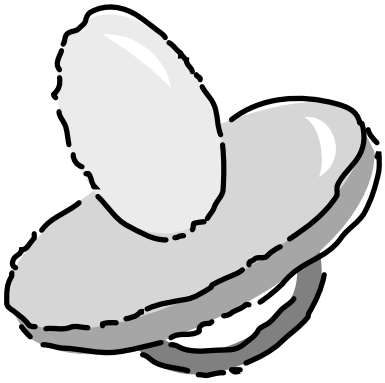
Child Development

1-2 Weeks



My name is _____ . The date is _____ .

I weigh _____ pounds, _____ ounces. I am _____ inches long.

The circumference of my head is _____ inches.

Every baby is special and unique. As your baby, I am an individual from the moment of birth. As my parent, you will come to know me best. I will do many things that all babies do. All babies sneeze, yawn, burp, have hiccups, pass gas, and cry. Almost all babies have fussy periods that occur regularly, usually in the afternoon or evening and last for up to several hours; these fussy periods usually get worse until six weeks of age then start getting better.

Babies in the first weeks of life need to be held and carried a lot. In the first few weeks, I may sleep between my feedings. As I grow older, I will gradually spend more time awake.

I enjoy being talked to, sung to, shown bright colors and different shapes. I may enjoy listening to music and sucking on my fist or pacifier.

Please remember to:

Put me to sleep on my back, not on my stomach or side. Teach me to sleep in a crib or basinette, not a bouncer or swing. Hold me during feeding. Always use my car seat. Secure my crib rails when I am alone. Set the water temperature to less than 120°F. Never leave me alone with younger siblings or pets. Never leave me alone on a flat surface from which I may fall. Please don't ever shake me as it can cause damage to my brain.

Tips For Successful Breastfeeding

Breastfeeding has many health benefits for both you and your baby, and we encourage you to try it! But although it's natural, it's not always intuitive for you or your baby and it usually takes about two weeks until breastfeeding becomes easy. Hang in there! Here are some tips for breastfeeding success in the early days.

Breastfeed Your Newborn Every 2-3 Hours, Or 8-12 Times Per Day

Your body will make exactly as much milk as your baby needs. The way it does this is based on signals about how often, how long, and how hard your infant breastfeeds. Even though your baby will not get much at the beginning, frequently putting your baby to the breast will help establish a good milk supply. It will also decrease your infant's chance of jaundice (yellowing). Most newborns do not feed on a strict schedule, so follow your baby's hunger cues (see the handout that follows) and feed her whenever she shows signs of hunger. Sometimes babies cluster feed (feed every hour or so), which is normal and increases your milk supply. Many newborns do not wake up to feed, though, in which case you should wake your baby every 2 hours during the day and every 3 hours at night to breastfeed. (Breastfeeding intervals are based on the time from the beginning of one feed to the beginning of the next feed).

Most Babies Do Not Need Supplemental Formula

Because a mother's milk doesn't usually come in until the fourth day after birth, it can be hard for parents to resist supplementing with formula. Keep in mind that it's normal and natural for your baby to only eat the small amount of colostrum you make in the early days. Also, a newborn's stomach is tiny and slowly stretches out as he gets more and more milk over the first few days. All babies lose weight after birth (mostly water weight that they pee out), so weight loss itself is not concerning in the early days. If your baby's doctor or a lactation consultant has not recommended formula supplementation, your baby doesn't need it. If you plan to supplement with formula in the future, it's still a good idea to wait until breastfeeding is well established to start formula (i.e. wait a few weeks).

If You Supplement With Formula Or Expressed Breastmilk, Make Sure To Pump As Well

In the early weeks of breastfeeding, any time you give your baby a bottle of expressed breastmilk or formula, you should also pump your breasts, even if you breastfeed before the supplement. You make milk because of the signal from your baby nursing, and if a baby receives a supplement then they will not nurse as long or as hard or as often. So if you don't pump, your body won't make enough later on. Ideally you should put the baby to the breast first, then immediately pump and supplement right away so your breasts will fill up with milk by the next time your baby wants to feed. If you need to pump often, it may be a good idea to rent a hospital-grade breastpump from the New Beginnings Boutique at Sharp Mary Birch; even high-quality double-electric regular breastpumps are not as effective for establishing a milk supply as the hospital-grade pumps. To pump effectively, turn the power up just until it starts to pinch, then turn it down so you're at the maximum power level that doesn't pinch or hurt.

Make Sure Your Baby Is Nursing Effectively

For the first week or two, breastfeeding is often uncomfortable at the very beginning of a feed, but it should not hurt throughout the whole feed. (Pumping should not hurt either.) If you are experiencing pain throughout an entire feed, it probably means your baby is not latched correctly, which will mean your baby is not getting enough milk and will not stimulate you adequately to make milk. If this is the case, contact your baby's doctor or lactation consultant immediately.

Once your milk is in, signs of effective breastfeeding include seeing or hearing your baby swallow during feeding, your baby appearing satisfied after feeding, your baby making wet diapers (one per day of life, i.e. one the first day, two the second day, etc., up to six wet diapers per day), stools transitioning from dark tar-like stools to yellow seedy stools, and your breasts feeling full/hard before a feed and soft/empty after a feed. If you are not seeing these signs by the fifth day of your baby's life, talk to your baby's doctor immediately.

Stay Hydrated And Take Good Care Of Yourself

Dehydration, exhaustion, and stress all affect milk supply. Focus on feeding the baby, feeding yourself, and sleeping. Let someone else do the laundry and pick up the house! Try not to worry too much about your milk supply and breastfeeding – remember that it's natural, and your body will take care of everything if you let it.

Ask For Help If You Need It

Most parents have lots of questions about breastfeeding at the beginning. Talk with your baby's doctor if you have any questions or concerns. The New Beginnings Boutique at Sharp Mary Birch Hospital can also help connect you with breastfeeding support groups or with a breastfeeding expert (lactation consultant). Each day is very important in the early days of breastfeeding, so don't wait until your next scheduled well check to ask about breastfeeding problems if you're concerned.

Breastfeeding Problems

Plugged Ducts

Milk ducts may become blocked as a result of incomplete emptying of the breast, stress, fatigue, or a tightly fitting bra. If you feel a hard, tender area in your breast (blocked ducts) try the following:

- Start nursing on the tender side first. Eager sucking by your baby will help to completely empty the breast.
- Massage and express extra milk from the breast.
- Apply moist heat to the breast. The best method is to soak in a hot bath while massaging the breast and expressing milk. A hot shower or a heating pad may also be helpful.
- Sleep on your side rather than your back. This will favor the flow of milk downward.
- Get plenty of rest and try to relax.

