



lake shore
pediatrics

Welcoming Baby

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**Lake Shore Pediatrics, LTD.
Infants, Children, and Adolescents**

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Hospital Affiliations:

Lake Forest Hospital.....	847/234-5600
Good Shepherd Hospital.....	847/381-9600
Children's Memorial Hospital.....	773/880-4000

INTRODUCTION

Welcome to parenthood! This booklet has been put together by the nurses and doctors at Lake Shore Pediatrics to help you care for and understand the needs of your new baby. We are happy to give you these guidelines, however, please realize that there are many ways to raise happy and healthy children. Each family is unique and every patient at Lake Shore Pediatrics has his or her own individual needs. As you gain experience with parenting, you and your baby will grow and change together. Confidence, understanding, and satisfaction will replace apprehension and worry. Enjoy your newborn, take a lot of pictures, and write down any concerns you may have so that you don't forget to discuss them at your next appointment.

OUR PRACTICE

Lake Shore Pediatrics appreciates the opportunity to provide you and your children with caring, quality medical services. We pride ourselves on providing skilled, compassionate health care to children from birth through adolescence. Our practice was founded in 1984 and has grown to include three offices spanning the Lake County area. We are comprised of nine board-certified Pediatricians, two certified Pediatric Nurse Practitioners, many highly qualified pediatric nurses, and a large friendly office and support staff. At Lake Shore Pediatrics, only two doctors or one doctor and one nurse practitioner work in the office together at a time. This allows us to work very closely with our receptionists and nurses in order to give you and your child the individualized attention you both deserve. Please visit our website at www.lakeshoreped.com for more information.

ENJOY YOUR INFANT

Your new family has a whole new world to discover together. You will learn from each other by sight, touch, sound, taste, and smell. Newborn infants can see approximately 8-12 inches away. They most clearly see contrasts in color and shapes. Their favorite "toy" however is your face, so smile and see how much they enjoy it! Infants are very sensitive to touch. They feel most secure when swaddled and will love to be cuddled and stroked. They will startle with loud sounds, but will quickly accommodate. Their sense of taste and smell is well developed and they can recognize their own mother within just a few days after birth.

YOUR FIRST VISIT

One of the doctors from Lake Shore Pediatrics will visit you and examine your newborn every day that you are in the hospital after delivery. The first office visit is to be scheduled 48-72 hours after delivery. Your baby will be weighed and given a full exam. No immunizations are given at this visit unless the Hepatitis B vaccine was not given while in the hospital. This visit is crucial as we can get to know you better. Your baby will be assessed for jaundice and his or her weight will be monitored. Please bring along any discharge information or paperwork you were given in the hospital. It would be especially helpful to have delivery information ("APGAR" scores, birth weight, Hepatitis vaccine date, and blood types if applicable) at the time of your first visit, as hospital paperwork can sometimes take days or weeks to reach us.

YOUR NEWBORN'S APPEARANCE

Every newborn is unique; they come in many shapes and sizes. The head is often “cone shaped” but will round out in a few days. You cannot hurt the “soft spot” (or anterior fontanelle), a membrane between the skull bones; its appearance may fluctuate with breathing and will close around the first year of life. Babies’ eyes will often cross; this is normal for the first few weeks of life. Your baby’s eye color may change anytime within the first year. There may sometimes be a white or clear discharge from the corners of the eyes for a few days. This can easily be wiped away with a cotton ball and water. Sneezing is very common and is the baby’s way of clearing out his or her nose. Also, babies often hiccup after taking in extra air. No treatment is needed for this.

The breathing pattern of some babies is often “periodic”, with episodes of fast alternating with slow breathing; this is very common. All babies sound nasally congested at times. The breasts and genitals may be swollen a bit for the first few weeks in reaction to the mother’s hormones. Their hands and feet may be cool and even appear blue as the circulation to the extremities is not very good when your baby is cold. Baby skin often has red, flat birthmarks most commonly located on the forehead, eyelids, and at the nape of the neck. These are called “stork bites” or “angel kisses” and usually fade over weeks to months. Neonatal acne may appear on the face off and on for a few weeks and then will resolve without treatment. Lastly, your baby may seem to jerk a lot. This is called the Moro Reflex and is an expression of the baby’s immature nervous system. This will disappear at 3 to 4 months of age.

