

# Newborn Care Booklet



Orange Park Pediatrics

*Dedicated to keeping children healthy.*

2140 Smith Street • Orange Park, FL 32073 • 904-269-2140

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## HOW TO REACH US

The office is open Monday-Friday from 8:00 a.m. to 5:00 p.m. During this time you may schedule appointments, speak with our nursing staff or conduct business with our insurance or billing department. Please note however, just because the office is open does not mean that a physician is in. One of the doctors and an after hours nurse are available 24 hours a day by calling the office telephone number 269-2140. **Please call during regular office hours for non-urgent problems.** This will keep the single phone line used after hours from being tied up in case of a true emergency. If for any reason we cannot be reached through the office line, call the answering service at 276-0020 (available 24 hours a day).

## HOW TO MAKE AN APPOINTMENT

For the Orange Park location call 269-2140 during regular office hours. We will attempt to see sick children on the day you call.

For the Argyle location call 908-0200 during regular office hours. Because a limited number of physicians are there we will do our best to see your sick child on the day you call but in some instances you may be asked to go to the Orange Park location.

## EMERGENCIES

If you have a life threatening emergency, call 911, or go to the nearest emergency room. During office hours, call us first and we will try to get you in quickly. After hours, dial the office phone number (269-2140) and we will return your call as soon as possible. Be sure to tell the answering service that it is an emergency situation so that we will be notified immediately. **In the event your child ingests something potentially dangerous please call poison control directly at 800-222-1222.**

## **INTRODUCTION**

**Congratulations on the arrival of your new baby. Parenthood is one of the most joyous and satisfying experiences of life and we are honored that you have entrusted us to help you with the care of your child.**

**One of us will examine your baby shortly after birth and daily while you are in the hospital. If your baby has any problems we will discuss them with you in detail. If anything has you worried, please ask so we can talk it over.**

**This information contains no secret to being a good parent. Quite frankly, there is no single best approach to parenting. Your baby is an individual from the day he is born. Since no two children are alike, your effectiveness as a parent depends considerably on your insight and ability to respond appropriately to the unique, individual needs of your child. Thus, this booklet contains general principles and instruction which you should adapt to your baby.**

**For simplicity's sake, this book will refer to your new baby as "he" throughout this booklet and hope this will not offend any of you with new baby girls.**

**As your baby's pediatrician, it is our goal to protect his health by assisting you in recognizing and responding to his needs. Our aim is to recognize problems early, and prevent them by regular well child checkups, during which time all aspects of health, growth and development will be evaluated. Your baby should have his first well baby checkup when he is two weeks old, so call for an appointment soon after you get home. For your convenience, patients are seen by appointment only.**

## **NEWBORN CHARACTERISTICS**

**Your baby's appearance will change over the first few days. A newborn's head may be elongated and misshapen from being pushed through the birth canal. The head will look much better within a few days but, may take several weeks before it becomes completely round. Any bruising or discoloration from forceps or vacuum extraction will likewise fade over several weeks.**

**New babies keep their eyes closed most of the time. The eyes also may be puffy and have a little yellow discharge for several days. This discharge results from the ointment put in the baby's eyes to prevent infection at the time of birth. During the first month, the eyes cross frequently. This is no cause for concern.**

**The breasts of male and female newborns are usually swollen from maternal hormones. This swelling subsides in a few weeks in formula fed babies but, may last longer in breast fed babies. A small amount of milky discharge from the breasts is not uncommon. In little girls, a creamy vaginal discharge and even some bleeding may occur in the first weeks of life. This is normal.**

**Newborn's legs and feet are often turned as a result of their cramped position during pregnancy. They gradually straighten during the first year of life. The hands and feet may turn a bluish color intermittently. This is no cause for concern.**

**Most babies develop one or more skin rashes in the first week. Tiny white bumps on the chin and nose are called milia, and will disappear spontaneously. Many babies develop a blotchy red rash called erythema toxicum (also called "flea bites") which fades by the time the baby is several weeks old. Often, a newborn's skin will appear dry and peel within the first week. The drying is usually harshest on the hands and feet, and may require lotion to prevent the skin from cracking too deeply. Small, red "birth marks" on the eyelids and back of the neck (also called "stork bites" and "angel kisses") are very common and usually fade in the first year of life. In dark skinned infants a bluish spot may be seen on the lower back. This discoloration usually disappears within a few years.**