Contact your physician immediately if a clogged duct is accompanied by redness, severe pain, fever or flu-like symptoms. These symptoms may mean you have a breast infection.

Sore Nipples

Description

Mild nipple discomfort often occurs during the first days of breastfeeding. However, nipple pain that is severe, lasts throughout a feeding, or lasts more than a week is not normal and should be reported to your doctor or lactation consultant.

The most common cause of nipple soreness is improper positioning of your baby's mouth on your nipple. Other possible causes of nipple pain are a breast infection or improper nipple skin care.

If your baby latches on to your nipples incorrectly, your baby may not be getting enough milk. Nipple pain may also cause you to postpone nursings or may diminish your let down reflex and milk flow. These factors can cause a decrease in your milk supply and result in poor weight gain for your baby.

Treatment for sore nipples:

The following recommendations should help your nipples feel better within a day or so:

1. Position the baby correctly on your breast. Support your breast with two fingers below and your thumb above and compress your breast between your thumb and index finger. Stimulate the corner of the baby's mouth with your nipple. When the baby opens his/her mouth, put as much nipple and areola (the colored area around the nipple) as possible into your baby's mouth.

2. Begin a feeding on the less sore nipple to trigger your let-down reflex. After milk flow has begun, move to the second breast. This should make nursing more comfortable because the baby will suck less vigorously once let-down has begun. Make sure to nurse fully on both sides.

3. Frequent shorter feedings are preferable to less frequent lengthy feedings. Nurse every two hours on both sides.

4. Keep your nipples dry. Gently pat your nipples dry with a clean cloth after nursing. Don't over-dry nipples. Change breast pads as soon as they become wet.

5. Dab some expressed milk on the cracked nipple and allow it to dry. This is healing.

6. Put lanolin cream on cracked or sore nipples to help them heal.

7. Use a piston electric pump to express milk if the pain is severe. Consult with a lactation consultant.

Call Your Pediatrician If:

- Your baby is not satisfied after most nursings.

- Your baby is not wetting at least one diaper per day of life (one diaper on day one, two diapers on day two, etc. up to six diapers per day).

- Your nipples or breasts have a rash, you see white patches in your baby's mouth (thrush), or your baby has a diaper rash for more than three days.

Infant Hunger Cues

Feeding your baby will hopefully be a relaxing and satisfying bonding experience for you both. It is natural, though, for parents to worry about the possibility of over- or under-feeding their baby. Luckily, your baby will eat just the right amount if you feed her when she shows signs of being hungry, and offer other comfort measures (like cuddling, rocking, or pacifiers) when she doesn't seem hungry.

Here are some signs of hunger that your baby may display (she will likely show only a few of these):

- Increased alertness
- Increased activity, like kicking or squirming
- Rooting (moving her head around in search of the breast)
- Lip smacking
- Sucking motions
- Sticking out her tongue
- Putting her hands or fingers on or in her mouth
- Crying (this is a late sign of hunger)

If you're concerned about your infant's feeding or about other issues related to your baby, talk with your pediatrician – we're always here to help.

By Jennifer Barkley, MD (adapted from www.healthychildren.org and the Complete Book of Breastfeeding by Sally Wendkos Olds, Laura Marks, MD and Marvin S. Eiger, MD)

Newborn Acne, Rashes and Birthmarks

Acne

More than 30 percent of newborns develop acne of the face, which looks like small red bumps. This neonatal acne begins at two to four weeks of age and lasts until two to four months of age. The cause appears to be the transfer of maternal androgens (hormones) just prior to birth. Since it is temporary, no treatment is necessary. Baby oil or ointment will make the acne worse, however gentle soap may be helpful. Newborn acne can be aggravated by hot weather and perspiration.

Rashes

Erythema Toxicum is a common rash that occurs in more than 50 percent of babies by the second or third day of life. These red blotches with small white lumps in the center that look like insect bites can occur anywhere on the body. This rash is harmless and usually disappears in one to two weeks. The cause is unknown.

Milia are the small white bumps that appear on the faces of newborns, usually on the nose and cheeks, but also on the forehead and chin. More than one third of babies have this rash at birth. By one or two months of age, these tiny bumps break open, the trapped material escapes, and they disappear on their own without treatment.

Many babies develop skin rashes on their cheeks or chin from contact with food and acid that has been spit up. These rashes may come and go, and may be prevented by rinsing the baby's face with water after feedings.

Heat rash is another temporary rash on the baby's face; it is caused by the blockage of pores that lead to the sweat glands. This often occurs in warm weather in babies held against the mother's skin during nursing. Changing the position of the baby more often and placing a cool washcloth on the area may help.

Birthmarks

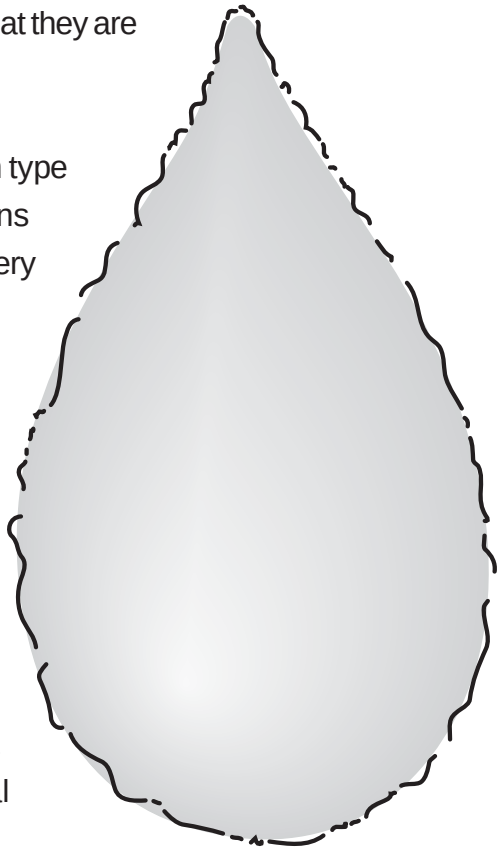
Flat pink birthmarks occur in more than 50 percent of newborns over the bridge of the nose or the eyelids (also called an "Angel's Kiss") or the back of the neck (also called a "Stork Bite"). By one or two years of age, these birthmarks on the nose and the eyelids will disappear, and 75 percent of these birthmarks on the neck will also clear.

