



Mary Bower, MD

# FAMILY MEDICINE

1479 N. River Road Fremont, OH 43420



# ASSOCIATES

of Sandusky County, LLC



Jennifer Greenslade Hohman, MD

**419-355-9440**  
Office open daily

Welcome to Family Medicine Associates. Our practice is a primary care office dedicated to bringing you and your children the highest level of medical care. Our practice is comprised of two board-certified family practitioners, which means that we have received training in caring for your baby, as well as your entire family. Our current address and phone number is as follows:

1479 North River Road  
Fremont, Ohio

419-355-9440

\*\*\*\*\* We are open daily from 8am to 5pm.

Office hours are by appointment only. In the event you need to cancel an appointment, please do so 24 hours in advance. If you show up 15 or more minutes late for an appointment, you will be asked to reschedule. If you miss two or more appointments without canceling them, you may be asked to find a new physician.

We do have a physician available 24 hours a day, in the event of an emergency. Please save non-emergent calls for the following day. To reach the on-call doctor on evenings or weekends, please call the number to our office at 419-355-9440. If you call your physician in the evening, please have your child's temperature and most recent weight, as well as the phone number to an open pharmacy.

## **CHAPTER ONE: BRINGING BABY HOME**

Congratulations! With your wonderful new baby comes a mix of different emotions including joy, love, fear, and anxiety. If this is your first baby, you may be feeling very anxious. Rely on your friends, relatives, and physicians to help calm your fears and answer your questions. You will find in a short time that caring for baby is not so mysterious as long as you are attentive to baby's needs and use good common sense.

One of the most important points about "bringing baby home" is to do so in an approved infant car seat. You will need to use a car seat until your baby weighs more than 40 pounds and your baby should be in a rear-facing car seat until the age of one. Car seats are required by law and provide protection against injury in case of an accident. Never take your baby in the car without securing him fully in his car seat. You should also always wear your seatbelt to set a good example for your child.

### **PREPARING FOR BABY**

While you don't need an elaborate nursery for your baby to come home to, you do need to plan for a few basic provisions. Baby needs a safe place to sleep, free from drafts, pets and other children, and close enough so that you can hear him cry. In early weeks, this might be a bassinet or crib in your bedroom or in one close by. You need a place to change and bathe baby, with all your supplies at hand. You might consider having several diaper changing "stations" around the house or apartment so that you don't have to carry baby up and down the stairs all day. Add some diapers, undershirts, and a few loose-fitting outfits, and you're essentially ready. Diapers may be disposable or cloth: both are safe for baby, so the choice is up to you. Several receiving blankets, some towels and washcloths, and a baby bunting for winter babies should complete your layette.

### **BABY CARE BASICS**

Bathing your newborn is often intimidating to new parents, despite the bath demonstration in the hospital. For the first few weeks, until the baby's umbilical cord falls off, baby should have a sponge bath, and not be immersed in the tub. Place baby on a thick towel where he can't bump his head and have your supplies close at hand. Use mild baby bath soap on a washcloth or in the bath water, and start with the cleanest areas first. Start with his face with a soft cloth and plain water, wiping his eyelids gently from the inside to the outside corner. Clean around baby's ears with a washcloth, but do not insert a cotton swab into the ear canal. Use a mild baby shampoo on his scalp, and rinse with a cup of water or by wringing the washcloth over his head. Then gently wash his body and diaper area with the soapy washcloth and rinse thoroughly.

The diaper area should be kept very clean without vigorously scrubbing tender skin. In girls, gently wipe any discharge from the genital area, always wiping from front to back. In circumcised boys, gently blot the foreskin without disturbing the healing areas. In uncircumcised boys, the foreskin should not be retracted forcibly. Apply petroleum jelly to a healing circumcision. Swab the umbilical cord stump with alcohol on a cotton ball at least three times per day. If the base should become red, warm or produce a discharge, you should call this to your doctor's attention.

