

Routine Office Hours: Monday – Friday 8 a.m. – 5 p.m.

Walk in Hours 8-9 and 1-2 Monday-Friday

After Hours/Weekend/On-Call Coverage: Call our main number 272-0232 to reach the on call provider

Your Baby's Comfort

- **Room Temperature.** Try to keep an even, comfortable temperature in your baby's room. Windows may be opened in warm weather, provided the baby is not in a draft.
- **Crib.** Cover the mattress with a waterproof cover, quilted pad and soft baby sheet. Please no comforters or fluffy blankets. Place babies to sleep on their backs, alone in their crib. Don't put pillows, blankets, bumpers, comforters or toys in cribs. These things can sometimes keep a baby from breathing.
- **Clothing.** A baby does not require any more clothing than an adult. Dress your baby according to the temperature. Some babies are allergic to certain materials, so watch for rashes where clothing touches the skin. Always wash new clothing that directly comes into contact with the skin before it is first worn.
- **Outdoors.** You can take your baby outside whenever the weather is pleasant. Babies born during warm weather may be taken outside after they are about 2 weeks old, or after 1 month of age for those born in the winter. If you use a carriage or stroller, be sure to protect your baby from the wind. Avoid taking your baby to crowded places in the first 2 months of life.

Bathing Your Baby

- It is a good idea to have a fairly regular time for bathing your baby. The room should be warm, with no drafts. Keep bathing supplies together to save steps.
- Wash your baby by sponging until the navel (and penis, if circumcision was performed) is healed. Then you can bathe your baby in a small tub containing 3 inches of comfortably warm water. Check the temperature of the water with your elbow before placing your baby in it.
- Wash the baby's face with plain, warm water and a soft cloth; do not use soap. To clean around the eyes, use cotton dipped in cool water. Wipe from the bridge of the nose toward the ears. Do not try to clean the inside of either the nose or the ears. You may cleanse the outer areas with a moist washcloth or cotton ball.
- Wash your baby's head with a mild shampoo once or twice a week. Work from front to back, to keep the suds out of the baby's eyes. Clean carefully over the soft spots on a young baby's head. Use a mild soap and warm water to wash the baby's body. Be sure to wash in the folds of skin. Rinse well. Pat the baby dry. Do not use powder after the bath, because the baby could inhale the powder and have trouble breathing. It is also not necessary to use any oils, creams, lotions or ointments on your infant's skin, unless the skin is excessively dry. Trim your baby's nails with a nail clipper or file.

Bowel Movements

- There is great variability in number, color and consistency of stools in infants and young children. Breast fed infants may initially have 6 to 8 stools per day and then as they get older, the frequency diminishes. It is not unusual for a purely breast fed infant to have a stool once every 4 to 7 days, rarely, 10. As long as the infant is not uncomfortable, there is no reason for concern.
- If your baby passes hard dry stools, you can feed 1 ounce of prune juice diluted with 1 ounce of water.

- It is not unusual for infants initially to strain and be fussy when attempting to have a stool.

Colic

- Normally infants will do some crying in the first month of life. Colic refers to an infant who has unexplained, intermittent periods of crying lasting 1-2 hours, not related to being hungry, overheated or in pain. The infant is consolable when held and appears fine between bouts of crying.
- About 10-15% of infants experience what is defined as colic.
- Try not to feed the baby each time it cries. It takes about 2 hours for the stomach to empty.
- Hold and soothe the baby when it cries without reason (you can not spoil an infant less than 3-4 months of age). Consider a rocking chair, a cradle, a baby carrier, a swing or a stroller.
- Probiotics can be helpful. Ask us about them.

