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NEWBORN GUIDELINES FOR

Date of Birth

Weight

Length

Congratulations on the birth of your child! We are pleased you have chosen us for your child's pediatric care. Here are few facts about newborns and their care. Before you go home, please try to read this pamphlet. We hope it helps you and encourages you to ask questions that come to mind!

Our regular office hours are 8:00 a.m.-5:00 p.m. Monday through Friday. The office is closed for lunch between 12:00 noon and 1:00 p.m. The New Baltimore office is open Saturday 9:00 a.m.-12:00 noon for appointments for sick children.

In the evenings and weekends, emergency medical assistance should be obtained by calling:

Eastside Pediatric Clinic	M-F 5:30 p.m.-10:00 p.m.
21000 12 Mile Rd	Sat. 12:00 p.m.-5:00 p.m.
Suite 111	Sun. 9:30 a.m.-5:00 p.m.
St. Clair Shores, MI	Holidays 12:00 p.m.-5:00 p.m.
(586) 498-3606	

St. John Macomb	M-F 6:00 p.m.-10:00 p.m.
Township Urgent Care	Sat. 12:30 p.m.-5:00 p.m.
17700 23 Mile Rd.	Sun. 10:00 a.m.-5:00 p.m.
Macomb Twp., MI	Holidays 12:30 p.m.-5:00 p.m.
(586) 416-7520	

If there is an emergency other than during the hours mentioned, you can call (586) 445-2666 and the Answering Service will contact the doctor on call.

We are on Staff at: St. John Hospital, Detroit
Beaumont Hospital, Grosse Pointe

Thank you,

Pediatric Clinic Doctors and Staff

GENERAL GUIDELINES FOR NEWBORN CARE

Your baby is resting, comfortable and warm in his own bassinet. We gave your baby a thorough physical examination.

The guidelines in this booklet will help you meet the needs of your newborn baby and will give you helpful hints on how to keep your baby healthy and happy.

Your child is an individual from the day he is born. Adapt these guidelines to your baby. Do not depend on friends and relatives. We will be happy to give you guidance and answer your questions while you are in the hospital, and later by phone and during your visits to the office.

Office Visits

Please call the office to make an appointment for your baby as soon as possible. You will be instructed at discharge when to bring him to the office for his first visit.

As your child grows up, it is important for him to have regular medical examinations even though he is apparently well. These visits give us a chance to check on his growth and development and to talk with you about the baby's care and the many interesting things you can expect him to do as he grows. Plan your preventative health care visits for ages 2, 4, 6, 9, 12, 15, 18, and 24 months; then every year thereafter.

Telephone Instructions

For emergency questions please don't hesitate to telephone. When you do call and the baby is ill please tell us his age and his temperature if you think he has a fever and, his symptoms. You will probably find it helpful to have paper

and pencil handy for writing down instructions, and to have your pharmacy number handy.

Should an emergency arise, call us immediately. Please be sure you have a rectal thermometer, Tylenol Infant Drops, and a bulb (nasal) suction at home.

Common Signs of Illness

Signs of illness that should be reported to us are:

1. Fever with rectal temperature of 101°F or over. Please call immediately if the infant is younger than 12 weeks old.
2. Vomiting repeatedly (not just spitting up) or refusal of food several times in a row.
3. Excessive crying without obvious cause.
4. Listlessness.
5. Frequent loose, watery bowel movements.
6. Any unusual rash (not just prickly heat rash).

Sometimes new mothers and fathers are a little unsure of themselves at first. As long as your baby is well fed, well loved, warm and comfortable, he doesn't mind a bit that you are less than expert. These few simple infant care instructions should help you to relax and enjoy your baby. The most valuable thing parents can do for their children is to enjoy them.

Getting to Know Your Baby

Your baby is an individual from the day he is born. As the baby's mother and father, the people most intimately involved with him, you will come to know him best. Trust yourself and don't take too seriously the advice of well-meaning friends and relatives.

