

**YOUR NEWBORN:
A GUIDE FOR NEW PARENTS**



ProMed Physicians
BORGESS HEALTH

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CONGRATULATIONS!!

Congratulations! After several long months of waiting, your baby has arrived. We are happy that you have chosen ProMed Physicians to provide your child's pediatric care. We eagerly await the opportunity to assist you in safeguarding the health of your new baby.

Please take a few moments to read through this booklet on caring for your new baby. It contains suggestions for baby care, answers to commonly asked questions by new parents, and information about our practice.

During the time that you and your baby are in the hospital, one of our pediatricians will be visiting with you and examining your baby daily. Feel free to ask any questions at this time or when you come in for visits or physicals. If questions or situations arise after you return home, do not hesitate to call the office for further advice.

For questions or appointments, please contact:

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FAMILY EXPECTATIONS

Expectations of Your Baby

Each new baby is a unique individual and comes prepared with the ability to see, hear, smell, smile, as well as suck. Newborns see and focus on faces or large objects, see color, know familiar voices, and suck to eat and for comfort.

Your baby enters the world with a very definite temperament of his or her own. Some babies are very calm and quiet. Some are more irritable and require more comforting. Some babies require a lot of sucking and will respond nicely to a pacifier, thumb, or finger. You will soon recognize your baby's temperament and learn to meet his or her individual needs.

The age in weeks that you carried your baby before birth has a definite effect on his or her responses. The maturity rating, Dubowitz score, gives an estimate of your baby's maturity. Babies born early often are sleepy and feed less vigorously than babies who are born at term or later.

Changes in the Family Unit

Caring for your baby will take up most of your time over the next several weeks. In addition, because a mother's body will naturally undergo changes following delivery, it's vital to take good care of yourself too.

You, the baby, and your family are most important. It may be awhile before your baby sleeps through part of the night. ***It is best to rest when your baby rests.*** You decide whether you are up to having visitors, when, and how long they should stay. Please ask them to keep their visits to half an hour or less. Visitors with symptoms of illness, including the common cold, should delay their visit until they are well.

As you adjust to life with your baby, you might need a break from cooking. If a family member or friend brings over a casserole, don't feel guilty about accepting it.

Siblings

It's natural for siblings to become excited at the thought of a new brother or sister. But sometimes a sibling may feel jealousy. Each child's response will be different. However, it's normal for children to feel upset at the thought of having to share their parents for the very first time.

To lessen some of this tension, encourage older siblings to participate in the care of the baby. Listening to and talking about a sibling's concerns before the newborn's arrival can also help a distressed older child feel included and more secure.

Toddler Behavior

The behavior of your toddler exhibits to his or her new baby brother or sister will be unpredictable for the first weeks after your baby arrives at home. He or she has been the center of attention up to now. Your toddler may make sudden demands on you when you are feeding and caring for the baby. You may see him or her regress. He or she may want to have a bottle or may revert to diapers if he or she is toilet trained.

Whenever possible, set aside some special time for your toddler or ask a friend or family member to offer support. Include your toddler in the care of the new baby though it may be difficult. Sometimes, tucking your toddler in at night or reading a favorite story can make all the difference.

FEEDING

Breast Feeding

Breast feeding is the most natural way of feeding a baby, and breast milk is the ideal food. Breast feeding provides all the nutrients the baby needs for growth over the first four to six months of life. Recent studies have shown that breast milk provides antibodies for the intestine and may help prevent ear infections. At the same time you feed your baby, you will be developing a warm, intimate relationship with your baby. Breast feeding also contracts your uterus to its pre-pregnant size.

Colostrum

Breast feeding should be initiated as soon as possible after birth. At first, the baby will be getting colostrum, a perfect starter food. Colostrum is a yellow, creamy substance. It is very nutritious and is a natural laxative that helps clear meconium from the intestine, decreasing the possibility of jaundice. Colostrum also provides unmatched immunity against viruses and bacteria.

Breast Milk

Breast milk “comes in” or “lets down” between the second and third day. Your milk may not come in until the third to fifth day if you’ve had a Cesarean section. Just before your milk comes in, you may feel slightly uncomfortable or engorged. Breast milk is bluish to white in color, sweet tasting and provides all of your baby’s nutritional needs for the first several months of life.

Tips for Breast Feeding

When nursing your baby, there are several effective, relaxing positions you may want to assume; cradling, football holding or lying. Instinctively, your baby will suckle best when positioned on his or her side with his or her tummy touching your body. This can be done in all three positions easily.

As you nurse, cup your breast between your thumb and index finger, resting the weight of the breast on your hand. Keep your hand away

from the nipple and the areola, the dark area around the nipple, as this is the part of the breast to which your baby will attach.

While cradling, support your baby’s neck in the bend of your elbow to control movement of his or her head. If you’re cradling incorrectly, you will notice that the baby’s head is not resting on your forearm as well as some pulling or discomfort in your shoulder/back area. In the correct position, you should feel as though you could securely carry your baby on a walk or while working. When your baby opens his or her mouth, bring the newborn toward your body with your arm so that he or she can get as much of the areola in his or her mouth as possible.