After the cord falls off, usually at about two weeks, baby may begin taking tub baths. A plastic baby tub is best, with a few inches of warm water in it. Testing the water temperature with your elbow may be more sensitive than with your hands, which may be used to hot dishwater. Proceed with the bath in the same fashion as outlined above. New

babies may feel insecure in the tub at first. Make sure you support baby with your hands, and never leave baby unattended. Some babies enjoy getting into the bathtub or shower with mom or dad, but remember that babies are slippery when wet!

After bathing, moisturize baby's skin with baby oil or baby lotion. We no longer recommend powdering baby's bottom, as it tends to cake, and the inhalation of large amounts of powder can harm baby's lungs. Use petroleum jelly or zinc oxide cream (Desitin) on baby's bottom to provide a barrier against diaper rash when needed.

## **PRECAUTIONS**

While good common sense should govern care of your baby, some important precautions should be mentioned at the outset. Your baby should always sleep on their backs or sides to help prevent the risk of SIDS (sudden infant death syndrome). Baby should not lie face down on thick spongy blankets, down comforters, or a waterbed. Newborns cannot lift their heads well, and their airway could be covered. Babies don't need pillows or even blankets, as long as you dress them appropriately for bed. Never leave baby on a table or countertop. Even though newborns cannot roll over, even the youngest babies seem to be able to wiggle and inch their way across surprising distances. Do not perch an infant carrier on a table or counter, either, as babies can sometimes pitch forward and roll out. Cribs with bars should be approved by the latest standards, with distance between bars no greater than two and three-eighths inches. Never leave baby unattended in the bath even for a second. Let the phone or the doorbell go unheeded when you are occupied with baby in a potentially dangerous position. Dress baby just slightly warmer than you are comfortable dressing yourself. The best temperature in the house is between 68 and 70 degrees. Your babies should not be exposed to smoke, as smoke increases their risk of asthma, ear infections, and SIDS.

## **SLEEPING PATTERNS**

Most newborns are quite sleepy for a few days after birth, but after that period babies sleep patterns can be quite varied. While some babies seem to sleep all day, waking only for feedings and diaper changes, other babies seem to get along very well without much sleep. Babies tend to have longer periods of being awake, alert and active as they get older. Try to allow your baby to settle into a schedule of sleeping and waking, but realize that baby's needs for sleep vary from day to day as well. Periods of active play and exercise will allow baby to sleep more soundly. Baby should have a comfortable, safe place to sleep that is free of drafts and out of the hubbub of family activity, although most babies are soothed by gentle background noise of voices and soft music. Baby may sleep best in her own room with the door ajar. When baby cries at night, try to satisfy her needs with the least disturbance possible. If possible, avoid picking her up and rocking her or playing during the night, as she may become accustomed to this routine. A consistent bedtime ritual is comforting for babies and small children, and can lead to good sleep habits.

## **CRYING AND COLIC**

Babies cry to express themselves. Crying can mean anything. You cannot spoil your baby by going to her when she cries and making her comfortable, so comfort her when she cries. Babies need to trust that their needs will be met. Keep in mind that some babies have a "fussy period" at some time each day, usually in the early evening, when they just seem grumpy or uncomfortable. They may have a sore tummy or be overtired from a full day's stimulation. At this time, a new pair of hands can be helpful to calm baby and relieve a tired

mom. Perhaps dad or grandma can carry baby on their shoulder for a walk around the house or the yard. Babies are often soothed by constant noises, such as a vacuum, dryer, or the drone of a car engine. Many babies love to ride in the car, so an early evening family drive may make baby drop off to sleep. Babies who have fussy periods are upset, but often the parents are just as upset. If you ever feel that your coping skills are being overwhelmed, then step back from the situation. Get someone else to give you a hand or put baby in her playpen or crib until you can compose yourself.

