

PD Parrot's Guide to Your Baby's Health

PD
Parrot

NEA BAPTIST 

PEDIATRIC CLINIC





Congratulations!

We are pleased that you have chosen to entrust us with the care of your child. We realize that your child is your most precious asset and we will strive to ensure that you are comfortable with the pediatric care we provide. We want you and your child to enjoy a sense of comfort when you come to us, whether for a sick visit or a well child appointment. You play a crucial role in helping us maintain your child's physical and emotional health, and your feedback and comments are appreciated!

At NEA Baptist Pediatric Clinic, our knowledgeable staff offers comprehensive care including: well child visits, sick visits for acute illnesses, vaccines, etc.

Again Congratulations on your bundle of joy.



Experts at Caring for Your Children



MaryJoanne Umeora, MD

In practice since 2001

Education - University of Benin, Nigeria

Residency - Pediatric Residency - Newark Beth Israel Medical Center, New York

Organizations - American Academy of Pediatrics



Camille Chan, DO

In practice since 2015

Education - Nova Southeastern University College of Osteopathic Medicine, Ft. Lauderdale, Florida

Residency - The Children's Hospital at Palms West, Loxahatchee, Florida

Organizations - American Academy of Pediatrics



Tomorrow Potter, APRN

In practice since 2012

Education - University of Arkansas for Medical Sciences

Certifications- Advanced Cardiovascular Life Support, Certified FMCSA Medical Examiner, American Nurses Credentialing Center, Family Nurse Practitioner



Priscilla Fortner, APRN

In practice since 2008

Education - University of Alabama at Birmingham
University of North Alabama
Arkansas North-Eastern Community College

Certifications- BLS, PALS, Pediatric Cardiac S.T.A.B.L.E., S.T.A.B.L.E., Neonatal Resuscitation Program

Our Office

Where is our office?

Our office is located in the next to the NEA Baptist main medical campus at the Reserve at NEA, 4910 Medical Blvd, Ste A.

When are we available?

Our regular office hours are from 8:00am to 5:00pm Monday through Friday.

- Every effort is made to accommodate sick children on the same day. We recognize that children do not always choose convenient daytime hours to get sick.
- Our phone number, 870-936-7937, is answered 24 hours a day. Evening and nighttime phone calls are first returned by a trained pediatric advice nurse employed by Arkansas Children's Hospital.

We believe that you will find the after-hours nurses to be competent, courteous, and thorough. If, however, you and the nurse should decide that the doctor on call should be involved in helping your child through an after hours illness, the physician will call you back after consultation with the advice nurse.

Two of our NEA Baptist Clinic Urgent Cares will see newborns and up with acute illnesses when our office is closed. No appointment is necessary on Saturday and Sunday 12:00pm - 8:00pm. A pediatrician will always be on call and available to the Urgent Care provider for telephone consultation.

Hilltop Clinic - 4901 E. Johnson, Jonesboro • 870-936-7695

Stadium Clinic - 3003 Apache Dr., Jonesboro • 870-931-8800

Choosing a Pediatrician

Choosing a pediatrician might not appear to be important early in pregnancy, but selecting a pediatrician is very important. Many women begin their search for a pediatrician during their second trimester of pregnancy.

What is a Pediatrician?

A pediatrician is a medical doctor that specializes in the care of infants, adolescents and children as old as 21. Many pediatricians are also trained in sub-specialties such as neonatal medicine and cardiology.

What services do Pediatricians provide?

Pediatricians provide preventive care to healthy children and medical care to children with illnesses. The care they provide includes physical, mental and emotional support. Most pediatricians offer a variety of services for children and their parents.

Services may include:

- Evaluating a child's growth and development
- Education about children's safety, lifestyle and breastfeeding
- Administering immunizations
- Detecting problems such as developmental disorders and behavioral difficulties
- Diagnosing common illnesses such as ear infections and stomach flu
- Prescribing medications

How are Pediatricians trained?

Pediatricians must complete the requirements set by the American Board of Pediatrics (ABP).

Requirements include:

- Graduation from an approved medical school
- Three years of pediatric residency training

After completing residency training, pediatricians must pass a test administered by the American Board of Pediatrics in order to become board certified. Pediatricians must be re-certified every seven years.

How do I find the right Pediatrician for my child?

Asking friends, relatives and your prenatal care provider for referrals is a good start. Then write down the important questions that need to be answered such as whether you prefer a male or female pediatrician or the approximate age of the pediatrician (if it matters to you).

Scheduling interviews with more than one pediatrician might seem to be unnecessary but it is worth taking the less than 10 minutes for a brief interview in order to get a “feel” for his/her personality and approach.

Questions to ask my friends and relatives about their Pediatrician:

- Do you feel rushed at your appointments?
- Are all your questions and concerns addressed by your pediatrician?
- Do your children like their pediatrician?
- How are emergencies handled on the weekend or after hours?
- Does the pediatrician include you in the decision-making process?
- Does your pediatrician explain the side effects and risks of various medications?
- Does your pediatrician respect your opinion?

Questions to ask the Pediatrician:

- What is your educational background and training?
- What hospital would you admit my child to in an emergency?
- What is your philosophy about breastfeeding? For example, do you make referrals to lactation consultants?
- Do you have separate waiting areas for sick and healthy children?
- What is your philosophy about circumcision and the use of antibiotics?
- If you are unavailable when I call, will your nurse be available?
- Does your office accept my insurance plan or make other payment arrangements?

Can my child see a health care provider other than a Pediatrician?

A pediatrician is not the only health care provider trained to see babies, children and adolescents. Some parents prefer a general practitioner or family physician. The same parents might visit a pediatrician only if their child experiences a serious medical problem or complication.

Planning for After Delivery

You will have lots of feelings before and after your baby is born. Some of these feelings include joy, excitement, nervousness, and stress. All of these feelings are normal. Below are some things you can do now to plan for after your baby is born.