Milk is produced deep in the breast glands. It passes through the breast to the collecting area under the areola. In order to get milk from your breast, your baby will compress or squeeze the areola between his or her gums. Your baby’s tongue will then stimulate the nerve endings of the nipple, creating more milk and allowing it to flow to the areola.

Generally, you do not need to hold your breast away from your baby’s nose. Babies’ noses are wider and flatter so they can suckle without suffocating. If you compress the breast away from your baby’s nose, you will often pull part of the areola from this or her mouth and this allows the gums to squeeze the nipple, a common cause of nipple soreness.

The amount of time you nurse your baby will vary. Limiting the time is often a cause of engorgement. Usually, 15-20 minutes a side is enough sucking time. Do not allow yourself to become a pacifier. If your baby needs more sucking time, using a pacifier between feedings.

The frequency your baby feeds may vary as well. During the first month, most babies need to nurse eight to 12 times in 24 hours. Otherwise, a normal schedule includes eating as often as 10-12 times a day to eating every three to five hours.

Milk production is stimulated by the frequency of breast feeding and the amount of milk removed. The more your baby breast feeds, the more milk you produce. Giving water or formula in between feedings may decrease your milk supply.

Your baby begins to learn and practice correct breast feeding suck with the very first nursing experience. Breast feeding is an *active* process but bottle feeding is a *passive* process and requires a different suck. Avoid formula and water unless it is required.

You can tell your baby is getting enough milk if he or she has six to nine wet cloth diapers or four to five wet disposable diapers and two to five stools a day. The stools will have a “mustard” consistency and a yellow color. In addition, your breasts may feel full before feeding. You will feel your baby sucking vigorously and hear him or her swallow.

Breast Engorgement and Cleaning

As milk changes from colostrum to mature milk, your breasts become full. Normally, this goes away over three to five days. Engorgement may develop if your baby does not adequately remove the milk from your breasts. During this time your breasts may become hot, hard and painful. The fullness is due to extra blood, lymph and swelling of the breast. Excessive fullness can lead to swollen areolas and flattened nipples, making it difficult for your baby to latch on. Prevent engorgement by feeding your baby at least eight to 12 times a day.

If your breasts should become engorged, breast feed more frequently and for a longer period of time. Apply a warm, moist compress for a few minutes before feeding. Hand express to soften the areola before breast feeding. Also, gently massage your breasts before and during breast feeding. If your baby cannot latch on, you will need to express your milk. Wear a good fitting, supportive bra. ***If you are having problems, call the office at this time for further help.***

Cleaning your breasts while nursing is simple. Because the bumpy area at the edge of the areola releases a substance that protects the nipple from infection, it is recommended that you wash using only water (versus soap and water). To prevent dryness, cracking and soreness, avoid excess washing.

Sore Nipples

Some mothers will experience nipple tenderness for the first few days as the baby starts nursing. This “latch on” discomfort should disappear after the baby latches on and begins nursing. Pain after this initial discomfort indicates the baby is not attached correctly. Incorrect latching on and improper positioning can also lead to poor emptying of the breast.

There are several ways to help sore nipples. Use deep breathing and soft music or other relaxation techniques before, during, and after breast feeding. Limit feeding on the sore nipple. Breast feed on the least sore side first. Express a little milk to stimulate let down. Use non-plastic lined bras or bra pads. Change pads frequently. If your nipple is dry, massage a small amount of lanolin on the nipple. Use Medela breast shields to keep clothing and wet nursing pads off the nipple.

Prevent sore nipples by breast feed at least 8-12 times in a day, and positioning your baby correctly. Make sure your baby opens his or her mouth wide and attaches properly to the breast with his or her mouth well behind the nipple on the areola. Release your baby’s suction before taking him or her off the breast. Gently pat your nipples dry after each feeding.

Pumping Breast Milk and Storing

Nursing the baby is usually enough to maintain your milk supply. However, if you choose to go back to work, you may need to consider breast pumping. Pumping stimulates your breast to continue to produce milk and enables your baby to reap the benefits of breast milk while you’re at work. In addition, breast feed your baby before going to work and after you come home. Breast feed in the evening and night as usual. For expressing milk, an electric breast pump is best. Recommended breast pumps include Medela, Lactena, or Avent. Often, a breast pump can be rented from the hospital where you delivered.

Breast milk can be safely stored. Before you pump and express milk into a clean collection container, be sure to wash your hands with soap and water. Transfer the milk from the collection container to a clean storage bag. You can store it in the refrigerator up to 24 hours. If you

plan to store the milk longer than 24 hours, it should be frozen. It can be stored in a refrigerator freezer for up to 6 months and a deep freeze (-20°F) up to a year. Keep in mind, it's normal for milk to separate during storage.

When you're ready to use your properly stored breast milk, take it from the freezer and place the sealed container in a bowl of warm water for 30 minutes. You can also run it under warm water. ***Never microwave breast milk.***

This is a summary of breast feeding. If you are having problems or concerns, call the office and a nurse will talk with you. You may be asked to come in for further counselling.