**Approximately 50% of babies become jaundiced two or four days after birth. The skin and whites of their eyes appear yellow. This yellow color comes from a pigment called bilirubin which is released from the normal breakdown of red blood cells. The liver removes this substance and excretes it into the gastrointestinal tract. Because the liver of a newborn is immature, the bilirubin builds up faster than the liver can eliminate it. Nothing needs to be done about this unless the bilirubin becomes very high. Treatment may then become necessary. Phototherapy is used and requires that the baby be placed under special lights. In the majority of cases, however, this physiologic jaundice is temporary and harmless. If your baby does require treatment there is no cause for alarm and we will explain the treatment to you in**

**detail. Your infant should come in the office 2 days after discharge from the hospital for us to check for this.**

**Newborns spend most of their time sleeping, sometimes even when you are trying to feed them. They also grunt, grimace, squirm, kick and startle easily, all of which are normal. Sneezing is the only way they can clean their noses, and does not mean a cold has developed. Babies also breathe noisily and irregularly. This becomes particularly noticeable between three and six weeks of age. This nasal congestion is normal, and we suggest obtaining a rubber bulb syringe to help clear the mucus from the nose. Hiccups are frequent, and go away by themselves or after a few sips of water. Choking on mucus and milk and spitting up is very common the first few days. It does not mean your baby is allergic to the milk.**

## **INFANT NUTRITION**

**The cornerstone of infant nutrition is breast milk or formula. We feel that mother's milk is optimal and urge you to breast feed. However, there are many good reasons parents may elect to use formula. The infant formula we recommend will fulfill all your baby's nutritional needs.**

## **FEEDING SCHEDULE**

**Feeding time should be an enjoyable time for you and your baby. It is a time of closeness and love. Whether breast feeding or bottle feeding, hold your baby close. We suggest you use a flexible, demand feeding schedule. This means your baby is fed when he is hungry, which is typically every two to five hours. Your baby's feeding schedule will slowly evolve. At some feedings he may act starved, and at others he may seem uninterested - this is only human. If your baby seems hungry sooner than 2 to 3 hours after the last feeding, the use of a pacifier may be all that is needed. Breast babies are likely to need more frequent feedings. Don't hesitate to wake your baby for a feeding to fit your own schedule. If you are one of the fortunate few who has a baby that sleeps at night, do not awaken him for a feeding, but allow him to wake as his hunger dictates, unless we advise you otherwise.**

**During the first 2 or 3 days after birth, many babies prefer to sleep rather than eat. They may not take more than 1 ounce of formula per feeding if bottle fed. Characteristically, newborns lose up to 5% to 10% of their body weight during the first week. This loss of extra tissue fluid is perfectly normal.**

**A baby usually swallows some air while eating. Give your baby a chance to burp if he pauses during the feeding. Hold him upright on your shoulder and pat or rub him gently on the back a few times. Alternatively, hold him face down across your lap and gently rub or pat his back.**

Most babies spit up some milk after feedings. These “wet burps” are more a mess than serious. Occasionally a baby may vomit up an entire feeding. This can be ignored unless it continues with subsequent feedings.

## **BREAST FEEDING**

Breast feeding is the most natural, least expensive and most convenient way to feed your baby. In addition to being a food well suited for your new baby’s nutritional needs, it also provides some protection against infection. Breast milk has a thin bluish-white color compared to cow’s milk. This causes some mothers to worry that their milk isn’t “rich enough”, but it has the same number of calories as formula. The breast milk secreted during the first 2 to 3 days of nursing, colostrum, is different in quality and less in quantity than that thereafter. Babies are born with extra fluid which tides them over this period.

During the first week of life you should try to breast feed 10 to 12 times per 24 hours. In other words, you are going to have little time for anything else. We urge you to have your baby room in with you in the hospital. We should also suggest that you limit your guests’ visit times to 10 minutes. Longer visits may interfere with the frequent feeding schedule.