- **Be realistic about being a new parent:**
There is so much to learn about your baby and about your role as a parent. Be patient with yourself. You may not always feel like having visitors or you might be too tired to dress up for a dinner party. It takes time to get used to your baby's eating and sleeping schedule.
- **Ask for support:**
You can ask friends and family to help you with chores at home. You can ask co-workers or friends to bring you easy to heat meals so you don't have to cook. Also, ask grandparents and family to plan their visits at different times so that you are not overwhelmed with visitors.
- **Stay connected:**
There are lots of emotional and physical changes that happen after having a baby. Because of that, it is important to have people in your life you can talk to. This could mean having a cup of coffee with a friend, joining a new moms' support group or joining an online group for new moms. Look for new mom yoga classes or walking groups. Exercise is a great way to stay healthy.
- **Pay attention to your emotions:**
You can do this by talking with your health care provider or a counselor. You can also try writing in a diary or talking with a friend or partner. If you feel very sad before or during pregnancy, it is important to get help.

- **Learn about breastfeeding:**

Postpartum depression rates have been found to be lower in breastfeeding moms. Breastfeeding is the best way to feed your baby. It costs less than bottle feeding. Breastfeeding helps you bond with your baby, but it doesn't always come naturally.

- Learn about breastfeeding during your pregnancy. Ask for help in the hospital with positioning and latching your baby. NEA Baptist offers guidance to breastfeeding moms through our certified lactation specialists.
- Have a plan but understand that you may need to be flexible. While we encourage breastfeeding, there are times when it is not the best plan for the mother and baby.

- **Spend quality time with your baby:**

Spending time in skin-to-skin contact with your baby has been shown to reduce stress and anxiety. It's good for your baby too! Talking and smiling at your baby makes your baby feel loved. Playing simple games or showing baby a toy helps stimulate your baby's brain. Getting outside and taking your baby for walks helps you stay healthy and gives your baby some new things to look at and learn about.



101 Reasons to Breastfeed

1. The American Academy of Pediatrics recommends breastfeeding as the optimal nutrition for infants
2. The American Dietetic Association promotes breastfeeding
3. Breast milk is more digestible than formula
4. Breastfeeding reduces a mother's risk of breast cancer
5. Baby's suckling helps shrink mother's uterus to prepregnancy size after childbirth
6. Formula feeding increases baby girls' risk of developing breast cancer in later life
7. Formula Feeding is associated with lower I.Q.
8. Breast milk is always ready and comes in a nicer package than formula
9. Breast milk helps pass meconium
10. Breast milk contains immunities to diseases and aids in the development of baby's immune system.
11. Breastfeeding satisfies baby's emotional needs and increases bonding between mother and baby
12. Breast milk provides perfect infant nutrition
13. Breastfeeding reduces a mother's risk of developing ovarian cancer
14. Recommended by the World Health Organization & UNICEF
15. Breastfeeding protects against Crohn's disease (intestinal disorder)
16. Formula-fed babies are more at risk for obesity and being over-weight in later life
17. Formula feeding increases risk of children developing diabetes
18. Breastfeeding helps decrease insulin requirements in diabetic mothers
19. Breastfeeding may help stabilize progress of maternal endometriosis
20. Breastfed babies have less chance of cardiopulmonary distress while feeding
21. Baby's suckling helps prevent post-partum hemorrhage in mother
22. Breastfeeding reduces a mother's risk of developing endometrial cancer
23. Formula feeding increases chances of baby developing allergies
24. Breast milk lowers risk of baby developing asthma
25. Formula feeding increases baby's risk of otitis media (ear infections)
26. Formula feeding may increase risk of sudden infant death syndrome (SIDS)
27. Breastfeeding protects baby against diarrheal infections
28. Breastfeeding protects baby against bacterial meningitis
29. Breastfeeding protects baby against respiratory infections
30. Formula fed babies have a higher risk of developing certain childhood cancers
31. Breastfeeding decreases chances of developing rheumatoid arthritis
32. Pre-term milk is specially designed for premature infants
33. Breastfeeding decreases child's chances of contracting Hodgkin's disease
34. Nursing helps mom lose weight after baby is born
35. Breastfeeding protects baby against some vision defects
36. Breastfeeding decreases chances of osteoporosis
37. Breast milk aids in proper intestinal development
38. Cow's milk is an intestinal irritant
39. Breastfed babies have less chance of developing ulcerative colitis
40. Breast milk protects against hemophilus b. bacteria
41. Breastfed babies require shorter pre- and post-surgical fasting
42. Breastfeeding results in less sick days for parents
43. Breastfeeding enhances vaccine effectiveness
44. Breastfed babies have less chance of developing necrotizing enterocolitis
45. Breastfeeding contributes to optimal child spacing
46. Breastfeeding is easier than using formula

47. Breast milk is free
48. Formula is expensive
49. Formula costs the government (and taxpayers) millions of dollars
50. Breastfed babies require fewer doctor visits
51. Breast milk always has the right proportions of fat, carbohydrates and protein
52. Breast milk acts like a natural tranquilizer for baby
53. Breastfeeding acts like a natural tranquilizer for mom
54. Breast milk tastes better than formula
55. Breastfed babies are healthier over-all
56. Breastfed babies are less likely to die before their third birthday
57. Breast milk is always the right temperature
58. Breastfeeding mothers spend less time and money on doctor visits
59. Fewer waste packaging products
60. No bottles to tote
61. Breastfeeding may lower the risk of developing high cholesterol
62. No need to refrigerate
63. Cow's milk is designed for baby cows, while human milk is designed for human babies
64. Breast milk aids in the proper development of a baby's gastrointestinal tract
65. Breast milk provides natural pain relief for baby
66. Human milk is the perfect food for a sick infant
67. Breastfeeding protects mothers against anemia (iron deficiency)
68. Breastfeeding mothers spend less money on menstrual supplies
69. A breastfeeding mom gets more sleep
70. Babies that nurse are happier at night
71. More sleep for dad
72. Less equipment to maintain and store
73. Less equipment to buy
74. Breast milk has never been recalled due to manufacturing problems
75. Fresh breast milk is never contaminated with bacteria
76. No need to worry about which brand is better
77. No need to worry about adding contaminated water
78. Breastfed babies get fewer stomach infections
79. Less chance of baby getting eczema
80. Breastfed babies have great skin
81. Less spit-up
82. Breastfeeding is better for premature infants
83. Breast milk contains no genetically engineered materials
84. Breast milk contains no synthetic growth hormones
85. Lack of breastfeeding associated with multiple sclerosis in later life
86. Less chance of inguinal hernia
87. Better cognitive development for low birth weight babies
88. Better social development
89. Decreased risk of baby developing urinary tract infections
90. Suckling optimizes hand-to-eye coordination
91. Breastfeeding is a self confidence booster for mom
92. Facilitates proper dental and jaw development
93. Breastfed babies have less tooth decay
94. Less money spent on corrective orthodontia
95. Better speech development
96. Breast milk may help combat eye infections
97. Breastfeeding may lower blood pressure in childhood
98. No worry about latest ingredient discovered to be missing from formula
99. Much nicer diaper changes
100. Breastfed babies smell fantastic
101. It's what breasts were designed for!

