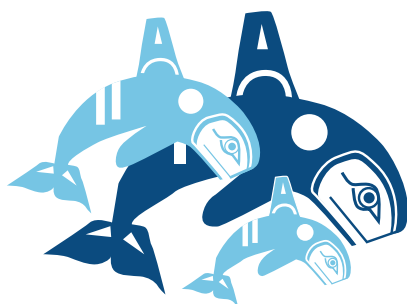




The Newborn Healthcare Guide

Created especially for caregivers of newborns by Pediatrics Northwest Providers



pediatrics
NORTHWEST PS

call: 253-383-5777 | visit pedsnw.net |



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Welcome to Parenthood!

This is an exciting and very rewarding time in your life. You will soon experience the immeasurable joys of parenthood as you begin to care for and love your new infant. Inevitably, there are bound to be stresses too, and it is quite normal to be anxious.

In this booklet we hope to alleviate some of these stresses by answering many common questions that often arise during the daily care of your infant. Please remember that each child is a unique individual, and these are simply general guidelines. We are always available to discuss specific concerns.

We appreciate your trust in us as your child's pediatrician and look forward to helping you keep your baby as happy and healthy as possible.



Congratulations on Your New Baby!

Your Baby's Name:

Date of Birth:

Birth Weight:



Table of Contents

Preparing for the New Arrival

Baby equipment	Page 1
Breast or bottle feeding	Page 2
Circumcision	Page 2
Day care	Page 2, 3
Working parents	Page 3
Changing family dynamics	Page 3
Postpartum depression	Page 3

Newborn Characteristics

Appearance	Page 4
Bowlegs	Page 4
Crying	Page 4
Sleep	Page 4
Startle reflex	Page 4
Stools/ bowel movements	Page 4, 5
Vision	Page 5

Common Concerns

Baby acne	Page 6
Dry peeling skin	Page 6
Breast tissue	Page 6
Head shape	Page 6
Soft spot	Page 6
Hair loss	Page 6
Pacifiers	Page 6
Temperament	Page 6, 7
Colic	Page 7

General Feeding Tips

Schedule	Page 8
Sucking reflex	Page 8
Weight loss	Page 8
Burping	Page 8
Solid foods	Page 8
Vitamins	Page 8, 9
Honey	Page 9

Breast Feeding

Encouragement	Page 10
Getting started	Page 10
Mechanics	Page 10
Mother's diet	Page 10
Engorgement	Page 10
Sore nipples	Page 10, 11
Working mothers	Page 11
Supplementary bottle	Page 11

Bottle Feeding

Mechanics	Page 12
Hold your baby	Page 12
Sterilizing bottles	Page 12
Microwave ovens	Page 12

General Child Care

interaction	Page 13
Schedules	Page 13
Position	Page 13
Dressing	Page 13
Eye crusting	Page 13
Umbilical cord care	Page 13
Bathing	Page 13
Male hygiene	Page 14
Female hygiene	Page 14
Diaper rash	Page 14

Signs of Illness

Change in behavior	Page 15
Fever	Page 15
Jaundice	Page 15
Umbilical cord	Page 15
Coughing	Page 15
Vomiting	Page 15
Bowel movements	Page 15
Gas	Page 15

Preventative Health

Car seat	Page 16
Toys	Page 16
Going out/ visitors	Page 16
Sunlight	Page 16
Changing Table	Page 16
Water	Page 16
Jewelry	Page 16
CPR/ first aid classes	Page 16
Fire safety	Page 16
Scalds	Page 17
Cigarette smoking	Page 17

Routine Health Supervision

Purpose	Page 18
Immunizations	Page 18
Schedule of visits	Page 18

Helpful Websites

Page 19

Preparing for the New Arrival

BABY EQUIPMENT

A **CAR SEAT** is one of the most important purchases you can make for your child's safety. In all fifty states, the law requires infants to be in a car seat *at all times* while traveling in a motorized vehicle. This law has been very successful in reducing the number of injuries and deaths from automobile accidents. Please make sure that the car seat you use is approved by the American Automobile Association (AAA), and use it properly. Do not hold the child in your lap. Your baby should face backward in the car seat. It is a good idea to have the car seat ready for your ride home from the hospital. There is a loan program available through the hospital if you are unable to afford to buy one. Be sure to set a good example by wearing your own seat belt at all times (your child will learn most things by imitating your example).