Oral Care

In areas where there is no fluoride in the water, a fluoride supplement is recommended from age 6 months to puberty. Teeth should be cleansed twice daily with a soft cloth or brush. Going to bed with a bottle is discouraged as it can cause tooth decay and/or ear infections. The Academy of Pediatrics recommends a small smear of fluoride toothpaste when teeth erupt while the American Dental Association recommends waiting until your child can spit the excess out. The American Dental Association has recommended that children should have a dental exam as early as the age of 2

Sleep

Infants should be placed on their backs to sleep. Some infants will sleep through the night at an average of 2-4 months while many others will continue to wake at night for years. These different sleep patterns are as varied as each individual's personality. For the most part, whether a baby wakes at night is unrelated to breast-feeding vs. bottle-feeding or solids vs. liquid feeding. Resist bringing the child into bed with you or giving a bottle to the child in bed. The following guidelines may help teach your newborn baby that nighttime is a special time for sleeping:

1. During daytime, feed baby on demand and spend as much time as possible in enjoyable social interactions. Try to bathe baby at approximately the same time each day.
2. Each night, encourage baby to take a feeding between 10 pm and midnight. Take your time with this important feed.
3. If baby is still awake after feeding and changing, try not to hold, rock or nurse him/her to sleep. Put your baby in the bed while awake and leave him/her to settle. The light levels should be low but not necessarily dark.
4. If your baby does not settle, check the following:
 - (a) Check his/her diaper – does it need changing?
 - (b) Try burping him/her.
 - (c) Is baby too hot or cold – add or remove clothing or blankets accordingly.
 - (d) Stroke and talk softly to your baby. If necessary, pick him/her up and have a cuddle.Give each action a chance to work before trying something else (at least 10 min).
5. Try to distinguish between crying and fretting in order to reduce the number of times you pick your baby up at night. Babies often fret before settling to sleep but do not always need further attention.
6. When your baby wakes in the night for a feed, try to keep the lights low. Respond to your baby's immediate physical needs, diaper change, feed, and settle back to bed. If baby does not settle then work through the previous suggestions. Avoid playing, socializing.

7. If baby wakes more often than every 3 or 4 hours at night, it will not always be necessary to go through the ritual of diaper changing unless the need is obvious.
8. Make night-time as uninteresting as possible for your baby. Minimal interaction and stimulation. Night-time is for sleeping!
9. At about a month of age you can begin to lengthen the time between night-time feeds. This does NOT mean leaving your baby to cry unattended for long periods. The aim is to delay feeding when baby wakes at night, to dissociate waking from feeding. For instance, use changing the diaper, resettling back to sleep in bed, patting, carrying, etc. to delay giving a feed. This will need to be done gradually – perhaps just 5 or 10 min of delay at first. After a week or two, the gap between feeds should become noticeably longer and your baby will start to sleep for longer periods at night.

When can my baby begin solid foods?

We recommend breastfeeding as the sole source of nutrition for your baby for about 6 months. Some parents may wish to start earlier with breast or bottle fed infants. Here are some guidelines. Please feel free to talk with us!

Can he hold his head up? Your baby should be able to sit in a high chair, feeding seat, or infant seat with good head control.

Does he open his mouth when food comes his way? Babies may be ready if they watch you eating, reach for your food, and seem eager to be fed.

Can he move food from a spoon into his throat? If you offer a spoon of rice cereal and he pushes it out of his mouth and it dribbles onto his chin, he may not have the ability to move it to the back of his mouth to swallow it. It's normal. Remember, he's never had anything thicker than breast milk or formula before, and this may take some getting used to. Try diluting it the first few times, then gradually thicken the texture. You may also want to wait a week or two and try again.

Is he big enough? Generally, when infants double their birth weight (typically at about 4 months) and weigh about 13 pounds or more, they may be ready for solid foods.

Tummy Time to play: try at least 30 minutes a day

Start early. Introduce tummy time within the first few days of life and continued thereafter. Place your newborn belly-down on your chest or across your lap for a few minutes is a good start to get him accustomed to the position

Think comfort. Lay your little one down on a flat, clean surface, such as a blanket or play mat on the floor. If she squirms or cries, try some extra padding. Roll up a small receiving blanket and tuck it under her chest, at the nipple level with arms forward of the roll, to help shift the weight posteriorly. This small adjustment can make big difference for baby's tolerance for tummy time.

Add a little extra time. Put baby on his tummy after each diaper change. Add a little extra time each day. Short periods of quality tummy time are more beneficial than leaving baby in prone for longer time while crying

Give her distractions. Hold a mirror in front of your baby to capture her attention. Or place brightly colored stuffed animals just within her reach. There are also plenty of tummy-time toys that can keep your baby from getting bored.

