TILAK PEDIATRICS
www.tilakpediatrics.com
Doctors Inlet Pediatrics and Avenues Pediatrics

GUIDE TO NEWBORN CARE
For Expecting and New Parents

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INTRODUCTION

Congratulation for your bundle of joy, and welcome to Dr Tilak's Pediatric practice! We are a group of Physicians and Nurse Practitioners and specialists, and all of us are Board Certified in our field of expertise. We specialize in the care of infants, children and adolescents. Our goal is to provide the highest quality and comprehensive care for your child.

As a new patient you probably have a mixture of emotions, ranging from excitement and joy to fear and concern. We want to help you feel comfortable and confident with your parenting skills by providing education and guidance.

This manual will assist you in finding answers to many of the common questions that parents of newborn frequently ask. We hope you find this material helpful.

Both office locations have same day urgent sick visit appointments available. Both office locations have appointments available for real time scheduling via our secure patient portal.

**Middleburg Hours:** 8am-7pm Monday-Friday
9am-6pm Saturday
Closed daily from 1pm-2pm for lunch
904-644-8669

**Jacksonville Hours:** 9am-5pm Monday-Friday
Closed daily from 12:30pm-2pm for lunch
904-519-0008
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OFFICE/PHONE POLICIES

Calls During Office Hours
All parents are encouraged to call the office with any questions. Phone calls are a major part of any pediatric practice. Our office staff can answer many routine non-clinical questions. However, for medical related question or problems, the non-medical office staff is not able to provide answers. Therefore the providers or Medical Assistants return all medical related questions. If you would like to speak to one of the providers (MD or Nurse Practitioner) you will need to leave a message since they will be involved in seeing the scheduled patients. In most cases the provider will discuss the issue with the Medical Assistant, who call you back as soon as possible or send a message via our secure portal access.

If it is an **EMERGENCY** that you cannot wait for a call back, please inform the office staff. **FOR LIFE THREATENING EMERGENCIES CALL 9-1-1!**

After Office Hours Calls
These calls should be limited to problems of an acute nature, which require attention before the office re-opens. If your child becomes acutely ill after office hours and you cannot wait until we re-open please call our main number(s). During non-office hours our phones are answered by an answering service. They will take your message, your name, your child’s name, and phone number and forward the information to the provider on call. The provider will determine whether the issue can be handled over the phone and see your child in the office the next day, or whether the problem, in fact, may require your child to be seen more urgently at an Urgent Care (CareSpot) or the emergency room (Wolfson Children’s Hospital).

Please keep your line open for the provider’s return call. If you have not received a return call with in 30 minutes of your call, please call back and inform the answering service.

The answering service is able to contact the provider on call 24 hours a day, seven days a week. The answering service staff has no medical training and will be unable to answer your medical questions. They serve strictly to direct your after hours call to an on provider for the emergent/urgent medical problems. **WE DO NOT USE OUTSIDE PROVIDERS OR A NURSE TRIAGE SERVICE.** This allows us to provide the most optimal after hours medical care since our on call providers in many instances will have access to your child’s medical records and may even be familiar with your child’s pediatric care provided to date.
Calls Between 11pm and 5am
After hours calls placed to the practice after 11pm and before 5 am usually result in the provider requesting you take your child to the Urgent Care (CareSpot) or the emergency room (Wolfson Children's Hospital), or require you to bring the child into the office the next morning (Monday-Saturday) to an appointment between 8am-9am for assessment/evaluation. This policy is in place for your child’s protection. It is far better to have an ill child assessed by examination than attempt to diagnose the medical condition over the phone.

Insurance
Babies are not automatically covered on insurance plans. Therefore, before your baby arrives we recommend that you check with your HR Department at work or member services with your insurance company to see how your individual health plan works, and to begin the process of adding your baby to the insurance.

**IF WE DO NOT HAVE VALID INSURANCE VERIFICATION OF COVERAGE BEFORE THE 3RD VISIT, THE PATIENT’S ACCOUNT WILL BE CONSIDERED SELF PAY, WITH PAYMENT DUE AT TIME OF SERVICE, UNTIL INSURANCE COVERAGE CAN BE VERIFIED. PAYMENT WILL BE BY CREDIT CARD OR CASH ONLY**

The following is helpful information about insurance and answers to some of our frequently asked insurance question:

- Always bring your insurance card to the office
- Know your benefits and co-pay amount
- Know your primary care physician (PCP)
- Know the effective date of the current policy
- Provide complete Coordination Of Benefits information in a timely manner (COB). If a prior claim has been rejected for payment by an insurance company due to the lack of COB information, the patient’s account will be considered self pay (payment by credit card or cash only will be required at time of service) until the COB issue is resolved and claims can be paid by an insurance company.

PREPARING FOR YOUR BABY’S ARRIVAL

The anticipation of having a child can be overwhelming. Being prepared before birth can alleviate some stress and concerns for your family. Here are some suggestions to help you get ready.

CPR
Infant CPR (cardio-pulmonary resuscitation) provides you with the skills needed to help your baby in the case of an emergency. We recommend that all caregivers (including grandparents and babysitters) get trained in CPR. Classes are offered:

Family and Friends CPR through Baptist Health
www.baptistjax.com

American Heart Association
http://firstcoastcpr.com

If you are not able to take a full class as offered, consider purchasing CPR Anytime (www.cpranytime.org). This program is endorsed by the American Academy of Pediatrics and is equipped with a 20 minute DVD and infant mannequin, to help you be ready in case of an emergency.

**Immunizations**

For protection against the flu and Pertussis (whooping cough), parents and caregivers should receive the influenza vaccine (annually) and Tdap vaccine. Parents, grandparents and any caregivers should discuss this need with their own PCP.

**Deciding About Circumcision**

Current evidence indicates that the health benefits of newborn male circumcision outweigh the risks of the procedure. Specific benefits include prevention of urinary tract infections, penile cancer, and the transmission of some sexually transmitted infections, including HIV. It is ultimately up to the parents, however, to decide whether circumcision is in the best interest of their child. You should discuss this with your OB/GYN or neonatal care physician at the hospital Labor and Delivery unit to make arrangements for this to be done before discharge from Labor and Delivery.

If you do not decide before leaving the hospital and want the procedure done later, we will refer your child to a pediatric urologist at 2 months of age. If you decide against circumcision you will need to discuss proper ways to clean and care for an uncircumcised penis with your child’s provider at the time of a check up.

**Breastfeeding Classes**

We now offer lactation consulting services in house, starting in August 2016. Please call 904-644-8669 to make an appointment. Following are a couple of websites to assist you with questions:

**Breastfeeding**

I. Helpful Breastfeeding Tips (from www.thebump.com)
   A. A Smart Start to Breastfeeding
B. Make Breastfeeding Easy

http://www.thebump.com/a/make-breastfeeding-easy

C. 10 Breastfeeding Problems Solved

http://www.thebump.com/a/top-10-breastfeeding-problems-solved

D. Foods to Avoid While Breastfeeding

http://www.thebump.com/a/foods-avoid-when-breastfeeding

E. Things You Didn't Know about Breastfeeding

http://www.thebump.com/a/11-things-you-didnt-know-about-breastfeeding

F. How Breastfeeding Changes as Baby Gets Older

http://www.thebump.com/a/how-breastfeeding-changes-as-baby-gets-older

II. We recommend this video, Feeding Your Newborn: Breastfeeding

https://www.youtube.com/watch?v=qGQeyIFqYs

Breastfeeding Begins Before Birth

Gather your breastfeeding team:
Everyone needs help as a new breastfeeding parent. Before you deliver, locate those who can help get your started.