CRIBS also have well-defined safety standards. If you buy a new crib it will be sure to meet these standards. Sometimes new cribs are recalled for safety reasons. To check if the crib you have has been recalled go to www.cpsc.gov/info/cribs/index.html. Be careful of old or antique cribs. If you are unsure about your crib's safety credentials go to www.cpsc.gov for more detailed information. Your baby doesn't need a pillow, and it's safest not to put large stuffed animals in the crib. Avoid loose plastic sheets and waterbeds. Make sure your baby's mattress is firm and fits snug inside the crib.

Remember babies need to be placed on their **BACK TO SLEEP**. This is the safest position for them and greatly prevents risk of SIDS. When your baby is awake and you are watching them it is good to do **TUMMY TIME** to promote their motor development. Place them on their tummies for 10-15 minutes several times a day when they are awake and supervised. But always place them on their backs when they are sleeping.

The type of **DIAPERS** you choose is a matter of personal preference. Disposables are the most expensive. The overall incidence of rashes is about the same for cloth diapers with plastic pants as for disposable diapers.

We recommend that you purchase a digital rectal/axillary **THERMOMETER** to take your baby's temperature. To use rectally, put a little lubricating jelly (like KY) on the end of the thermometer and insert it gently into the baby's anus about a half an inch. To get an axillary temperature, put the tip of the thermometer probe in the baby's armpit, and then gently hold the arm down against the body. You need not take your baby's temperature regularly, only if he or she feels warm or seems ill.

BREAST OR BOTTLE FEEDING?

This is a very personal decision and babies can thrive on either. However, in general, we recommend breast feeding.

Our reasons for this are that breast milk contains:

- all the nutrients and vitamins your child needs
- the ideal protein and fat composition
- additional immunoglobulins to help prevent infections
- more readily absorbed iron

In addition, nursing promotes a unique closeness and bonding with your child. It is actually more convenient since it is always available, premixed, warmed, and sterile. It is also less expensive. However, there are many valid reasons and circumstances for a mother to choose to bottle feed and we will support whichever method you choose.

CIRCUMCISION?

It is generally agreed that there is not a strong medical reason to have or not have a circumcision. The decision for or against a circumcision is completely at the parents' discretion and we will support your choice. Circumcision is a minor surgery that removes the foreskin that covers the head of the penis. Complications are very rare. The main risks are bleeding or infection at the incision. It does cause some pain, but the child generally recovers quickly. Reasons for having a circumcision include religious beliefs, personal preference, or "to be like his dad or brothers." The potential medical benefits include a slightly decreased risk of urinary tract infections and some very rare penile problems.

DAY CARE

If both parents plan to go back to work once your baby is born, begin exploring childcare options as soon as possible. Many have a long waiting list, potentially up to a year. Take your time exploring all your options; this is a very important decision. Things to consider when evaluating a day care are:

- registration with the state (helpful but not a guarantee of quality)
- qualifications of the workers
- facilities
- allowance of visiting and dropping in unannounced (a must!!)
- methods of entertaining the children (TV, books, toys)
- is the TV used as a baby-sitter?
- meals
- medical services, emergency capabilities
- children's interaction with the workers

- ideally one adult for every three children
- cost
- location

*** * * REMEMBER TO ASK A LOT OF QUESTIONS AND CHECK IN OFTEN. * * ***

WORKING PARENTS

Ideally, it would be nice if both parents could be home with their new baby for a while after birth. If that is not feasible, perhaps, by planning well ahead, one or both parents could take some time off to be at home. Many mothers find they want more time at home with their new baby. Others feel the need (financially or psychologically) to work outside the home. The family must decide what is best for all, so discussing and planning ahead is crucial.

CHANGING FAMILY DYNAMICS

As you enter the roles of mother and father, don't forget your role as husband and wife; your partner still deserves devoted time. Plan to make time together.