Formula and Bottle Feeding

Types of Formula

Today, there are many different types of formula available, including soy-based, milk-based and hypoallergenic. Each of these contain all the protein, carbohydrates, vitamins, and minerals a baby needs to grow and develop. Ninety percent of babies tolerate milk-based formulas. However, some do not. If your child is allergic to cow's milk, you may want to consider switching to a soy-based formula. Babies who do not respond well to either of these options can be switched to a hypoallergenic formula, which is made from cow's milk protein that has been broken down.

Formula comes in powder, cans of concentrate, and ready-to-feed.

The powder is easy to use and is the most economical. You can pre-measure the powder ahead of time into a small, dry container and then add it to a bottle of water when the baby is ready to eat. Concentrated formula is a liquid and needs to be diluted before using. Ready-to-feed works exactly how it sounds. However, it is expensive and thus, may be most beneficial to use only if your breast-fed baby requires a supplement when your milk is not available.

Bottle Feeding

Always mix the formula exactly as the label directs and never add extra water, concentrate, or powder. Use regular tap water to mix the formula. You do not need to sterilize the water. Make only the amount that your baby will take at a feeding so you will not waste formula. Store any opened concentrated formula in the refrigerator but for no more than 24-36 hours.

Hold your baby close during feeding so that he or she can enjoy the feel, sounds, and smell of your body. When feeding, tilt the bottle so that the nipple is always filled. This prevents your baby from swallowing excess air. The milk should drip slowly out of the nipple. The tightness of the nipple collar controls the flow. Therefore, tighten the collar for slower feeding.

The amount your baby takes will vary. Your baby is probably getting enough calories if he or she is satisfied eating every two to four hours and has at least six wet diapers a day. Do not push your child to finish the bottle if it is clear he or she is full. Most babies feed about 15-20 minutes.

Bottle-fed baby stools will vary from brown and curdy, to brown with form and a water ring, to brown and loose. Sometimes, babies on soy formulas will have solid stools. This does not mean your baby is constipated.

Sugars

Cow's milk contains lactose. Although not a common problem, sometimes babies who ingest cow-milk formulas show signs of lactose intolerance such as fussiness, loose/watery stools and vomiting. If you feel your baby is having trouble eating due to lactose intolerance, you may want to switch to soy-based or lactose-free formulas that contain simple sugars.

Switching Formulas

Formula switching is done for many reasons. The most common is for irritability, vomiting, failure to gain weight, diarrhea, and rarely rashes. If an allergy to the cow's milk protein is suspected, switching to a soy-based formula may be done. Also, an illness known as galactosemia, detected by the newborn screening blood test, requires parents to select a soy-based formula. If you have questions about your child and formula, contact us during regular hours.

Iron

Iron is an essential mineral your child needs for his blood and the development of his brain. Adequate iron is already present in breast milk. Recent studies have shown that iron does not cause gas, irritation, or constipation. We do not recommend the use of low iron formulas.

Vitamins

Formula contains all the vitamins your baby needs. Breast-fed babies require vitamin supplements, specifically A, D and C.

Fluoride

All children need fluoride until the teen years to build healthy teeth. Most cities add fluoride to their water supply. If you're unsure, call your local water department or our office. Well water and most bottled water does not contain fluoride. Some wells contain a small, but insignificant amount.

Babies who drink at least 12 ounces of fluoridated water per day do not need a fluoride supplement. However, your baby may require a supplement if your water does not contain fluoride, your baby is breast fed or your baby drinks less than 12 ounces of fluoridated water a day. A supplement will be started at the six month visit.

Solid Foods

Solid foods are not necessary or desirable until your baby is 4-6 months of age. Your baby gets all the nutrients necessary from the breast milk or formula. Early introduction of solids can lead to obesity, food allergies, and increased gas production. ***Cereal will not make your baby sleep at night or longer.***

Your baby is ready for solids when the following occurs:

- He or she is at least four months old
- Consumes 32 ounces of fluid per day.
- Wakes more often at night.
- Is able to sit in an infant chair.
- Shows interest in what you eat.
- Weighs at least 13 pounds.

Water

Water is not necessary if your baby is taking formula or breast feeding well. Babies usually do not like water and will not take it eagerly. If your baby awakens an hour after eating and acts hungry, you may offer two to three ounces of water. Do not add sugar to it.

Juice

Juice should not be given to a baby until he or she is at least 6 months old. Even then, offer your baby juice only under the guidance of your health care provider.

Honey and Karo Syrup

Honey and Karo syrup should NEVER be given to babies under one year of age. Both contain botulism bacteria that can cause severe illness.

NEWBORN CARE

Elimination

Urine

Your baby should have at least six wet diapers in a 24 hour period.

A breast fed baby in the first two days of life may wet only two to six times a day until you produce adequate milk. The urine will usually be a pale yellow color.

Stools

The first bowel movement is meconium, a black, sticky stool. Over the next two days, it gradually changes color to green and brown and is usually a normal stool by the third day.