Written by Leslie Burby at ProMoM.com

Hunger Cues from Your Baby

Learn your Baby's Cues,
feed when they are hungry.

Early Cues: I'm hungry, time to feed me

Stirring, licking lips
Mouth Opening
Turning head, seeking/rooting

Mid Cues: I'm really hungry, feed me now.

Stretching
Hand to mouth
Increasing movement

Late Cues: Calm, then feed me

Lots of movement
Crying and may turn red

Calm crying baby before feeding
Cuddle, skin to skin on chest
Talking
Stroking
Feed me!

Have Breastfeeding Questions?

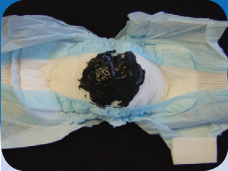
Arkansas Breastfeeding Help Line

501-202-7378

or toll free 1-844-344-0408

Breastfeeding experts available 24/7

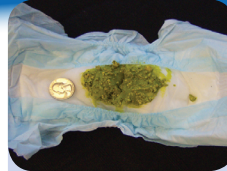
Breastfed Baby Diaper Count



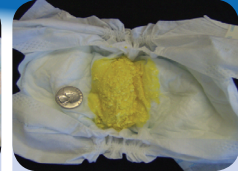
DAY 1 - DAY 2
Black Sticky



Brown



Green or Yellow



DAY 5
Yellow Seedy

DAY 1 - DAY 2

The number of wet diapers and poop diapers will vary.

DAY 3



DAY 4



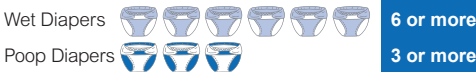
DAY 5



DAY 6



DAY 7



DAY 8 - DAY 28



GOAL

Will Vary

3 or more

3 or more

4 or more

3 or more

6 or more

3 or more

6 or more

3 or more

6 or more

3 or more

6 or more

3 or more

First 4 Weeks of Life

Use this record when you change your baby's diaper.

- 1.) Make a "✓" on **wet diaper**  each time your baby has a wet diaper.
- 2.) Make a "✓" on the **poop diaper**  each time your baby has a poop diaper.

The poop should change color from black to yellow by day 5.

Only count stools that are bigger than a quarter.

A tissue put inside the disposable diaper will show you when the diaper is really wet.

Get your baby a weight check by day 5.

What goes in must come out!
Breastfeed at least 6 times on day 1.
Breastfeed at least 8 times on days 2 to 28.

Call your breastfeeding helper if your baby has less than the goal on the record.

Arkansas WIC Breastfeeding Helpline
1-800-445-6175



BreastMilk
100% Natural Ingredients

This institution is an equal opportunity provider.

PM 548

www.healthy.arkansas.gov/breastfeeding

Choosing an Infant Formula

To maintain safety standards for infant health in the US, an act of Congress governs the contents of infant formula, and the Food and Drug Administration monitors all formulas. When shopping for infant formula, you'll find several basic types.

Cow's Milk-Based Formulas

Cow's milk-based formulas account for about 80% of the formula sold today. Although cow's milk is the basis for such formulas, the milk has been changed dramatically to make it safe for infants. It is treated by heating and other methods to make the protein more digestible. More milk sugar (lactose) is added to make the concentration equal to that of breast milk, and the fat (butterfat) is removed and replaced with vegetable oils and other fats that infants can more easily digest and are better for infant growth.

Cow's milk formulas have additional iron added.

These iron-fortified formulas have dramatically reduced the rate of iron-deficiency anemia in infancy in recent decades. Some infants do not have enough natural reserves of iron, a mineral necessary for normal human growth and development, to meet their needs. For that reason, the American Academy of Pediatrics (AAP) currently recommends that iron-fortified formula be used for all infants who are not breastfed, or who are only partially breastfed, from birth to one year of age.

Additional iron is available in many baby foods, especially in meats, egg yolks, and iron-fortified cereals. Low-iron formulas should not be used since they do not provide enough iron to optimally support your baby's growth and development. Some mothers worry about the iron in infant formula causing constipation, but the amount of iron provided in infant formula does not contribute to constipation in babies. Most formulas also have docosahexaenoic acid (DHA) and arachidonic acid (ARA) added to them, which are fatty acids, believed to be important for the development of a baby's brain and eyes.

Some formulas also are fortified with probiotics, which are types of "friendly" bacteria. Others are now fortified with prebiotics, in the form of manufactured oligosaccharides, to mimic the natural human milk oligosaccharides, which are substances that promote healthy intestinal lining.