Older siblings also should be prepared for the change. Programs such as Kangaroo Kapers classes can help. Expect some jealousy and regression (e.g., returning to diapers, a bottle, more infantile behavior). Be sure to give them individual time and continue activities that you did together before this new "intruder" arrived. Older siblings need to be reassured quite often that they are still important to you and are not being replaced by your baby. A small gift from the baby may be helpful.

And, most importantly, don't forget to take time for yourself and get your rest.

POSTPARTUM DEPRESSION

The first couple of weeks after delivery are a very difficult time for most new mothers. It is normal to be very emotional during this time, including crying for no apparent reason. There is a dramatic change in responsibilities, with many thoughts of inadequacy, and feeling quite trapped by this very demanding little bundle. During this time, moms are generally physically worn out from the birth and trying to recover from being pregnant. There are also dramatic hormonal changes happening. It is worthwhile, if possible, to have additional help during this time (a relative, temporary housecleaning, etc.). Don't be afraid to discuss these feelings with your spouse, relatives, other new mothers, and/or pediatrician.

Newborn Characteristics

APPEARANCE

The appearance of a normal newborn immediately after delivery often surprises new parents. Typically the baby is somewhat blue, covered with vernix (a white cheesy material), and the head is quite molded to allow passage through the birth canal. This is very normal.

BOWLEGS

Bowlegs are very common throughout the first year. Your baby's bones are relatively flexible and probably bowed slightly while in the womb. They generally straighten as your child grows.

CRYING

Crying, unfortunately, is your baby's only means of communication. It is up to us adults to try to figure out what the baby is "saying." Some things your baby may be trying to communicate are hunger, wet or soiled diaper, hot, cold, lonely or just expressing themselves. Many parents don't realize that sometimes babies cry because they are tired and are trying to fall asleep. Many babies cannot fall asleep without crying and will go to sleep more quickly if left to cry for a while. The crying shouldn't last long if your baby is truly tired. All infants cry, and you will be frustrated if your goal is to have an infant that never cries. Unfortunately newborns generally cry more and more during the first 6 weeks of age as they become more alert and demanding. Then they learn more pleasant ways of communicating (like smiling and cooing).

SLEEP

Sleep patterns vary among infants. Your baby may sleep 1-4 hours at a stretch (occasionally longer), while totaling 10-20 hours per day. Unfortunately, most infants don't sleep through the night for several months.

STARTLE (or MORO) REFLEX

This is a normal reflex that you may notice in your baby. It consists of arms extending and shaking in response to a noise or a disturbance.

STOOLS / BOWEL MOVEMENTS

Bowel movements are also quite variable. Initially there is a thick green meconium, which gradually changes to a thinner, lighter yellow or green, seedy stool. Your child may have a stool after every feeding, or may have only one stool every five days and be perfectly normal. Most babies strain to stool,

with legs drawn up and face turning red, and grunting. Constipation indicates excessively hard stools not infrequent stools.

VISION

Your baby can see, but not nearly as clearly as you. His or her vision is most likely just good enough to see a face about one foot away; faces are what he or she likes best to look at. It is possible for eye color to change within the first three months. Some newborns may also cross their eyes occasionally during the first six months, which is perfectly normal.

Common Concerns

BABY ACNE

Baby acne is extremely common during the first couple of weeks after birth. It is best to leave it alone and it will clear up on its own.

DRY PEELING SKIN

This is quite normal shortly after birth. Your baby's skin is adapting to a dry environment. There is no need for powders, lotions, creams or ointments, as the natural oils of the skin are generally the best moisturizer.

BREAST TISSUE

Breast tissue is commonly seen in both baby boys and girls. Occasionally there is even a little milk discharge. This is due to the mother's hormones and usually resolves in a few weeks.

HEAD SHAPE

Babies heads are often molded during the birth process to allow the infant to pass through the birth canal. This often adds a slight cone shape to their head. There may also be some swelling or bruising. This is quite common and will gradually improve over the first couple of weeks.

THE SOFT SPOT

The soft spot (fontanelle) near the front of the head allows the molding to occur. Although it feels soft it is quite tough and won't be injured by touching or shampooing.