Colic is a special kind of crying, in which baby seems to be suffering from abdominal pain. No physical cause for colic has truly been identified, and the definition actually means crying for which there is no identifiable cause. These babies often draw their legs up to their chest and kick while crying or screaming, sometimes for prolonged periods of time. Try measures to relieve abdominal pain and cramps, which we suspect may be the culprit. Laying baby across your lap on her tummy is sometimes helpful. Walking, car rides and backpack-style infant carriers can also be soothing. If breastfeeding, consider what you've eaten in the past 24 to 48 hours, and eliminate spicy or gas-producing foods if they seem to be irritating. Sometimes eliminating milk and milk products from your diet may help. If the symptoms are accompanied by frequent vomiting or loose or hard stools, perhaps a formula intolerance could contribute to the problem. Discuss your baby's symptoms with your doctor. Occasionally medication can be prescribed, but often there is no complete resolution of symptoms. Remember that baby is even more miserable than you are, and take comfort in the knowledge that baby will grow out of these symptoms, usually within a few months.

## **VISITORS**

Family and friends will be eager to meet your new arrival. While it is very helpful to have one or two experienced "grandmas" available, too many people around baby can be over-stimulating and even harmful, if any of them have a cold. Try to limit baby's visitors to small groups for limited periods of time. If any of the visitors has a cold, simply tell them that your doctor does not want them to hold the baby, or that your doctor doesn't want small children with colds to come to your house until baby is older and stronger. Call us with any questions.

## **CHAPTER TWO: FEEDING BABY**

### **BREASTFEEDING**

Breast milk is the best, most natural food for your baby. The American Academy of Pediatrics recommends that you breastfeed your baby for the entire first year of life. Breast milk has the perfect combination of protein, fats, natural milk sugars, calcium and trace elements to nourish your infant. Formula manufacturers are striving to copy these nutrients in their products, but breast milk cannot be duplicated. Probably most importantly, breast milk carries immune globulins, which are disease fighting particles, to your baby every time he nurses. Breastfed babies tend to develop fewer respiratory and ear infections, and infections tend to be less severe. Breastfed babies also tend to develop less gastrointestinal infections, as well as fewer allergies than formula-fed babies. Some studies have even shown that breastfeeding may protect against crib death, or SIDS. Breastfeeding also helps your uterus to contract to its normal shape and helps you to shed those extra pounds gained during pregnancy. Breast milk is "free", and is always available, wherever you go with baby.

To insure the highest quality nutrition in your breast milk, you should continue to eat a healthy diet, including about 500 calories beyond your nonpregnant requirement. These should be comprised of high quality protein and calcium-rich fruits and vegetables. You need at least 1200 mg of calcium per day while lactating, equivalent to 4-5 servings of dairy products or other calcium rich foods. Lactation also requires a large volume of fluids, so you should drink at least eight glasses of liquids like milk, water or naturally sweet fruit juice per day. Because you'll be burning lots of energy making milk and taking care of baby, you'll probably continue to lose weight while breastfeeding. If not, be sure all the calories you take in are of high nutritional value and low in fats and added sugar. Do not start a severe weight loss program while you are breastfeeding. The most common causes of decreased milk production are inadequate fluids, inadequate calories, and inadequate rest.

Although breastfeeding is natural, it is not always easy. It will take a lot of time and patience, especially in the beginning. Try to stick with it because it does get easier and once mastered, it is often more convenient and relaxed than formula feeding. While still in the hospital, let the nursery nurses know you wish to breastfeed, and ask for their assistance. Finding comfortable nursing positions and helping baby to take the nipple in his mouth properly are important early steps to master. Your baby will need help to latch on to the nipple. He should take as much of the areola (area around the nipple) into his mouth as possible. If this causes you pain or he does not have a good seal, break the suction by sliding your finger into the corner of his mouth, and start over. There are several positions that you may use. The cradle position is the classic feeding position, in which the baby's head rests in the crook of your arm. In the cross-cradle position, the baby is in the same position but you hold him with the opposite arm. This leaves your hand free to help the baby to latch on. In the football position, the baby's body wraps around your side, with your arm supporting baby's back. With the side-lying position, you and baby are both lying down and facing each other.

Feeding should ideally be on a demand schedule, meaning that you put the baby to breast whenever he cries or is hungry. The baby is hungry when he makes sucking movements with the mouth, exhibits hand to mouth activity, or exhibits rooting. You will probably find that you are feeding every two to three hours at first. The first few days after delivery, you will make a small volume of colostrum, a rich substance containing important immunities for baby. After two or three days, your milk should come in, sometimes causing engorgement. To help with this, wear a supportive bra and apply ice packs to the breasts. Try to nurse the baby on both breasts at each feeding, burping frequently.

