn't ill.



Care of Your Newborn Baby



Congratulations! You have just come home with your brand new son or daughter. If this is your first child it sometimes seems overwhelming. If you already have children you may have forgotten what it is like to have such a small baby. In either case you are getting to know this particular child and they are getting to know you.

The hospital stay is quite short. Hopefully your questions were answered, but often new ones come up once you are home. This handout is meant to anticipate some of your questions and to help you know when to call our office, **Pediatric Associates (775) 329- 2525**.

Newborns definitely **sleep** a lot. There is a huge range of normal. Babies may sleep from 16-22 hours per day. Make sure your baby gets up for feedings (at least 6/day) and sucks well. Make sure the baby has at least some good alert periods each day.

If you are **breast-feeding**, the baby will usually eat every 2-4 hours. Breast-feeding will usually last about 10-20 minutes each side. Sometimes there will be vigorous sucking for many minutes in a row, but often the good sucking comes in 10-20 second spurts. This is perfectly fine. If the baby does not suck (for even a few seconds), he or she may be too tired, and you can try again later. If, however, the baby is not sucking well for a few consecutive feedings, you should call the doctor's office.

Bottle-fed babies usually feed every 3-4 hours. Feed them 2-5 ounces each feeding. Do not put the baby to bed with the bottle as it can cause choking and tooth decay. Heating formula in the microwave is not recommended as milk may heat unevenly and burn the baby's mouth. Place the bottle in a cup of warm water to help warm the formula.

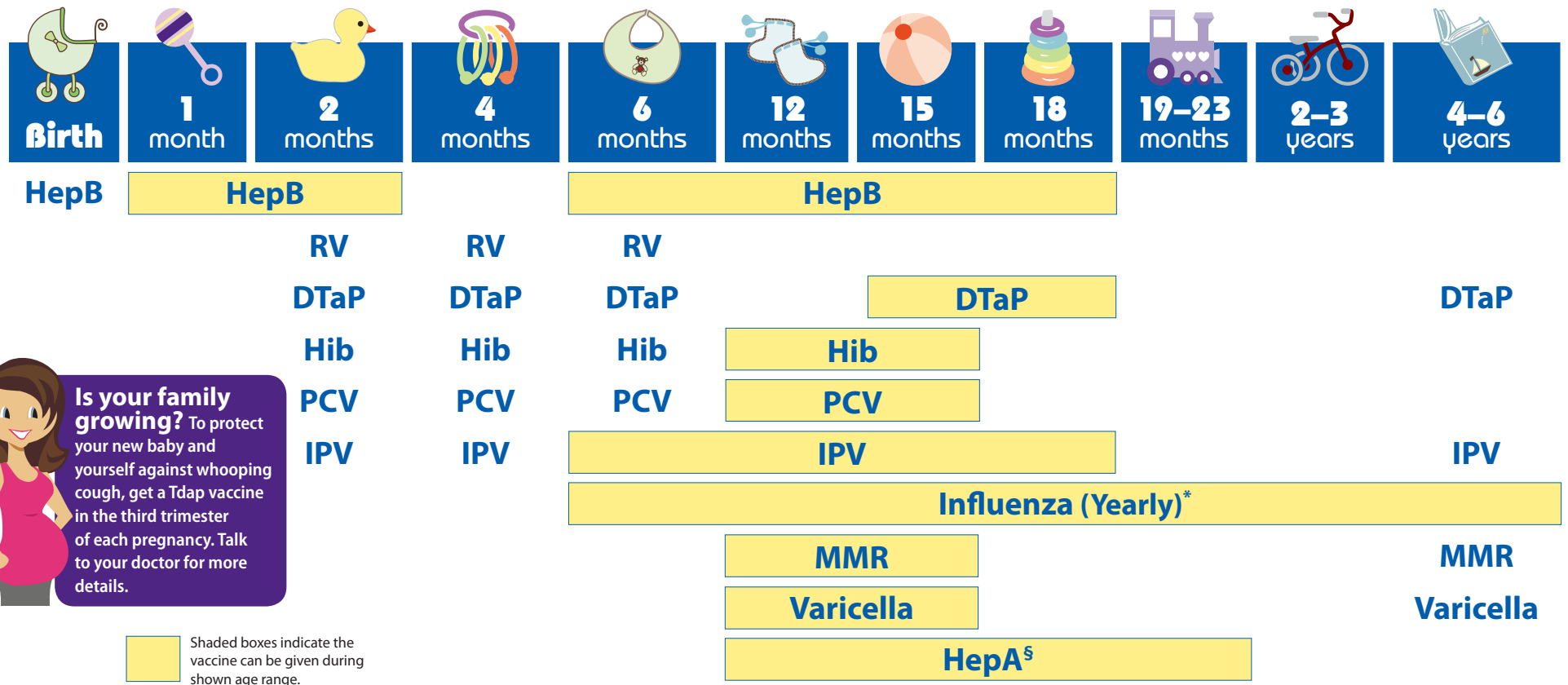
In general, babies will wake when they are hungry. Occasionally a **baby sleeps too long**. For the first week or two if the baby has not awakened by 4 hours for a feed, you should wake them.