Your baby will do some things all babies do, just because they are babies. All babies sneeze, yawn, belch, have hiccups, pass gas, cough and cry. They may occasionally

look cross-eyed. Sneezing is a way in which a baby can clean his nose of mucus, lint, or milk curds. Hiccups are little spasms of the diaphragm muscle. Giving a few swallows of warm water may often stop them. Coughing is baby's way of clearing his throat. Crying is his way of saying I'm hungry, I'm wet, I'm thirsty, I want to turn over, I'm too hot, I'm too cold, I have a stomach-ache or I'm bored. You will gradually learn to know what the baby means. Almost all babies have a fussy period, which frequently occurs in the late afternoon or evening, but hopefully not at night. This is not colic, but a normal phenomenon for which there is no explanation and may continue for minutes to hours.

Homecoming

You may wish to limit first visitors to family members. Encourage anyone who handles your baby to wash hands well first. Every new baby must adapt himself to new surroundings, just as you and I would have to do. For this reason, the first 24-48 hours at home should never be expected to be "smooth sailing". Both you and the baby will feel better if you have time to adjust to new circumstances and one another.

Do the best you can to limit visitors during the first few weeks because a newborn baby has not had time to build up a resistance to infections, which can be easily transferred to him. For the first few weeks, avoid crowds and people with colds or other contagious illnesses.

FEEDING

At Feeding Time

Feeding is one of the baby's first pleasant experiences. At feeding time, the baby receives nourishment from his food and nourishment from his parent's loving care.

The food, correctly taken, helps him to grow healthy and strong. The parent's love, generously given, helps him to

feel secure. Help your baby get both kinds of nourishment. The choice to breast or bottle feed is a personal one. Most importantly, you should relax and enjoy whichever method you choose. Both of you should be comfortable. Choose a chair that is comfortable and make sure your baby is warm and dry.

Hold your baby in your lap, with his head slightly raised, and resting in the bend of your elbow. Whether breast-feeding or bottle feeding, hold the baby comfortably close. Most babies will not adhere to a strict feeding schedule but should be allowed to feed "on demand". You will know very soon which of his cries means "I'm hungry".

For Breast Feeding

Before feeding the baby, rinse the breast with plain water and then dry thoroughly. Place two fingers on each side of the nipple and press slightly so that the nipple sticks out. You will then be able to guide the nipple into the baby's mouth and, at the same time, be able to keep the breast from pressing against the baby's nose to interfere with his breathing. Sometimes you may need to encourage your baby to nurse. Do not push him toward the breast. Instead, gently stroke his cheek nearest the breast. He will then, usually, turn his head to hunt for the nipple.

The milk flow will be greater if both breasts are well nursed by a hungry infant. You can give a feeding at one breast or if your baby wants more, at both, but it is important to completely empty one breast before nursing at the second. If you have used both breasts at a feeding, it is best to begin the next feeding at the breast where the last feeding is completed. Be sure to continue your prenatal vitamins, drink plenty of fluids, and emphasize good nutrition for yourself.

There may be times when you will want a supplementary feeding from a bottle. It is usually best to wait until your breast milk supply is established (2-3 weeks).

For Bottle Feeding

Seated comfortably and holding your baby, hold the bottle so that the neck of the bottle and the nipple are always filled with formula. This helps your baby get formula instead of sucking and swallowing air. If he doesn't waste energy sucking air, he's more likely to take enough formula. Air in his stomach may give him a false sense of being full and may also make him very uncomfortable.

Your baby has a strong, natural desire to suck. For him, sucking is part of the pleasure of feeding time. Babies will keep sucking on nipples even after the nipple has collapsed, so take the nipple out of the baby's mouth occasionally to prevent this. This makes it easier for him to suck, and lets him rest a bit.

Never prop the bottle and leave your baby to feed himself. The bottle can easily slip into the wrong position. Remember, too, your baby needs the security and pleasure it gives him to be held at feeding time. It's time for both of you to relax and enjoy being together. It is important not to leave the bottle in bed with your baby overnight or during naptime; to do so puts him at risk for developing "nursing bottle cavities."