During the first several weeks of breast feeding, your breasts may initially feel engorged and tender. A hot shower and expressing excess milk may help reduce the discomfort. Your nipples may become sore and even cracked and there is frequently leakage of milk between nursing periods which is a nuisance. Nevertheless, all of the unpleasantness are temporary. The milk ducts stretch and adjust to the presence of milk, and even though you are producing twice as much milk, the engorged feeling disappears. Likewise, the nipples roughen, the leakage stops, and the pain is replaced by a pleasant sensation.

## **TECHNIQUE OF BREASTFEEDING**

First, find a place where you can relax and find a position for breast feeding. It is important that the baby be held in such a way that he can grasp the nipple without straining, and that you are comfortable. Take the breast in your free hand and touch the nipple to the baby’s face next to his mouth. He will nuzzle for the nipple. His gums should press on the areola (the darker skin), not the nipple itself. Thus, the nipple should be well back in the baby’s mouth and he should not be sucking just on the tip. You may need to press your breast out of the way of the baby’s nose.

Initially you should offer both breasts at every feed so that your baby gets used to both your breasts. After your milk comes in it is more important for your baby to empty a breast than to feed on both sides. The next feeding you should start with the more full breast, the one that he was one last or was not used during the last feed. It may take from 10-20 minutes to empty a breast since every baby feeds differently. It is not necessary to keep your eyes on the clock at all times, you will feel your breast empty.

**Breast feeding is not only a mode of providing nutrition it is also a special way of nurturing your baby. You will notice your baby has different types of suck. The non-nutritive sucking is lighter, faster and less intense. The nutritive sucking is slower, long, drawing rhythmic accompanied by swallowing. Each infant has varying times of each type of sucking and often will start with the non-nutritive when they first attach to the breast to promote the let down response.**

## **SORE BREASTS**

**Sore nipples are extremely common during the first week, particularly in mothers breast feeding for the first time. Proper care of the nipples and limiting the amount of time spent nursing have both been discussed. If your nipples do get sore, many obstetricians will recommend the use of a cream or ointment after breast feeding such as Lanolin, Mammol, or a Vitamin E preparation. These do not have to be washed off before the next feeding unless the baby refuses to nurse. The application of wet tea bags to the nipples may help toughen them. A nipple shield can also be used. Engorged breasts often develop at 48 to 72 hours, after the mothers milk has come in but before the baby's appetite is enough to completely empty her breasts. Breast feeding more frequently, even if for only a few minutes, will help relieve the discomfort. A warm shower or bath may help some of the excess milk to leak out. Manually expressing some milk may release some of the engorgement. Usually the discomfort lasts only several days.**

## **MOM'S DIET**

**A normal, well-balanced diet will supply all the needed nourishment for you and your baby. Use supplemental vitamins as prescribed by your obstetrician. There are no foods that are essential. Likewise, there are no foods which must be avoided. Occasionally, a mother may find that her ingestion of a certain food upsets the baby. It makes sense to avoid these foods when recognized. Many drugs are secreted in breast milk; therefore, check with us prior to taking any medication. Alcohol can be consumed in moderation. Nicotine and caffeine are secreted into breast milk and may make the baby irritable. Nicotine also inhibits the "let down" reflex necessary for successful breast feeding.**

## **SUPPLEMENTAL BOTTLE**

**After several weeks, when nursing is well established, a supplemental bottle of formula, such as Enfamil or Similac may be given for your convenience. Some mothers prefer to use their own milk rather than formula. The milk can be expressed manually or with a breast pump and then stored in a clear plastic container (antibodies in the breast milk adhere to glass). The Kaneson pump works well and is less irritating to the breast as compared to many other types. It can be purchased at most pharmacies. Electric pumps work best and**

can be rented from several sources. The milk can be stored in the refrigerator for 72 hours or frozen for 3 months in a regular freezer or 6 months in a deep freeze. When using frozen milk it must be thawed quickly under warm water (do not use boiling water or the microwave) and fed within 24 hours. (Store in refrigerator until used. Discard any milk that has already been used. To manually express milk, first wash your hands carefully, then, place your thumb just above the upper edge. Now, press your hand inward toward your ribs while raising the breast with your palm. Open and close thumb and finger in a scissor-like motion. To empty the entire breast, you may need to use the same hand position but start with the fingers at the outer edges of the breast and gently massage down toward the nipple. A supplemental bottle of water may be offered at any age but is not required. Many babies will refuse plain water which is fine, as they get all of the liquid they need from breast milk.