Stooling is also quite variable. It may not be every day or it may be 12 times per day. A good indication that the baby is getting enough food is if they are stooling at least 4-5 times per day. In the beginning, if your baby is stooling less than 4 times per day, you should discuss it with your doctor.

Once your baby is getting a good intake of milk, he or she will **urinate** 6-8 times per day (usually at every feeding he or she will be wet). Since the breast milk is not in till day 3-5, babies may urinate less until the milk comes in. Even during this time, however, they should urinate at least 3-4 times per day.

To summarize, in the first few days of life a baby should be feeding very 2-4 hours; suck well at least in spurts; have good active periods at least in spurts; urinate every 6-8 hours; and stool at least 4 times per day. If these are not occurring, please notify your doctor. Enjoy your baby!

2016 Recommended Immunizations for Children from Birth Through 6 Years Old



Is your family growing? To protect your new baby and yourself against whooping cough, get a Tdap vaccine in the third trimester of each pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

NOTE: If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES: * Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
 § Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.

If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.

SEE BACK PAGE FOR MORE INFORMATION ON VACCINE-PREVENTABLE DISEASES AND THE VACCINES THAT PREVENT THEM.



For more information, call toll free **1-800-CDC-INFO** (1-800-232-4636) or visit <http://www.cdc.gov/vaccines>



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention



American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
Diphtheria	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic, and blood disorders
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
Influenza (Flu)	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pinkeye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
Pertussis	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Pneumococcal	PCV vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Children infected with rubella virus sometimes have a rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

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

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

When to Call Your Baby's Doctor

In the first few weeks of life, your baby's body is making many adjustments to life outside the womb. The newborn period is also a time when resistance to disease is lower. Young babies may react differently to illness than older children.

FEVER: There is NO NEED to check the temperature routinely, but if your baby seems ill or irritable, take the temperature RECTALLY. (Our office can show you how if necessary.)

*Call if-*the temperature is greater than 100.4 degrees F (38 degrees C) or less than 97 degrees F (36 degrees C) RECTALLY!!!!

JAUNDICE: Many babies have jaundice in the first week of life because of the accumulation of a yellow pigment in the skin called bilirubin. You may have noticed this in the hospital. Sometimes we do a blood test to measure the level of bilirubin.

*Call if-*the yellow color appears to be increasing, the baby is lethargic and sleepy, or is uninterested in feeding, your doctor can decide whether to check the bilirubin level.

FEEDING: Babies vary the amount of breast milk/formula they take from one feeding to the next. It is NOT UNUSUAL for a baby to vomit occasionally after feeding, and some will spit up a small amount after almost every feeding. Feed your baby ON DEMAND whether breast or bottle feeding. If your baby "just ate" an hour ago and appears hungry, feed him again! DO NOT let the baby go more than 3 hours between feedings until he is back above birth weight. Wake the baby up to feed him if you have to. After the baby is above birth weight, you can let him sleep longer between feeds.

*Call if-*the baby is constantly refusing the breast or bottle, vomiting is persistent or there is decreased activity or alertness, or baby has fewer than 6 wet diapers in 24 hrs.

BOWEL MOVEMENTS: There is a wide variation in the frequency and consistency of a newborn's stools. When a baby is feeding well and appears otherwise healthy, slight changes in stool pattern are not usually a cause for concern. A usual number is 4-8 stools/day which are yellow and seedy.

*Call if-*bowel movements become frequent, watery, and explosive, you notice blood in the stools, or the stools are small, hard, and infrequent. Worrisome colors are black, white, or red; otherwise color is usually not important.

ACTIVITY: Many babies will sleep most of the time when they are not feeding. Others will stay awake for longer periods. Some spend much of their waking time crying in the first few weeks.

*Call if-*your baby is sleeping much more than usual and seems listless when she does wake up, or the baby seems very irritable and can't seem to settle to sleep or be soothed.

BREATHING: You have probably noticed that your baby doesn't always breathe regularly. Sometimes he will take several rapid breaths. You will also see pauses and sighs. THIS IS NORMAL. Babies make many unusual and sometimes loud breathing noises especially while sleeping. Check on the baby, and if the baby is sleeping comfortably, there is usually no need to worry.

*Call if-*there is persistent noisy breathing, continuous rapid, breathing (more than 60 breaths per minute), you see the chest muscles drawn in between the ribs as the baby breathes, the color is unusually pale, gray, or blue, or the baby is breathing so hard/fast that she has difficulty eating.

Call 911 and go to the ER is you feel the baby is in a life-threatening situation!!!!