Solid ("Baby") Food

Except for special circumstances we generally follow the recommendation of the American Academy of Pediatrics that states that baby solid food should not be given until four to six months of age.

Burping

Burping your baby helps remove swallowed air. Even if fed properly, both bottle-fed and breast-fed babies usually swallow some air. The way to help your baby get rid of this is to burp him. Hold him upright over your shoulder and pat or rub his back very gently until he lets go of the air, or place him face down over your lap and gently rub his back. Your baby can also be burped by holding him in sitting position (baby leaning slightly forward) on your lap, with your hand supporting his chest. Don't be alarmed if he spits up a few drops of milk.

It isn't always necessary to interrupt a feeding to burp your baby, but do it after each feeding. Of course, sometimes your baby may not burp because he doesn't need to, so don't try to force him.

A Schedule with Flexibility

Feeding schedules are usually most satisfactory if the hours are set roughly and the baby is allowed to eat when he becomes hungry. New babies usually need to be fed about every 2-4 hours but may often go to 5 hours between feedings overnight. Should he occasionally cry less than 1-2 hours after a feeding, he is probably not hungry. However, should he consistently cry for a feeding more often than every two hours, the amount of formula may be insufficient.

As he gains weight, your baby will require more formula.

How Much Formula

The amount of formula your baby takes will vary. Babies have a right not to be hungry sometimes, just as you and I, and you can't make a baby want to eat. Never spend more than 30-45 minutes trying to feed your baby.

Most babies feed for 15-20 minutes, and should stay satisfied for 2-3 hours between feedings. You will probably find that sometimes your baby will take his entire bottle and sometimes he won't. Don't worry. This is normal.

Water

If your baby is gaining weight well, yet his stools are not soft or not easily passed, offer lukewarm, boiled water in a nursing bottle once or twice daily. Be careful not to exceed four ounces each 24 hours, and to avoid offering water during the hour prior to the next feeding. Remember that water is not routinely necessary.

Formula Preparation

After age one month, you do not have to sterilize bottles, formula, or added water used for formula preparation.

Please consult the formula manufacturer's instructions for detail of preparing formula; the hospital nursing staff is also trained to help answer your additional questions.

Vitamins

When your baby is 2 weeks old, he may need to begin vitamin supplementation. Please discuss this with us at one of your first visits to the office.

BABY CARE

Bathing

It's good to have a fairly regular time for bathing baby. The room should be warm, with no drafts on your baby. Keep bathing supplies together to save yourself steps. Until the navel (and circumcision) is healed, wash your baby by sponging. After healing, you can use a tub.

During the summer months, it is a good idea to bathe your baby daily; however, in the winter months, a bath every other day is usually sufficient.

Face: Wash with plain water and soft cloth and no soap.

Eyes: To clean eyes, use cotton dipped in cool, boiled water. Call us if you observe yellow, thick eye drainage.

Nose and Ears: Cleanse outer areas only with a moist, not wet, cotton-tipped applicator. Do not attempt to cleanse the inside of either nose or ears.

Mouth: Do not cleanse. Call us if you observe white plaques (thrush).

Head: Your baby's head should be lathered gently. Work from front to back to keep soap out of his eyes. If you notice a greasy scaling (cradle cap), use gentle combing to loosen the scales; special shampoos sometimes help, but oils often worsen the condition.

Skin: Most babies develop a slight rash on the face, head or neck sometime during the first few months of life. They are transitory, usually disappearing in 3-4 days. A few weeks after birth, your baby may develop temporary, innocent infant acne, which may last for one or two months.

As a general rule, do not use baby oil on the skin.

Change diapers frequently; wash the diaper area with water between changes, pat dry, and apply diaper cream.

Navel

Keep it clean and dry. Cleanse the area daily with soap and water. Use a sponge bath only until the cord has fallen off. Sometimes after the cord falls off, there may be a few drops

of blood, but this is no cause for worry. If this persists for a few days, call us.