Breast-fed babies stool frequently the first month. Later, these babies may pass only one stool a day or less and may go a few days without a stool. Breast-fed babies pass yellow, mustard colored stools that are runny to soft.

Formula-fed babies will also stool frequently the first month of life. Their stools often resemble scrambled eggs and are brown to yellow to green. Sometimes, a formula-fed baby will pass an occasional odd loose, green and unformed stool. Babies on soy formulas may pass pasty whitish stools or once in a while, formed stools.

Constipated stools are dry, hard and pellet-like. If your baby is having formed stools, offering tap water between feedings may help. If your baby is passing pellet-like stools, call and speak to a nurse for suggestions to soften the stool. ***Do not give honey or karo syrup as a laxative.***

Diapers

You have a choice when it comes to diapers: cloth or disposable. Most parents use disposable diapers because they're available in all sizes and easy to use. Cloth diapers require washing and drying by you or a diaper service. If you select cloth diapers, it's best to have at least 24 on hand to ensure that you have enough.

Sleep

The amount of sleep a baby requires varies. Typically, a baby sleeps about 16 total hours a day, but can vary from as little as 12 hours to as much as 21 hours a day. The sleep is divided into two to four hour increments.

All babies should sleep on their backs. There is no risk of choking with babies on their backs. ***Never place your baby on his stomach to sleep because of the risk of sudden infant death (SIDS).*** Once the baby can roll both ways, usually five to six months of age, it does not matter in what position your baby sleeps.

Babies should be placed on a firm mattress to sleep. Dress your baby in a one piece outfit and cover him or her with a single light blanket. Remove any loose articles such as multiple blankets, diapers, pillows and stuffed toys during sleep to avoid the risk of suffocation. Do not put a sheepskin under the baby or place the baby on a waterbed because of the risk of suffocation.

Babies should sleep in their own bassinet and later in their own crib. At first, it is all right to place the baby near you, but we recommend that your baby sleep in his own room by two months of age.

Co-Sleeping

We do not recommend co-sleeping with the baby. The risk of rolling over on the baby is high. Also, the baby can also become caught in bed clothing and suffocate.

Crib

Crib slats should be no more than 2 3/8 inches apart. Your crib should have safety locks so your child can not let the side down. Also, crib padding should be securely fastened down, so your baby can't get entangled. Cribs built prior to 1980 may not meet safety standards and may have to be modified. We can provide you with a safety check list.

Clothing

In general, babies should wear one more layer of clothing than you do—depending on the time of year. If your baby is perspiring, usually on the scalp, he or she is overdressed. Dress your baby in comfortable, wash and wear clothing as your baby may spit, drool or leak stool on his or her outfits. Toweling, cotton, and soft wool will feel best on his or her skin. Be sure clothing made with synthetic fiber is soft. Check that seams are not stiff or rough. Avoid open weaves as a finger or toe can get caught. By law all sleepware must be flame retardant. Finally, make sure snaps unfasten easily and that there is adequate room to get the clothing over the baby's head.

Room Temperature

Room temperature should be kept between 68°F and 72°F. In the summer, your baby may be placed in an air-conditioned room or home. If you have central air, the recommended temperature is 75°F. On warm nights, feel free to open a window.

Bathing

Tub baths can be started anytime after discharge from the hospital. You do not need to wait until the cord comes off. However, many mothers opt to sponge bathe until the umbilical cord comes off. Bathe the baby as needed. In winter, daily baths are not necessary. Use a mild bar soap, baby soap or body wash. Wash the whole body. When washing your baby's face, use only water.

After the bath, dry off your baby with a soft, comfortable towel. You may apply a baby lotion free of perfumes. Perfumes can cause rashes. To prevent diaper rash, apply Vaseline, A & D Ointment or Balmex. Do not use baby oil as it robs your baby's skin of natural moisturizers. Also avoid cornstarch and baby powders, as the sugar from the powder may encourage yeast growth as well as cause respiratory infection, pneumonia or wheezing.

Diaper Care

To prevent diaper rash, apply Vaseline, A & D Ointment or Balmex at each diaper change. If your baby develops a rash, apply a cream containing zinc oxide with each diaper change. You can also apply Milk of Magnesia as an alternative. When possible, air out the diaper area after cleaning for awhile. ***If diaper rash worsens, does not respond to usual care, or develops pustules or blisters, call the office during regular hours.***

Umbilical Cord Care

The umbilical cord should be exposed to the air for drying. Diapers should be kept below the cord. Let the cord dry up naturally. It usually falls off in three weeks or less. Continue cleaning the cord area for one week after the cord falls off. Though a small amount of bleeding or white discharge isn't unusual or cause for alarm, excess amounts should be reported to your baby's health care provider.

Choosing Circumcision

The American Academy of Pediatrics does not recommend routine circumcision of boys. However, in the United States over 90% of boys are circumcised. If you choose to circumcise your child, talk to your provider about it. He or she can help you make an informed decision.

ProMed providers use one of two methods for circumcision: Gomco or Plastibell. Each provider has his own preferred method.