Mongolian spots are bluish gray flat birthmarks that appear in over 90 percent of Hispanic, Asian, African-American and Native American babies. They usually occur on the back and buttocks, and fade by two or three years of age.

Serious rashes related to disease can also appear in the first few weeks of life. Any new rash should be brought to the attention of your baby's doctor for diagnosis.

Protect Your Child From Hot Water Burns

Babies need full-time protection. As they develop the ability to crawl, sit, stand and walk, the number of accidents tend to increase and become more serious. Babies and children have a natural urge to investigate. They are interested in what they are doing and not in the danger that may be present.



Burn injuries are frequent. Scald burns are the most common type in early childhood. Almost 90 percent of tap water scald burns occur under the age of five years. Tap water scalds are often very extensive, severely painful, result in long periods of hospitalization, and can be fatal.

Many families are unaware that hot tap water can be hazardous and may not know what temperature of water can cause serious burns. Temperatures of hot water heaters adjusted by a local power company or by a retail dealer are frequently set at dangerous temperatures of 140°F or higher. Tap water temperatures of 140°F or higher can cause deep burns in less than five seconds of exposure. The thermostat settings on most water heaters are warm (120°F), normal (140°F), and hot (160°F).

Adjusting the setting of your hot water heater temperature to warm (120°) is an important and reasonable compromise between safety and meeting a household's need for hot water. Tap water exposure at this temperature would require almost ten minutes to cause a full thickness burn. Home washing machines and dishwashers will function well at this temperature, and less energy will be required to maintain this safer temperature.

Preventing
Sudden Infant Death Syndrome

What is SIDS?

Sudden Infant Death Syndrome (SIDS) or "crib death" is the sudden death of an infant that remains unexplained after a thorough evaluation by review of the medical history, examination of the death scene, and autopsy.

SIDS Facts

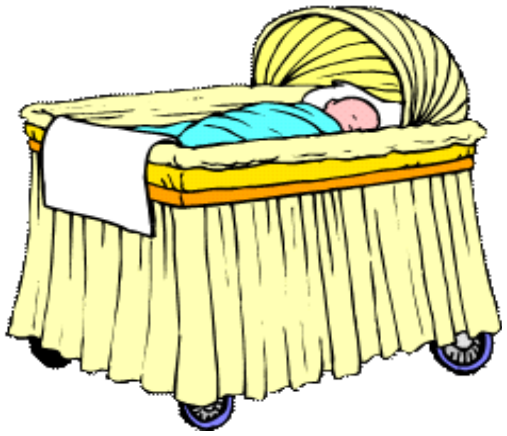
- SIDS is the leading cause of death among infants between one month and one year of age, though less than one in 1,000 infants in the U.S. will die of SIDS.
- Most infants who die of SIDS are between two and four months of age.
- SIDS is NOT caused by suffocation, choking or vaccinations.

SIDS and Smoking

Did you know? Infants whose mothers smoke during and after pregnancy are three times more likely to die from Sudden Infant Death Syndrome than infants of non-smoking mothers. Quitting smoking isn't easy. If you or any of your family members would like FREE help to quit or cut back, call the Partnership for Smoke-Free Families Helpline at (858) 966-7585.

Tips to Reduce the Risk of SIDS

- Put your baby "BACK TO SLEEP" (position her on her back when sleeping).
- Do not smoke or let others smoke around your baby.
- Put your baby to sleep in a crib or bassinette in your room.
- Your baby's bed should have a firm mattress, with no bedding other than a tight-fitting sheet.
- There should be no toys, blankets, or other objects in the crib with the baby.
- Breastfeed your baby instead of using formula.
- After the first month, place a pacifier in your baby's mouth as she's falling asleep. If she spits it out during sleep, don't replace it.



CAR SAFETY SEATS

The major killer and crippler of children in the United States is motor vehicle crashes. Improper use of child safety seats causes death or injury in thousands of children each year. Seven out of ten children in child safety seats are not properly buckled in.

Important safety rules

- Always use a car safety seat, starting with your baby's first ride home from the hospital.
- Never place a child in a rear-facing car safety seat in the front seat of a vehicle that has an airbag.
- The safest place for all small children to ride is in the back seat.
- Set a good example: always wear your seat belt. Help your child form a lifelong habit of buckling up.
- Remember that each car safety seat is different. Read and keep the instructions that came with your seat.
- Read the owner's manual that came with your car on how to correctly install car safety seats.

CHOOSING A CAR SEAT

Choose a car safety seat that is right for your child's age and size.

AGE GROUP	TYPE OF SEAT	GENERAL GUIDELINES
Infants/Toddlers	Rear-facing only seats and rear-facing convertible seats	All infants and toddlers should ride in a **Rear-Facing Car Seat** until they are 2 years of age or until they reach the highest weight or height allowed by their car safety seat's manufacturer.
Toddlers/ Preschoolers	Convertible seats and forward-facing seats with harness	All children 2 years or older, or those younger than 2 years who have outgrown the rear-facing weight or height limit for their car seat, should use a **Forward-Facing Car Seat** with a harness for as long as possible, up to the highest weight or height allowed by their car seat's manufacturer.
School-Aged Children	Booster seats	All children whose weight or height is above the forward-facing limit for their car seat should use a **Belt-Positioning Booster Seat** until the vehicle seat belt fits properly across their shoulder, typically when they have reached 4 feet 9 inches in height and are between 8 and 12 years of age.
Older Children	Seat belts	When children are old enough and large enough to use the vehicle seat belt alone, they should always use **Lap and Shoulder Seat Belts** for optimal protection. All children younger than 13 years should be restrained in the rear seats of vehicles for optimal protection.

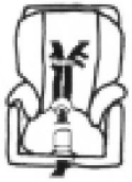
Information obtained from AAP, http://www.healthychildren.org/English/safety-prevention/on-the-go/pages/Car-Safety-Seats-Information-for-families.aspx

Infant-Only Seats

- These are small and portable (sometimes come as part of a stroller system).
- These have a 3-point or 5-point harness.
- They can only be used for infants up to 20 - 35 pounds, depending on the model.
- Many come with detachable base, which can be left in the car. The seat clicks in and out of the base, which means you don't have to install it each time you use it.
- Most have carrying handles.

Convertible Seats

- These are bigger than infant-only seats.
- These can also be used forward-facing for older and larger children, therefore these seats can be used longer.
- Many have higher rear-facing weight limits than infant-only seats. These are ideal for bigger babies.
- They may have the following types of harnesses:



5-Point Harness
5 Straps:
2 at the shoulders
2 at the hips
1 at the crotch

T-Shield
A padded T-shaped or triangle-shaped shield attached to the shoulder straps.