Abdominal binders or bellybands serve no useful purpose except to increase the amount of laundry you do, and they irritate the baby's skin. They will not prevent an umbilical hernia, nor will they help one that has already formed.

Circumcision

Whether or not you allow your son to be circumcised, we will support your decision. A circumcised penis heals over the first week, but watch for excessive swelling or bleeding. Use sterile Vaseline applied to plain gauze as a dressing after each diaper change for the first 5-7 days. If your son has not been circumcised, do not attempt to retract the foreskin.

Stools and Hygiene

Bowel Movements: There is considerable variation in the size, color, consistency and frequency of stools in the newborn baby. Normally there may be as few as one every several days or as many as one after every feeding. They may be yellowish, brown, or greenish and may be quite firm or of a loose, pasty consistency. Never use enemas, suppositories, or cathartics unless we recommend their use.

Care of Diaper Area: Change your baby's diaper as soon as possible after each bowel movement or wetting. Wash diaper area clean with a soft cloth and soap and water. Rinse with warm water. Pat dry with a clean, soft cloth. Hypoallergenic diaper wipes may be used if your baby's skin tolerates it.

Comfort

Room Temperature: Try to keep an even comfortable temperature in the baby's room (70-72 degrees). On hot days provide ventilation. On cold days check on your baby occasionally to see that he's covered enough to be warm and comfortable. Windows may be opened providing the baby is not in a draft and the room temperature does not fall below 68 degrees.

Clothing: Your baby does not require any more, if as much, clothing as an adult, so never overdress or overcover him. Dress him according to the temperature. Some babies are allergic to certain materials, so watch for rashes on clothing contact areas. A baby's hands and feet may feel slightly cool to the touch, and this is normal.

Outdoors: A fairly good rule to follow is to take your baby out whenever the weather is pleasant. Babies born in the summer may be taken out on nice days. Babies born during the other seasons should be kept indoors unless the weather is particularly balmy. Plenty of sunshine is beneficial, but exposing a baby to direct sun is not necessary or advisable.

Secondhand Smoke:

Secondhand smoke includes both smoke from a burning cigarette, cigar or pipe and smoke exhaled by smokers. It has more than 4,000 poisonous chemicals and is also a Group A carcinogen, a substance known to cause cancer for which there is no safe level of exposure.

What are the effects of secondhand smoke on children?

- Secondhand smoke is dangerous to everyone, but children, infants and unborn babies are at most risk due to their still developing lungs and higher breathing rates.

- Children suffer more respiratory problems, ear infections and asthma when exposed to secondhand smoke.
- Pregnant women exposed to secondhand smoke face increased risk for premature births, low birth weight babies and babies born with respiratory problems.
- Secondhand smoke has been identified as a cause of sudden infant death syndrome (SIDS).

Recommendations for a Safe Infant Sleeping Environment

The American Academy of Pediatrics (AAP) has expanded on its previous recommendations for the prevention of sudden infant death syndrome (SIDS). Instead of focusing only on SIDS prevention, the current recommendations now focus on a safe sleep environment that can reduce the risk of all sleep-related infant deaths, including SIDS. The ideal sleeping situation is an infant on his back in a crib, bassinet, or portable crib located in the parent's room, with a firm mattress covered by a tight-fitting bottom sheet without other blankets and decorative items. Below is a list of the AAP recommendations for a safe sleep environment for your infant.

- 1) Place infant on their back to sleep for every sleep until 1 year of age**
 - a.** Infants have protective airway mechanisms, so back sleeping does not increase the risk of choking (even those with reflux)
 - b.** Side sleeping is not recommended
 - c.** Once an infant can roll from back to stomach and stomach to back, the infant can be allowed to remain in the sleep position that he assumes
- 2) Use a firm sleep surface—A firm crib mattress covered by a fitted sheet**
 - a.** Use a crib, bassinet, or portable crib that conforms to the safety standards of the Consumer Product Safety Commission