HAIR LOSS

This is common in both baby boys and girls. It will grow back over the first couple months, although it may be a different color.

PACIFIERS

Pacifiers can be very comforting to an infant, since your baby will have a strong desire to suck and shouldn't be fed every time there is sucking motions.

TEMPERAMENT

Temperament to a large degree is inborn. Babies have different personalities. Please try not to compare your child to others. Fussy babies do not mean that their parents are inadequate; it may just be the baby's nature for a while.

Temperament in infancy does not predict future behavior patterns (i.e., a fussy infant doesn't always become a demanding child or adolescent).

COLIC

Colic occurs occasionally when babies cry for several hours a day at the same time every day (often in the evening) from 2 weeks to 3 months of age. There are many theories as to the cause of this fussy period. Some believe that it is relatively preventable by prolonged daily contact in a snugly. During this time a lot of holding, rocking, or cuddling may help. Some babies on the other hand prefer less stimulation and a pacifier while being left alone. You will get to know your baby and his or her different cries and needs. Trust your instincts and hang in there.

General Feeding Tips

SCHEDULE

Babies vary tremendously in feeding style. Don't worry about how your child compares with others. We generally recommend feeding your baby on demand, which will usually be every 2-4 hours during the day even if you have to wake him. At night it is generally best to let him wake up on his own, so the nighttime feedings will hopefully get less and less frequent. It isn't necessary to feed your baby every time he cries. Remember that he or she may cry for many reasons besides hunger.

SUCK REFLEX

Your baby has a strong suck reflex and he must satisfy this instinct much of the time. Just because your baby is making sucking motions doesn't mean he is hungry. Of course he will suck on a bottle or breast if put in his mouth even if already full. Many babies don't know "when to say when" and end up overfeeding, then spitting up the extra.

WEIGHT LOSS

After birth, weight loss is extremely common (even up to 10%). Your baby will probably be back to birth weight by the second week and steadily gaining. The reason for the weight loss is that babies are born with extra fluid in their bodies (over hydrated) at birth. This allows the baby to thrive while waiting for the mother's breast milk to come in (which usually takes 2-5 days). It also gives both the mother and baby a chance to recover from the birthing process.

BURPING

Burping is helpful not only after each feeding, but also often in the middle of the feeding. Hold the baby upright on your shoulder or on your lap and gently pat his back or tummy. Some babies don't burp, while other babies spit up when they burp.

SOLID FOODS

Solid foods are generally best introduced between 4 and 6 months of age. At this point the child has sufficient head control and coordination of swallowing. Before this age, breast milk or formula will meet all your child's nutritional needs. Cereal in the bottle at night will not help your child sleep through the night sooner.

VITAMINS

Babies that are receiving breastmilk will be given a vitamin supplementation. The main reason for the vitamin is to make sure your baby is getting enough vitamin D.

Some babies may also require fluoride after 6 months of age. Fluoride is a trace mineral that is tremendously important in preventing cavities. In some communities it is added to the water supply. You can find out by calling your water department.

HONEY

Honey should be avoided during the first year because it occasionally carries a spore that can lead to infantile botulism.

Breast Feeding

Breast feeding is like any new skill...sometimes it takes a little practice. Both the mother and baby need to learn this new skill and to learn how to function together as a team. Don't get discouraged if it takes awhile for the two of you to get the hang of it. Once mastered, it gives the mother a tremendous sense of accomplishment. The father can also be very helpful by being patient and supportive.

GETTING STARTED

You can begin breast feeding shortly after birth during your baby's "quiet-alert state."The goal at this point is to learn how to nurse your baby and to stimulate your milk production. Your milk will come in 2-5 days after birth. Initially your baby will be getting your colostrum and only rarely will she need supplementation.

MECHANICS

First, get in a comfortable position in a quiet place. Help your infant get the nipple way back into his or her mouth, getting about 1 inch behind the nipple on the areola, or dark area. Don't let your baby put her gums on your nipple. When your baby slows, burp and change sides. She can then nurse as long as you and she wish. Use both breasts each feeding, alternating which breast you start with.