- Friends who have breastfed before
- Family member
- Obstetrician/Midwife
- Pediatrician
- Lactation consultant
- WIC counselor
- Home visitor

Learn about breastfeeding:

- Read a breastfeeding book/brochure
• Attend a breastfeeding class
• Ask about things you have heard that you might wonder about or might be untrue
• Learn about Baby Friendly Hospital Initiative and how it will help you get started with breastfeeding
• Access additional helpful resource sheets at https://www.lactationtraining.com/resources/handouts-parents

Key points:
• Hold your baby skin-to-skin right after birth until the baby feeds the first time
• Delay common procedures until first feeding is done (newborn weight, eye treatments, vitamin K)
• Keep your baby in your hospital room around the clock (rooming in)
• Feed your baby whenever the baby shows feeding cues around the clock (about 8-12 times per 24 hour day)
• Plan for quiet time without visitors during your hospital stay
• Do not use pacifiers, but offer your breast if your baby is fussy or wants to eat
• Use no supplemental bottle feedings unless your healthcare providers says there is a medical reason
• Do not accept samples of formula or other items that might distract from breastfeeding

Car Seats
Infants should ride in rear-facing car seats until they are at least two years of age. Check out www.chop.edu/carseat for a virtual car seat demonstration and www.seatcheck.org to locate a certified car seat inspection station in your area. Please stay current on the State law regarding car seat safety at Florida Safety Laws, www.dmv.org and www.healthychildren.org

Baby Supplies We Recommend
• Digital thermometer
• Diapers (be sure to check weight to assure the correct size)
• Baby wipes-fragrance free
• Washcloths
• Petroleum jelly (Vaseline-unscented)
• Triple antibiotic ointment
• Acetaminophen (generic for Tylenol)
• Simethicone drops (generic for Mylicon, Lil Tummies)
• Saline nose drops
• Rubber nasal aspirator
• Pedialyte solution
• Cool mist humidifier
• Baby cleanser-fragrance free (Aveeno, Sensitive Skin, Aquaphor Gentle Cleanser, Dove for sensitive skin)
• Baby lotion-fragrance free (Eucerin, Cetaphil, Aquaphor)
• Detergent for clothes-fragrance free (Tide Free & Clear, All Free & Clear)
• Baby oil-fragrance free olive oil, sesame oil, coconut oil

(REMEMBER YOUR BABY CAN HAVE VERY SENSITIVE SKIN AND CAN REACT TO INTRODUCTION OF ANY NEW SUBSTANCE SO BEFORE USING ON ENTIRE BODY, TEST BY APPLYING TO SMALL AREA ON ARM AND CHECK 24 HOURS LATER FOR REACTION)

BABY’S ARRIVAL

Prior to leaving the hospital, your baby will have several tests to make sure he or she is healthy. Please provide the following number to the hospital to make sure that the Labor and Delivery are able to forward your baby’s delivery records to our office:

Tilak Pediatrics fax: 904-379-7312

IN THE DELIVERY ROOM

The APGAR Scores
The APGAR test helps the physician estimate your baby’s general condition at birth. The scores are taken twice: first at one minute (the ‘one-minute APGAR’) and then at five minutes (the ‘five-minute APGAR’).

The APGAR assesses your baby’s Appearance (color), Pulse (heart rate), Grimace (reaction to stimulation), Activity (tone), and Respiration rate.

Babies who endure difficult deliveries may have a low APGAR score at one minute (scores less than five) and then spontaneously improve at five minutes (score greater than 7).

The Vitamin K Shot
All newborns receive an injection of Vitamin K shortly after deliver. Previously call ‘hemorrhagic disease of the newborn’, Vitamin K Deficiency Bleeding (VKDB) is a relatively common (1 in 200 births) problem in newborns that can result in severe bleeding. The Vitamin K shot at birth prevents this disease.

Eye Drops
Infants will receive Erythromycin ointment in each eye shortly after birth. This prevents a variety of eye infections caused by exposure to germs during delivery.

**Your Baby's Blood Type—Do they test it?**
Your baby’s blood type will be tested if the mother has O blood type or is RH negative. In these cases, blood type incompatibility in the baby (i.e. baby is A or B or RH positive) can lead to problems with jaundice. Otherwise, blood types are not routinely tested in the hospital or our office.

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**IN THE NEWBORN NURSERY**

**FIRST EXAM BY PEDIATRICIAN**
On call nursery neonatologist or pediatrician will visit your baby while in the hospital nursery once every 24 hours. Healthy babies are discharged to home at 24-48 hours of age.

**Hepatitis B Vaccine**
Most hospital nurseries will administer your baby’s first Hepatitis B vaccine before discharge. It is absolutely necessary if Mother’s Hepatitis B status is either unknown or positive. If Mother is Hepatitis B vaccinated or is immune, the first Hepatitis B vaccine can be administered along with other immunizations at 2 months of age.

**Hearing Test**
All babies will have their hearing tested prior to discharge from the hospital. Hearing loss is the most frequent abnormality detected by newborn screening. To perform this screening, the hospitals and doctor’s offices use the Otoacoustic Emissions (OAE). Using a small microphone and a special computer, this test measures a baby’s response to sounds. Occasionally, babies do not pass their initial hearing screen. In these cases, a follow-up test will be performed in our office at the two week visit. Do not be alarmed if your baby fails the first test. In most cases the follow-up test is normal; just remind our office to perform the test at the 2 month check up.

**Critical Congenital Heart Disease Screen**
All newborns receive a routine pulse oximetry at 24 hours of age or later, and prior to discharge. An abnormal result will help to identify a possible critical congenital heart defect.

**First Outpatient Visit**
Please remember to call (Middleburg: 904-644-8669 and Jacksonville: 904-519-0008) and schedule your baby's first visit with one of our providers. Your baby should be seen within 48-72 hours of discharge (or sooner, if recommended by hospital personnel). Also remember to bring all discharge papers given to you at the hospital. Remember to come with well stocked baby bag- diapers, wipes, Vaseline, complete change of clothes, and if formula fed, clean pre-measured water in sterile bottle and nipples, and the proper measured amount of formula.

FLORIDA NEWBORN SCREENING

Prior to discharge, your infant will receive a small heel prick to obtain five drops of blood. This blood is then sent for testing.