## **MORE INFORMATION**

Of course, we will assist you in any way we can. **The Womanly Art of Breastfeeding**, published by the La Leche League, is a complete and valuable source. It can be obtained through the local library and most bookstores. Other resources include the hospital where you had your baby. Just call the hospital and ask for the post-partem floor, when you get them ask for the lactation consultant. La Leche League workers are very helpful. Call 632-0600 and ask about La Leche they will arrange to connect you with a volunteer.

## **BOTTLE FEEDING**

If your baby is to be bottle fed we recommend using one of the prepared infant formulas with iron such as Enfamil with Iron or Similac with Iron. Your baby should continue on this formula for the first year.

These infant formulas come in 3 forms: (1) **Ready to feed** formula comes in small disposable bottles and quart cans. It is most convenient but also the most expensive. It needs no preparation prior to giving it to the baby. (2) **Powdered** formula is mixed like instant coffee. Following directions on the can: two ounces of warm water to one packed scoop of powdered formula. This form is usually the most economical. (3) **Concentrated Liquid** formula comes in 13 ounce cans and is prepared by adding equal quantities of water and concentrated liquid formula. A convenient way to use it is to open a can daily, filling each of six clean bottles with 2 ounces of concentrated liquid and placing them in the refrigerator. When the baby is ready for a bottle, run 2 ounces of warm water from the tap into one of the bottles and you have 4 ounces of warm formula ready to use. Be sure to carefully clean the tops of formula cans prior to opening them with a clean can opener. Prepared formula should always be refrigerated. It will keep approximately 3 days. Do not re-refrigerate a previously warmed bottle just because it is not completely used by the baby. Bacteria grow rapidly in warm milk and it is not worth the risk. As you have

noticed, you don't need to sterilize anything. Bottles and nipples simply need to be washed thoroughly either by hand or a dishwasher. With modern sanitation, improved methods of formula production, and refrigeration, the extreme sterilization measures of past years are no longer necessary, city water is tested regularly and is chemically treated. It does not need to be boiled prior to use. If you have well water, we suggest boiling the water for a 5 minute period to kill any bacteria. This is necessary for the first two months of the infants life only.

## **BOTTLE FEEDING TECHNIQUE**

When feeding your baby, keep the bottle tilted so that he does not swallow extra air. Never prop the bottle. Formula may be fed at room temperature. If warming is desired, place the filled bottle in a pan of warm water for a few minutes, Always test the warm formula by shaking a few drops on your wrist. It should feel neither cool nor warm. The nipple hole should be large enough that when the bottle is held upside down about one drop per second comes out. To enlarge holes insert a red-hot needle. If the milk drops out too rapidly, then the hole is too large and the nipple should be discarded. After a few days, most full term babies will be taking from 2 to 4 ounces of formula per feeding. Don't force formula on the baby; he will take as much as he needs. He will gradually take more and more as he gets older.

## **VITAMINS AND FLUORIDE**

The prepared formulas have vitamins added and most city water is fluoridated; therefore, if your baby is taking one of the commercial formulas mixed with city water no vitamin or fluoride supplementation is necessary. Please let us know if you use another source of water so we can discuss this further. (If you are using distilled or well water to prepare your formula, or breast feeding we will prescribe a liquid vitamin preparation with fluoride to be given daily starting at 6 months of life.)

## **SOLID FOODS**

We do not feel there is any single ideal time to start solid foods. From a nutritional point of view, infants do not need solid food for the first 6 months. We will talk to you about how and when to introduce solid foods to your baby during your well child checkups. Contrary to popular belief, babies who receive solid food early do not sleep through the night any sooner than those who are fed milk alone. In general, we usually recommend starting rice cereal between 4 and 6 months of age.