Hydrolyzed Formulas

Another type of formula is hydrolyzed formulas. They often are called "predigested," meaning that their protein content has already been broken down into smaller proteins that can be digested more easily. In infants who have a high risk of developing allergies (because of family history, for example) and who have not been breastfed exclusively for four to six months, there is some evidence that skin conditions like eczema (atopic dermatitis) can be prevented or delayed by feeding them either extensively or partially hydrolyzed (hypoallergenic) formulas. Ask your pediatrician to recommend a brand of hypoallergenic formula, which can reduce the risk of allergic reactions. However, these hydrolyzed formulas tend to be costlier than regular formulas. Your pediatrician can advise you on whether your child is a candidate for hydrolyzed formulas.

Hypoallergenic Formulas

The hypoallergenic formulas will help at least 90% of babies who have food allergies, which can cause symptoms such as hives, a runny nose, and intestinal problems. In these types of situations, breastfeeding is particularly desirable because—when there is a strong family history of allergies—it could help avoid some infant food allergies, especially when the child is exclusively breastfed for about six months.

Soy Formulas

Soy formulas contain a protein (soy) and carbohydrate (either glucose or sucrose) different from milk-based formulas. They are sometimes recommended for babies unable to digest lactose, the main carbohydrate in cow's milk formula, although simple lactose-free cow milk-based formula is also available. Many infants have brief periods when they cannot digest lactose, particularly following bouts of diarrhea, which can damage the digestive enzymes in the lining of the intestines. But this is usually only a temporary problem and does not require a change in your baby's diet. It is rare for babies to have a significant problem digesting and absorbing lactose (although it tends to occur in older children and adults). If your pediatrician suggests a lactose-free formula, know that it provides your baby with everything that she needs to grow and develop just as a lactose-containing formula does.

When a true milk allergy is present, causing colic, failure to thrive, and even bloody diarrhea, the allergy is to the protein in the cow's milk formula. In this case soy formulas, with soy as the protein, might seem like a good alternative. However, as many as half the infants who have milk allergy are also sensitive to soy protein, and thus they must be given a specialized formula (such as amino-based or elemental) or breast milk.

Some strict vegetarian parents choose to use soy formula because it contains no animal products. Remember that breastfeeding is the best option for vegetarian families. Also, although some parents believe that a soy formula might prevent or ease the symptoms of colic or fussiness, there is no evidence to support its effectiveness for this purpose.

The AAP believes that there are few circumstances in which soy formula should be chosen instead of cow milk-based formula in term infants. One of these situations is in infants with a rare disorder called galactosemia; children with this condition have an intolerance to galactose, one of the two sugars that make up lactose, and they cannot tolerate breast milk and must be fed a formula free of lactose. Most states include a test for galactosemia in routine newborn screening, which involves performing a blood test on all newborns after birth.

Specialized Formulas

Specialized formulas are manufactured for infants with specific disorders or diseases. There are also formulas made specifically for premature babies. If your pediatrician recommends a specialized formula for your infant, follow his guidance about feeding requirements (amounts, scheduling, special preparations), since these may be quite different from regular formulas.

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Source: Caring for Your Baby and Young Child: Birth to Age 5, 6th Edition (Copyright © 2015 American Academy of Pediatrics)

Amount & Schedule of Formula Feedings

- **After the first few days:** Your formula-fed newborn will take from 2 to 3 ounces (60–90 mL) of formula per feeding and will eat every three to four hours on average during her first few weeks. (Breastfed infants usually take smaller, more frequent feedings than formula-fed infants).
- **During the first few weeks:** If your baby sleeps longer than four to five hours and starts missing feedings, wake her up and offer a bottle.
- **By the end of the first month:** Your baby will be up to at least 4 ounces (120 mL) per feeding, with a fairly predictable schedule of feedings about every four hours.
- **By six months:** Your baby will consume 6 to 8 ounces (180–240 mL) at each of four or five feedings in twenty-four hours.

On average, your baby should take in about 2½ ounces (75 mL) of formula a day for every pound (453 g) of body weight. But he probably will regulate his intake from day to day to meet his own specific needs. So instead of going by fixed amounts, let him tell you when he's had enough. If he becomes fidgety or easily distracted during a feeding, he's probably finished. If he drains the bottle and continues smacking his lips, he might still be hungry. There are high and low limits, however. Most babies are satisfied with 3 to 4 ounces (90–120 mL) per feeding during the first month and increase that amount by 1 ounce (30 mL) per month until they reach a maximum of about 7 to 8 ounces (210–240 mL). If your baby consistently seems to want more or less than this, discuss it with your pediatrician. Your baby should drink no more than 32 ounces (960 mL) of formula in twenty-four hours. Some babies have higher needs for sucking and may just want to suck on a pacifier after feeding.

Initially it is best to feed your formula-fed newborn on demand, or whenever he cries because he's hungry. As time passes, he'll begin to develop a fairly regular timetable of his own. As you become familiar with his signals and needs, you'll be able to schedule his feedings around his routine.

Between two and four months of age (or when the baby weighs more than 12 lb. [5.4 kg]), most formula-fed babies no longer need a middle-of-the-night feeding, because they're consuming more during the day and their sleeping patterns have become more regular (although this varies considerably from baby to baby). Their stomach capacity has increased, too, which means they may go longer between daytime feedings—occasionally up to four or five hours at a time. If your baby still seems to feed very frequently or consume larger amounts, try distracting him with play or with a pacifier. Sometimes patterns of obesity begin during infancy, so it is important not to overfeed your baby.

The most important thing to remember, whether you breastfeed or bottle-feed, is that your baby's feeding needs are unique. No book—or website—can tell you precisely how much or how often he needs to be fed or exactly how you should handle him during feedings. You will discover these things for yourself as you and your baby get to know each other.

Safe Sleep for Infants

Create a Safe Environment for Your Baby

As a parent or caregiver, you have an important job in choosing where and how your baby will sleep at night and nap-time. There are steps you can take to prevent Sudden Infant Death Syndrome (SIDS) and other causes of injuries and deaths related to sleeping, including suffocation and falls.

Do not sleep with your baby.

- The safest place for your baby to sleep is in a room with you, but in his/her own safety-approved crib or bassinet.
- Do not allow adults or other children to share a bed with a baby.