- b.** Only mattresses designed for the specific product should be used
 - c.** Do not place pillows, quilts, or comforters under a sleeping infant
 - d.** Car seats, strollers, swings, infant carriers, and infant slings are not recommended for routine sleep. This is particularly important for infants younger than 4 months because they may assume positions that can create airway obstruction or increase the risk of suffocation
 - e.** Put infants to sleep in an area free of hazards because of strangulation risk—dangling cords, electric wires, and window-covering cords
- 3)** Room-sharing without bed-sharing is recommended
 - a.** Room-sharing allows for close parental proximity to the infant and facilitates feeding, comforting, and monitoring the infant.
 - b.** Infants should not be placed for sleep on beds because of the risk of entrapment and suffocation
 - c.** In-bed co-sleepers are not recommended
 - d.** The AAP does not recommend any specific bed-sharing situation as safe
 - e.** Infants should not be fed on a couch or armchair when there is a high risk the caregiver might fall asleep
 - f.** Provide a separate sleep area and avoid co-bedding for twins and multiples
- 4)** Keep soft objects and loose bedding out of the sleep area
 - a.** Bumper pads or similar products are not recommended . There is no evidence that these products prevent injury in young infants
 - b.** Infant sleep clothing designed to keep the infant warm without the risk of head covering or entrapment may be used

- 5) Avoid commercial devices marketed to reduce the risk of SIDS
 - a. These include—wedges, positioners, special mattresses, and special sleep surfaces
 - b. There is no evidence that these devices reduce the risk of SIDS or suffocation, or that they are safe
- 6) Consider offering a pacifier at naptime and bedtime
 - a. Delay pacifier introduction until breastfeeding is firmly established, usually by 3 to 4 weeks of age
 - b. If he refuses a pacifier, he should not be forced to take it
 - c. The pacifier does not need to be re-inserted once the infant falls asleep
 - d. The pacifier should not be hung around the infants neck because of strangulation risk
 - e. Pacifiers that attach to clothing should not be used while the infant is sleeping
- 7) Avoid overheating
 - a. Dress the infant appropriate for the environment—No more than 1 layer more than an adult would wear to be comfortable in that environment
 - b. Over-bundling and covering of the face and head should be avoided
- 8) Breastfeeding is recommended
 - a. The protective effect of breastfeeding increases with exclusivity
 - b. Any amount of breastfeeding has been shown to be more protective against SIDS than no breastfeeding
- 9) Avoid smoke exposure during pregnancy and after birth
 - a. NO smoke exposure near pregnant women or infants
 - b. The risk of SIDS is particularly high when the infant bed-shares with an adult smoker
- 10) Immunize infants according to AAP recommendations
- 11) Avoid alcohol and illicit drug use during pregnancy

and after birth

- a. There is an increased risk of SIDS with prenatal and postnatal exposure to alcohol or illicit drug use
- 12) There is a lower risk of SIDS for infants whose mothers received regular prenatal care
 - 13) Supervised, awake tummy time is recommended

Babies Should Play on Their Tummy

Although sleeping on the back is recommended for all healthy babies, playing on the tummy during waking hours is safe and also recommended.

Benefits of Tummy Play:

- * Provides the opportunity to strengthen important back, neck, shoulder and arm muscles needed for good posture and transitional movements.
- * Provides visual stimulation as the baby looks up from this position to view the world.
- * Encourages development of gross motor skills like rolling and crawling. These movements not only allow children to move, but also help them develop the concepts of time, distance and space. This influences the way your child relates to his/her world.
- * Provides strengthening for hands, arms and shoulders which allows for interaction with toys.
- * Provides the opportunity for important deep pressure and touch experiences through the forearms and hands which prepares the baby to effectively manipulate toys for play.

Consequences of not encouraging tummy play:

- * Developmental delay - Research is revealing that children who are not placed on their stomachs learn to roll later than those who experience 'tummy time'.
- * Asymmetrical Head Shape - Physicians have also noted an increase in Plagiocephaly, flattening of a portion of the

head, since the Back to Sleep Campaign was initiated to reduce the incidence of SIDS. Plagiocephaly can be minimized with the use of 'tummy time'.