For both procedures, your baby will receive a local anesthetic, but it does not completely remove the pain. Complications include bleeding or infection. If you have a family history of bleeding, special studies may be done before the circumcision. After the circumcision your baby may sleep for several hours.

The Gomco

The Gomco crushes the edge of the foreskin before it is removed. Afterward, Vaseline should be applied with each diaper change. Wash your baby as usual. Within a week the redness should fade.

The Plastibell

A plastibell is slipped under the foreskin over the head of the penis and a string is tied over the foreskin and bell. The skin is then removed and the “ring” is left in place. Within five days, the ring will fall off. Wash the area with soap and water. *Do not apply vaseline or other products to the diaper area until the bell falls off.*

Genital Cleaning

Whether or not your newborn son is circumcised, you should wash his penis like any other part of the body. If he is not circumcised, do not pull the foreskin back. Around school age, the foreskin will retract for care. Sometimes, a white material is found on the head of the penis between the head and foreskin border. Don't be concerned. This is skin cells shed by the penis, not infection. Gently wipe it off the penis

As with the penis, the vagina should also be washed like any other part of the body. Please note that after birth, hormonal changes may occur, causing a white discharge or slight vaginal bleeding. Within the first few days of life, this will disappear.

Crying

New babies are either asleep, awake and quiet or awake and crying. Your baby may cry for a variety of reasons including pain, hunger, discomfort, fatigue, tiredness, loneliness, tension and boredom. Sometimes, though, babies cry for no obvious reason. Over time, you will recognize your baby's different cries.

When your baby is around two weeks old, his or her crying often increases and may escalate until six to eight weeks of age. Increased crying is sometimes confused with colic, but often occurs when your

baby begins to sleep longer. If you have fed, changed and cuddled your baby and the baby does not quiet, try placing your baby on his or her stomach. Remember to reposition your baby on his or her side or back if he or she goes to sleep in this position. Another calming technique that's commonly practiced is called swaddling, which involves wrapping your baby snugly in a blanket.

Colic

If your baby cries inconsolably for up to an hour or more, he or she may have colic. If your baby has colic, he or she may pass gas or pull his or her legs up to the chest. Bowel movements appear normal. Colic often occurs at about the same time of day—late afternoon, early evening or late at night. Between these crying periods, your baby seems relaxed and normal.

In most cases, no cause is found. Sometimes, however, colic may be the result of infection, formula intolerance or hernia. Research has shown that colicky babies simply require more parental comfort, as they do not comfort themselves easily. Happily, colic typically fades as the baby matures and disappears by two to four months of age.

Measures to comfort your colicky baby include swaddling, gentle rocking or swaying, car rides, and “white noise”. For example, your baby may respond positively to the noise of a vacuum cleaner. Tapes that contain white noise or intrauterine sounds may also be purchased. Medications rarely help.

Most importantly, be patient. Enlist friends, grandparents and other family to help you. Have one of them watch your baby so you can take a break from the crying. If you have any further questions or want us to see your baby, please call the office.

Other Baby Sounds

Babies make a variety of strange but normal noises whether asleep or awake.

Snoring

During sleep, your baby may make grunting noises that resemble snoring. These noises result from the vibration of the soft palate during breathing.

Snuffling or nasal congestion

Your baby may snuffle so loudly that you may think the baby has a cold. Often, however, this is because the bridge of your baby's nose is low and the air is trying to get through very short, narrow nasal passages. Sometimes, nasal passages are swollen from passage through the birth canal. This is harmless. Once in a while, your baby may need saline nasal drops to help clear his or her nose.

Sneezing

Sneezing is very normal. Your baby will sneeze to clear his or her nose.

Hiccups

Hiccups are caused by an irritation of the diaphragm muscle, not indigestion. They usually clear on their own. For persistent hiccups, try giving your baby a small sip of water.

Vision

At first, your baby's eye sight is limited. Color vision is developed by 37 weeks gestation and a newborn will focus on large, colored objects. He or she will be sensitive to the human face as well as anything that moves, but your baby will not focus on anything farther than 10 inches. By four months your baby can see details and build a three dimensional object. By six months your baby will adjust his or her position to see items or activity of interest.

Jaundice

Jaundice is a common condition in the first week of life and occurs in up to 50% of babies. It is generally not a dangerous condition. After birth your baby begins breaking down excess red blood cells into a pigment called bilirubin (billy-ru-ben). Due to the immaturity of a baby's liver or excess breakdown of red blood cells, bilirubin may be absorbed into the skin and eyes, creating a yellow discoloration.

Jaundice may be the result of a variety of factors. Sometimes, a mother may produce an antigen that causes the baby's red blood cells to break down excessively. Other less common causes are infection, breast milk jaundice and liver disease. Jaundice often fades within four to five days.

Today, problems with jaundice can actually be predicted. When the PKU test is drawn, a bilirubin level is done. This level is plotted on a special graph. From this, your health care provider may determine if your baby is at risk of developing jaundice and order additional testing.