Per Florida Statute 383.14 (5) the Genetics and Newborn Screening Advisory Council recommends the conditions for which testing should be included under the screening program. Florida Newborn Screening Program screens for all 31 core conditions and 22 secondary conditions (a total of 53 conditions), 50 of which are included in the Recommended Uniform Screening Panel (RUSP) that is recommended by the US Department of Health and Human Services Advisory Committee on Heritable Disorders in Newborns and Children.

The American College of Medical Genetics (ACMG) developed an ACTion (ACT) sheet that describes the short term actions a health professional should follow in communicating with the family and determining the appropriate steps in the follow-up of the infant that has screened positive, and 2) an algorithm that presents an overview of the basic steps involved in determining the final diagnosis in the infant. These sheets can be found on the National Library of Medicine (NLM) website -Newborn Screening ACT Sheets and Confirmatory Algorithms.

Q: Does a positive screening test always mean that your baby has a serious disease?

A: No! There are several different causes for false-positive tests. Any baby with a positive metabolic screening test should have this test repeated immediately. Most babies will have a normal test when it is repeated.

Q: How will you know if your baby needs retesting?

A: The State laboratory reports all abnormal tests to your doctor and the local Health Department. If your baby’s first test is abnormal or not properly collected, you will be contacted to have your baby retested. You will receive a letter mailed to the address you registered at the birth hospital. And you can also request the results from our office at your baby’s 2 week or 1 month visit.

The Department of Health currently screens all babies born in Florida for the following disorders:
Core Disorders

1. Propionic acidemia
2. Methylmalonic acidemia (methylylmalonyl-CoA mutase)
3. Methylmalonic acidemia (cobalamin disorders)
4. Isovaleric acidemia
5. 3-Methylcrotonyl-CoA carboxylase deficiency
6. 3-Hydroxy-3-methylglutaric aciduria
7. Holocarboxylase synthase deficiency
8. β-Ketothiolase deficiency
9. Glutaric acidemia type I
10. Carnitine uptake defect/carnitine transport defect
11. Medium-chain acyl-CoA dehydrogenase deficiency
12. Very long-chain acyl-CoA dehydrogenase deficiency
13. Long-chain L-3 hydroxyacyl-CoA dehydrogenase deficiency
14. Trifunctional protein deficiency
15. Argininosuccinic aciduria
16. Citrullinemia, type I
17. Maple syrup urine disease
18. Homocystinuria
19. Classic phenylketonuria
20. Tyrosinemia, type I
21. Primary congenital hypothyroidism
22. Congenital adrenal hyperplasia
23. S, S disease (Sickle cell anemia)
24. S, beta-thalassemia (Sickle Beta Thalassemia)
25. S, C disease (Sickle cell disease)
26. Biotinidase deficiency
27. Critical congenital heart disease
28. Cystic Fibrosis
29. Classic galactosemia
30. Hearing loss
31. Severe combined immunodeficiency

Secondary Disorders

1. (32) Methylmalonic acidemia with homocystinuria
2. (33) Isobutyrylglycinuria
3. (34) 2-Methylbutyrylglycinuria
4. (35) 3-Methylglutaconic aciduria
5. (36) 2-Methyl-3-hydroxybutyric
6. (37) Ethylmalonic encephalopathy (not on RUSP)
7. (38) Short-chain acyl-CoA dehydrogenase
8. (39) Glutaric acidemia, type II
9. (40) Carnitine palmitoyltransferase type I deficiency
10. (41) Carnitine palmitoyltransferase type II deficiency
11. (42) Carnitine acylcarnitine translocase deficiency
12. (43) Citrullinemia, type II
13. (44) Hypermethioninemia
14. (45) Benign hyperphenylalanemia
15. (46) Biopterin defect in cofactor biosynthesis
16. (47) Biopterin defect in cofactor regeneration
17. (48) Ornithine transcarbamylase deficiency (not on RUSP)
18. (49) Carbamoyl phosphate synthase deficiency (not on RUSP)
19. (50) Tyrosinemia, type II
20. (51) Tyrosinemia, type III
21. (52) Various other hemoglobinopathies
22. (53) T-cell related lymphocyte deficiencies

YOUR BABY'S FIRST WEEK AT HOME

Fever
If your baby is two months of age or younger and has a rectal temperature of 100.4 degrees Fahrenheit (38 degrees Celsius) or higher, take your baby to Wolfson Children's Hospital emergency room. The ER doctor will examine your baby and perform any necessary addition testing as needed to rule out any serious infections. DO NOT GIVE YOUR BABY TYLENOL UNTIL FEVER IS VERIFIED AT THE HOSPITAL!
When you call to schedule your baby’s follow up appointment with our office remember to tell the staff the baby was at the emergency room so we can have time to obtain the emergency report prior to the appointment.

Jaundice
Many normal, healthy infants develop a yellowish tinge to their skin in the first days of life. This condition, called 'physiologic jaundice', is a sign that the blood contains an excess of bilirubin. Bilirubin is a chemical released during the normal breakdown of old red blood cells. Everyone's blood contains small amounts of bilirubin, but newborns tend to have higher levels since their immature liver has trouble processing or breaking down the additional bilirubin that exists.

As bilirubin levels rise above normal, jaundice will appear first on the face, then on the chest and abdomen, and finally on the legs. Mild jaundice will usually subside without treatment. If the bilirubin level is extremely high or does not decline, there is a risk to the nervous system. If necessary we will order blood tests to determine the cause and may recommend treatment with phototherapy. Physiologic jaundice is usually at the highest at 4-5 days of age.
Red Flags of Abnormal Jaundice

The following are a few indications that jaundice might be concerning:

- Jaundice is seen in the first 24 hours of life
- Jaundice persists more than five days of life and continues to worsen
- Level of jaundice is visible below the belly button
- Jaundice does not completely resolve by 1 month of age

THE CRYING INFANT

A crying baby is challenging and concerning for all parents. As long as your baby is well-loved, well-fed, warm and comfortable you can be assured that you are giving excellent care. It is easy to forget that crying is one of the few ways a baby has to communicate. Crying is your baby’s way of saying, ‘I’m hungry’, ‘I’m wet’, ‘I’m cold’, or even ‘I’m just plain bored’. As you get to know your baby, you will begin to understand what is causing your baby to cry and how to soothe him or her. Soon you will be able to tell the difference between a hungry, hurt or even angry cry.