Overhead Shield
A padded tray-like shield that swings.

Booster Seats

Your child should stay in a car seat with a harness as long as possible (i.e. as long as they fit the weight and height limits of the car seat) and then ride in a belt-positioning booster seat. You can tell when your child is ready for a booster seat when one of the following is true:

- He reaches the top weight or height allowed for the seat.
- His shoulders are above the harness slots.
- His ears have reached the top of the seat.

Booster seats are designed to raise your child so that the lap/shoulder belt fits properly. This means the lap belt is across your child's pelvis and the shoulder belt crosses the middle of your child's chest and shoulder. Correct belt fit helps protect the stomach, spine, and head from injury. Both high-backed and backless models are available. Booster seats should be used until your child can correctly fit in a lap/shoulder belt, which is typically when a child is at least 4'9" and 8-12 years old.

Government safety standards

Since January 1981, all manufacturers of child safety seats have been required to meet stringent government safety standards, including crash-testing. Choose a seat that has met Federal Motor Vehicle Safety Standard 213, with 1981 or later as the year of manufacture. When in doubt or if you have questions about installing your car safety seat, Child Passenger Safety (CPS) Technicians can help you. A list of inspection stations is available at www.seatcheck.org. You can also get this information by calling the National Highway Traffic Safety Administration (NHTSA) Auto Safety Hot Line at 888-327-4236.

The American Academy of Pediatrics also publishes a list of infant/child safety seats that is updated yearly. To obtain this list, go to http://www.healthychildren.org/English/safety-prevention/on-the-go/pages/Car-Safety-Seats-Product-Listing.aspx.

California Law

California law (as of 1/1/2012) states that each child must be properly restrained in a child safety seat or booster seat in the back seat of the car until the child is 8 years old or at least 4'9" in height. The law specifically states that:

- Children under the age of 8 must be secured in a car seat or booster seat in the back seat.
- Children under the age of 8 who are 4'9" or taller may be secured by a safety belt in the back seat.
- Children who are 8 years and over shall be properly secured in an appropriate child passenger restraint system or safety belt.
- Passengers who are 16 years of age and over are subject to California's Mandatory Seat Belt law.

Exceptions to the law are:

A. There is no rear seat.
B. The rear seats are side-facing jump seats.
C. The Child Passenger Restraint System cannot be installed properly in the rear seat.
D. All rear seats are already occupied by children under the age of 7 years.
E. Medical reasons necessitate that the child or ward not ride in the rear seat. The court may require satisfactory proof of the child's medical condition.

A child may NOT ride in the front seat with an active passenger airbag if:

A. The child is under one year of age,
B. The child weighs less than 20 pounds, or
C. The child is riding in a rear-facing Child Passenger Restraint System.

Prevention of Sleep Problems in Children

Definition:

Parents want their children to go to bed without resistance and to sleep through the night. They look forward to a time when they can again have seven or eight hours of uninterrupted sleep. Newborns, however, have a limit to how many continuous hours they can sleep (usually four or five hours). By two months of age, some 50% of infants can sleep through the night (which is actually defined as sleeping six continuous hours). By four months, most infants have acquired this capacity. It may not develop, however, unless you have a plan. Consider the following guidelines if you want to teach your baby that nighttime is a special time for sleeping, that her crib is where she stays at night, and that she can put herself back to sleep. It is far easier to prevent sleep problems before six months of age than it is to treat them later.

Newborns

★ **Place your baby in the crib when he is drowsy but awake.** This step is very important. Without it, the other preventive measures will fail. Your baby's last waking memory should be of the crib, not of you or of being fed. He must learn to put himself to sleep without you, so that when he wakes up he is able to go back to sleep without you too. Don't expect him to go to sleep as soon as you lay him down. It often takes 20 minutes of restlessness for a baby to go to sleep. If he is crying, rock him and cuddle him; but when he settles down, try to place him in the crib before he falls asleep.

Handle naps in the same way. This is how your child will learn to put himself back to sleep after normal awakenings. Don't help your infant when he doesn't need any help.

★ **Hold your baby for all fussy crying during the first three months.** All new babies cry some during the day and night. If your baby cries excessively, the cause is probably colic. Always respond to a crying baby; responding to your baby's cries will actually reduce the amount of crying in the future. Gentle rocking and cuddling seem to help the most. Swaddling, pacifiers, and making "shush" noises also help. Babies can't be spoiled. Even colicky babies have a few times each day when they are drowsy and not crying. On these occasions, place the baby in his crib and let him learn to self-comfort and self-induce sleep.

★ **Carry your baby for at least three hours each day when he is awake and isn't crying.** This practice will reduce fussy crying.

★ **Do not let your baby sleep for more than three consecutive hours during the day.** Attempt to awaken him gently and feed or entertain him. Waking your infant to feed during the day (every 2-3 hours for breastfed infants or every 3-4 hours for formula-fed infants) will help ensure that the time when your infant sleeps the longest will occur during the night. (Note: Many newborns can sleep five consecutive hours and you can teach your baby to take this longer period of sleep at night.)

★ **Consider keeping daytime feeding intervals to at least two hours for newborns.** More frequent daytime feedings (such as hourly) sometimes lead to frequent awakenings for small feedings at night. When your baby shows signs of hunger (please see handout about hunger cues), feed him. But crying does not always mean your baby is hungry. Crying is the only form of communication newborns have. He may be tired, bored, lonely, or too hot. Hold your baby at these times or put him to bed. Don't let feeding become a pacifier. For every time you nurse your baby, there should be four or five times that you snuggle your baby without nursing. Don't let him get into the habit of eating every time you hold him.

★ **Make middle-of-the-night feedings brief and boring.** You want your baby to think of nighttime as a special time for sleeping. When he awakens at night for feedings, don't turn on the lights, talk to him, or have other non-essential interactions. Feed him quickly and quietly. Provide extra rocking and play time during the day. This approach will lead to longer periods of sleep at night.

★ **Don't awaken your infant to change diapers during the night.** The exceptions to this rule are soiled diapers or times when you are treating a bad diaper rash. If you must change your child, use as little light as possible (for example, a flashlight), do it quietly, and don't provide any entertainment.

★ **Make an informed decision about co-sleeping.** It's not harmful for your child to sleep with you as long as there are no smokers in the home, no one in the bed has had alcohol or drugs or sedating medicine, and your bed meets the other SIDS guidelines. Many parents choose to cosleep so they don't have to get out of bed at night. The problem is that once your baby is used to sleeping with you, a move to her own bed will be extremely difficult, becoming more and more difficult as your baby gets older. If you don't want your one- or two-year-old to still be in your bed, you may wish to avoid cosleeping from the beginning, and instead let your baby sleep in a bassinette or crib nearby your bed instead.