MOTHER'S DIET

Drink plenty of fluids each day and eat a well-balanced diet. Many foods and drugs are excreted in breast milk and can affect you baby. You may find that certain foods consistently upset your child, and you may want to limit these. You also may want to limit caffeine, alcohol, and tobacco use. Let us know if you are taking any medications since many can affect your baby. Finally, breast feeding takes a lot of energy, so get plenty of rest.

ENGORGEMENT

Manually expressing some milk (perhaps in a warm shower) will help your infant get a proper grasp of the nipple. More frequent feedings may also help. Your milk supply will adjust to your baby's feeding habits in a few days.

SORE NIPPLES

A main cause of sore nipples is allowing the baby to improperly latch onto your breast. If you feel pinching or discomfort, your baby needs to be repositioned. Please don't hesitate to ask; we want you to get off to a good start.

Sore nipples may be prevented by:

- making sure that your infant has a proper latch on your nipple
- keeping your nipples dry
- alternating the feeding position
- not cleaning the nipples before each feeding
- limiting the suckling time initially

If you do get sore nipples:

- don't give up
- decrease the length of each feeding
- have more frequent feedings
- air dry you nipples
- avoid engorgement
- try a little lanolin, Eucerin cream, A&D ointment

WORKING MOTHERS

Working mothers certainly can successfully breast feed their child. It generally means nursing while at home and then either making a trip home in the middle of your work day or taking some time at work to express some breast milk. The expressed milk can be frozen and fed to your child while you're away. Frozen breast milk can be stored for 3-6 weeks, while in the refrigerator it can only be kept for 48 hours.

INTRODUCING A SUPPLEMENTARY BOTTLE

This can usually be done when your baby is 3-4 weeks old. This offers the mother a break from nursing and allows other family member's a chance to sfeed your baby.

Bottle Feeding

If you choose bottle feeding, there are many excellent formulas that closely resemble breast milk. They provide perfectly adequate nutrition. We generally recommend starting with one that is based from cow milk and contains iron (such as Similac, Enfamil or SMA). Whole milk can be used after your baby turns one year of age.

MECHANICS

In general, a bottle fed infant will want to eat slightly less often than the breastfed baby, because the formula is digested more slowly. Your baby will be quite good at taking the appropriate amount of food; therefore don't expect every bottle to be finished off. Usually a newborn will take 2-4 ounces per feeding. The total daily intake is about 2-3 ounces per pound each day. Please don't try to save formula that is left over in a bottle, since your baby's saliva can introduce germs that can sour the milk before the next feeding.

HOLD your baby when feeding. Don't prop the bottle. This is a special time when you and your baby can get to know each other. Please don't allow your baby to take a bottle in bed, as this can cause horrendous cavities and an increased number of ear infections. It also deprives you of that natural time of closeness, and it is a very hard habit to break when older.

STERILIZING THE BOTTLE AND BOILING FORMULA is probably not necessary but won't hurt if you prefer to do so.

MICROWAVE OVENS can easily overheat formula, and many children have been inadvertently burned. The milk in the bottle gets very hot while the bottle feels cool. It is best to avoid using microwaves.

General Child Care

INTERACTION

Interaction between parent and baby, even at this young age, is very important. We encourage lots of holding, cuddling and talking to babies. Remember that it is impossible to spoil them at this infantile stage.

SCHEDULE

Often babies will initially have their days and nights reversed, being more alert at night and sleeping more during the day. It is worthwhile to immediately help your baby learn the difference between night and day. At night minimize stimulation by keeping the lights low and avoiding playtime. During the day have more stimulation and activity.

POSITION

Position your baby face up on his or her back while laying her down to sleep (this definitely reduces the risk of SIDS).

DRESSING

Dress your baby as warmly as you are. For example, if you are comfortable in a sport shirt your baby doesn't need three layers of clothing and a blanket.

CRUSTING OF THE EYES

This is fairly common. Often this is not an infection but a blockage of the duct that drains the tears out of the eyes. A warm washcloth gently massaging the eye can be quite helpful.