* Weakness - Children who do not play on the tummy demonstrate weakness of back and shoulder muscles which can limit their mobility and play.

Make 'Tummy Time' Fun:

Use Tummy Time as an interactive play time. Very young children enjoy close contact, singing or bright toys. They often do well lying on their tummy while on a caregivers lap or chest. If your child fusses, try tummy lying for short periods of time in your arms or while gently rocking. When they gain more active head lifting they will enjoy a brightly colored blanket or mirror placed in front of them. In the later months (4-6 months of age) they will enjoy looking at and reaching for toys. Try games, fun faces and sounds as you lie on the floor with your child.

How Should My Baby Be Positioned During Waking Hours?

* Your child should experience a wide variety of positions throughout the day.

* Young infants need to experience lying on their stomachs during playtimes. Place your child on a firm, yet soft surface with his head to one side. Stay very close, even face to face, and talk or sing to your infant. This should be done at least 3 times daily. Very young infants also enjoy lying on their side while looking toward black and white toys. Be sure to alternate sides.

* Younger babies enjoy being carried at the parent's shoulder, in their arms or facing outward at their environment. They may also enjoy lying face to face on their parent's chest.

* Equipment such as infant seats, bouncing recliners, and swings should only be used for short periods of time during waking hours.

* Infant seats and carriers are convenient, but often promote prolonged periods of back lying. Consider carrying your infant in your arms rather than a carrier. The use of specially designed back and front carriers that the caregiver wears are recommended.

* Standing supports like 'exer-saucers' can be a nice place for children to experience standing. However, it is important to wait until they are actively using their legs to stand in the support and not just hanging on the sling seat. Wheeled walkers are not recommended because they can tip on uneven surfaces and promote an unnatural walking pattern.

What can I expect when I place my baby on his/her tummy?

There are variations in the way babies acquire gross motor skills but generally the following may be expected:

0-1 Months: The infant rests with head to one side and body tucked up in the fetal position. If placed with face down, an infant can lift the head slightly to turn the mouth and nose to the side.

2-3 Months: With regular experience on their stomachs, babies will be more comfortable in this position. Your child will stretch out arms and legs more and begin lifting the head slightly.

4-5 Months: At this age children can lift their head with ease when placed on the tummy. By the 4th month your child will be able to fully lift his head when propped on elbows. By the end of the fifth month this skill should be mastered, and your child may even be able to push up on extended arms and reach.

6-7 Months: Your child will be very comfortable playing on his stomach at this age. The child can easily reach and interact with objects in this position. They will be able to roll on and off the tummy on their own. Belly crawling may emerge at this age.

8-10 Months: Your child will use crawling on hands and knees as their main form of mobility. He or she will move easily in and out of sitting.

10-18 Months: As your child is learning to walk he will continue to use crawling for floor play and on stairs.

SPECIAL NOTICE

Under the terms of most insurances, your newborn child is not eligible for benefits unless your insurance company is notified within thirty days after the birth of your child.

Your child may be added to your contract by either contacting your insurance company directly or through your place of employment. Before the baby's first visit, **please** verify whether immunizations are a covered benefit.

Immunizations are important, but they are also expensive if not covered by your insurance. If your insurance does not cover immunizations, we recommend that you take your baby to the Health Department for his immunizations.

ADDED INSTRUCTIONS

Please do not take the baby off your breast milk or formula until we discuss this.

There is good nutritional evidence suggesting that babies should stay on breast milk or infant formula for their first twelve months. Breast milk and infant formula provide needed nutrients at levels that are most compatible with

your baby's needs. No other beverages, including cow's milk and Pet Milk preparations, offer babies the same nutritional advantage during the first year of life.

Therefore, we strongly recommend that you keep your baby on breast milk or iron-fortified infant formula for the first year of life. While this practice may be different from that of your friends or relatives you can be sure you are following the latest thinking in infant nutrition and that your baby is receiving sound nutrition during the initial growth period.