★ **Give the last feeding at your bedtime (10:00 or 11:00 p.m.).** Try to keep your baby awake for the two hours before this last feeding so the baby's longest sleep period will be a time when you're asleep too. Also, going to bed at the same time every night helps your baby develop good sleeping habits.

Two-Month-Old Babies

★ **Move your baby's bassinette so she can't see you when she awakens at night.** If she can't see her parents when she awakens, she may forget that they're available and put herself back to sleep.

★ **Try to delay middle-of-the-night feedings.** By now, some babies are down to one feeding during the night. Before feeding her, briefly try other means to comfort your baby (patting her back, making "shushing" noises, or holding her) to see if that will satisfy. If you do feed her, try one or two ounces less formula

than you would during the day. If you are breast-feeding, try nursing for less time at night. As your baby gets close to four months of age, try nursing on just one side at night. Never awaken your baby at night for a feeding except at your bedtime.

Four-Month-Old Babies

★ **Try to discontinue the 2:00 a.m. feeding before it** *becomes a habit.* Every child is different, but by four months of age, a bottle-fed baby often does not need to be fed more than four times per day and a breastfed baby often does not need more than five nursing sessions per day. If you do not try to eliminate the night feeding at this time, it will become more difficult to stop as your child gets older. Use the tips above for delaying middle-of-the-night feedings. For example, if your child cries during the night, first try to comfort him with a back rub and some soothing words before feeding. Remember to give the last feeding at 10:00 or 11:00 p.m. before you go to sleep.

★ **Don't allow your baby to hold his bottle or take it to bed with him.** Babies should think that the bottle belongs to the parents. A bottle in bed leads to middle-of-the-night crying because your baby will inevitably reach for the bottle and find it empty or on the floor.

★ **Make any middle-of-the-night contacts brief and boring.** Comfort your child as little as possible between 10:00 p.m. and 6:00 a.m. All children have four or five partial awakenings each night. They need to learn how to go back to sleep on their own. If your baby cries, visit him but don't turn on the light, play with him, or take him out of his crib if possible. Comfort him with a few soothing words and stay for less than one minute. If he continues crying, he may need to be held for a few minutes, or even fed quickly. This brief contact usually will not be enough to encourage your baby to keep waking up every night. As your child is older, if your child is standing in the crib, don't try to make him lie down. He can do this himself.

★ **Make an informed decision about sleep training.** Sleep training – where you let your baby cry for progressively longer periods of time each night during nighttime awakenings – can help your infant learn to sleep through the night. Some parents are not comfortable with this type of parenting, but other parents find they are better parents overall when they have had a restful sleep, and sleep training can help with this. There is limited data about sleep training, but one study shows no negative effects on babies who underwent sleep training. There are lots of different methods and lots of books that can help guide you through sleep training, and you can discuss this with your baby's doctor. One method is to let your baby cry for one minute before you go to comfort her the first night, two minutes the second night, three minutes the third night, and so on. Sleep training is usually successful within about two weeks, but often is successful after just a few nights.

Six-Month-Old Babies

★ **Consider providing a friendly soft toy for your child to hold in her crib.** At the age of six months, children start to be anxious about separation from their parents. A stuffed animal, doll, or blanket can be a security object that will give comfort to your child when she wakes up during the night. Make sure this object is not something your child can get caught around his neck or suffocate on.

★ **Leave the door open to your baby's room.** Babies and children can become frightened when they are in a closed space and are not sure that their parents are still nearby. If you've moved your baby into his own room, make sure to leave the door open.

★ **During the day, respond to separation fears by holding and reassuring your baby.** This lessens nighttime fears and is especially important for parents who work outside the home.

★ **For middle-of-the-night fears, make contacts prompt and reassuring.** For mild nighttime fears, check on your baby promptly and be reassuring, but keep the interaction as brief as possible. Try not to take her out of the crib but provide whatever else she needs for comfort, keeping the light off and not talking too much. Ideally at most, sit next to the crib with your hand on her. These measures will usually calm even a severely upset infant. If your baby panics when you leave, stay in your baby's room until she is either calm or goes to sleep.

One-Year-Old Children

★ **Establish a pleasant and predictable bedtime ritual.** Bedtime rituals, which can start in the early months, become very important to a child by one year of age. Children need a familiar routine. Both parents can be involved at bedtime, taking turns with reading or making up stories. Both parents should kiss and hug the child "goodnight." Be sure that your child's security objects are nearby. Finish the bedtime ritual before your child falls asleep.

★ **Once put to bed, your child should stay there.** Some older infants have temper tantrums at bedtime. They may protest about bedtime or even refuse to lie down. You should ignore these protests and leave the room. You can ignore any ongoing questions or demands your child makes and enforce the rule that your child can't leave the bedroom. If your child comes out, return him quickly to the bedroom and avoid any conversation. If you respond to his protests in this way every time, he will learn not to try to prolong bedtime.

★ **If your child has nightmares or bedtime fears, reassure him.** Never ignore your child's fears or punish him for having fears. Everyone has four or five dreams every night. Some of these are bad dreams. If nightmares become frequent, try to determine what might be causing them, such as something your child might have seen on television.

★ **Don't worry about the amount of sleep your child is getting.** Different people need different amounts of sleep at different ages. The best way you can know that your child is getting enough sleep is that he is not tired during the day. Naps are important to young children but long naps during the day can interfere with nighttime sleep, so ideally keep them less than two hours long. Children stop taking morning naps between one and two years of age and give up their afternoon naps between three and six years of age.

SHARP Rees-Stealy Medical Centers

Preventing Flat Heads:
Tips From Pediatric Rehabilitation Services

Plagiocephaly (or flattening of part of the head) is a condition characterized by an abnormal head shape, or cranial asymmetry. Often these abnormalities develop as a result of an infant's preference to turn their head in one direction, which can also lead to muscle tightness. Torticollis is a condition in which tightness in the neck muscle causes a tendency to both tip and turn the head in a specific direction. It is often seen in conjunction with positional plagiocephaly. These conditions have been shown to improve or resolve with physical therapy intervention and careful attention to repositioning the infant at home to keep him/her off the flattened portion of the head. The following is a list of hints and guidelines for positioning your infant at home:

- **Positioning for Sleep**
  - Because sleep is when your infant will be spending the most time in one position, it is a key time for preventing and resolving head shape abnormalities. Infants should always be placed on their BACKS to sleep.
  - Alternate head position by placing the infant's head at different ends of the crib on alternating nights.
  - If thumb sucking is used for self-soothing, help your infant to utilize his non-preferred hand.
  - If possible, after your infant has fallen asleep, reposition his head to face the non-preferred side.