General Safety recommendations from the Academy of Pediatrics

1. For Poison Help call 1-800-222-1222. Call if you need help or want information about poisons. Call 9-1-1 if someone needs to go to the hospital right away.
2. Use stair gates at the top and bottom of stairs.
3. Install window guards on upper windows.

4. Keep cleaners, medications and beauty products in a place where children can't reach them. Use child safety locks.
5. Have working smoke alarms and hold fire drills. If you build a new home, install fire sprinklers.
6. Use tape to set up a "kid-free zone" three feet in front of the stove. Use backburners and turn pot handles toward the back of your stove.
7. Set your hot water at 120°F degrees or less to prevent burns.
8. Keep coins, latex balloons and hard round foods, such as peanuts and hard candy where children cannot see or touch them. Things that can fit through a toilet paper tube can cause a young child to choke.
9. When your children are in or near water, watch them very carefully. Stay close enough to reach out and touch them. This includes bathtubs, toilets, pools and spas – even buckets of water.

Car Seat/Restraint Information

How long should my child use a rear-facing seat?

All infants and toddlers should ride in a rear-facing car seat until they are **2 years of age** or until they reach the highest weight or height allowed by their car seat's manufacturer. In the event of a crash, the rear facing position cradles and moves with your child to reduce stress to your child's fragile neck and spinal cord.

All children 2 years or older, or those younger than 2 years who have outgrown the rear-facing weight or height limit for their 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's manufacturer.

Where can I get help installing a car seat?

There are **Child Safety Inspection Stations** located in each county of New York State. Please visit:

<http://www.safeny.ny.gov/seat-per.htm> for the complete list. Appointments are required.

Enhancing Development

- 1. Learn how and when development occurs.** When you have more information at hand, you'll worry less about your child's progress and enjoy the process more.
- 2. Respond to your baby's cues promptly.** Understanding that babies thrive when their needs are met can free you from the fear of spoiling and lead to a more nurturing relationship.
- 3. Keep your expectations for your child's behavior realistic and age-appropriate.** Comparing your child to charts or other kids will only make you both stressed. Celebrate every step toward growth. And let your kid be a kid without pressure.
- 4. Use nonviolent, age-appropriate methods of discipline.** Although many people are surprised to discover that spanking *is not* the most effective way to get a child to behave, knowing this opens up the path to learning and using more positive forms of correction.
- 5. Feed your children a healthy diet.** Good nutrition leads to optimal brain and physical growth. Eating right will make your whole family feel better and live longer.
- 6. Talk and play with your child.** Hey, you didn't have a baby so you could plop her in a swing and go about your business, did you? Enjoy every stage of your child's growth by interacting constantly. Nurture your baby by holding, cuddling, and rocking him, and by talking and singing to him. Encourage your baby's vocalizations
- 7. Read to your child.** You should do this starting at birth. Infants are not too young to respond to lyrical language and delight in the pleasure of hearing voices directed at them. And there's no reason to stop reading aloud even as your child grows!
- 8. Provide quality child care.** That is the best way to assuage your feelings of guilt. Children thrive in excellent child care environments. Consider high quality child care as an enhancement to your own parenting.
- 9. Provide your child with safety and security.** This is easy to do by responding to your child's needs and ensuring that your home is a welcoming and safe place for your baby at every stage of development.
- 10. Shield children from the experience of violence.** This means more than the big things like protecting your child from abusive situations. Present a calm, controlled image to your child. Tone down disagreements and outbursts. You'll benefit as much as baby.

11. Communication is critical. A newborn baby's first attempt to communicate is through crying. Many parents can identify specific needs (comfort, hunger, pain) and emotions (happy, sad) through the different cries used. Later, the baby will use vowel-like and consonant-vowel sounds, such as "ma," "da," and "ba." These sound combinations will be used for both personal satisfaction and for relaying information. Encourage your baby to make these sound combinations. Reinforce attempts by maintaining eye contact, responding with speech, and imitating vocalizations using different patterns and emphasis. For example, raise the pitch of your voice to indicate a question. Also, imitate your baby's laughter and facial expressions. Teach your baby to imitate your actions, including clapping your hands, throwing kisses, and playing finder games such as pat-a-cake, peek-a-boo, and the itsy-bitsy-spider.