For nipple soreness, try to change the baby's position and make sure that baby is latched on properly. Clean nipples with water only and allow them to air-dry after each feeding. You can also apply a thin layer of pure lanolin (Lansinoh) to the nipples and areola. If your breasts should become swollen, tender, red, or warm to the touch, you should call us.

Breastfeeding is a supply and demand system. The more baby nurses, the more milk you make. You may be concerned that your baby is not getting enough. Watch for the following to know that baby is getting enough: swallowing, six to eight wet diapers per day, several yellow bowel movements, and weight gain. The baby may have growth spurts, during which time they can't seem to nurse enough. Within a day or two, your milk supply should meet the demand. If you consider supplementing with a small amount of formula, discuss which formula to use with your doctor. Limit supplementation to small amounts, as this will decrease your milk supply.

If you plan to return to work, you will want to introduce some breast milk in a bottle to get baby used to a different nipple. You will also want to practice pumping prior to your return and try to have some milk stored. Breast milk will keep in the refrigerator for two to three days and in the freezer for up to six months. Frozen breast milk should be thawed in the refrigerator or under warm water. Do not microwave as this may create hot spots that could burn your baby. Using the microwave also destroys valuable immune properties.

While breastfeeding, you should continue to limit caffeinated beverages and alcohol, and take in only those foods that will be healthy for your baby. Be sure to notify your doctor that you are breastfeeding before taking any medication.

## **FORMULA FEEDING**

Infant formulas are made to be safe and nutritious, as well as vitamin fortified. There are several different types of formulas including those with a cow's milk base, those with a soy base, and other specialized formulations. Since there are so many different formulas, discuss with your doctor which one is appropriate for your baby.

Formula preparation is not difficult, but should always be done according to package directions. There are also several kinds of preparations. Complete, ready-to-use formula in a can is poured directly into clean bottles. The can should be refrigerated after opening and discarded 24 to 48 hours after opening. Concentrated liquid formula comes in a can and should be diluted with water. It is not necessary to use bottled or boiled water. Powdered formula is made according to the package directions. Bottles, caps, and nipples should be cleaned in hot water or washed in a dishwasher. Test your baby's nipples; the proper amount of flow is a slow, steady drip.

Feeding your baby with a bottle can be just as gratifying as nursing him, as long as you hold your baby close and look in his face. Do not prop the bottle in your baby's mouth, as he could easily choke. Also, do not let the baby go to bed with a bottle as this could lead to early tooth decay. Remember to burp your baby frequently, at least every two to three ounces. The bottle may be served at room temperature or gently warmed in a bowl of warm water. When tested on the wrist, the right temperature will feel like there is nothing on your skin. Again, bottles should not be warmed in the microwave, as this may create hot spots, which may burn your baby.

## **ADVANCING FOODS**

Although babies in the past have been given foods other than breast milk or formulas as early as the first few weeks of life, medical research has shown us that babies are better off if all other foods are withheld until 4 to 6 months of age. The very best nutrition for baby's growth and development during his first 4 to 6 months is breast milk or formula alone. Baby should be fed on demand, as much as he wants to drink, and should not be forced or otherwise encouraged to "finish off the last ounce" if he seems to be full. Baby's appetite will gradually increase from the amount taken as a newborn, with occasional "more and less hungry" days. Cereals or other foods should not be introduced early just to "make baby sleep through the night." Although the baby may sleep longer, the cereal is a less complete source of nutrition, which will satisfy his hunger before his full nutritional needs are met during this early and important growth period. This advice probably differs from that given to our mothers when we were young. We now know that introducing solid food too early can lead to the development of food and other allergies that may be avoided by exclusively breast or formula feeding. Also, baby's swallowing mechanism is not mature at an early age, and young babies try to spit out or simply "gum" solids such as cereal and

pureed foods. Resist the temptation to feed too early; your baby is growing big and strong on breast milk or formula alone.