- **Positioning for Play**
  - Tummy Time! There is no such thing as too much tummy time and it's never too soon to start; this position helps your infant to develop head control, develop shoulder and arm strength, develop vision, and prepare for mobility. It also keeps him off the flattened portion of the head. Allowing tummy time multiple times a day is best. Often, infants are resistant to this position at first because it requires more strength and energy to maintain; generally tolerance will improve with repetition.

- **Positioning for Travel**
  - In the infant's car seat, blankets or towels can be placed to prevent tipping and turning of the head. Most infants will also turn to look out the window so ensure that they are turning to their non-preferred side.
  - Attempt to minimize the amount of time spent in car seats, swings, bouncy chairs or other carriers.
  - Front carriers allow closeness without pressure on the head for travel.

- **Positioning at Home**
  - The diaper-changing table is also an ideal place to encourage your infant to look to his non-preferred side; change from the side of the table.
  - Feeding time, especially nursing in the early months of life, is another time to alternate head position to ensure equal use of neck rotation. Using the bottle position, help your infant to turn his head to the non-preferred side.
  - When soothing or rocking your infant, you can place his head on your shoulder in the non-preferred direction and place your hand gently over the head to maintain position. This allows for a long, low-intensity stretch to the tight muscle while you soothe.

Feel free to call your physician to contact a physical therapist with any questions or concerns!

The helmets are cute, but preventable.

Newborns: Frequently Asked Questions

If only babies came with instruction manuals! Alas, they do not, but here are a few miscellaneous topics that new parents often ask about.

When Can I Cut My Baby's Fingernails?

Babies often scratch their faces with long nails. You can file your baby's nails right away, but wait until he is a month old to cut his nails, because his nails are likely to bleed before then. You can also place mittens or socks on your baby's hands to prevent scratches.

When Can I Give My Baby A Bath?

Anytime is fine. There is no increased risk of infection if you bathe your baby before her umbilical cord falls off.

Is It Normal That My Baby Hiccups/ Sneezes/Has Congested Breathing?

Yes! These things often concern parents, but they're totally normal. If you have any concerns about your baby's breathing, though, ask your baby's doctor.

What Kind Of Care Do I Need To Do For My Baby's Genital Area?

For baby girls, discharge and even some vaginal bleeding are normal because of her mother's hormones being transferred before birth. You do not need to do anything for this. For diaper changing, always wipe from front to back. There is no need to separate the labia for cleaning unless there is visible stool there.

For baby boys who are uncircumcised, do not forcibly pull the foreskin back. Simply wash the uncircumcised penis with soap and water during each bath. As your son gets older, the foreskin will separate from the tip of the penis, generally by age five years or earlier. When it is possible to gently pull back the foreskin, this should be done daily, then the area beneath the foreskin should be cleaned with mild soap and water, then rinsed and dried, and the foreskin should be pulled back over the head of the penis.

Should My Baby Boy Be Circumcised?

That's a complicated question and best discussed with your baby's doctor. In brief, circumcision is a minor surgical procedure where the foreskin is removed from the tip of the penis. Numbing medicine (similar to what is used for dental procedures) is used to minimize pain. Circumcision can decrease the risk of urinary tract infections, some sexually transmitted infections like HIV, phimosis (inability to retract the foreskin), and penile cancer, though most of these conditions are uncommon. Cultural beliefs often factor into a decision to circumcise.

Is Peeling Skin Normal?

Yes. You don't need to do anything for it. If you want, you can use some baby lotion.

Are Baby Blues Normal?

Yes, but if you are having sadness or worry that seems excessive, interferes with your ability to function, interferes with bonding with or enjoying your baby, or have any thoughts of hurting yourself or others, be sure to talk with your doctor immediately.

Do Babies Need Any Vitamins Or Supplements?

All babies need vitamin D. Formula companies add it automatically to the formula, but breastfed babies should receive 400-600 units daily of over-the-counter vitamin D (brand names include D-Vi-Sol or Poly-Vi-Sol). You can start giving this in a few weeks once breastfeeding is well established.

What Should I Do If My Baby Gets A Fever?

Until your baby is three months old, you should call your pediatrician immediately (day or night) if your baby gets a fever of 100.4° F (38° C) or higher. This can be a sign of a serious illness. The best way to measure a temperature in infants is rectally. You do not need to check a temperature unless your baby feels warm or is not acting normally.

How Should I Dress My Baby?

Babies generally need one layer more than adults do to keep warm. So, for example, if you're comfortable in long sleeves and long pants, dress your baby in that plus another layer or blanket.

Are Vaccines Safe?

Yes! Vaccines prevent devastating and often life-threatening infections. They are well studied and very safe. And if you ask your baby's doctor, they'll almost certainly tell you that they vaccinated their own children on schedule. You can get more information from the Centers for Disease Control, American Academy of Pediatrics, World Health Organization, and Immunization Action Coalition at:

www.cdc.gov/vaccines

www2.aap.org/immunization/

www.who.int/topics/vaccines/en/

www.immunize.org/

Department of Pediatrics & Adolescent Medicine

Sharp Rees-Stealy's Department of Pediatrics and Adolescent Medicine consists of a team of pediatricians, pediatrician/internists and certified pediatric nurse practitioners and is available around the clock. Please take a moment to familiarize yourself with our department hours and procedures so that we can provide better and more convenient care for you.

To schedule or cancel an appointment, speak to your doctor or obtain health care advice, call 858-499-2702, 24-hours-a-day.

Daytime Hours

Our staff is available during regular working hours for well and sick appointments, Monday through Friday, 8:00 a.m. to 4:30 p.m. Please call your child's pediatrician or nurse practitioner during the day if you have questions or concerns.

Our office in Carmel Valley has appointments available Monday through Friday, 8:00 a.m. to 4:30 p.m. and on Tuesdays and Thursdays from 5:00 p.m. to 8:30 p.m.