All newborns have some degree of yellowing to their skin and eyes after birth. This is called jaundice and is completely normal. Some babies are more yellow than others. For example, most breast fed babies tend to be more jaundiced and stay jaundiced longer than formula fed babies. We want to know if you think your baby is looking “extra” yellow in his or her face or eyes. We often monitor bilirubin (the substance that causes jaundice) levels in the hospital, and will check a bilirubin level on your infant as an outpatient if we believe he or she has too high a level. We can easily prevent bilirubin levels from getting too high by the use of special lights or blankets that pose no harm to your child.

ROUTINE CARE

DIAPER CHANGES:

Cloth or disposable diapers are equally good. When cleaning your baby girl make sure to always wipe toward the back. A washcloth or cotton ball is most gentle at first, but baby wipes may be used if they don’t seem to be irritating for your newborn’s skin. Please don’t use any talcum powder in the diaper area; this has been shown to hurt the lungs if inhaled. Diaper ointments (Desitin, A&D, Vaseline) are only needed if your baby has a rash. If a diaper rash persists, please come and see us as this may be a yeast infection that requires attention.

BATHING:

Until the umbilical cord falls off and the area looks dry, just sponge bathe your baby. After the cord falls off, you may bathe your baby in a tub or sink. Use any

commercially available baby soap or even a mild “adult” soap like Dove. Every other day bathing is sufficient. Although newborns don’t usually require lotions, you may use a baby lotion if you feel your newborns’ skin is too dry. We prefer dye-free and fragrance-free lotions.

When cleaning ears, only remove the wax that you can see; the wax will work its way out of the canal on its own. DO NOT insert Q-tips into the ear canals. There may be some mucus that accumulates at the inner corners of the eyes. Clean this area with a warm, wet washcloth. Make an appointment or call, if the eye appears red.

Nails should be cut short and straight across. It’s easiest to do this with infant nail clippers when the baby is asleep.

UMBILICAL CORD:

The umbilical cord usually falls off in 1-2 weeks. Alcohol is no longer recommended to be put on or around the cord. Don’t worry if there is some bleeding or oozing before or after the cord comes off for a few days. But please contact us if the skin surrounding the cord appears red and inflamed, or if there is a green discharge or odor at the site.

GENITALIA:

If your boy has been circumcised, use Vaseline or A&D ointment at the reddened tip of the penis for 3-5 days to prevent it from sticking to the diaper. If he is not circumcised, just clean the penis normally. The foreskin should not be pushed or pulled back.

Your newborn girl may have some white or even bloody discharge from the vagina in the first few days of life. This is normal and should be wiped away with a soft cloth or baby wipe.

TUMMY TIME:

It is safe to put your newborn on his or her stomach. This is important as it will help your baby improve its head and neck tone in addition to relieving pressure from the back of the head. Start with 5 minutes of awake tummy time 2-3 times a day, and increase the duration as tolerated.

SLEEP

Newborns sleep from 12-20 hours per day, and every child’s sleep pattern is unique. Night time feedings can be expected for at least six weeks. Never put your baby to sleep with a bottle in his or her mouth, as this may promote ear infections and in the future, may lead to tooth decay.

We also recommend that you place your baby to sleep on his or her back, as studies show that this decreases the incidence of SIDS (Sudden Infant Death Syndrome). Remember to alternate the position of your baby’s head to avoid flattening on the side.

Other recommendations for safe sleeping are:

1. Don’t smoke and don’t allow visitors to smoke in your home.
2. Arrange a separate sleeping place for your baby.

3. If you take your baby into your bed to nurse, put him or her back in their own bed when finished.
4. Don't let your baby sleep on a water bed, beanbag, or sheepskin covering.
5. Keep the room where your newborn sleeps comfortably warm (but not hot), and don't use heavy blankets that restrict movement.
6. If using a borrowed or handed-down crib, please ensure its safety by looking up the model number on www.recalls.gov, a consumer product safety website listing all dangerous, recalled cribs.