When baby is ready to be introduced to solids, usually after he is at least fifteen pounds in weight and taking at least 32 to 48 ounces of milk per day, we recommend starting out with a small amount of iron-fortified rice cereal mixed with breast milk or formula. Mix up a teaspoon or so and try about a fourth of a teaspoon on baby's tongue with a baby spoon. Increase gradually to about a tablespoon or two twice a day. Feed with rice cereal exclusively for one week, then you may try a different kind of single-grain cereal, such as barley or oat. Introduce each new food one week apart, so that you can observe baby for any signs of allergy or food intolerance, such as an unusual rash or intestinal upset. Mixed cereals including wheat should be withheld until later, because wheat is more likely to cause allergies than the other cereals mentioned above. Once a food has been successfully introduced, you may continue to feed it while you are trying new ones. If baby seems unwilling to eat anything you offer, don't try to force it, and simply wait a week or two and try again.

At the age of 6 months, you may begin introducing your baby to fruits or vegetables, starting out with a small amount of a single fruit or vegetable. A week later, you may add a different one. Some will tell you to start with fruit because it is sweeter and your baby will be more likely to accept it. Others will tell you to start with vegetables because your baby may not like them after eating the sweeter fruits. You may choose either. It is a good idea to avoid citrus fruits until later in the first year of life, as they may cause allergies. Once baby has tried two fruits successfully, you may give them mixed together. You may give one quarter to one-half a small jar twice a day, as baby tolerates. You may also make your own baby food, by choosing fresh, completely ripe fruits and washing them carefully before mashing them or blending them in a food processor.

At 7 months, your baby may be ready to eat cheerios, zwieback, or rice cakes. Of course, no foods should be given to a crawling baby. You can also start to give your baby some table food, including bananas, potatoes, or pasta.

At 8 to 9 months, some dairy products may be introduced, such as yogurt and cottage cheese. Cow's milk should be withheld as a drink until one year of age. As baby begins to chew and feed himself more easily, he can eat pieces of solid cheese. Meats can be introduced at 9 months of age, ground or cut into tiny pieces. Your own cooked, unspiced meats may be given as an alternative to jar food. Bologna and other prepared meats may be tasty for baby, although they are usually heavily salted and contain preservatives. Do not give chunks of hot dog that baby could choke on; mash it up if it is given.

It is probably best to withhold feeding eggs to baby until one year of age, as egg is a highly allergenic food. Introduce the egg yolk first. These may also be purchased in jars. The egg white is usually the source of the allergy, and should be introduced later, after baby takes the yolk without difficulty.

At one year of age, you may discontinue infant formula and start giving your baby whole milk to drink if there is no sign of milk allergy. At age 2 or 3 you may switch to 2 % milk if calories are a concern. If you are breastfeeding, you may be able to wean your baby directly to a cup without a long period of bottle-feeding. This may be attempted as early as 6 to 7 months with juices and water. Some babies may want to continue to nurse after their first year, and continuing would not be harmful for them, depending on how you feel about prolonged breastfeeding, and on how long your milk supply lasts.

It is important to stress that babies do not crave sweets and empty calories naturally, but they learn to love sweets. Parents should encourage good eating habits that will benefit your child for the rest of his life. Sweets should not be offered as a reward for being good, or made constantly available. Between-meal snacks should consist of fruit, juice, cheese or some other nutritious food. Your child can learn healthy eating habits from you.

Babies will love to try to feed themselves and should be given the opportunity to do so without causing either parent or child undue stress. In a secure high chair with a wide tray, baby can smear applesauce in his hair to his heart's delight, as long as mom supervises him and is willing to clean up. Don't allow baby to carry his peanut butter and jelly into the living room if you don't want to find it between the couch cushions. Regular meal habits can be cultivated by sitting at the table with the family, without forcing formal table manner instruction too fast. Children's appetites vary from day to day, and you can rest assured that they will eat when they are hungry, and will stop when they are full.