## **GENERAL BABY CARE**

### **BATHING**

**Give your baby a bath every day or two. Any gentle baby soap is fine. If you use an adult soap use Dove or Ivory Moisture care and use a small amount to prevent it drying the skin. You can use the same soap to wash the hair but there is no need to put soap on the face.**

- a. Umbilical Cord: It is important to keep the cord clean and dry. Several times daily wash with rubbing alcohol on a Q-tip the remnants of umbilical cord and its base where it attaches to the skin. The alcohol helps keep the cord clean and dry. The cord usually falls off between 5 and 15 days after birth, and you may expect some bleeding at the separation site for a day or two. Since we want to keep the cord dry. It is necessary to limit bathing to a wash cloth or sponge until the cord has fallen off.**
- b. Scalp: Some babies develop greasy, scaling on the scalp called “cradle cap”. It often is most prominent over the fontanel (soft spots on the top of baby’s head) because parents are afraid to scrub over these areas briskly. Usually a soft hair brush or toothbrush will remove the scaling skin. If cradle cap is a problem despite adequate cleaning, we should check the baby to exclude other skin conditions that might need special treatment.**
- c. Eyes, Ears and Nose: These generally require no special care. The eyes should be wiped from the nasal corner outward with a cotton ball moistened with water. Please do not try to clean wax from the ear canals with Q-tips. This merely packs the wax out of sight deep in the ear canals.**
- d. Genitals: If your son is circumcised, the end of the penis will look red and tender for several days. During his bath merely squeeze some soapy water over the penis from a wash cloth rinsing it. Some physicians place a plasticring on the tip of the penis. This ring falls off after 4 to 10 days. The skin tied off by the ring will turn dark after a few days. This skin dries out and drops off along with the plastic ring leaving a clean; well healed line. If your son has been circumcised without the plastic ring, you simply need to keep the tip of the penis covered with Vaseline or Vaseline gauze. After the circumcision site has healed, it is important at each bath to gently retract the foreskin and wash away any secretions that have accumulated. No special care is needed for uncircumcised boys. The foreskin usually cannot be pulled back until the child is older. No attempts to force it back should be made.**

**Baby girls have a surprising amount of sticky, white vaginal discharge. During the first two or three weeks of life the discharge may be tinged with blood. This is normal and no cause for alarm. It is important to wash these secretions which accumulate between the baby girl’s labia (lips of vagina) at the daily wash. Little girls should always be washed from the front backwards.**

- e. Skin and Diaper Area: Most babies will do beautifully by merely keeping them**

**clean and dry, but you should respond to your individual baby's skin in a common sense fashion. For instance, if your baby has dry, flaky skin it would be appropriate to apply a moisturizer after the bath, such as Vaseline, Eucerin Cream or Aquaphor.**

**All babies develop a little diaper rash at some time because it is impossible to keep them clean and dry. Diaper rashes result from moisture and heat irritating the skin in the diaper area. If a rash develops, then redouble your efforts to keep the baby in a dry diaper. Leaving the baby's bottom exposed to the air, such as during nap time, may be helpful. Baby oils, lotions and powders seem to cause more diaper rash than they prevent. Occasionally, a thin layer of Triple Paste or another diaper cream may enhance healing. Plastic pants will aggravate the rash by holding the moisture and heat, so avoid their use if you are having problems with diaper rashes. If the rash is not improving with this approach, please call us.**

## **BOWEL MOVEMENTS**

**The number of normal movements in infants varies greatly. Some babies have as many as one bowel movement each feeding, while others may have only one stool every 2 or 3 days. (This does not indicate constipation.) The consistency of infant's stools varies with a pasty solid to a liquid with the consistency of thick soup. The color variations from yellow to green to brown have no significance. Breast fed babies tend to have softer, more frequent stools. It is normal for a baby to grunt and strain in order to have a bowel movement. A few babies will even cry. This does not mean the baby is constipated. Constipation exists when stools are hard and dry no matter how frequent or infrequent they may be. If a constipation problem occurs, add one tablespoon of Dark Karo Syrup to 4 ounces of formula or water and feed to the baby once or twice per day. Consult us before using laxatives, enemas or suppositories. After one month of age some breast fed babies may have only one bowel movement per week.**