FEEDINGS

BREAST:

Breastfeeding is the most natural way to feed your newborn and is often simpler and more convenient than bottle feeding. However it takes practice to be successful. Please have the nurses or the lactation consultants in the hospital show you the different nursing positions and how to get the baby on and off of your breast. Work up to nursing about 10-15 minutes per breast, per feeding. Your baby will probably want to nurse every 1-2 hours for the first week or two. Try to find a quiet, comfortable place to nurse. Relax and enjoy this quiet time with your newborn. Again, nursing does take some work, so don't be discouraged if your baby is a slow nurser in the beginning.

There are some subtle signs that your newborn may not be getting enough breast milk. For example: stools that are still dark and black at day of life 3 or 4; infrequent wet or dirty diapers (most nursed babies need to be changed at least every other feeding); and the lack of your breasts feeling full prior to feeding and emptier after feeding. Please contact us if you think that your baby is exhibiting any of these symptoms.

Ensure that you eat well and drink plenty of fluids while nursing. It takes an extra 500 calories per day to be a successful nurser, so now is not the time to diet. Ask us if you have concerns about your medications while nursing. Continue to limit your intake of caffeine and alcohol as you did during your pregnancy. Remember, if you couldn't eat it while pregnant, you can't have it while nursing.

While your milk should be your baby's major source of nutrition within the first few months, it can be combined with bottle feeding. After nursing is established and becomes routine, you may introduce your baby to 1 or 2 bottles per day of expressed breast milk or formula. This gives Dad and other caretakers a chance to feed your baby while getting used to a rubber nipple.

BOTTLE:

If you have decided to use formula to feed your baby, any commercially available formula will do; there is no "best" formula. Formula is available as ready-to-feed, concentrated, or in powdered form. Your newborn should be fed approximately every 1-2 hours at first and may take varying amounts of milk; 1-2 ounces per feed is most common. The bottles can easily be washed in the dishwasher at home. However, the nipples should be sterilized initially and at least once a week after this. You may have to experiment with different nipples or bottles to find the one that best suits your baby.

SOLIDS:

We do not recommend starting solids until 4-6 months of age.

BURPING AND SPITTING UP:

Babies take in air with feedings so burping is necessary. Your baby can be burped by putting her over your shoulder, sitting her on your lap, or putting her over your knees and gently rubbing her back. Have a spit-up cloth handy as some babies will “lose” part of their feeding; this is normal.

All babies spit up, some more than others. As your burping becomes more efficient, spit ups tend to be reduced. You may have to burp your baby after half a feeding, and then again afterwards. If your newborn spits up forcefully with every feeding or the spit up comes out your baby’s nose frequently, contact us for an appointment and weight check.

BOWEL MOVEMENTS:

Infants’ bowel movements are as varied as infants are. During the first few days of life stools are sticky, smooth and dark black. After that, they will change depending on what your infant has eaten. They may be yellow, green, gray, or brown. Their consistency may be loose, pasty or curdy. It is important to remember that many babies make faces, turn red, and grunt as they try to evacuate their stool, so do not be concerned if your baby does this. The frequency of stool may vary from once a day (formula fed), to every feeding (breast fed). Some babies go several days without a bowel movement. This is normal as long as your infant’s stomach (or abdomen) is not bulging, tense, or tender to touch. Contact us if it has been seven days since a bowel movement.

Constipation is defined as hard, small, dry balls of stool, not decreased frequency. Please do not give enemas or suppositories to your baby unless instructed to by a doctor. Offering diluted prune juice 1-2 times a day will often loosen the stools. Alternately, taking a rectal temperature with a lubricated thermometer can stimulate a bowel movement.

CRYING:

Crying is the only way your newborn has of letting you know he or she wants something. It may mean that your infant is hungry, wet, or just wants to be held. Soon you’ll know the different cries. You cannot “spoil” your infant too much by holding; you are security, trust, and love.

All babies have fussy periods, usually in the late afternoon and evening. You can try walking, rocking, swinging, or going for a ride in the car. Some babies need to be fed more frequently during these times.

Some babies are referred to as “colicky”. These babies have regular recurring periods of crying day and night with a tense abdomen, legs drawn up, and often a steady wail. This occurs in both breast and formula fed infants. The cause is unknown and there is no single medication or cure for this. The symptoms tend to increase around 4 weeks of age, and resolve by 12 weeks. Please contact us for help with management and coping techniques.