Use a safety-approved crib or bassinet.

- Cribs should be approved by the Juvenile Products Manufacturers Association.
- The space between bars should be less than 2 3/8 inches (about the width of a soda can).
- Cribs should have a firm mattress and a snug-fitting sheet
- Do not place stuffed animals, soft bedding, pillows, bumper pads, or wedges in the crib.
- Place the crib in an area that is always smoke-free.
- Be sure that any second-hand crib has all of its parts and meets the safety standards listed above.

Put your baby on his back to sleep, at night and for naps.

- Side sleeping is not safe and is not advised.
- Babies sleep comfortably on their backs.
- Babies are less likely to choke when they sleep on their backs.
- Babies need adult-supervised “tummy time” when they are awake. This helps them to develop normally and helps prevent flat spots on their heads.

Keep your baby at a comfortable temperature.

- Overheating is a risk factor for SIDS.
- Dress the baby in clothes that you would be comfortable wearing
- Blankets can become loose bedding and end up on the infant's face. Instead, dress your baby in a wearable "sleep sack."

Get the Facts

- About 2,200 U.S. babies die each year from SIDS (this is an average of six babies each and every day of the year).'
- SIDS is the leading cause of infant death between 1 and 12 months of age.
- See the tips to the left to learn more.
- Talk to those who care for your baby, including child care providers, babysitters, family, and friends, about placing your baby to sleep on his back at night and during naps.

What is Shaken Baby Syndrome and How Can You Prevent It?

- It's a serious brain injury.
- It's a form of child abuse that can be prevented.
- It happens when the baby is forcefully shaken, which causes the brain to move inside the skull.
- Babies are usually shaken when a caregiver becomes angry or frustrated that the baby won't stop crying and can't be soothed. This is child abuse and must be prevented!

A crying baby can be very frustrating when nothing you do stops the crying! All babies cry – some more than others. They cry because they are hungry, uncomfortable, in pain or sick. Babies also cry when they wish to be held. You can't spoil a baby who is less than 6 months old by holding him too much.

Here's a Crying Plan You Can Follow: Calm Your Baby:

- Try rocking, cradling or cuddling your baby close to you.
- Use a close-fitting infant carrier or gently swaddle your infant in a baby blanket.
- Rock or swing your baby in an infant swing.
- Take the baby for a car ride with the child securely fastened in a car seat.
- Play soft music or sing to the baby in a soft, soothing voice or make shushing sounds.
- Hold your baby and bottle upright so that as little air goes into your baby as possible.

- If your baby is formula fed or has been successfully breast feeding for 3 weeks, sucking of a pacifier can trigger a calming reflex.
- Switching from breastfeeding to formula, or vice versa, rarely helps; but if you think changing the formula might help, discuss it with your doctor.
- If you've tried these steps and the crying hasn't stopped, put your baby in an empty crib on his/her back to cry while you take a break or call a family member or friend for support.

Calm Yourself:

- Leave the room
- Take 10 slow deep breaths
- Wash your face
- Do sit ups or walk up and down the stairs a few times
- Take a walk outside for five minutes

Symptoms of Shaken Baby Syndrome:

- Limpness
- Trouble breathing
- Poor feeding and sucking
- Fussiness
- Seizures
- Vomiting
- Pale or bluish skin
- Unresponsiveness/will not wake up

Choose Your Baby's Caregivers Wisely

Before leaving your baby at any day care or with someone else, ask yourself:

- Does this person want to watch my baby?
- Is this person good with babies?
- Will my baby be safe with this person?
- Have I shown this person my Crying Plan?

Don't Leave Your Baby With Anyone Who:

- Is impatient or annoyed when your baby cries.
- Says that your baby "cries too much."
- Becomes angry if your baby cries or bothers him/her.
- May treat your baby roughly because they are angry with you.
- Has a history of violence.
- Uses drugs and/or alcohol.

Prevent Shaken Baby Syndrome

- Babies need attention most of the time.
- Babies cry for many reasons. Learn to read your baby's cry.
- Some babies cry more than others.
- It's okay to feel frustrated when a baby won't stop crying.
- It's NOT okay to shake a baby to stop the crying.
- You can't hold a baby too much.
- Babies cry. Have a plan.

Fever Without Fear: Information for Parents

Let's face it, fevers can be scary for parents. When your child is burning up, it can be hard to think straight and make important decisions. Learning what causes fevers and how to treat them will ease your anxiety and help you take control of the situation.

What Causes a Fever?

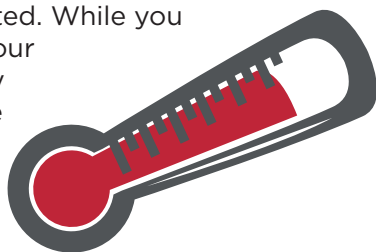
Everyone has his or her own internal "thermostat" that regulates body temperature, and normal body temperature is around 98.6 degrees Fahrenheit plus or minus about one degree (37 degrees Celsius, plus or minus about 0.6 degrees). When the body detects an infection or other illness, the brain responds by raising the body temperature to help fight the condition.

A rectal temperature over 100.4 degrees Fahrenheit is considered a fever. It is not always necessary for a child with a fever to see their doctor. It depends on the age of the child and the other symptoms they have.

Managing the Fever

A fever can't always be detected by feeling your child's forehead. It's usually necessary to take his temperature as well. Although there are numerous thermometers on the market that measure temperature in different areas, parents should use rectal thermometers with their babies for the most accurate reading.

Once you've identified a fever, the most important thing you can do is to improve your child's comfort and make sure they get enough fluid, so they do not get dehydrated. While you may instinctively want to bring your child to the doctor's office, it may not be necessary, especially if the child seems fine once their discomfort is treated.



Keeping Fever at Bay

Although not every fever needs to be treated, there are some things you can do to help make your child more comfortable.