## **CRYING**

**All babies cry. Nothing can be more frustrating to a new parent than being unable to quiet your baby. Every baby has his own temperament; some won't stop crying until they wear themselves out. At times like these, remind yourself that crying will not harm a baby. Of course, babies also cry because they are uncomfortable. Hunger is one of the most common causes. A wet dirty diaper can be another cause that a parent can do something about. Crying may mean that he just wants attention; if so he will calm down when picked up. You cannot "spoil" a baby by holding and loving him too much, so don't hesitate to touch and hold your baby as much as you want.**

## **CLOTHING**

**Dress your baby in clothing appropriate for the season. Keep your thermostat at a temperature comfortable for the rest of the family. Avoid extremes. Babies may overheat and raise their body temperature if exposed to mid-day summer heat for long periods. Conversely, winter cold requires bundling and limited exposure.**

## **OUTDOORS, TRAVEL AND VISITORS**

**Upon discharge from the nursery, a healthy baby is ready to adjust to outside weather, meet new people, and even travel. Again, common sense should prevail. Extremes in temperature and sick visitors do represent a risk to babies. Day care centers and church nurseries should be avoided for at least the first six weeks of life.**

## **OLDER CHILDREN**

**It is natural for an older child to be jealous of a new baby, particularly if the older one is less than 4 or 5 years of age. The jealousy may take many forms ranging from attempts to physically harm the new baby, to behavior problems. Bedwetting, temper tantrums and “bad behavior” all are commonly seen. This will pass in time. You can help the older sibling to adjust by encouraging him to “help” in the care of the new baby (e.g. getting a clean diaper, helping with the bath, etc.).**

**Impress upon the older sibling that the new baby is his baby too. Most important, give the older child his share of attention. Be sure to give the attention following periods of good behavior and not in response to the tantrums of poor behavior. Have some inexpensive little gifts prepared in advance to give the older sibling when the baby gets a new gift from a visitor. Some parents even bring a gift home from the hospital from the new baby to his older brother or sister. Children between the ages of 1 to 4 should never be left alone with the baby. They may inadvertently harm the baby in some way (e.g., putting dangerous things in the baby’s mouth or crib, sitting on him, trying to pick him up and dropping him.)**

## **PACIFIERS**

**We see no problem with the use of a pacifier after the first week of life. All babies have a strong sucking need. The type of pacifier makes little difference. However, be sure it is well made with a shield larger than the baby’s mouth. Never tie it or anything else around the baby’s neck. Most babies lose interest in the pacifier before a year of age. ( If not, the parents should take it away.)**

## **SLEEP AND SLEEP PROBLEMS**

**For the first month of life most babies will sleep between 11 and 19 hours per 24 hour period. Unfortunately, most of them won't sleep over 5 hours at a stretch. The following suggestions will help your baby learn that nighttime is a time for sleeping, not playing.**

- \* Make nighttime feeding as brief as possible, without a lot of rocking and talking. Keep the room dark. There will be plenty of time for playing when the sun is up.**
- \* Be sure your baby is still awake when you put him in his crib. It may be easier to rock him to sleep and quietly lay him down, but then that becomes the only way he knows how to fall asleep, so when he wakes at 3:00 a.m. someone will have to rock him. Video tapes show that all babies and infants wake up at night, but the ones that know how to put themselves to sleep may whimper briefly and then go back to sleep.**
- \* We strongly recommend that all babies be put on their back to sleep. Evidence shows that this is a major factor in preventing SIDS.**
- \* Don't believe the myth that solid foods/cereal will make your baby sleep throughout the night. It just isn't so.**
- \* Don't let your baby sleep all day. We promise you, your baby will get enough sleep, so don't hesitate to wake him up after sleeping three consecutive hours during the day.**
- \* Try to put your infant down at the same time every night, a little before your usual bedtime. Give the last feeding at that time and try to keep him awake for two hours before bedtime.**
- \* Try to eliminate the middle of the night feeding at four to five months of age if he hasn't already given it up. When he wakes, try to comfort him with some back patting and soothing words. See if you can get by without a pacifier. Bottle babies give this 3:00 a.m. feeding up a little easier than breast babies.**
- \* Don't worry about the amount of sleep your child is getting. Just be sure to get enough sleep yourself! Your baby will not get sick if he doesn't get enough sleep one day, he'll simply be a little fussier and will sleep a little longer the next day. Most babies give up their morning nap between 18 and 24 months and the afternoon nap between 2 and 6 years of age. If your toddler develops some sleep problems, call us during regular office hours.**