OTHER TIPS

CLOTHING:

Wash all clothing in a mild detergent before it is worn. Avoid products with “bleach alternative”. Use yourself as a guide to decide the amount of clothing in which to dress your baby.

TRIPS, TRAVELS, AND VISITORS:

Babies can go outside the home at any age; again, dress your baby as you would dress yourself. It is a state law that all children must be in a car seat any time they are in a moving vehicle. Infants less than one year old and 20 pounds must be rear facing. The middle of the back seat is the safest spot for your newborn.

Infants can fly in an airplane at any age, though we prefer they don't travel until they have received their first set of immunizations at 2 months. Ear discomfort can be minimized by having your baby feed during takeoff and landing.

Try to limit friends and family in the early weeks of life as we want to minimize exposure to possible infection. All visitors (and siblings) should wash their hands prior to touching or holding your infant. Anyone with a cold or cough should not be near your newborn without wearing a mask.

ILLNESSES

During office hours our well-trained nurses will be available for telephone assessment and advice. Please call during this time for routine questions, concerns about illness or well-baby care and prescription refills. If your problem is very complicated, our nurse may suggest an office visit for an exam. After hours, a doctor or nurse practitioner is available for all urgent concerns via our answering service. Please have available the phone number of your nearest pharmacy. In the event of a life threatening emergency, call 911 and have your child taken to the nearest hospital; we will be notified by the Emergency Room physician.

Please remember that all calls to a doctor or nurse practitioner during or after hours may be subject to a telephone care fee that is billed to your insurance company. Calls that relate to an existing problem within 7 days of an office visit or calls that result in an office visit the next business day are not charged a fee.

FEVERS:

It is imperative that you call us if your infant under 2 months of age has a fever (defined as a rectal temperature equal to or greater than 100.4°). After 2 months of age, please contact us if your child has a fever that lasts greater than 72 hours. Although temperatures can get very high in children, there is no such thing as a dangerous temperature. We suggest acetaminophen (Tylenol) to help lower fevers in those kids from 2 to 6 months of age, and ibuprofen (Advil/Motrin) in those older than 6 months. Contact us for appropriate dosages and other management suggestions.

COLDS:

Most colds (URIs or upper respiratory infections) last 5-7 days. Antibiotics do not help as colds are caused by viruses. Some things you can do to make your baby more comfortable would be to 1) elevate the head of the bed or crib to help with drainage and to allow the lungs to fully expand, 2) run a cool mist vaporizer in the room, and 3) clean out the nose using saline drops and a bulb syringe. We no longer recommend over the counter decongestants or cold products for children less than 2 years old. Please call us if your child seems to be in pain or is having a breathing problem.

VOMITING AND DIARRHEA:

If your baby should develop vomiting and diarrhea and is less than 2 months old, please contact us. If older than 2 months, try to encourage fluid intake giving very small amounts of clear liquids more frequently than usual. We suggest trying Pedialyte (a clear liquid electrolyte solution) rather than milk or formula. Older children can have Gatorade, diluted juices, flat soda, and popsicles. Nursing infants however should continue to nurse through their illnesses. Bland solids may be restarted once fluids are tolerated. Contact us if any signs or symptoms of dehydration occur, such as crying without tears, the loss of saliva, or decreased urine output.

SAFETY

Accidents are the most frequent cause of death and crippling among children. It is up to you to provide a safe environment for your child.

Among the safety measures you should take to prevent accidents are the following:

HOME SAFETY

1. **Poisoning:** Children will put everything in their mouths. All poisons, medications, and toxic substances should be kept out of sight and out of reach of children. This includes toothpaste and vitamins! Consider locking cabinets and drawers that contain such substances. Plants should be taken off the floor. **The Illinois Poison Control number is 1-800-222-1222.** Be sure to write this number down near your phone.
2. **Falls:** Don't leave your baby on a bed or a couch if he or she might roll over. Never leave your baby in an infant seat on a counter or table as children have been known to rock the seat and flip over onto the floor. Barricade the tops of all staircases. Make sure that safety straps are buckled in highchairs, swings, and strollers.
3. **Burns:** Cover all electrical sockets. Keep all hot items (curling irons, pot handles, irons) out of reach. Lower the temperature on your hot water heater to less than 120°. A fire extinguisher should be readily accessible. Smoke alarms and carbon monoxide detectors are required by law and should be checked twice a year to ensure they are in working condition.