- Giving your child acetaminophen or ibuprofen will usually reduce a fever. It is important to make sure you give the right dose to your child.
- If your child is under two years of age, contact your pediatrician or pharmacist for the correct dose. For older children, follow the recommended dose on the label.
- Do not overdress your child. Other practices to reduce fevers such as an alcohol bath, ice packs, etc. are no longer recommended and can actually have adverse effects on your child.
- A fever will also cause a child to lose fluids more quickly, so offer plenty of fluids to avoid dehydration. Signs of dehydration include crying without tears, a dry mouth, and fewer wet diapers.
- Keep your digital thermometer ready and accessible so you don't have to search for it once your child is ill.
- Have children's acetaminophen or ibuprofen on hand.
- Make sure your pediatrician's phone number is handy.

When to Call the Doctor

Call your child's doctor right away if your child has a fever and:

- Looks very ill, is unusually drowsy, or is very fussy
- Has been in a very hot place, such as an overheated car
- Has other symptoms, such as a stiff neck, severe headache, severe sore throat, severe ear pain, an unexplained rash, or repeated vomiting or diarrhea
- Has signs of dehydration, such as a dry mouth, sunken soft spot or significantly fewer wet diapers and is not able to take in fluids
- Has immune system problems, such as sickle cell disease or cancer, or is taking steroids
- Has had a seizure
- Is younger than 3 months (12 weeks) and has a temperature of 100.4 degrees Fahrenheit (38.0 degrees Celsius) or higher
- Fever rises above 104 degrees Fahrenheit (40 degrees Celsius) repeatedly for a child of any age.

Also call your child's doctor if:


- Your child still "acts sick" once his fever is brought down.
- Your child seems to be getting worse.
- The fever persists for more than 24 hours in a child younger than 2 years.
- The fever persists for more than 3 days (72 hours) in a child 2 years of age or older.

Immunizations

Immunizations and Developmental Milestones for Your Child from Birth Through 6 Years Old

Child's Name _____

| | | 12 MONTHS | 15 MONTHS | 18 MONTHS |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Recommended Immunizations | Hepatitis B | <input type="radio"/> HepB (Final dose administered between 6 and 18 months) | | |
| | Diphtheria, Tetanus, Pertussis | | <input type="radio"/> DTaP | |
| | <i>Haemophilus influenzae</i> type b | <input type="radio"/> Hib | | |
| | Pneumococcal | <input type="radio"/> PCV | | |
| | Inactivated Poliovirus | <input type="radio"/> IPV | | |
| | Influenza (Flu) | <input type="radio"/> Influenza , first dose ² <input type="radio"/> second dose (if needed) | | |
| | Measles, Mumps, Rubella | <input type="radio"/> MMR | | |
| | Varicella | <input type="radio"/> Varicella | | |
| | Hepatitis A | <input type="radio"/> <input type="radio"/> Hep A³ | | |
| Milestones* | Milestones should be achieved by the age indicated. Talk to your child's doctor about age-appropriate milestones if your child was born prematurely. | <input type="radio"/> Cries when mom or dad leaves <input type="radio"/> Says "mama" and "dada" <input type="radio"/> Copies gestures (for example, waves "bye bye") <input type="radio"/> May stand alone <input type="radio"/> Looks at right picture or thing when named | <input type="radio"/> Imitates what you are doing <input type="radio"/> Drinks from a cup <input type="radio"/> Scribbles on his own <input type="radio"/> Walks well <input type="radio"/> Says a couple of words other than "mama" and "dada" | <input type="radio"/> Points to show others something interesting <input type="radio"/> Says several single words <input type="radio"/> Points to one body part <input type="radio"/> May walk up steps and run |
| Growth | At each well child visit, enter date, length, weight, and percentile information to keep track of your child's progress. | WEIGHT / PERCENTILE | WEIGHT / PERCENTILE | WEIGHT / PERCENTILE |
| | | LENGTH / PERCENTILE | LENGTH / PERCENTILE | LENGTH / PERCENTILE |
| | | HEAD CIRCUMFERENCE | HEAD CIRCUMFERENCE | HEAD CIRCUMFERENCE |
| | | VISIT DATE | VISIT DATE | VISIT DATE |

 Shaded boxes indicate the vaccine can be given during shown age range.

² Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting a flu vaccine for the first time and for some other children in the age group.

³ Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6-18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.

* Milestones adapted from *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* Third Edition, edited by Joseph Hagan Jr., Judith S. Shaw, and Paula M. Duncan, 2008, Elk Grove Village, IL: American Academy of Pediatrics.

This is not an exhaustive list of milestones from 0-6 years. See more at www.cdc.gov/milestones

If your child has any medical conditions that put him at risk for infections or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.

For more information, call toll free 1-800-CDC-INFO (1-800-232-4636) or visit www.cdc.gov/vaccines/schedules/easy-to-read/child.html (Im

Birthdate _____

| 19-23 MONTHS | 2-3 YEARS | 4-6 YEARS |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | <input type="radio"/> DTaP |
| | | <input type="radio"/> IPV |
| <small>Age 2</small> <input type="radio"/> <small>Age 3</small> <input type="radio"/> Influenza , first dose ² <input type="radio"/> second dose (if needed) | <small>Age 4</small> <input type="radio"/> <small>Age 5</small> <input type="radio"/> <small>Age 6</small> <input type="radio"/> Influenza , first dose ² <input type="radio"/> second dose (if needed) | |
| | | <input type="radio"/> MMR |
| | | <input type="radio"/> Varicella |
| <input type="radio"/> Plays mainly beside other children <input type="radio"/> Follows two-step commands <input type="radio"/> Plays simple make-believe games <input type="radio"/> Throws ball overhand | <input type="radio"/> Can name most familiar things <input type="radio"/> Shows affection for friends without prompting <input type="radio"/> Turns book pages one at a time <input type="radio"/> Kicks a ball | <input type="radio"/> Speaks very clearly <input type="radio"/> Tells stories <input type="radio"/> Can print some letters or numbers <input type="radio"/> Hops; may be able to skip <input type="radio"/> Enjoys playing with other children |
| WEIGHT / PERCENTILE | WEIGHT | WEIGHT |
| LENGTH / PERCENTILE | HEIGHT | HEIGHT |
| HEAD CIRCUMFERENCE | BMI | BMI |
| VISIT DATE | VISIT DATE | VISIT DATE |

Placeholder-Tips? Visuals?