When Your Baby is Sick

Cough

- Most coughs are due to a viral infection and most children get this type of infection a couple of times a year as part of a cold. Keep in mind that coughing clears the lungs and protects them from pneumonia.
- Cough suppressants reduce the cough reflex, which protects the lungs and are not recommended for babies. Instead, try using a humidifier, nasal saline and nasal suction.
- Dry air tends to make coughs worse. A dry cough can be loosened by using a humidifier and encouraging fluid intake.
- If a cough lasts more than 3 weeks, a temperature more than 3 days, the child is acting very sick, or there is any breathing difficulty, please call our office.

Runny Noses & Stuffy Noses

- Allowing the nose to run for a day or two is helpful, as nasal discharge is the nose's way of getting rid of viruses. If stuffiness interferes with breathing or eating this may be cleared with the use of saline nose drops followed by suctioning or blowing. You can instill 1-2 drops into each nostril. Wait 1-2 minutes and then aspirate with a bulb syringe. This may be repeated at least 4 times a day or whenever your child cannot breathe through the nose.
- Children who have colds often have a decrease in their appetites. This is natural. Encouragement of additional fluids is helpful.
- Increasing the humidity in the house is also helpful, as it tends to prevent drying of the mucous membranes. Maintain a normal temperature in the home. A child can go outside if the weather is good.
- Avoid undue exposure of young babies to other children or adults with colds, and exposure to daycare nurseries or church nurseries.

Vomiting

Vomiting can cause significant parental concern and anxiety. As your child's provider our responsibility is to differentiate benign versus potentially serious causes and assess the need for rehydration. Most vomiting is caused by a viral infection of the lining of the stomach or by eating something that disagrees with your child. Signs of potentially serious causes of vomiting include abdominal pain, swollen abdomen, bilious or green vomit, blood in vomit, and in an infant, projectile vomiting.

Vomiting will usually stop in 6 to 24 hours. Changes in diet will usually speed recovery.

Vomiting Home Care

- Give nothing by mouth immediately after a child has vomited
- After your child has not vomited for 1 to 2 hours, offer clear fluids (not milk) starting with 1 tablespoon every 20 minutes for an hour. As these fluids are retained, you can gradually continue increasing the amount offered to 2 Tbsp. every 20 minutes for an hour, 3 Tbsp. every 20 minutes for an hour and then continue to slowly increase amounts offered. At this point, you may also use Popsicles. Liquids you may offer include Pedialyte, Infalyte or Gatorade if older than 2.
- When your child has not vomited for 12 hours you may give rice cereal, banana or applesauce
- Diet for a breast-fed baby: If your baby vomits only once, do not change nursing. If the baby vomits more than once, give Pedialyte for 2 feedings, then alternate Pedialyte and nursing for 8 hours. If your infant is doing well, resume nursing but decrease length of nursing.
- If your infant normally nurses for 10-15 minutes, limit to 6-7 minutes during the next 8 hours, gradually increasing length as tolerated.
- Medications are rarely used in children. Diet control is the best treatment for children.
- The most effective management for gastroenteritis is prevention: i.e., good hand washing, avoidance of partially cooked foods or uncooked meats, and avoidance of contaminated water.

Contact our office immediately if:

1. Your child shows any signs of dehydration (such as no urine in over 8 hours, very dry mouth, no tears when crying).
2. Your child vomits up blood.
3. Your child's vomiting is accompanied by lethargy, confusion or severe irritability.
4. Your infant is less than 12 weeks.
5. Your child vomits for 3 to 4 hours without stopping, even when being given nothing to eat or drink.
6. Your child is unable to tolerate liquids when being given as directed.