UMBILICAL CORD CARE

Umbilical cord care involves leaving the area alone. There is no need to try to clean this area—it will take care of itself. There may be a few drops of blood when the cord falls off in 2-3 weeks. Protruding navels, or "outies," are quite common and generally improve as your baby's stomach muscles strengthen.

BATHING

Before the umbilical cord falls off you may wash your baby's hair over a sink and wash his or her bottom with a washcloth. Once the cord falls off and/or the circumcision has healed, your baby can be submersed in a tub or sink. Avoid harsh soaps. Carefully hold your baby at all times with the child sitting on a washcloth. Use your forearm to support the head while your hand grips the shoulder away from you. A moist cotton ball can help clean the eyes and behind the ears. Don't use a Q-tip in the ear canal, as it will only push the wax in.

MALE HYGIENE

If your son had a **CIRCUMCISION** with a ring, generally no special care is needed and the ring will fall off in about a week. If there is no ring, cover the penis with Vaseline on a gauze pad to prevent the penis from sticking to the diaper. Change the gauze every time you change the diaper. If it does get stuck to the diaper then use some warm water to loosen it.

Care of the **UNCIRCUMCISED** male involves cleaning around the outside of the penis with soap and water. It is not necessary to forcibly retract the foreskin. By 5-10 years of age the foreskin can be easily retracted and at that time the boy should be taught to retract the foreskin and clean with a washcloth. After washing, be sure to return the foreskin to its original position.

FEMALE HYGIENE

Baby girls may have normal “cheesy” material in the vagina during the first week or two of life. Your daughter also may have a little vaginal bleeding like a small period (pseudo-menses). This is a result of withdrawing from her mother’s hormones. When wiping her bottom, wipe from front to back so that there is less chance of wiping stool and bacteria from the anus to the vagina.

DIAPER RASH

Diaper rash is best prevented by changing the diaper frequently, and with each change allowing the infant to be left open to air dry for 5-10 minutes. Please avoid Talc powder, as it is very irritating to babies’ lungs. If your baby does get a diaper rash, then you can try Desiten or A and D ointment.

Signs of Illness

Soon you will get to know your baby better than anyone else. If at any time you feel there is a definite change that may indicate an illness, please do not hesitate to give us a call. In addition, here are some specific signs of illness that you may want to call us about:

A DRAMATIC CHANGE IN BEHAVIOR

- sleeping much more than usual and difficult to wake up
- much more fussy and inconsolable
- lack of interest in eating and skips two usual feedings

A FEVER DURING THE FIRST THREE MONTHS

- a rectal/axillary temperature above 100.4° F or 38.0° C
- a rectal/axillary temperature (within 48 hours of immunizations) above 101.5° F or 38.6° C

JAUNDICE

Jaundice is a yellow discoloration of the skin. It is caused by an increased level of bilirubin. Many babies are mildly jaundiced during the first week of life. Generally this resolves without treatment. However it can be a problem if it gets to an extreme level. Please contact us if your baby’s eyes are quite yellow or the skin is obviously yellow or orange.

UMBILICAL CORD

The umbilical cord gets red, pussy, or swollen.

COUGHING

Coughing a lot, especially if also having trouble breathing (sneezing and hiccupping are common and are not signs of illness).

VOMITING

Forcefully vomiting at every feeding is usually a sign of illness. Spitting up, on the other hand, is quite common and generally improves with age. Careful burping is helpful.

BOWEL MOVEMENTS

Dramatic increase in the number of bowel movements, especially if your baby is vomiting as well. Blood or mucus in the stools may also be a sign of illness.

INTESTINAL GAS

Intestinal gas is quite normal for infants, but let us know if your baby appears to have significant abdominal pain.

Preventative Health Care

CAR SEATS

Car seats have tremendously reduced the number of deaths and injuries from motor vehicle accidents. The law requires all children to be in a car seat every time the child is in the car, even during the trip home from the hospital. Please never leave your child alone in the car.

TOYS

Toys need to be carefully supervised and examined before your child plays with them. Please avoid rubber balloons, toys with sharp edges and toys with small parts that may get pulled or chewed off (like eyes on stuffed animals).