The Most Common Causes of Crying

- Hunger
- Overstimulation
- Boredom
- Environment too hot or cold
- Soiled diaper
- Signs of illness
- Clothes too tight

For additional information please visit the Healthy Children website: www.healthychildren.org

How to Calm Your Baby

- Offer a feeding if the last feeding was more than two hours ago
- Attempt to burp your baby
- Offer a pacifier, and help to keep it in the baby’s mouth by holding it in place. Your baby’s natural reflex is to spit it out with a tongue thrust.
- Change diaper if soiled
- Check room temperature
- Check that diaper or clothing is not too tight
- Swaddle infant in a blanket
- Cuddle
- Turn off all lights and sounds
- Place baby in swing, crib rocker, sling or front pack
- Talk to or sing to your baby
- Turn on soft music or heart beat simulator
- Walk with baby in your arms
- Take baby for a car or stroller ride
- Put baby in crib and allow to cry and fuss for a brief period

**AND RELAX!** Your baby can tell when you are tense and will often also become tense and cry more.

**BREASTFEEDING**

The American Academy of Pediatrics (AAP) and the World Health Organization recommend exclusive breastfeeding for the first six months of life. The AAP also suggest that women try to breastfeed for the first 12 months of life because of the benefits to both the mother and the baby. Although the ideal goal is to breastfeed for at least the first year, your baby will benefit from whatever amount of breast milk he or she receives, even if just for a few weeks. Since breastfeeding may not be the best choice for all mothers and babies, feeding your baby formula is another satisfactory alternative. [www.breastfeedingandlactation.com](http://www.breastfeedingandlactation.com)

**BENEFITS OF BREAST MILK AND BREASTFEEDING**

**www.thebump.com**

**Benefits for Baby**
- Decreases the incidence of SIDS
- Decreases respiratory and diarrheal disease
- Reduces ear infections
- Decreases the likelihood of obesity later in childhood
- Decreases chances of infection due to contaminated supplies

**Benefits for Mother**
- Aids in weight loss
- Decreases the risk of osteoporosis
- Reduces risk of breast, uterine, endometrial and ovarian cancer
- Economic savings of over $2000 per year in the cost of formula
- Eliminates the need for most costly supplies
- Saves time

**GETTING STARTED**

Good positioning and latch-on are the keys to successful breastfeeding. To feed the baby, turn his or her body chest to chest with you. Support your breast with one hand and the base of the baby’s head with the other hand. Place the nipple at
the baby's lip, and then stroke the baby's lips with the nipple to prompt the baby to open his or her mouth wide. Next, gently, but quickly pull the baby towards the nipple to help the baby to latch on as much of the areola (the dark area around the nipple) as possible. The baby's chin should be tucked into the breast while the tip of the baby's nose should be just touching the breast.

Remember the BEST position is one where both you and your baby are relaxed and enjoy the process.

**Be Calm, Comfortable and Close**

Stay as relaxed as you can. A nursing pillow may be used to help support the baby. Several nursing positions may be useful: holding the baby under your arm like a football, placing the baby across your body, or laying the baby on top or next to you.

Breastfeeding should not be painful. Make sure the baby is latched onto as much of the areola as possible. If the latch is causing a lot of pain, break the suction by placing a finger in the baby's mouth, then retry. Once the baby has a good latch, feeding should proceed without pain. Both you and your baby are learning the process. It is understandable to have to work at it initially. Give it time even if it seems hard at first.

**Signs of an effective Latch-on**

- All of the nipple and as much of the areola as possible is in the baby's mouth
- Lips flanged or turned out
- Baby stays on the breast
- Absence of pain
- The baby displays signs of swallowing (long jaw motions)

**Colostrum and Mature Milk**

Commonly called 'liquid gold', colostrum is the first milk your baby receives. It is yellow to clear in color and it provides protective antibodies and multiple other benefits. After 48-72 hours, your milk will begin to change and increase in quantity.

**How Often To Feed**

The more often a newborn feeds, the quicker the supply of breast milk will come in. Breast milk production is related to supply and demand.

**Before Your Milk Supply is Established**

- Normal routine
A healthy newborn should feed 8-12 times per day. Feedings are approximately every 2-3 hours with one 4-5 hour stretch, hopefully at night. Each feeding is often 10-15 minutes per breast. In the first few days it is not uncommon to feel that the baby needs to feed 'all the time'. The hourly feedings will stretch to every 2 hours within a day or two.

- **Waking your baby**
  
  During the first few days to weeks, it is important to wake and feed your baby every 3 hours during the night to help establish a good milk supply. Once your infant is above the birth weight, this is no longer necessary. The baby may be two weeks of age before this goal is accomplished.

**After Your Milk Supply is Established**

It is ok to feed 'on demand' once your milk supply is established, your baby is having wet and dirty diapers, and has become an expert at feeding. Become attuned to your baby's hunger cues, but try not to let him sleep more than 3-4 hours during the day without feeding or you might create a 'night owl'. In time, your baby will take a 4-5 hour break at night. As long as your baby has started to gain weight, this is OK!

REMEMBER: 'On demand' should not translate to continuous feeds or constant use of a pacifier.

**Methods to Wake Your Baby Include:**

- Undressing baby down to diaper
- Changing the diaper
  - Rubbing baby's toes or back
  - Placing a cool wet cloth behind the baby's neck
- Holding your baby upright

**Cues That Your Baby is Hungry:**

- Increased alertness, rooting around the breast, sticking out tongue, sucking on hands or opening and closing mouth
- Crying or fussing is a LATE sign of hunger

**Signs Your Baby is Receiving Milk**

- Hearing the milk being swallowed (sounds like a soft 'k'), or a 'suck-pause-suck' during feedings
- Breast feel less full and more pliable after feedings
- Baby seems content between feedings
- Baby eating every 2-3 hours

**Wet Diapers are a Sign That Your Baby is Feeding Well**
Your baby should:

- Have at least one wet diaper on First Day of Life
- Have at least three wet diapers on Days 2-3 of Life
- At least six diapers every day, with clear colorless urine after 4-5 Days of Life

NOTE: In the first few days, infants urinate small amounts, making it difficult to detect in the absorbent diapers.

Dirty Diapers are a Sign That Your Baby is Feeding Well

Your baby should:

- Have stools that are a sticky, black substance called meconium the first few days after birth
- Stools that are runny and seedy, and change to a mustard color once milk volume increases
- 3-4 dirty diaper per days by Day 5 of Life

After the first month, some breastfed infants will have only one dirty diaper every 5-7 days. This is NOT constipation unless the stools are difficult to pass. Your baby will and should pass gas a few times a day.

Weight Gain and Loss

Expect your baby to have an initial weight loss before regaining his or her birth weight by 2 weeks of age. Many babies will lose up to 7% of their body weight in the first week of life. We will see your baby in the office 3-5 days after birth to check the baby's weight.

Storage of Breast Milk

To best retain the properties of breast milk, store milk in either glass bottles or polypropylene plastic bottles.

5-5-5 Rule

- Breast milk may be kept at room temperature for 5 hours
- Breast milk can be stored in the refrigerator for up to 5 days
- Breast milk can be stored in the back of the freezer for up to 5 months
- Label and use oldest milk first

Thawing or Warming Breast Milk

- Thaw or warm milk by placing under warm tap water
- DO NOT MICROWAVE bottles of milk
- Thawed milk must be used with 24 hours or be discarded.
- DO NOT REFREEZE OR SAVE unfinished bottles for another feeding
Maternal Diet

It is a common misconception that a breastfed baby will become sensitive to many of the foods a mother eats. There is no 'list of foods' that every nursing mom should avoid. While you are breastfeeding, it is generally recommended that you eat whatever you like unless you notice an obvious reaction in your baby. Certain foods may result in changed behavior for a very small percentage of babies. Since every baby is unique, his or her reaction to a food will also be unique.