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



AMERICAN ACADEMY OF FAMILY PHYSICIANS
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American Academy of Pediatrics




DEDICATED TO THE HEALTH OF ALL CHILDREN™

Immunizations Continued

for Your Child from Birth Through 6 Years Old

Child's Name _____

| | | Birth | 1 MONTH |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Recommended Immunizations | Hepatitis B | <input type="radio"/> HepB | <input type="radio"/> HepB ¹ |
| | Rotavirus | | |
| | Diphtheria, Tetanus, Pertussis | | |
| | <i>Haemophilus influenzae</i> type b | | |
| | Pneumococcal | | |
| | Inactivated Poliovirus | | |
| | Influenza (Flu) | | |
| Milestones* | <p>Milestones should be achieved by the age indicated.</p> <p>Talk to your child's doctor about age-appropriate milestones if your child was born prematurely.</p> | <input type="radio"/> Recognizes caregiver's voice <input type="radio"/> Turns head toward breast or bottle <input type="radio"/> Communicates through body language, fussing or crying, alert and engaged <input type="radio"/> Startles to loud sounds | <input type="radio"/> Starts to smile <input type="radio"/> Raises head when on tummy <input type="radio"/> Calms down when rocked, cradled or sung to <input type="radio"/> Pays attention to faces |
| Growth | At each well child visit, enter date, length, weight, and percentile information to keep track of your child's progress. | _____ | _____ |
| | | WEIGHT / PERCENTILE | WEIGHT / PERCENTILE |
| | | _____ | _____ |
| | | LENGTH / PERCENTILE | LENGTH / PERCENTILE |
| | | _____ | _____ |
| | | HEAD CIRCUMFERENCE | HEAD CIRCUMFERENCE |

 Shaded boxes indicate the vaccine can be given during shown age range.

VISIT DATE

VISIT DATE

¹ The second dose of HepB may be given either at the 1 month or 2 month visit.

² Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting a flu vaccine for the first time and for some other children in this age group.

* Milestones adapted from *Caring for your baby and young child: Birth to age 5*, Fifth Edition, edited by Steven Shelov and Tanya Remer Altmann © 1991, 1993, 1998, 2004, 2009 by the American Academy of Pediatrics and Bright Futures: Guidelines for health supervision of infants, children, and adolescents, Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008, Elk Grove Village, IL: American Academy of Pediatrics. This is not an exhaustive list of milestones from 0-6 years. See more at www.cdc.gov/milestones

If your child has any medical conditions that put him at risk for infections or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.



Birth Date

| 2 MONTHS | 4 MONTHS | 6 MONTHS |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | <input type="radio"/> HepB |
| <input type="radio"/> RV | <input type="radio"/> RV | <input type="radio"/> RV |
| <input type="radio"/> DTaP | <input type="radio"/> DTaP | <input type="radio"/> DTaP |
| <input type="radio"/> Hib | <input type="radio"/> Hib | <input type="radio"/> Hib |
| <input type="radio"/> PCV | <input type="radio"/> PCV | <input type="radio"/> PCV |
| <input type="radio"/> IPV | <input type="radio"/> IPV | <input type="radio"/> IPV |
| | | <input type="radio"/> Influenza , first dose ² <input type="radio"/> second dose |
| <input type="radio"/> Begins to smile at people <input type="radio"/> Coos, makes gurgling sounds <input type="radio"/> Begins to follow things with eyes <input type="radio"/> Can hold head up | <input type="radio"/> Babbles with expression <input type="radio"/> Likes to play with people <input type="radio"/> Reaches for toy with one hand <input type="radio"/> Brings hands to mouth <input type="radio"/> Responds to affection <input type="radio"/> Holds head steady, unsupported | <input type="radio"/> Knows familiar faces <input type="radio"/> Responds to own name <input type="radio"/> Brings things to mouth <input type="radio"/> Rolls over in both directions <input type="radio"/> Strings vowels together when babbling ("ah", "eh", "oh") |
| WEIGHT / PERCENTILE | WEIGHT / PERCENTILE | WEIGHT / PERCENTILE |
| LENGTH / PERCENTILE | LENGTH / PERCENTILE | LENGTH / PERCENTILE |
| HEAD CIRCUMFERENCE | HEAD CIRCUMFERENCE | HEAD CIRCUMFERENCE |

continues on back page

VISIT DATE

VISIT DATE

VISIT DATE



Newborn Wellness Visits

Week 1 - Date _____ Time _____

1st Month - Date _____ Time _____

2nd Month - Date _____ Time _____

4th Month - Date _____ Time _____

6th Month - Date _____ Time _____

9th Month - Date _____ Time _____

12th Month - Date _____ Time _____

15th Month - Date _____ Time _____

18th Month - Date _____ Time _____

24th Month - Date _____ Time _____


Important Numbers and Resources

Arkansas Poison and Drug Information Center
1-800-222-1222

Place the number in your cell phone to speed dial today.

- Any adverse reaction to a bee, wasp, or ant sting
- Bitten by a tick, spider, or other creature
- Any adverse reaction to food or drug
- Took double the amount prescribed of medications
- Forget to take your daily dose of medication
- Suspected food poisoning
- Incorrect use of medication by yourself or others
- Contamination of medication
- Tampering with medication
- Any medication overdose
- Adverse reaction to an Herbal tea or supplement
- Not sure if you took/or administered too much of a medication

Important Resources in case of Shaken Baby Syndrome (See pages 20-21):



Helpful Resources
www.arkansasctf.org
www.kidshealth.org
www.dontshake.org

Arkansas Department of
Health
4815 West Markham
Little Rock, AR 72205
www.healthy.arkansas.gov

Car Seat Safety

Make sure your child is always buckled in an



REAR-FACING CAR SEAT

Birth up to Age 2*

Buckle children in a rear-facing seat until age 2 or when they reach the upper weight or height limit of that seat.