1. Nutritionally, it is best to avoid giving your baby solid foods (baby food and cereal) until he is 4 to 6 months of age.
2. Under special circumstances, we may recommend adding rice cereal to some feedings, prior to your baby's reaching age 4 months.

SAFETY CHECK LIST FOR INFANTS

*Use a properly installed, crash-tested infant car seat whenever transporting a child by car. The seat should comply with federal motor vehicle safety standards. Do not hold an infant in your arms or on your lap in a moving auto. For children less than 1 year of age, the car seat should be in the back seat of the car, facing the rear of the car.

*Check crib (and playpen) slats to make sure they are not more than 2 1/2 inches apart.

*Crib mattress should fit snugly; more than a two-finger space between mattress and crib means you need a larger mattress. Use bumper guards to keep the infant from falling between the mattress and side rail.

*Do not use soft pillows in the crib with a young infant.

*Keep buttons, beads, coins, peanuts, popcorn and other small objects off the floor and out of baby's reach. Do not give children under the age of two chewing gum or balloons.

*Make sure that pacifiers and infant toys do not have small removable parts. Buy toys with parts too big to swallow and too tough to break.

*Toys or pacifiers with strings over 12 inches can cause strangulation. Keep them out of reach of infants and children under two years of age. Likewise, tie venetian blind cords out of baby's reach.

*Keep plastic bags out of reach.

*Do not prop a bottle for an infant who cannot yet manipulate it himself.

*Never leave your infant unattended in the bathtub, even for a few seconds.

*Always fasten the safety belt around your infant in seats, strollers and highchairs.

*An infant (of any age) cannot safely be left unattended on a couch, bed or table - even when restrained in an infant seat. The seat may collapse or be tipped over by an active baby or an eager brother or sister.

*Infant walkers are associated with many injuries every year, and do not help your baby's development. We encourage you **not** to use one.

*Place safety gates in front of accessible stairways.

*Keep hot liquids and foods out of reach and avoid use while holding the baby.

*Safety screens should be placed in front of fireplaces, registers, radiators, and heaters.

*Keep electric cords from irons, coffeepots and other appliances out of reach.

*Infant sleepwear should comply with government standards for flame resistance. Consider flammability of other clothing.

*Install smoke alarms in your home.

*Car seats that have been in the hot sun can burn your infant; in the summer try covering the seat with a light blanket.

*Keep scissors, pins, and knives out of reach.

*Avoid toys with breakable parts or sharp edges, points, or splinters.

*Inspect your home for sharp-edged furniture; pad corners of tables and other potentially dangerous areas.

*Electric fans should be kept out of reach.

*Post emergency numbers (for fire, ambulance, Doctor, poison center) on your phone for quick reference. Poison Center can be reached by dialing 1-800-222-1222.

*Do not carry your baby in a backpack until about age 4-5 months when head control should be sufficient. Until that time a chest carrier provides enough support.

*Keep all medicines, cleansers and potential poisons locked away and out of reach.

*Install childproof latches on cabinets.

*Paints on nursery furniture and toys should be lead-free and non-toxic.

*Paint in older homes may contain lead; inspect your home for flaking or chipping paint.

*Some plants are poisonous - it is safest to keep all out of reach.

*Check bath water temperature before putting your baby in.

*Turn down the thermostat on your hot water heater below 120°, especially when your child is old enough to play with faucets.

*Babies should not be allowed to play near moving mechanical appliances, such as vacuum cleaners, exercise bikes, etc.

*Insert safety plugs in unused wall sockets. Hide electric cords behind heavy furniture whenever possible.

Postpartum depression

The birth of a baby can trigger a jumble of powerful emotions, from excitement and joy to fear and anxiety. In fact, 85 to 95 percent of all new mothers experience some form of mood complication during pregnancy or following childbirth. One of every 10 women will experience postpartum depression, sometimes up to two years after childbirth.