Continue eating well-balanced meals, drinking plenty of water (to quench thirst), and limiting excess caffeine. In addition, continue to take your pre-natal vitamins while you breastfeed.

VITAMINS AND FLUORIDE

Vitamin D

The American Academy of Pediatrics recommends Vitamin D supplementation for babies 2 weeks of age and older who are exclusively breast feeding or taking less than 27 ounces of formula per day. Vitamin D supplements are available over the counter as part of a multivitamin preparation (poly-vi-sol or tri-vi-sol) or by itself (d-vi-sol).

Fluoride

If you use well water or non-fluoridated bottled water when preparing infant formula, or if you are exclusively breastfeeding, we will prescribe fluoride drops for your baby starting at 6 months of age. As an alternative to fluoride drops, 6-8 ounces of fluoridated water will provide the recommend daily amount of fluoride.

Iron

Breastfed and formula-fed infants’ have enough iron stored in the blood until 4-6 months of age. At this age, iron-fortified cereal should be introduced. If cereal is not started at this time, then vitamins (poly-vi-sol with iron) should be started. We recommend using poly-vi-sol with iron drops (1 ml each day) beginning at 2 months of age for all babies.

FORMULA FEEDING

Although breast milk is the ideal nutrition for babies, infant formulas are a safe alternative to breast milk. Most formulas are derived from cow’s milk that has been extensively modified so that a baby can digest and utilize the nutrients.

Powder, Concentrate, or Ready to Feed
While ready-to-feed formula is the most convenient, it is also the most expensive and does not contain the recommended amount of fluoride. We suggest using powder or liquid concentrate and adding either tap water or bottled water. If your water supply is hard water, boiling the water and then cooling it will be useful to remove excessive minerals. City tap-water is safe and clean in most urban areas.

**How Much and How Often**

- **Newborns:** A newborn may initially take about 1-2 ounces per feeding. After a few days the baby will take 2-3 ounces per feeding every 3-4 hours.
- **First Few Weeks:** During the first couple of weeks, you should feed your baby on demand. Wake the baby if he or she sleeps more than 4-5 hours during the day.
- **After the First Month:** Most babies follow a more predictable schedule of 3-4 ounces about every 3-4 hours. By six months of age, most babies will take 4-5 bottles of 4-8 ounces each. In general, most babies consume between 20-32 ounces of formula per day. It is better to have more feeding of lesser amount (4-5 feedings of 4-6 ounces each) than large but fewer feedings at least until 9 months of age.

**Bottle Feeding Tips**

- Angle the bottle to avoid swallowing air and place the infant in a semi-upright position. This prevents choking and drainage of formula into the eustachian tubes of the ears.
- Never prop a bottle
- Warm a bottles by placing it in hot water for a few minutes. Test a few drops on your wrist to make sure the formula is lukewarm.
- NEVER use a microwave to heat a bottle
- Use the correct nipple size. A baby will gulp and gag if the hole is too large, and struggle unnecessarily to get the milk if the hole is too small
- Find a nipple shape your baby prefers
- Burp the baby several times during a feeding
- Do not let your baby sleep with a bottle. This may cause severe dental decay. For comfort, use a pacifier instead of a bottle.

**SPIT UP AND REFLUX**

** Spit up is NORMAL**

Many babies spit up small amounts of milk after feeding. This is a common behavior and is caused by a weakness in the lower esophageal sphincter, the muscle between the stomach and the esophagus. This muscle takes several months to fully develop and until it does, your baby may spit up more often.
How to Reduce Spit Up
Since the most common cause of request spitting up is overfeeding, try decreasing the quantity of milk provided per feeding and increasing the frequency of the feedings.

Gastro-Esophageal Reflux Disease (GERD)
When reflux becomes excessive and problematic, we label this Gastro-Esophageal Reflux Disease (GERD). Excessive reflux can lead to:
  - Irritation of the esophagus (esophagitis) making babies irritable, fussy, resistant to feeding
  - Respiratory/airway problems causing babies to wheeze, gag, choke, or have trouble breathing
  - Not all babies with reflux actually spit up. Sometimes the acid contents of the stomach reflux into the esophagus (feeding tube) without actually coming out of the baby’s mouth. This is called occult or silent reflux and can still be very troublesome.

Unlike colic, where the baby is fussy for a defined amount of time each day, babies with GERD are usually fussy with all feedings.

Worrisome Signs of Acid Reflux
  - Poor weight gain from inadequate intake/large volumes of spit up
  - Crying or arching of the back after feeding with or without spitting up

Treatment and Diagnosis
If you are concerned that your baby has problematic reflux (GERD), call the office for advice or an appointment.

INTRODUCTION TO SOLID FOOD

Where to Start
We recommend introducing solid foods at 4-6 months of age. Signs of readiness for solids include development of good head control, ability to sit well with support, loss of habitual tongue thrust, and an apparent interest in solid foods.

First Foods
  - There is no evidence to support that any particular order of solid foods is superior to any other; however most parents will introduce a single grain cereal, like rice cereal, first. Rice cereal is an inert food with the least likelihood of generating an allergic reaction.
• After your baby is tolerating cereal and spoon-feeding well we recommend introducing new fruits, vegetables, or meats one at a time (single ingredient) about every 3-4 days. If you plan on making your own baby food, please discuss this matter with your child's provider at check up.
  ▪ There is no evidence that introducing a fruit before a vegetable will promote a dislike of vegetables.
• Watch for sign of allergic reaction, like vomiting or hives. If any food triggers a reaction, stop using that food and contact our office to inform your baby’s provider.
• Usually at 6 months of age babies will eat 2 solid meals of 4-5 ounces each. When your baby is eating 2 solid meals of 4-6 ounces each, introduce water in a Sippy cup, 2-4 ounces daily.
• A third daily solid meal of 4-6 ounces is generally added when your baby is 8-9 months old.

SLEEP
Following are the recommendations by the American Academy of Pediatrics to reduce the risk of Sudden Infant Death Syndrome (SIDS):
  ▪ Babies should sleep on their backs from birth up to one year of age. Do not place babies to sleep on their sides.
  ▪ Place your baby to sleep in the same room where you sleep but not in the same bed. This is recommended for babies up to 6 months of age.
  ▪ Place babies to sleep in a crib or bassinet with a firm mattress. There should be nothing in the bed but the baby-no covers, no pillows, no bumper pads, no positioning devices and no toys.
• The use of pacifiers has been shown to reduce the risk of SIDS. We recommend offering a pacifier once breastfeeding is well established. If your baby does not want a pacifier or if it falls out of the baby’s mouth, do not force it. There is an innate need/desire to suck in the first few months of life. Some babies will need a pacifier to sooth themselves and other will not.
  ▪ Do not over dress the infant while he or she sleeps. Dress the baby in enough clothes to keep him or her warm without having to use a blanket. Keep the room at a temperature that is comfortable for you. Overheating your baby may increase the risk of SIDS.
  ▪ Avoid exposing babies to tobacco smoke before birth and after.
• Studies show that breastfeeding your baby can help reduce the risk of SIDS.