GOING OUT AND SEEING VISITORS

You may take your child out if properly dressed. Avoiding crowds and limiting the number of visitors during the first month helps decrease the chance of infections.

SUNLIGHT

Remember that your infant's skin is very sensitive to sunshine, even reflected sun from water, snow or sand. Please keep your baby adequately protected with sunscreen (sun protection factor 15 or more).

CHANGING TABLE

Whenever your child is on a changing table, please stay close to him/her. Falls happen very frequently, before you even think he or she may be able to roll over.

WATER

Never leave your child alone in or near WATER (even a bathtub).

JEWELRY

It is best to avoid jewelry. Necklaces can strangle children, and earrings can be swallowed.

CPR AND FIRST AID COURSES are highly recommended.

FIRE SAFETY

Fire safety includes installing smoke detectors, fire extinguishers, establishing escape routes and designating meeting places outside the home in the event of a fire.

SCALDS

Scalds can be avoided by setting your hot water heater at 120° F. Also, please don't try to carry your baby and a hot drink at the same time.

CIGARETTE SMOKING

Cigarette smoke puts irritating tars in the air and affects all people in your home. Children who grow up with a smoker do have more colds, ear infections, etc. Smoking outside may help minimize the effects on others, but smoking in another room isn't helpful. Quitting, of course, would be best. Cigarette smoking is the leading cause of preventable death in the US.

If you would assistance in smoking cessation, please call Washington's Tobacco Quit Line at **1-877-270-STOP** or go to **www.quitline.com**.

Routine Health Supervision

We truly believe that regularly scheduled well child checkups for all children are extremely important.

The **PURPOSE** of these visits is to:

- prevent disease
- diagnose previously undetected illnesses
- carefully plot your child's growth
- assess development
- discuss preventative health and well-being
- discuss common behavioral concerns
- provide you with an opportunity to discuss any specific concerns
- provide immunizations

IMMUNIZATIONS

Immunizations are an important part of our preventative care. This series of shots helps to protect your child against several childhood diseases that have caused much suffering and death in the past. The diseases are still present and many remain untreatable today, though they are preventable through the use of vaccines. These vaccines are extremely effective though unfortunately not quite perfect. There are some mild reactions and extremely rare more worrisome side effects. However these reactions are much less of a risk than the diseases they help prevent. For more information on the vaccines your child will receive, go to **www.cdc.gov/vaccines**.

The **SCHEDULE** of routine checkups is:

- | | |
|---|------------------------------|
| • within 24 hours after birth
(and daily while you're in the hospital) | • 6 months old |
| • within the 2-3 days after
hospital discharge | • 9 months old |
| • at 2 weeks or 1 month old | • 1 year old |
| • 2 months old | • 15 months old |
| • 4 months old | • 18 months old |
| | • 2 years old |
| | • Then once every 1-2 years. |

Don't hesitate to ask questions. Many parents find it helpful to write down questions beforehand so that when you are in the office we will be sure to cover all your concerns.

Helpful Websites

- www.pedsnw.net
- www.healthychildren.org
- www.aap.org
- www.kidshealth.org
- www.nlm.nih.gov/medlineplus/
- www.cdc.gov

For more information on pediatric health, as well as helpful healthcare and wellness resources within your community, please visit:

www.pedsnw.net

End Note

We wish you the very best. We hope this booklet answers some of your questions. Please don't hesitate to discuss any concerns with us, as we are here to work with you to raise healthy and happy children.

Sincerely,
Your Providers at Pediatrics Northwest



Notes...

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal grey lines across its entire width, providing a guide for writing. The paper is otherwise completely empty, with no margins, text, or other markings.



**Call 253-383-5777
for 24 hour assistance,**

**OR visit:
pedsnw.net**

OFFICE LOCATIONS

Baker Center

316 Martin Luther King Jr. Way, Suite 212
Tacoma, WA 98405

James Center

1628 S Mildred Street, Suite 101
Tacoma, WA 98465

Federal Way

34503 9th Ave S, Suite 220
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Gig Harbor

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