Usually jaundice requires no treatment. Often, it will disappear if your baby is feeding adequately. By stooling and urinating more often the baby gets rid of some of the excess bilirubin. Occasionally, some babies will need phototherapy to aid in reversing jaundice. Phototherapy employs ultraviolet light that breaks down bilirubin into a clear, colorless substance. This procedure can be done with lights surrounding your baby or a special blanket. If phototherapy is necessary, your health care provider will discuss this treatment option with you.

Placing your jaundiced baby near a window will be of no value. The needed wave length of light is blocked by window glass.

Common Skin Rashes

Dry Skin

After birth, dry, flaky skin is common. This is dead skin from being inside the uterus. While a moisturizer may help the appearance, this condition usually is gone by three weeks of age.

Toxic Erythema

Another harmless condition, toxic erythema causes red blotches with a white center. Their cause is not known, and no treatment is needed.

Milia

Milia are white bumps usually found on the bridge of your baby's nose. They are due to a temporary blockage of the oil glands of the face. Again, no treatment is needed.

Seborrheic Dermatitis

This skin disorder is characterized by a brownish-red, scaly rash on your baby's genitals or other areas of the body. Typically, it goes away on its own, but sometimes health care providers prescribe an ointment.

Acne

Similar to adults, your baby can get acne or pimples. Caused from hormones from mother, they will go away by a few months of age. No treatment is necessary.

Heat rash

Characterized by small blisters mostly over the diaper area, heat rash can occur in areas where the skin is kept too warm. To treat heat rash, dress your baby in lighter, cooler clothing.

Playtime/Tummy Time

It is good to place your baby on his or her stomach. This helps develop and strengthen neck and chest muscles. Do this while your baby is awake and you are present. ***Do not let your baby sleep in this position.***

SAFETY TIPS

Car Seats

Michigan law requires that all children be restrained while riding in an automobile. ***Until your baby turns one, he or she must be placed in a rear-facing (infant facing backward) car seat.*** The car seat should be placed in the back seat of your car and installed according to manufacturer's directions. ***Never place a car seat near or in front of your car's airbags.*** If your baby outgrows the infant car seat, buy a larger one that can face both backward and forward.

If your child is ***both*** one year old ***and*** over 20 pounds, the car seat can safely face forward. Your child should stay in a forward facing car seat until he or she weighs 40 pounds. From 40 to 60 pounds, your child should use a booster seat. We do not recommend children sit in the front seat until at least 12 years of age, especially because of the possibility of airbag deployment.

Poisoning

Store all household cleaners and chemicals in locked cabinets out of reach of your child. If any family member is on medication, it should be secured in its childproof container and then stored in an out-of-reach location. Be sure your baby sitter or day care provider also takes these precautions.

In case of an emergency, have the poison control center number near or programmed into your phone. Also, have ipecac (ip-a-kac) available. Ipecac is given to a child under the supervision of the poison control center to make a child vomit any poison they have ingested. ***Do not give ipecac until instructed to do so.***

If your child should ingest a poison, call the poison control center at 1.800.222.1222 or 1.800.764.7661 for further instructions.

Falls

Your baby will not be rolling over for some time, but he or she can scoot and wiggle. For this reason, your baby should never be left unattended on a high unprotected surface, including a changing table, bed or couch.

Burns and Fire Safety

You should have at least one smoke detector on each floor of your house. The most critical positions are by the bedrooms and near the heating unit. Check the batteries of your smoke detector each April and October when clocks are changed! In addition, consider installing a carbon monoxide detector near your heating unit.

Ideally, your family should organize and plan a fire escape route as well as practice fire drills. As part of your plan, be sure to have a post-escape meeting place.

Tap Water

Every year, babies and toddlers are burned by scalding tap water. To prevent this, turn your hot water heater down to 120°F or less. This temperature is adequate for laundry and dishes. Most dishwashers will heat the water if needed. To check your water temperature, run the hottest water over a candy or meat thermometer.

Microwaving Foods for Babies

We do not recommend microwaving baby foods, formula and breast milk because of risk for burns. The contents of a container do not heat evenly in a microwave and hot spots will develop even though the container feels cool. In addition, microwaving breast milk reduces available antibodies. Baby food, formula and breast milk can all be thoroughly warmed using hot water.

Curling Irons

Curling irons are the number one cause of burns to toddlers and babies who are mobile. Keep your child away from curling irons and never use them in the presence of your baby. Turn off your curling iron after using it and remember that they remain hot even after you turn them off.

Wood Stoves

Though they are a popular alternative heating source, wood stoves have extremely hot surfaces. Therefore, keep your child away from the stove at all times.

Kerosene Heaters

Kerosene heaters should be used with extreme caution. If you need to use a kerosene heater, make sure it is far away from your baby and never let your child near one without supervision. Also, make sure the heated area is well ventilated.

Electrical Outlets

Electricity can cause electrical shock or severe burns. Cover all electrical outlets and if possible, place furniture in front of them. Electrical cords should be kept out of reach of curious babies.