Symptoms of Postpartum Depression include:

- Debilitating depression, suicidal, scary or constant negative thoughts
- Hopelessness of ever feeling yourself again

- Feelings of inadequacy as a wife and mother, helplessness, excessive guilt
- Difficulty sleeping, too much sleeping
- Lack of interest in the baby and/or self
- Low level of daily functioning, including personal grooming, isolation, social withdrawal
- Feelings that if you tell anyone about your symptoms, your baby will be taken away
- Severe mood swings, which may include euphoria, agitation, and explosive episodes
- Spacing or zoning out with an inability to focus on a task
- Significant and unintended changes in eating patterns

The frequency, intensity and duration of these symptoms are what distinguish normal "baby blues" from postpartum depression. Remember that PPD is a chemical condition caused by a fluctuation in hormones. It is treatable with a combination of medication and psychotherapy. There is help and hope, but it is important to seek a medical evaluation if you are experiencing these symptoms.

SPECIAL NOTE TO PARENTS:

As your pediatrician, we are responsible for the care of your baby throughout the entire hospital stay. This hospital newborn care includes:

1. Initial newborn examination.
2. Review of infant's progress with nursing staff.
3. Consultation with the mother.
4. Discharge examination.
5. Home instructions.

Some insurance companies, including Blue Cross Blue Shield of Michigan, will reimburse pediatricians for the initial newborn examination only. In those cases, the charges for total hospital newborn care not covered by insurance become the responsibility of the parent.

If you have any questions about this, please do not hesitate to consult our office personnel or us.

Additional note: In order to obtain insurance coverage for your baby, you **must** notify your insurance company within 30 days of your baby's birth.

Sincerely,
Pediatric Clinic Doctors and Staff

For Parents of Little Girls

Forgive the use of the pronoun "him" throughout the text-- we love your little girl every bit as much as the little boys, but the use of both pronouns makes reading cumbersome!

Immunizations Protect Children

Many of the serious childhood diseases can now be prevented by immunizations. Your baby will receive protection against Whooping Cough, Tetanus and Diphtheria; Hemophilus influenzae; Hepatitis A & B; Polio; Chickenpox; Measles, Mumps and Rubella; Pneumococcus; Rotavirus; Meningococcus; and Human Papilloma Virus (HPV).

Check the table and ask your pediatrician if your child is up-to-date on vaccines. It could save a life or prevent disability. These are not just harmless childhood illnesses. All of them can cripple or kill. All are preventable.

We will keep you informed at your child's preventative care visits, of new recommendations or developments in immunization and disease prevention.

Before the baby's first visit, **please** verify whether immunizations are a covered benefit.

You can also protect your children by ensuring that you, as the parent, and close contacts of your child are fully immunized. These immunizations can include yearly influenza vaccinations as well as receiving the newly recommended pertussis booster (such as Adacel[®]) for adults. Ask your physician if you are up to date on these vaccines.

The next page has a table showing the immunizations that are recommended to keep your child safe and healthy.

Age	Hepatitis B	DTaP	Polio	Hib	Pneumococcal	Rotavirus	Hepatitis A	MMR	Varicella	Tdap	Meningococcal	Human papilloma
Newborn	*											
2 months	*	*	*	*	*	*						
4 months		*	*	*	*	*						
6 months	*	*	*	(*)	*	*						
12 months				*	*		*	*	*			
15 months		*										
18 months							*					
4 years		*	*					*	*			
11 years										*	*	*
16 years											*	

** After 6 months of age, children should receive yearly Influenza vaccines

Children Learn What They Live

If a child lives with criticism,
he learns to condemn.

If a child lives with hostility,
he learns to fight.

If a child lives with ridicule,
he learns to be shy.

If a child lives with shame,
he learns to feel guilty.

If a child lives with tolerance,
he learns to be patient

If a child lives with encouragement,
he learns confidence.

If a child lives with praise,
he learns to appreciate.

If a child lives with fairness,
he learns justice.

If a child lives with security,
he learns to have faith.

If a child lives with approval,
he learns to like himself

If a child lives with acceptance and friendship,
he learns to find love in the world.

Dorothy Law Nolte