Swaddling
Many babies take comfort in being swaddled in a blanket; however, swaddling the wrong way can cause hip dislocation. Hip dislocation is an abnormal formation of the hip joint where the top of the thigh bone is not held firmly in the socket of the hip.

Please visit www.choa.org/swaddling to watch a video on proper swaddling. Dr Sue also has prepared a DVD which discusses and demonstrates this process, as well as many other topics and it is available from InHouseMD.

Sleep Patterns
While the total amount of sleep babies need gradually decreases over time, newborns typically spend 16 or more hours a day napping. At 6 months of age this will decrease to just over 12 hours.

By definition, 6 hours of uninterrupted sleep is considered ‘sleeping through the night’. It takes most infants approximately 4-6 months of age to be able to sleep six straight hours at night.

Establishing Good Sleep Habits
The basic principle is to feed your baby when he or she is hungry and to play with the baby when he or she is awake. However, when your baby starts to fall asleep while feeding (nutritive versus a non-nutritive suck) or is beginning to fall asleep while being held, you should place the baby in a crib. By placing your baby in a crib when he or she is awake and drowsy, you are teaching the baby to self-soothe, the fundamental skill required to be able to sleep through the night. In contrast, babies who get accustomed to falling asleep on the breast or while being held tend to wake up more frequently at night crying for help (e.g., rocking, feeding) to fall back asleep.

DAILY CARE

Umbilical Cord
The umbilical cord usually falls off in one to four weeks. Keep the stump of the umbilical cord clean and dry as it shrivels up and eventually falls off. To keep the cord dry, bathe your baby with a sponge rather than submersing the baby into a tub of water. Also, keep the diaper folded below the cord to keep urine from reaching it. After the cord falls off, a scab will develop and occasionally a slightly blood-tinged discharge will be seen. This is normal.

Look for any signs of infection, which may include:
- Redness and swelling around the base of the cord
- Continued bleeding
Foul smelling yellowish discharge from the cord

**Circumcision Care**
Place Vaseline (white petroleum jelly) in the center of a pad of gauze and potion the gauze around the head of the penis. Change the dressing at least three times a day and with each diaper change. Three to five days after the circumcision, the skin will begin to heal and develop a yellowish scab. At this point there is no longer a need to use gauze and Vaseline. If your doctor used a 'plastibell' for the procedure, you will not need to use Vaseline or gauze. The plastibell will spontaneously fall off in approximately one week.

**Diaper Rash**
Diaper rash is a result of the skin's exposure to a wet and warm environment over long periods of time, causing generalized redness and/or bumps. To prevent a diaper rash, change the baby's diaper as soon as possible after the baby urinates or has a bowel movement. Wash the baby's bottom with warm water and apply a diaper rash cream. Use 'fragrance free' wipes. For prevention, it helps to coat the baby's bottom with a thin layer of Vaseline, after washing the baby's bottom and drying it, after each diaper change.

**Constipation**
Constipation is diagnosed by the firmness of the stool, not the frequency of the bowel movement. Most babies grunt and turn red when passing stool; this does not mean they are constipated. Many babies pass a stool every 5-7 days without discomfort. Constipated stools are hard and difficult to pass.

**Worrisome Stools**
- No stool in the first 24 hours of life
- Blood in the stool
- White or gray stools
- Increased stool volume or frequency (may be a sign of diarrhea if more than two to three time normal)
- Hard painful stools

**Burps**
Burping your baby helps remove air that is swallowed during feedings. Hold your baby in one of three positions; upright on your shoulder, upright in your lap, or lying face down on your lap. Then rub upwards on the baby’s back or pat gently. If your baby does not burp in less than ten minutes, give up. The baby will be fine. For a period of 15-20 minutes after feeding make sure that the baby’s head is elevated when placed in crib or held in arms.
Hiccups
Hiccups are spontaneous spasms of the diaphragm and are completely normal. Since they do not harm or bother a baby, no treatment is needed.

Gas
Gas may bother parents far more than it bothers your baby. However, if you feel your infant is very uncomfortable, consider trying one of the following: warm bath, infant massage or Simethicone (Mylicon, Lil Tummies) drops. These drops are safe to use and are sometimes helpful. If your baby is breastfeeding, try adjusting your diet (reducing caffeine, garlic, onions, broccoli, and beans).

Fingernails
Your baby's nails will be very soft for the first few days of life. Since the nails are so soft and adhere tightly to the underlying skin, attempts to 'clip' or cut the nails might lead to injury to the underlying skin and possible infection. The nails harden in seven to ten days. Until then, use an emery board to gently file the ragged edges or keep the hands covered with mittens. By 2-3 weeks of age you can cut them with nail clippers or blunt scissors.

Bathing and Skin Care
Babies do not need to be bathed daily. In fact, bathing every second or third day will promote healthier skin. Give sponge baths until the umbilical cord has fallen off. You should use tap water without soap or a baby wash that is fragrance free, such as Aquaphor Gentle Wash and shampoo or Aveeno Soothing Relief. Baby lotions that are scented tend to be drying for many children. If you feel your infant needs a lotion for dry skin, we recommend using fragrance free products such as Eucerin and Aquaphor.

Clean the outer ear only with a washcloth. Avoid cotton swabs (Q-tips). The ear canals of newborns do not need cleaning.

Stuffy Nose
Most newborns have nasal congestion for four to six weeks after birth. It is probably not a cold. Some congested babies are very loud-snorting, snoring and sneezing. That's all normal. If the congestion interferes with seeding or sleep, use saline nose drops and a bulb syringe to clear the mucous.

GERMS, VISITORS, AND TRAVEL
Infants under 3 months old are at greater risk of infection than at any other age. For this reason, we encourage parents to limit exposure to public places, such as airplanes, church nurseries, daycare or grocery stores.

When visitors come to your home, have them wash their hands well before touching your infant. Avoid having young children touch or hold your baby.

Avoid contact with people who have flu, colds, fever blisters or other contagious illnesses.

Avoid exposure to smoke in the home, care and public places.

**NEWBORN FACTS YOU SHOULD KNOW**

**Acrocyanosis**

Acrocyanosis is a blue color of the hands and feet and is caused by a decrease in circulation. This usually can occur in the early newborn period and is considered normal. It is abnormal, however, to have blue coloring over the lips and chest. If this occurs, call us immediately.

**Period Breathing**

Newborns breathe 30 to 60 times a minute but very erratically. There may be a stretch of several pants in a row, then a long pause, followed by a big breath. That is normal, as long as that pause is less than 10 seconds and your baby remains pink.

**Milia**

Milia is a normal newborn rash on the nose that looks like pinpoint white dots. This rash generally disappears on its own by 2-3 weeks of age.

**Newborn Acne**

Newborn acne can be skin inflammation due to hormonal changes in the newborn, resulting in small pimples. Onset is usually by 4 weeks of age and can last until 8 weeks of age.