FORWARD-FACING CAR SEAT

Age 2 up to at least age 5*

When children outgrow their rear-facing seat, they should be buckled in a forward-facing car seat until at least age 5 or when they reach the upper weight or height limit of that seat.

Keep children ages 12 and under in the back seat. Never place a rear-facing car seat in front of an active air bag.

*Recommended age ranges for each seat type vary to account for differences in child growth and height/weight limits of car seats and booster seats. Use the car seat or booster seat owner's manual to check installation and the seat height/weight limits, and proper seat use.

Using the correct car seat or booster seat can be a lifesaver.

age- and size-appropriate car seat or booster seat.

7 8 9 10 11 12+

Years



BOOSTER SEAT

Age 5 up until seat belts fit properly*

Once children outgrow their forward-facing seat, they should be buckled in a booster seat until seat belts fit properly. The recommended height for proper seat belt fit is 57 inches tall.



SEAT BELT

Once seat belts fit properly without a booster seat

Children no longer need to use a booster seat once seat belts fit them properly. Seat belts fit properly when the lap belt lays across the upper thighs (not the stomach) and the shoulder belt lays across the chest (not the neck).

Child safety seat recommendations: American Academy of Pediatrics.
Graphic design: Adapted from National Highway Traffic Safety Administration
www.cdc.gov/motorvehiclesafety/cps

Medical Dosage Charts

Tylenol Acetaminophen Dosage Chart:

| Weight | Infant's Oral Suspension | Children's Oral Suspension | Children's Chewable Or Suppository |
|-----------|--------------------------|----------------------------|------------------------------------|
| | 160mg/5mL | 160mg/5mL | 80mg |
| 6-11 lbs | 1.25mL (1/4 tsp) | | |
| 12-17 lbs | 2.5mL (1/2 tsp) | | |
| 18-23 lbs | 3.75mL (3/4 tsp) | | |
| 24-35 lbs | 5mL (1 tsp) | 5mL (1 tsp) | 2 |
| 36-47 lbs | | 7.5mL (1 1/2 tsp) | 3 |
| 48-59 lbs | | 10mL (2 tsp) | 4 |
| 60-71 lbs | | 12.5mL (2 1/2 tsp) | 5 |
| 72-95 lbs | | 15mL (2 tsp) | 6 |
| 96+ lbs | | 20mL (4 tsp) | 8 |

*If you are unsure about dosage amounts or your child is under 2 yrs of age, please contact your pediatrician or pharmacist.

Can be given every 4-6 hours

| Children's Suppository | Children's Chewable/ Meltaway | Adult Tablets or Suppository |
|------------------------|----------------------------------|------------------------------------|
| 120mg | 160mg | 325mg |
| | | |
| | | |
| | | |
| 1 | 1 | |
| 2 | 1 ½ | |
| 2 | 2 | 1 |
| 3 | 2 ½ | 1 |
| 4 | 3 | 1 ½ |
| 5 | 4 | 2 |

Medical Dosage Charts

Motrin or Advil Ibuprofen Dosage Chart: Can be given every

| Weight | Infant's Drops | Children's Suspension |
|-----------|--------------------|-----------------------|
| | 50mg/1.25mL | 100mg/5mL |
| 12-17 lbs | 1.25mL | |
| 18-23 lbs | 1.875mL | 3.75mL (3/4 tsp) |
| 24-35 lbs | 2.5mL (1/2 tsp) | 5mL (1 tsp) |
| 36-47 lbs | | 7.5mL (1 1/2 tsp) |
| 48-59 lbs | | 10mL (2 tsp) |
| 60-71 lbs | | 12.5mL (2 1/2 tsp) |
| 72-95 lbs | | 15mL (3 tsp) |
| 96+ lbs | | 20mL (4 tsp) |

*If you are unsure about dosage amounts or your child is under 2 yrs of age, please contact your pediatrician or pharmacist.

6-8 hours. Do not give in infants less than 6 months of age.

| Children's Chewable | Junior Chewable or Tablet | Adult Tablet |
|---------------------|---------------------------|--------------|
| 50mg | 100mg | 200mg |
| | | |
| | | |
| 2 | 1 | |
| 3 | 1 ½ | |
| 4 | 2 | 1 |
| 5 | 2 ½ | 1 |
| 6 | 3 | 1 ½ |
| 8 | 4 | 2 |

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Office Policies

No Show Policy

The providers at NEA Baptist Clinic – Pediatrics have a policy of three no show appointments within a six month period will result in a patient and all of his or her siblings being dismissed from the practice. Please understand that we know that sometimes missing an appointment is unavoidable but in fairness to the provider's time and to other patients trying to get appointments, we need at least a 4 hour notice of cancellation in order to allow other patients the opportunity to have that appointment time.

Vaccine Policy

We understand that you want the very best for your child and are grateful that you have chosen us as your healthcare provider. Our goal is to provide them with the best possible care and part of that care includes vaccines. We know that you are bombarded by conflicting information on vaccine safety and want to offer our stance as healthcare professionals to help you make that decision.

- We firmly believe that vaccines are effective, safe, and may be the single most important health-promoting intervention we perform as health care providers.
- We firmly believe in the safety of our vaccines.
- We firmly believe, based on literature, evidence, and current studies, that vaccines do not cause autism or other developmental disabilities.
- We firmly believe that vaccinating children and young adults may be the single most important health-promoting intervention we perform as health care providers, and that you can perform as parents.
- It is our clinic policy that our patients become fully vaccinated by age two. Unfortunately, if you cannot adhere to our policy, we ask that you seek pediatric care elsewhere.



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MaryJoanne Umeora, MD • Camille Chan, DO
Tomorrow Potter, APRN • Priscilla Fortner, APRN

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