Diarrhea

- Diarrhea is the sudden increase in the frequency and the looseness of bowel movements. Acute diarrhea is usually abrupt in onset, self-limited and the result of gastrointestinal infection by a virus, bacteria or a parasite. An infant's stools are normally soft and runny. It may not be easy to tell when a young baby has mild diarrhea. Greater than six to eight loose stools per day, greater than one bowel movement per feeding and an associated fever, may be signs of an infection.
- Diarrhea usually lasts several days to a week and the goal of therapy is to prevent dehydration. Your child needs to drink enough fluids to replace the fluids lost in the diarrhea.
- Fluid replacement in a child with diarrhea should include fluids with electrolytes and sugar to replace the child's losses. Infalyte or Pedialyte are preferred. Avoid fruit juices as these may add to the diarrhea. Reintroduction of a regular diet shortly after onset of illness has been shown to decrease stool output, shorten the duration of the illness and decrease the nutritional consequences of diarrhea. For infants who are nursing, if the child is having frequent loose stools give 2 feedings of Pedialyte then resume nursing.
- Formula-Fed infants, give Pedialyte for 8 hours, and then give half-strength formula for 24 hours. Increase to $\frac{3}{4}$ -strength formula for 24 hours, and then resume full strength formula.

- Rice cereal and rice products, banana, applesauce and toast are the advisable solids to feed an infant or child with diarrhea. Continue this diet for 48 hours then gradually re-introduce a regular diet.
- Imodium, Kaopectate or Pepto-Bismol have no role in the treatment of diarrhea in infants and children. These agents decrease the gastrointestinal motility and increase the length of the illness.
- The most important part of treating diarrhea is to prevent your child from becoming dehydrated. Recognizing the signs of mild to moderate dehydration will assist in your child's recovery.

Mild to Moderate Dehydration

- Plays less than usual
- Parched, dry lips
- Sunken soft spot in infants
- Urinates less than usual
- Decrease in tears when crying

Severe Dehydration

- Very fussy
- Sunken eyes
- Wrinkled skin
- Excessively sleepy
- Cool, discolored hands/feet
- > 8 hours of no urination

Contact our office immediately if:

- Your child is less than 12 weeks of age with a fever greater than 100.4° rectally.
- Your child is experiencing abdominal pain that does not improve with the passage of stool.
- Your child has blood in the watery stool.

Fever Guide

Fever is not a disease but usually a sign of infection. While some infections are serious, most are not and children handle them very well. Fever can make your child uncomfortable but does not make a child sicker. Medicines such as Tylenol or Motrin do not cure infections. They bring down the fever and help a child feel better, so he or she can drink more fluids. Take your child's temperature with a digital thermometer on the forehead or under the armpit. Don't use temperature alone to judge how sick your child is. Instead, look at how your child acts.

Please Call Us If

- If your child's temperature reaches 105°F (40.6°C).
- If your baby under one month of age has a fever of 100.4 or more (38°C).
- If your baby between one and 3 months of age has a fever of 100.8 or more (38.2°C).
- Your child has a dry mouth, cracked lips, or cries without tears.
- Your baby has a dry diaper for at least 8 hours, or he is urinating less than usual.
- Your child is less alert, less active, or is acting differently than he usually does.
- Your child has a seizure or has abnormal movements of the face, arms, or legs. While the episode might be dramatic, there is usually no significant side effect from a seizure that comes on with a fever.
- Your child is drooling and not able to swallow.
- Your child has a stiff neck, severe headache, confusion, or is difficult to wake.
- Your child has a fever for longer than 4-5 days.
- Your child is crying or irritable and cannot be soothed.
- Your child seems to be getting sicker.

- The fever gets much higher.
- There are new or worse symptoms along with the fever. These may include a cough, a rash, or ear pain.

Manage your child's fever

- Give your child plenty of liquids: Help your child drink at least 6 to 8 eight-ounce cups of clear liquids each day. Give your child water, juice, or broth. Ask if you should give your child an oral rehydration solution (ORS) to drink.
- If you are breastfeeding or feeding your child formula, continue to do so. Your baby may not feel like drinking his regular amounts with each feeding. If so, feed him smaller amounts more often.
- Dress your child in lightweight clothes. Shivers may be a sign that your child's fever is rising. Do not put extra blankets or clothes on him. This may cause his fever to rise even higher. Dress your child in light, comfortable clothing. Cover him with a lightweight blanket or sheet.
- Use a cool compress in lukewarm water by placing cool washcloths on the forehead, back and abdomen and then letting the wetness evaporate. You can do the same in a lukewarm bath as long as you keep allowing the back and abdomen to get wet and then air dry. . Do not put your child in a cold water or ice bath.
- DO NOT use rubbing alcohol on your child to lower the temperature: Rubbing alcohol is dangerous and can poison your child
- If the medicine is a liquid, use the measuring tool that comes with the medicine—not a kitchen spoon.
- Do not give aspirin to children under 18 years of age.