Pacifiers

Pacifiers are used to help babies fulfill their need to suck. Each baby is different in his or her need to suck. Your baby may use a pacifier a lot for the first few months of age. However, by six months of age, a pacifier should be used primarily at nap time or bedtime or if your baby is ill. We recommend that you wean your child from pacifiers by 10-12 months of age.

When possible, use one piece pacifiers. If you have a two-piece pacifier, test it to ensure that it cannot come apart. Throw a pacifier away when it becomes cracked or sticky. You may want to have several pacifiers so they can be interchanged.

Walkers and Exersaucers

Stationary play items, such as exersaucers, are a fine choice when it comes to entertaining your baby. You should give your baby floor time too. *Never place your baby in a walker. Walkers are unsafe and dangerous.*

Sun Screen and Insect Repellent

Sun screen may safely be used on babies after six months of age. Use a sunscreen with a 30 to 45 SPF rating. Do not use insect repellents on children under five years of age. We do *not* recommend the use of combined insect repellent/sun screen products.

ILLNESSES

Fever

Fever is a symptom of illness. It is part of the body's normal response to illness. Fever can, however, be caused by overdressing or over wrapping your baby. It can also occur after immunizations.

Call your ProMed provider or after-hours number if:

- Your baby is two months old or less and has a temperature of 100°F or more.
- Your baby is between the ages of two and four months, has a temperature of 100.5° or above, is nursing/eating poorly, crying inconsolably, sleeping more than usual or whimpering whenever touched.
- Your baby is six months old, has a temperature of 101°F and exhibits any of the above symptoms.
- You, as the mother, father or other family member, are uncomfortable or concerned.

Fever and Teething

Teething may cause a low-grade fever, typically 101°F or below.

Measuring Temperature

Measuring your baby's temperature using the axillary method is the quickest and easiest solution. Using a digital thermometer, place the tip in your baby's dry armpit. Hold his or her elbow close to the chest for about four minutes. *Do not add or subtract a degree to the temperature found.*

Do not use a glass thermometer. They can break and are hard to read.

Treating Fever

Acetaminophen (found in Tylenol and other medications) is the most commonly used medication for babies. It should be given to your baby no sooner than every four hours. The dosage amount is based on your baby's weight. Your ProMed health care provider can provide you with an accepted dosage chart during a routine office visit.

Ibuprofen (found in Motrin) can also be used *with children six months and older*. It should be given no sooner than every six hours. Call or ask your provider about using ibuprofen when your child has a fever.

Never give your child aspirin.

Sponging

If your baby has a temperature of 103°F or above and is uncomfortable, you can sponge him or her with a soft wash cloth and luke warm water.

Common Cold

The common cold can be caused by rhinovirus, adenovirus, and respiratory syncytial virus (RSV). Congestion of the nose, sneezing, or snuffling do not necessarily indicate a cold, as has been discussed earlier. Symptoms of a cold include runny nose, cough, congestion, watery eyes, and a fever to 102°F. RSV can cause wheezing in a baby. There is no cure for a common cold, and it may last up to 14 days. Antibiotics will not help. There are several things you can do to make your baby more comfortable during this time:

- Run a cool mist vaporizer in the room where your baby sleeps. Use only water in it. *Never use a hot water vaporizer because it may burn your baby.*
- Help clear your baby's stuffy nose with salt water nose drops. There are several commercial preparations available including Ocean, NaSal and Ayr.
- Carefully suction your baby's nostrils with a bulb syringe.

If your baby seems to feel sicker or is getting worse, call your ProMed Physicians provider for additional advice. You may need to bring your baby in for an office visit if:

- Your baby is not feeding well or cries during feeding
- Your baby is having trouble breathing, is breathing faster or has developed a wheeze or a high pitched sound from the mouth, or if your baby's ribs are pulling in as he or she breaths.
- Your baby has a fever, usually more than 100°F.
- Your baby is not acting right.
- Your baby's cold symptoms persist beyond 10 days.

Vomiting

Most babies spit up occasionally, but vomiting large amounts repeatedly is a cause for concern. If your baby vomits two times a day, if the vomited material is green-colored, if the vomiting is forceful (projectile) or if the vomiting is accompanied by diarrhea or fever, call your health care provider.

Diarrhea

Diarrhea is loose, foul-smelling, watery bowel movements that occur more than four times daily. The major cause of diarrhea is infection, and if due to infection, fever may also be present. Other causes are formula intolerance, inability to digest lactose or sucrose, and antibiotics. Most of the time no treatment is needed.

Call the office if your baby is having watery stools as described above, has blood in his or her stool, has fever or is taking in less than he or she seems to be losing. Of course, call if you have a question. When you call, please be able to report the number of stools and amount of stool your baby has passed.

Constipation and Straining

Constipated stools are dry, hard and pellet-like. If your baby is passing pellet-like stools, call and speak to a nurse for suggestions to soften the stool. ***Do not give honey or karo syrup as a laxative.*** It is normal, however, for your baby to strain when he or she has a bowel movement.

Gastroesophageal Reflux

Many babies spit up but are healthy and happy otherwise. Some babies, often premature, are born with incompetence of the muscle which normally keeps food from coming up the esophagus after eating. These babies often spit up or vomit a large part of their feeding and sometimes fail to gain weight.