After Hours Care

Children are seen by *appointment only* in the Pediatric After Hours Clinic in La Mesa, Sorrento Mesa and/or Chula Vista during the following times:

	La Mesa	Sorrento Mesa	Chula Vista
Monday - Friday	5:00 p.m. to 9:00 p.m.	5:00 p.m. to 9:00 p.m.	5:00 p.m. to 9:00 p.m.
Saturday	9:00 a.m. to 5:00 p.m.	1:00 p.m. to 9:00 p.m.	12:00 p.m. to 5:00 p.m.
Sunday	1:00 p.m. to 9:00 p.m.	9:00 a.m. to 5:00 p.m.	12:00 p.m. to 5:00 p.m.

A pediatrician is always on call for **emergencies** after regular office hours by calling 858-499-2702.

Urgent Care

Pediatric and adolescent patients may also be seen on a walk-in basis at a Sharp Rees-Stealy Urgent Care center for acute illnesses and injuries. Urgent Care Centers are open every day of the year.

Hours:	**8:00 am to 8:00 pm**	**8:00am to 10pm**
	Chula Vista	Downtown
	La Mesa	
	Rancho Bernardo	
	Sorrento Mesa	

Emergencies

Since our facilities are equipped to handle urgent illnesses and injuries, an emergency room visit should only be necessary for *life threatening problems.* Please contact your pediatrician or the on-call pediatrician before visiting an emergency room if the problem is not life-threatening.

All emergency room visits by HMO patients are reviewed by our Utilization Review committee after the visit occurs. Self-referrals to an emergency room which are not felt to be true emergencies may not be accepted for payment.

Pediatric Locations

Carmel Valley	12710 Carmel Country Road
Chula Vista (after hours only)	310 Third Avenue
La Mesa	5525 Grossmont Center Drive
Otay Ranch	1400 East Palomar Street
Rancho Bernardo	16950 Via Tazon
San Diego	2929 Health Center Drive
Scripps Ranch	10670 Wexford Street
Sorrento Mesa	10243 Genetic Center Drive

WELL CHILD EXAMS AND RECOMMENDED IMMUNIZATIONS

1 - 2 Weeks	Well-Child Exam and Hepatitis B vaccine (if not already given in the hospital)
1 Month	Well-Child Exam
2 Months	Well-Child Exam and Pentacel (DTaP, Polio and Hib), Prevnar, Hepatitis B and Rotavirus vaccines
4 Months	Well-Child Exam and Pentacel (DTaP, Polio and Hib), Prevnar and Rotavirus vaccines
6 Months	Well-Child Exam and Pentacel (DTaP, Polio, Hib), Prevnar, Hepatitis B, Influenza and Rotavirus vaccines
9 Months	Well-Child Exam
12 Months	Well-Child Exam, anemia test, possible tuberculosis and lead tests, and MMR, Varicella, Prevnar and Hepatitis A vaccines
15 Months	Well-Child Exam and Pentacel (DTaP, Polio and Hib) vaccine
18 Months	Well-Child Exam and Hepatitis A vaccine
24 Months	Well-Child Exam
3 Years	Well-Child Exam
4 Years	Well-Child Exam and DTaP, Polio, MMR and Varicella vaccines
5 Years	Well-Child Exam
6 - 10 Years	Well-Child Exam every 1-2 years
11 - 16 Years	Well-Child Exam yearly with Tdap, Meningitis, and HPV vaccines

*The following vaccines are required for school admission: DTap, Tdap, Hepatitis B, Hib, MMR, Varicella and Polio. Other vaccines are not required for school admission, but are strongly recommended to protect your child from serious, life-threatening infections.

VACCINE INFORMATION STATEMENT

Your Baby's First Vaccines

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis.

Hojas de Información Sobre Vacunas están disponibles en español y en muchos otros idiomas. Visite http://www.immunize.org/vis

Your baby will get these vaccines today:

- ☐ DTaP
- ☐ Polio
- ☐ Hib
- ☐ Rotavirus
- ☐ Hepatitis B
- ☐ PCV13

(Provider: Check appropriate boxes.)

Ask your doctor about "combination vaccines," which can reduce the number of shots your baby needs. Combination vaccines are as safe and effective as these vaccines when given separately.

These vaccines protect your baby from **8 serious diseases**:

- diphtheria
- tetanus
- pertussis (whooping cough)
- *Haemophilus influenzae* type b (Hib)
- hepatitis B
- polio
- rotavirus
- pneumococcal disease

ABOUT THIS VACCINE INFORMATION STATEMENT

Please read this Vaccine Information Statement (VIS) before your baby gets his or her immunizations, and take it home with you afterward. Ask your doctor if you have any questions.

This VIS tells you about the benefits and risks of six routine childhood vaccines. It also contains information about reporting an adverse reaction and about the National Vaccine Injury Compensation Program, and how to get more information about vaccines and vaccine-preventable diseases. (Individual VISs are also available for these vaccines.)

HOW VACCINES WORK

Immunity from Disease: When children get sick with an infectious disease, their immune system usually produces protective "antibodies," which keep them from getting the same disease again. But getting sick is no fun, and it can be dangerous or even fatal.

Immunity from Vaccines: Vaccines are made with the same bacteria or viruses that cause disease, but they have been weakened or killed – or only parts of them are used – to make them safe. A child's immune system produces antibodies, just as it would after exposure to the actual disease. This means the child will develop immunity in the same way, but without having to get sick first.

VACCINE BENEFITS: WHY GET VACCINATED?

Diseases have injured and killed many children over the years in the United States. **Polio** paralyzed about 37,000 and killed about 1,700 every year in the 1950s. **Hib disease** was once the leading cause of bacterial meningitis in children under 5 years of age. About 15,000 people died each year from **diphtheria** before there was a vaccine. Up to 70,000 children a year were hospitalized because of **rotavirus** disease. **Hepatitis B** can cause liver damage and cancer in 1 child out of 4 who are infected, and **tetanus** kills 1 out of every 5 who get it.

Thanks mostly to vaccines, these diseases are not nearly as common as they used to be. But they have not disappeared, either. Some are common in other countries, and if we stop vaccinating they will come back here. This has already happened in some parts of the world. When vaccination rates go down, disease rates go up.

CDC U.S. Department of Health and Human Services Centers for Disease Control and Prevention

Vaccine Information Statement (Interim)
42 U.S.C. § 300aa-26
11/16/2012

Office Use Only

SHC-PE-3667-NS (5-21-13)

Childhood vaccines can prevent these 8 Diseases

1. DIPHTHERIA

Signs and symptoms include a thick covering in the back of the throat that can make it hard to breathe.

Diphtheria can lead to breathing problems, and heart failure.

2. TETANUS (Lockjaw)

Signs and symptoms include painful tightening of the muscles, usually all over the body.

Tetanus can lead to stiffness of the jaw so victims can't open their mouth or swallow.