**Stork Bites**

These are newborn birthmarks, located at the nape of the neck, eyelids, and forehead. They are bright pink in color and fade over the first year of life. However the marks on the neck can last forever.

**Mongolian Spots**
This is a bruise-like discoloration found on the buttocks of darker pigmented newborns. These spots fade over several years and no treatment is needed.

**Erythema Toxicum**
This is a normal newborn rash that looks like mosquito bites or fleabites (white pimple with red around it). These may come and go from birth until four weeks of age.

**Epstein’s Pearls**
These are tiny white bumps or cysts found on the roof of the mouth in newborns. These are common and normal, and self-resolve.

**Cradle Cap**
This is a skin problem that causes greasy, flaky, and sometimes red skin on baby’s scalp, behind the ears, beside the nose and eyebrows. Most babies experience cradle cap and this resolves usually by 4 months of age.

**Breast Engorgement**
Swollen breasts may be present during the first week of life in many girl and boy babies and may last for four to six months. Call your healthcare provider if the swollen breasts develop redness, streaking or tenderness.

**Vaginal Discharge**
Occasionally a light, bloody or white vaginal discharge may be seen in newborn females. This is a normal occurrence.

**Blocked Tear Ducts (NASOLACRIMAL DUCT OBSTRUCTION)**
Blocked tear ducts are common and normal in the first 9 months of life and present as white or yellow discharge from the corner of one or both eyes. The eye with the clocked tear duct may also have excessive tearing. If the problem persists beyond then, a referral to a pediatric ophthalmologist may be warranted. When excess eye discharge is noted, wipe away with a warm wet cloth.

**POSTPARTUM DEPRESSION SCREEN FOR MOM**

Although postpartum depression is very common, unfortunately most cases go undiagnosed. A simple, new, three-question test has proven very reliable at detecting postpartum depression.

What are the 3 questions? They focus on a unique and important part of postpartum depression; excess anxiety. Some anxiety goes with the territory.
Parenthood is, after all, a new adventure into the unknown. You love a new person so much, it's normal to feel fear and anxiety. However when feeling so anxiety and fear dominate your daily experiences with your new baby it can be a sign of postpartum depression.

We would like to know how you are feeling. Please underline the answer that comes closest to what you have felt IN THE PAST 7 DAYS, not just how you feel today.

1. I have blamed myself unnecessarily when things went wrong.
   a. yes, most of the time 3
   b. yes, some of the time 2
   c. Not very often 1
   d. no, never 0

2. I have been anxious or worried for not good reason
   a. no, not at all 0
   b. hardly ever 1
   c. yes, sometimes 2
   d. yes, very often 3

3. I have felt scared or panicky for no good reason
   a. yes, quite a lot 3
   b. yes, sometimes 2
   c. no, not much 1
   d. no, not at all 0

The maximum possible score is 9. Women with a score of 3 or more may or may not be depressed, but deserve further evaluation to be sure. If you are concerned about excessive anxiety or postpartum depression, please contact your ob-gyn or PCP.

**SCHEDULE OF CHECK UPS AND VACCINATIONS**

<table>
<thead>
<tr>
<th>AGE</th>
<th>VACCINES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth-2 months</td>
<td>Hepatitis B</td>
</tr>
<tr>
<td>2 months</td>
<td>Dtap, Hepatitis B, IPV, Pneumococcal, HIB, Rotavirus</td>
</tr>
<tr>
<td>4 months</td>
<td>Dtap, Hepatitis B, IPV, Pneumococcal, HIB, Rotavirus</td>
</tr>
</tbody>
</table>
6 months  Dtap, Hepatitis B, IPV, Pneumococcal, HIB, Rotavirus
9 months  Hemoglobin and Lead Level
12 months  MMR, Hepatitis A, Varicella
15 months  Pneumococcal, Hib, DtaP
18 months  Hepatitis A
24 months  Any vaccine previously missed
30 months  Any vaccine previously missed
3 years  Any vaccine previously missed
4-5 years  Dtap, IPV, MMR, Varicella
6-10 years  Any vaccine previously missed
11-12 years  Tdap, HPV Series, Meningococcal
13-15 years  Any vaccine previously missed
16-18 years  Meningococcal vaccine booster

A yearly flu vaccine is recommended for all children, beginning at 6 months of age. Lead and TB exposure screenings performed as required, at various ages. When allowed by insurance coverage, we use combination vaccines

https://www.cdc.gov/vaccines/hcp/conversations/provider-web-tools.html

https://www.cdc.gov/vaccines/schedules/syndicate.html

VACCINE POSITION STATEMENT
We believe that vaccinations are essential in promoting your child’s health, preventing many serious illnesses and saving lives. Because of the effectiveness of vaccines, many of you have never known a child with polio, tetanus, whooping cough, bacterial meningitis, or chickenpox. Consequently, some parents feel that the vaccines are no longer necessary and choose not to vaccinate. However failure to immunize your child may place the child at risk and can aid in the re-emergence of many of these serious diseases.

Our goal is that all children cared for by Tilak Pediatric offices receive the
recommended vaccines based on the Center For Disease Control (CDC) schedule. To this end, we will provide all parents with the most recent science-based information
and will listen to and respond to all voiced concerns. We believe that neither individual vaccines nor Thimerosal, a preservative used in some vaccines, causes autism. We also believe that giving multiple vaccines together, as recommended but the American Academy of Pediatrics (AAP), is safe, and that the practice of 'splitting up; vaccines is unnecessary and potentially dangerous.

If, by your child's two-month check-up, you have chosen not to vaccinate your child, we will certainly respect your decision. Parents who choose to alter or delay the recommended vaccine schedule as set forth by the CDC will need to find another pediatric provider who will accommodate modified schedules.

The staff at Dr Tilak's Pediatric offices looks forward to partnering with you in promoting the growth, development and health of your child. If you have any questions or concerns regarding our vaccine policy, please let us know.

**MEDICATION GUIDE**

**Acetaminophen Dosage Table (for Fever and Pain)**

<table>
<thead>
<tr>
<th>CHILD'S WEIGHT (pounds)</th>
<th>6-11</th>
<th>12-17</th>
<th>18-23</th>
<th>24-35</th>
<th>36-47</th>
<th>48-59</th>
<th>60-71</th>
<th>72-95</th>
<th>96+ lbs</th>
</tr>
</thead>
<tbody>
<tr>
<td>SYRUP: 160mg/5mL</td>
<td>1.25</td>
<td>2.5</td>
<td>3.75</td>
<td>5</td>
<td>7.5</td>
<td>10</td>
<td>12.5</td>
<td>15</td>
<td>20</td>
</tr>
<tr>
<td>SYRUP: 160mg/1tsp</td>
<td>0</td>
<td>½</td>
<td>1</td>
<td>1 ½</td>
<td>2</td>
<td>2 ½</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>CHEWABLE 80mg tablet</td>
<td>0</td>
<td>0</td>
<td>1 ½</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>8 tabs</td>
</tr>
<tr>
<td>CHEWABLE 160mg tablet</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1 ½</td>
<td>2</td>
<td>2 ½</td>
<td>3</td>
<td>4 tabs</td>
</tr>
</tbody>
</table>