To determine whether or not your baby has Gastroesophageal Reflux, your health care provider may order a series of routine tests. Medical evaluation of this condition sometimes involves an esophagram and upper GI x-ray.

Treatment of this condition may include medication and/or placing your baby in an upright position following feedings. Your health care provider can discuss this with you.

Research

Research is the cornerstone of medical advancement. To find new ways to effectively care and treat pediatric illnesses, ProMed Physicians collaborates with many pharmaceutical companies and participates in a wide array of research studies. All studies are safe and monitored with superior attention to detail. We are always looking for children to play a part in these beneficial, state-of-the-art studies. If you are interested in learning more or would like to enroll your child, please call one of our ProMed Physician offices.

OFFICE INFORMATION

Office Hours

Office hours at each office are as follows:

Kalamazoo

269.381.3500

Monday-Friday, 8 a.m.-8 p.m.

Summer Weekend hours:

Saturday, 8 a.m.-1 p.m.

Sunday, 8 a.m.-1 p.m.

Winter Weekend hours:

Saturday, 8 a.m.-4 p.m.

Sunday, 8 a.m.-1 p.m.

Portage

269.329.0944

Monday-Friday, 8 a.m.-5 p.m.

Richland

269.226.2500

Monday-Friday, 8 a.m.-5 p.m.

Appointments

Physicals and Medication Check Appointments

Physicals and medication checks should be scheduled at your regular office. Most physicals need to be scheduled at least two weeks in advance of the appointment. Guidelines for scheduling these types of appointments varies depending on the age of the child and are scheduled during the day only. No evening appointments are available for physicals or medication checks.

If you are unable to keep your child's scheduled appointment, please call the office 24-48 hours in advance to cancel the appointment so we can give this time to another patient. (Note: You may be charged for appointments that are not cancelled at least 24 hours in advance.)

Illness Appointments

If your child is ill, please call your regular office between 8 a.m. and 4 p.m. to schedule an appointment. Typically, more appointments are available during the day, so if at all feasible, try to bring your child in then.

Evening Hours and Weekends

Evening hours (between 5 p.m. and 8 p.m.) and weekends are reserved for ill children and those who cannot be seen during the day. We have only a finite number of appointments in the evening and we prefer to schedule them for children who have fever, difficulty breathing, wheezing, ear pain, etc. Please bear in mind, there may be an additional charge for appointments after 5 p.m. and weekends.

Payment Policy

Payment is expected at the time of your child's visit. We accept cash, checks, Master Card and VISA.

If you are a member of one of our participating HMOs, PPOs or other insurers, you are expected to show your card at each visit and pay any co-pay amount. You are also expected to bring your child's card at each visit, if you participate with Medicaid or a Medicaid HMO. Failure to do so may result in rescheduling your appointment.

If you have a question about billing, call our insurance specialists at 269.552.2810 or toll-free at 800.632.2257.

Telephone Calls

Please call during regular weekday business hours for all physicals, medication checks, prescription refills and routine questions. ***We do routine medication refills on the weekdays only.*** Reserve weekend phone calls for illness only.

When you call, please give your name, your child's name, his or her date of birth, your regular office, your current phone number and your insurance carrier.

If your child has a high fever, please let us know how high and how it was measured. If you feel your child needs to be seen that day, you may request an appointment time from the receptionist.

While we know that caring for a sick child is very stressful, please be courteous to our staff who are trying to help you.

After-Hours Helpline

After 8 p.m., call 269.324.8540 to reach our after-hours helpline.

After-hours calls should be made only for emergencies or concerns that cannot wait until the office is open.

The nurse triage service will return your call. Again, when you call, please give your name, your child's name, his or her age, your regular office, your current phone number, and your insurance carrier. If necessary, the nurse can authorize a referral to an immediate care center or emergency room.

For medical emergencies, dial 9-1-1.

Parenting & Health Education Classes

Call 269.226.8135 or toll-free at 800.828.8135 for a schedule of our current courses. You can also find them online at Borgess.com.

Concerns

Call our practice director at 269.381.3500 if you have a non-medical concern that you would like to discuss in detail.

Any Questions

Thank you for choosing ProMed Physicians as your child's health care provider. We hope this booklet will help answer many of your questions. Please keep it handy for further reference. If you have additional questions, call the office during regular hours.

Thank you.

ProMed Physicians-Pediatrics

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Portage, MI 49024
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John J. Spitzer, MD
Sandra D. Wiederhold, MD

Lisa Kanwischer, PA-C
Melissa Mickelson, PA-C

Genevieve Bastos, CPNP
Sherry Hanley, CPNP
Angela Kuiper, CPNP
Jeanne Leadley, CPNP
Melissa Reffitt, CPNP
Mary Ellen Sullivan, CPNP

After-Hours Helpline:

After 8 p.m., call 269.324.8540
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Poison Control:

1.800.222.1222 or 1.800.764.7661

ProMed Physicians
BORGESS HEALTH

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