## **ILLNESSES**

**There are no fool proof clues to indicate when a physician should be consulted about a sick child. We can only assure you that we are available 24 hours a day. Do not hesitate to call when you are worried that your child is "not well". Our staff frequently**

answers questions and manages problems without the necessity of an office visit. If an office visit is necessary, there will be open appointments daily. When the office is closed, the answering service will help you reach us. Certainly, any of the following signs of illness should be reported.

1. Rectal temperature over 100.4 degrees in an infant under eight weeks of age.
2. Severe vomiting and/or diarrhea.
3. Lethargy or listlessness.
4. Breathing difficulties, not noisy breathing but, when the baby does not seem to be able to get air into the lungs, particularly if his lips or face keep a bluish color.

### **TELEPHONE POLICY**

1. Call during regular office hours whenever possible. It is easy to manage a problem when the records are immediately available. Please call after hours only if it is urgent.
2. Make the call yourself if possible. Relaying the message through a third party may result in misleading information.
3. Identify yourself and give your child's full name and age. Describe the condition in specific forms and be sure to state if the child was seen recently for the condition.
4. Don't hold a crying baby while trying to talk. The crying will make it difficult for us to understand each other.
5. Have a pencil and paper handy when you call. Do not rely on remembering instructions, especially when you may be upset.
6. Please be brief, as others may be waiting. If the staff is unable to solve a problem, which is not urgent, your phone number will be taken and you will be called back between office patients.
7. Call us, if at all possible, before going to the emergency room, so the necessary arrangements can be made.
8. Our office phone number 269-2140 can be called 24 hours a day.
9. The office phone lines are busiest before 10:00 a.m. and after 4:00 p.m. For non-urgent questions and to schedule future appointments please call between these times.
10. Have a pharmacy phone number ready if asked for it.

### **FINAL COMMENTS**

We hope this information proves helpful to you. It is not designed to answer all your questions. You will be bombarded with advice from friends and relatives over the next year. Most of it will probably be helpful but often a new parent can be overwhelmed with conflicting opinions from different sources. Please contact our nurses or doctors if you have any questions or problems.

## **INTRODUCING THE PROFESSIONAL STAFF**

**Dr. Charles T. Dellinger** grew up in Jacksonville Beach and graduated from Fletcher High School. He received his BS degree from Rensselaer Polytechnic Institute, and his MD from the University of Florida. He did his pediatric training at Shands Teaching Hospital (University of Florida) in Gainesville. He is board certified in Pediatrics and Pediatric Hematology/Oncology. Dr. Dellinger taught medical students as an instructor and clinical assistant professor at the University of Florida.

**Dr. Dellinger** has been active in many Orange Park sports programs; including Little League Baseball and Pop Warner football. He has a local little league field named after him. He is presently a high school basketball referee. He attends Orange Park Methodist Church and has served on many of its boards over the years. He has also worked with the YMCA, the Children's Haven Board, and the American Cancer Society, as well as many medical organizations. He and Dr. Dick Bultman have taken care of the Orange Park High School football team for over 20 years.

He and his wife reside in Orange Park, and have three children.

**Dr. Dan Spearman** was born in Jacksonville, FL. He received his B.A. degree from Florida State University, Tallahassee, FL. He received his medical degree from the University of Florida. He did his internship and residency in pediatrics at Shands Teaching Hospital, University of Florida, Gainesville, FL. He became board certified in pediatrics in 1981.