Guidelines by Age

Up to one month: Under 100.4 Check the temperature again in a hour. Give your baby extra to drink or nurse. Be sure she/he is not overdressed. Please call if the temperature rises to 100.4 or greater or if your child seems unusually irritable, lethargic.

1 month to 3 months Up to 100.8 Check the temperature again in a hour. Give your baby extra to drink or nurse. Be sure she/he is not overdressed. Medication is not needed. Please call if the temperature rises to 100.8 or greater or if your child seems unusually irritable, lethargic or uncomfortable.

3-6 months Up to 102 F (38.9 C) Encourage your child to rest and drink plenty of fluids. Medication isn't needed. Call the doctor if your child seems unusually irritable, lethargic or uncomfortable.

3-6 months Above 102 F (38.9 C) Call the doctor; he or she may recommend that you bring your child in for an exam.

6-24 months Above 102 F (38.9 C) Give your child acetaminophen (Tylenol, others). If your child is age 6 months or older, ibuprofen (Advil, Motrin, others) is OK, too. Read the label carefully for proper dosage. Please don't use ibuprofen if there is any concern with dehydration. Vomiting or diarrhea are the most common reasons for this. Don't give aspirin to an infant or toddler. Call the doctor if the fever doesn't respond to the medication or lasts longer than one day.

2-17 years Up to 102 F (38.9 C) Encourage your child to rest and drink plenty of fluids. Medication isn't needed. Call the doctor if your child seems unusually irritable or lethargic or complains of significant discomfort.

2-17 years Above 102 F (38.9 C) If your child seems uncomfortable, give your child acetaminophen (Tylenol, others) or ibuprofen (Advil, Motrin, others). Read the label carefully for proper dosage, and be careful not to give your child more than one medication containing acetaminophen, such as some cough and cold

medicines. Please don't use ibuprofen if there is any concern with dehydration. Vomiting or diarrhea are the most common reasons for this. Avoid giving aspirin to children or teenagers.

Acetaminophen Dosing (Tylenol and Similar)

Child's weight (pounds)	6-11	12-17	18-23	24-35	36-47	48-59	60-71	72-95	96+	
Liquid 160 mg/ 5 milliliters (mL)	1.25	2.5	3.75	5	7.5	10	12.5	15	20	mL
Liquid 160 mg/ 1 teaspoon (tsp)	--	½	¾	1	1½	2	2½	3	4	tsp
Chewable 80 mg tablets	--	--	1½	2	3	4	5	6	8	tabs
Chewable 160 mg tablets	--	--	--	1	1½	2	2½	3	4	tabs
Adult 325 mg tablets	--	--	--	--	--	1	1	1½	2	tabs
Adult 500 mg tablets	--	--	--	--	--	--	--	1	1	tab

Ibuprofen Dosing (Advil, Motrin and Similar)

Please don't use before 6 months of age. Don't confuse ibuprofen infants' drops with children's liquid. The drops are much more concentrated. Hint: Drops come with a syringe; children's liquid comes with a cup.

You can repeat the dose every six to eight hours. Don't give more than four doses in 24 hours.

Child's weight (pounds)	12-17	18-23	24-35	36-47	48-59	60-71	72-95	96+	
Infant Drops 50 mg/ 1.25 mL	1.25	1.875	2.5	3.75	5	--	--	--	mL
Liquid 100 mg/ 5 milliliters (mL)	2.5	4	5	7.5	10	12.5	15	20	mL
Liquid 100 mg/ 1 teaspoon (tsp)	½	¾	1	1½	2	2½	3	4	tsp
Chewable 50 mg tablets	--	--	2	3	4	5	6	8	Tabs
Junior-strength 100 mg tablets	--	--	--	--	2	2½	3	4	Tabs
Adult 200 mg tabs	--	--	--	--	1	1	1½	2	tab