3. PERTUSSIS (Whooping Cough)

Signs and symptoms include violent coughing spells that can make it hard for a baby to eat, drink, or breathe. These spells can last for weeks.

Pertussis can lead to pneumonia, seizures, and brain damage.

4. HIB (*Haemophilus influenzae* type b)

Signs and symptoms can include trouble breathing. There may not be any signs or symptoms in mild cases.

Hib can lead to meningitis (infection of the brain and spinal cord coverings); pneumonia; infections of the blood, joints, bones, and covering of the heart; brain damage; and deafness.

5. HEPATITIS B

Signs and symptoms can include tiredness, diarrhea and vomiting, jaundice (yellow skin or eyes), and pain in muscles, joints and stomach. But usually there are no signs or symptoms at all.

Hepatitis B can lead to liver damage, and liver cancer.

6. POLIO

Signs and symptoms can include flu-like illness, or there may be no signs or symptoms at all.

Polio can lead to paralysis (can't move an arm or leg).

7. PNEUMOCOCCAL DISEASE

Signs and symptoms include fever, chills, cough, and chest pain.

Pneumococcal disease can lead to meningitis (infection of the brain and spinal cord coverings), blood infections, ear infections, pneumonia, deafness, and brain damage.

8. ROTAVIRUS

Signs and symptoms include watery diarrhea (sometimes severe), vomiting, fever, and stomach pain.
Rotavirus can lead to dehydration and hospitalization.

Any of these diseases can lead to death.

How do babies catch these diseases?

Usually from contact with other children or adults who are already infected, sometimes without even knowing they are infected. A mother with **Hepatitis B** infection can also infect her baby at birth. **Tetanus** enters the body through a cut or wound; it is not spread from person to person.

Routine Baby Vaccines

Vaccine	Number of Doses	Recommended Ages	Other Information
DTaP (diphtheria, tetanus, pertussis)	5	2 months, 4 months, 6 months, 15-18 months, 4-6 years	Some children should not get pertussis vaccine. These children can get a vaccine called DT.
Hepatitis B	3	Birth, 1-2 months, 6-18 months	Children may get an additional dose at 4 months with some "combination" vaccines.
Polio	4	2 months, 4 months, 6-18 months, 4-6 years	
Hib (*Haemophilus influenzae* type b)	3 or 4	2 months, 4 months, (6 months), 12-15 months	There are 2 types of Hib vaccine. With one type the 6-month dose is not needed.
PCV13 (pneumococcal)	4	2 months, 4 months, 6 months, 12-15 months	Older children with certain chronic diseases may also need this vaccine.
Rotavirus	2 or 3	2 months, 4 months, (6 months)	Not a shot, but drops that are swallowed. There are 2 types of rotavirus vaccine. With one type the 6-month dose is not needed.

Annual **flu vaccination** is also recommended for children 6 months of age and older.

Precautions

Most babies can safely get all of these vaccines. But some babies should not get certain vaccines. Your doctor will help you decide.

- A child who has ever had a serious reaction, such as a life-threatening allergic reaction, after a vaccine dose should not get another dose of that vaccine. *Tell your doctor if your child has any severe allergies, or has had a severe reaction after a prior vaccination.* (Serious reactions to vaccines and severe allergies are rare.)
- A child who is sick on the day vaccinations are scheduled might be asked to come back for them.

Talk to your doctor . . .

- . . . before getting **DTaP vaccine**, if your child ever had any of these reactions after a dose of DTaP:
  - A brain or nervous system disease within 7 days,
  - Non-stop crying for 3 hours or more,
  - A seizure or collapse,
  - A fever of over 105°F.
- . . . before getting **Polio vaccine**, if your child has a life-threatening allergy to the antibiotics neomycin, streptomycin or polymyxin B.
- . . . before getting **Hepatitis B vaccine**, if your child has a life-threatening allergy to yeast.
- . . . before getting **Rotavirus Vaccine**, if your child has:
  - SCID (Severe Combined Immunodeficiency),
  - A weakened immune system for any other reason,
  - Digestive problems,
  - Recently gotten a blood transfusion or other blood product,
  - Ever had intussusception (bowel obstruction that is treated in a hospital).
- . . . before getting **PCV13** or **DTaP** vaccine, if your child ever had a severe reaction after any vaccine containing diphtheria toxoid (such as DTaP).

Risks

Vaccines can cause side effects, like any medicine.

Most vaccine reactions are **mild**: tenderness, redness, or swelling where the shot was given; or a mild fever. These happen to about 1 child in 4. They appear soon after the shot is given and go away within a day or two.

Other Reactions: Individual childhood vaccines have been associated with other mild problems, or with moderate or serious problems:

DTaP Vaccine

Mild Problems: Fussiness (up to 1 child in 3); tiredness or poor appetite (up to 1 child in 10); vomiting (up to 1 child in 50); swelling of the entire arm or leg for 1-7 days (up to 1 child in 30) – usually after the 4th or 5th dose.

Moderate Problems: Seizure (1 child in 14,000); non-stop crying for 3 hours or longer (up to 1 child in 1,000); fever over 105°F (1 child in 16,000).

Serious problems: Long term seizures, coma, lowered consciousness, and permanent brain damage have been reported. These problems happen so rarely that it is hard to tell whether they were actually caused by the vaccination or just happened afterward by chance.

Polio Vaccine / Hepatitis B Vaccine / Hib Vaccine

These vaccines have not been associated with other mild problems, or with moderate or serious problems.

Pneumococcal Vaccine

Mild Problems: During studies of the vaccine, some children became fussy or drowsy or lost their appetite.

Rotavirus Vaccine

Mild Problems: Children who get rotavirus vaccine are slightly more likely than other children to be irritable or to have mild, temporary diarrhea or vomiting. This happens within the first week after getting a dose of the vaccine.

Serious Problems: Studies in Australia and Mexico have shown a small increase in cases of intussusception within a week after the first dose of rotavirus vaccine. So far, this increase has not been seen in the United States, but it can't be ruled out. If the same risk were to exist here, we would expect to see 1 to 3 infants out of 100,000 develop intussusception within a week after the first dose of vaccine.

What if my child has a serious problem?

What should I look for?

Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the "Vaccine Adverse Event Reporting System" (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS is only for reporting reactions. They do not give medical advice.

The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) was created in 1986.

People who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382**, or visiting the VICP website at **www.hrsa.gov/vaccinecompensation**.

For More Information

- Ask your doctor or other healthcare professional.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
  - Visit CDC's website at **www.cdc.gov/vaccines**