CAR SAFETY

All children should sit in the back seat of your car until they are 12 years old. Infants must be in rear facing seats until they are 20 pounds and one year old. All kids under age 4 must be in car seats and secured with a five point harness. Booster seats are required up to age 8 in Illinois. The driver and all passengers are encouraged to wear seat belts at all times.

PREVENTIVE CARE

As pediatricians, our job is not only to care for your child when he or she is ill, but to prevent problems by assessing growth and development on a regular basis. The following is our routine well-visit, lab, and immunization schedule:

<u>AGE</u>	<u>IMMUNIZATION</u>	<u>SCREENING LAB TEST</u>
Newborn (Nursery) 48 hrs. after discharge	Hepatitis B	State Neonatal Screen
2 weeks		
4 weeks	Hepatitis B	
2 months	DTaP, IPV, Hib, Prevnar, Rotateq	
4 months	DTaP, IPV, Hib, Prevnar, Rotateq	
6 months	DTaP, Hib, Prevnar, Rotateq	
9 months	Hepatitis B	
12 months	Prevnar, Varivax	Urinalysis, Hemoglobin,
15 months	MMR, Hib, Hepatitis A	
18 months	DTaP, IPV	
2 years	Hepatitis A	
3 years		
4 years	DTaP, IPV	
5 years	MMR, Varivax	Urinalysis, Hemoglobin, Cholesterol
11 years	Tdap, Menactra	Urinalysis, Hemoglobin, Cholesterol
14 years	Gardasil (if not begun at a previous visit)	Urinalysis, Hemoglobin, Cholesterol

Please keep a record of your child's immunizations at home. You may need this for day care centers, schools, and camps.

Ongoing yearly exams are highly recommended to assess physical and mental well being, growth, and development. They are required for any patient that receives medicine for a chronic medical condition (such as allergies, asthma, and/or ADHD). The state of Illinois requires exams prior to entering kindergarten, 6th grade, and high school.

Yearly vision screens at our office begin at age 4.
Developmental screens for Autism are at 18 and 24 months.

DTaP.....	Diphtheria, Tetanus, and acellular Pertussis (whooping cough)
IPV.....	Inactivated Polio Virus
HiB.....	Haemophilus influenza type B (meningitis)
Prevnar.....	Strep Pneumococcus vaccine (pneumonia and meningitis)
Rotateq.....	Rotavirus (vomiting and diarrhea)
MMR.....	Measles, Mumps, and Rubella
Varivax.....	Varicella (chickenpox)
Tdap.....	Tetanus, Pertussis Booster
Menactra.....	Meningococcus (meningitis)
Gardasil.....	Human Papilloma Virus (cervical cancer – offered to females only)

ITEMS RECOMMENDED TO CARE FOR NEWBORNS

1. Vaseline. Use on your son's penis after a circumcision for 3-5 days.
2. Rectal thermometer. We recommend a digital thermometer.
3. Bulb syringe. To clean out your baby's nose.
4. Saline nose drops (Ocean, generic). Use to help loosen nasal secretions.
5. Vaporizer or Humidifier.
6. Diaper rash products. Clear ointments (Vaseline, A&D) or white creams (zinc oxide, Desitin, Balmex) create a barrier between a wet diaper and baby's bottom.

SUGGESTED READING

The Complete Book of Breastfeeding – Marvin Eiger, M.D. and Sally Olds
The Nursing Mother's Companion – Kathleen Huggins, R.N.
What to Expect the First Year – Arlene Eisenber, Heidi Murkoff, and Sandee Hathaway
Caring for Your Baby and Young Child – Steven Shelov, M.D.
The First Twelve Months of Life – Theresa Caplan
Infants and Mothers – T. Berry Brazelton, M.D.
The First Three Years of Life – Burton L. White
Taking Care of Your Child – Robert Pantel, M.D., James Fries, and Donald Vickery
Caring for Your School-Age Child: Ages 5-12 – Edward Schor, M.D.
Caring for Your Teenager – Donald Greydanus, M.D.