- **AGE LIMIT:** Don't use under 12 weeks of age. EXCEPTION: Fever from immunization if child is 8 weeks of age or older
- **MEASURING DOSAGE:** Syringes and droppers are more accurate than teaspoons. If possible use the syringe or dropper that comes with the medicine. If not, medicine syringes are available at pharmacies. If you use a teaspoon, it should be a measuring spoon. Regular spoons are not reliable. Also remember that 1 level teaspoon equals 5ml and ½ teaspoon equals 2.5ml.
- **FREQUENCY:** Repeat every 4-6 hours as needed. Don't give more than 5 times a day.
- **BRAND NAMES:** Tylenol, Feverall (suppositories), generic acetaminophen
- **MELTAWAYS:** Dissolvable tabs that come in 80 mg and 160 mg (junior strength)
- **SUPPOSITORIES:** Acetaminophen also comes in 80, 120, 325, and 650 mg suppositories (The rectal dose is the same as the dosage given by mouth).

**Ibuprofen Dosage Table (for Fever and Pain)**

<table>
<thead>
<tr>
<th>CHILD'S WEIGHT (pounds)</th>
<th>12-17</th>
<th>18-23</th>
<th>24-35</th>
<th>36-47</th>
<th>48-59</th>
<th>60-71</th>
<th>72-95</th>
<th>96+ lbs</th>
</tr>
</thead>
</table>
INFANT DROPS
50 mg/1.25 ml

1.25  1.875  2.5  3.75  5  0  0  0  ml

LIQUID
100mg/1 tsp
½  ½  1  1 ½  2  2 ½  3  4  tsp

LIQUID
100mg/5ml
2.5  4  5  7.5  10  12.5  15  20  ml

CHEWABLE
50mg tablets
0  0  2  3  4  5  6  8  tabs

JUNIOR STRENGTH
100mg tablets
0  0  0  0  2  2 ½  3  4  tabs

• AGE LIMIT: Don’t use under 4 months of age unless directed by child’s provider
• MEASURING DOSAGE: Syringes and droppers are more accurate than teaspoons. If possible use the syringe or dropper that comes with the medicine. If you use a teaspoon, it should be a measuring spoon. Regular spoons are not reliable. Also remember that 1 level teaspoon equals 5ml and ½ teaspoon equals 2.5ml.
• IBUPROFEN DROPS: Ibuprofen infant drops come with a measuring syringe.
• BRAND NAMES: Motrin, Advil, generic ibuprofen
• FREQUENCY: Repeat every 6-8 hours as needed

****DO NOT USE MEASURING DEVICES INTERCHANGEABLY UNLESS CALIBRATED IN mg INCREMENTS.**

DIPHENHYDRAMINE DOSAGE TABLE
(eg, BENADRYL) (ANTIHISTAMINE)
(for Allergic Reactions)

<table>
<thead>
<tr>
<th>CHILD’S WEIGHT (pounds)</th>
<th>20-24</th>
<th>25-37</th>
<th>38-49</th>
<th>50-99</th>
<th>100+</th>
<th>lbs</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.5 mg</td>
<td>½</td>
<td>1</td>
<td>1 ½</td>
<td>2</td>
<td>0</td>
<td>tsp</td>
</tr>
<tr>
<td>LIQUID</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.5mg/5mL</td>
<td>4</td>
<td>5</td>
<td>7.5</td>
<td>10</td>
<td>0</td>
<td>ml</td>
</tr>
<tr>
<td>CHEWABLE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.5mg tablet</td>
<td>0</td>
<td>1</td>
<td>1 ½</td>
<td>2</td>
<td>4</td>
<td>tab</td>
</tr>
<tr>
<td>TABLET</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25mg</td>
<td>0</td>
<td>½</td>
<td>½</td>
<td>1</td>
<td>2</td>
<td>tab</td>
</tr>
<tr>
<td>CAPSULES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25mg</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>caps</td>
</tr>
</tbody>
</table>

• AGE LIMITS: Avoid Diphenhyramine under 6 years of age unless instructed by your child’s provider. Non-sedating alternatives (eg, loratadine, cetirizine, fexofenadine) are available over-the-counter and are safer for young children.
• MEASURING DOSAGE: Syringes and droppers are more accurate than teaspoons. If possible use the syringe or dropper that comes with the medicine. If you use a teaspoon, it should be a measuring spoon. Regular spoons are not reliable. Also remember that 1 level teaspoon equals 5ml and ½ teaspoon equals 2.5ml.
• CHILDREN’S BENADRYL FASTMELTS: Each fastmelt tablet contains the equivalent of 12.5mg of Diphenhyramine HCL and is dosed the same as chewable tablets.
• FREQUENCY: Repeat every 6 hours as needed.
• RISK OF SIDE EFFECTS: May cause drowsiness and paradoxically excitatory. Use caution when driving or operating heavy machinery after dosing due to potential for sedation and decreased alertness. This is especially relevant for teen drivers.
WHEN TO CALL YOUR PEDIATRICIAN
BIRTH TO 3 MONTHS

Report any of the following symptoms to us:

- A rectal temperature below 97.7 degrees Fahrenheit or over 100.4 degrees Fahrenheit (38 degrees Celsius)

**LESS THAN 2 MONTHS OF AGE TAKE CHILD TO WOLFSON CHILDREN'S HOSPITAL EMERGENCY ROOM**

**2-3 MONTHS OF AGE CALL OFFICE TO MAKE SAME DAY APPOINTMENT**

- Refusal to eat for 2-3 feeding in a row: call to make same day appointment
- Forceful vomiting (not just spitting up)
- Less than 6-8 wet diapers per day
- Very watery or very hard stools
- Blood in stool
- Yellow color of skin or eyes (jaundice), beyond 5 days of age
- Circumcision: bleeding, increased swelling, redness or foul odor
- Listlessness, difficulty awakening, or intense crying for a long time
- Umbilical cord with smelly, yellowish discharge, redness, continuous bleeding or swelling
- Eyes with redness, drainage or swelling
- Baby just doesn't seem right and your are worried

**CALL 911 IF YOUR BABY HAS BLUE LIPS OR SKIN, IS BREATHING VERY SLOWLY OR VERY RAPIDLY OR IS WORKING HARD TO BREATHE.**

**RECOMMENDED WEBSITES**

- [www.healthychildren.org](http://www.healthychildren.org)
- [www.kidshealth.org](http://www.kidshealth.org)

**RECOMMENDED READING and SUGGESTED BOOKS**

- The Nursing Mother’s Companion by Kathleen Juggins
- The American Academy of Pediatrics New Mother’s Guide to Breastfeeding by the American Academy of Pediatrics
- Baby 411 by Denise Fields and Dr Ari Brown
- Your Child’s Health by Barton D Schmitt
- The Happiest Baby on the Block by Harvey Karp, MD
- Your Baby’s First Year by the American Academy of Pediatrics
- Mommy Calls by Dr Tanya Altmann