**Dr. Spearman** has been in private practice with Orange Park Pediatrics since 1975. He and his wife Linda have three grown children, Dan, Adam and Laura, and one grandchild Falynn.

**Dr. Richard Gehret** grew up in Miami, FL. He did his undergraduate work at Florida State University, Tallahassee, FL. He received his medical degree from the University of Miami, Miami, FL. He did post-graduate training in Pediatrics. He served in the U.S. Navy. He became board certified in pediatrics in 1980.

**Dr. Gehret** has been in private practice with Orange Park Pediatrics since 1982. He resides in Orange Park with his wife Elaine. He has 5 grown children Sean, Jamie, Jennifer, Liz, Robbie and 2 grandchildren Shane and Max.

**Dr. Rhonda Woolwine** was born in Green Cove Springs, FL. She graduated from Miami-Dade Community College with an A.A. degree; she went on to graduate with a B.S. in Biology from Florida State University. She received her medical degree from the University of Florida. She did her residency and internship at Pitt County Memorial Hospital, Greenville, North Carolina, and at the University of Florida, Health Science Center, Jacksonville, FL. Dr. Woolwine is a board certified pediatrician.

**Dr. Woolwine** has been in private practice with Orange Park Pediatrics since 1993. She

**lives in the Orange Park area with her husband and three children.**

**Dr. Shiree Sauer grew up in Los Angeles, California. She graduated from the University of California, Los Angeles, with a B.S. degree. She received her medical degree from George Washington University, Washington, D.C. She did her residency and internship at Hasbro Children's Hospital, Brown University, Providence, Rhode Island. She is a board certified pediatrician.**

**Dr. Sauer has been in private practice with Orange Park Pediatrics since 1996. She and her husband Andy live in Jacksonville with their daughter Talia.**

## **RECOMMENDED READING**

### **GENERAL**

**The Mother's Almanac, Kelly and Parsons**

**Baby and Child Care, Spock**

**Parent's Magazine**

**Your Child's Health, A Pediatric Guide for Parents, Schmitt**

**Caring for your Baby & Young Child - Birth to age 5, American Academy of Pediatrics**

### **BREAST FEEDING**

**The Womanly Art of Breastfeeding, LaLeche League**

**Nursing Your Baby, Pryor**

### **DEVELOPMENT**

**Babyhood, Leach**

**The First Three Years of Life, White**

**Infants and Mothers, Brazelton**

### **DISCIPLINE (applies to toddlers and older)**

**Toddlers and Parents, Brazelton**

**Dare to Discipline, Dobson**

**Surviving with Kids, Bartz**

### **SLEEP PROBLEMS**

**Solve your Childs Sleep Problems, Richard Ferber**

## IMMUNIZATION SCHEDULE

<u>AGE</u>	<u>PURPOSE</u>	<u>IMMUNIZATIONS</u>
2 WEEKS	WEIGHT & EXAM	
2 MONTHS	EXAM	DTAP, HIB, IPV, (PCV)
4 MONTHS	EXAM	DTAP, HIB, IPV, (PCV)
6 MONTHS	EXAM	DTAP, HIB, HEP B, (PCV)
9 MONTHS	EXAM	HEP B
12 MONTHS	EXAM	MMR, VARIVAX, (PCV)
18 MONTHS	EXAM	DTAP, HIB, IPV, HEP B
2, 3, 4, YEARS	EXAM	
5 YEARS	EXAM	DTAP, IVP, MMR

We follow the guidelines of the American Academy of Pediatrics and this schedule is subject to change.

### WHAT THE ABBREVIATIONS MEAN

**DTAP - DIPHTHERIA, PERTUSSIS, TETANUS VACCINE**

**IPV - INACTIVE POLIO VACCINE**

**MMR - MEASLES, MUMPS AND RUBELLA VACCINE**

**HIB - HAEMOPHILUS INFLUENZA VACCINE**

**HEP B - HEPATITIS B VACCINE**

**VARIVAX - VARICELLA (chicken pox) VACCINE**

**PCV - PNEUMOCOCCAL CONJUGATE VACCINE**