### **CHAPTER THREE: GROWTH AND DEVELOPMENT**

All parents wonder if their baby is growing and developing normally. There is a range of normal achievement of milestones, and your baby may fall anywhere in that range and still be perfectly normal. Comparing your baby to others should not make you worried that your baby is "too slow," although you should feel free to discuss your child's development with your doctor. Just don't feel the need to push your child to achieve these milestones early at the expense of enjoying each other's company. Frequent stimulation by smiling and talking to your baby as well as exercising her arms and legs will help her overall development.

#### **DEVELOPMENTAL MILESTONES**

**The First Month:** By the end of this month, your baby should be able to lift her head briefly while lying on a flat surface on her tummy. She may be able to lift her head 45 degrees for a moment. She should focus on your face, and might follow your face or an object moving in front of her face to the midline. She should respond in some way to a noise, either by startling or looking surprised, but some babies seem to be oblivious to fairly loud background noise. She might also vocalize by cooing or gurgling, and might also smile by this time. Babies at this age like stark color contrasts, and might enjoy some black-and-white images to focus on. Keep these colors and images close, as babies are only able to see for 9 to 12 inches at this time.

**The Second Month:** By the end of this month, your baby should smile in response to your smile and will maintain eye contact with you. She may start to coo and gurgle in response to you. She might be able to follow an object in front of her face past the midline. She might be able to hold her head steady when held, raise her chest when lying on her tummy, and may even roll over. She might grasp a rattle held to her hand, intently look at a small object, and reach for an object. Your baby may begin to have a more predictable schedule this month. She will enjoy a brightly colored mobile or animal to look at, but a baby's favorite thing to look at is a parent's face.

**The Third Month:** In addition to the above-mentioned tasks, your baby may squeal with pleasure, bring her hands together, smile spontaneously, and follow an object in an arc from one side all the way to the other. Your baby might possibly be able to bear some weight on her legs while standing up with you holding her. She should have full neck control by the third month. She is now able to see color and focus on objects up to three feet away. Your baby will prefer to socialize and may cry when left alone. Baby is learning how to control

her hands and how to reach for objects and put them in her mouth. She may be showing preference for recognized stuffed animals, and may begin to look at an "activity center" in the crib or playpen.

**The Fourth Month:** Your baby should now be able to laugh out loud, lift her head up 90 degrees while on her tummy, and follow an object 180 degrees. She might even be able to hold her head level with her body when pulled to a sitting position, and turn toward your voice. She may probably roll over during her fourth month. She might also make vowel-consonant combinations like "ah-goo." She recognizes different people in the house and will respond to them. She will start to reach for toys, therefore toys for her should be sturdy, without small parts that could be pulled off and swallowed, and without strings that can be swallowed or caught around her neck or extremities. She may smile at herself in a mirror and is able to see up to twelve feet. Paints should be non-toxic, and toys shouldn't make an excessively loud, repetitive noise, as listening to this for hours on end could damage baby's hearing. Hearing is also reaching full development this month.

**The Fifth Month:** Baby should now be well able to hold her head steady while sitting up. She should also raise her chest up off the floor, roll over one-way, reach for objects and squeal in delight. She might also object if you take a toy away! She may try to put objects or food in her mouth. Solid foods are often introduced in this month, as baby is much better able to coordinate swallowing. You might try to introduce a cup at this early age, but don't despair if she's not very interested yet. She will enjoy toys that she can hold, shake, turn over and spread on the floor. Your baby should weigh approximately twice her birth weight.

**The Sixth Month:** By now your baby should be well able to keep her head level when pulled up to sitting. She might sit without support and bear some weight on her legs. She may also begin creeping this month. She should know her parents and other family members and will try to get their attention by making noises. She may also feed herself a cracker, work to get to a toy out of reach, and look for a dropped object. She might pass a toy from one hand to another. She will be making vowel-consonant combinations and babbling. Because your baby is not yet walking, any shoes you might dress her in should be lightweight, unrestricting and flexible. Bare feet or booties are still the best for baby until she's actually walking. Baby might also have some teeth by now, and you should introduce tooth brushing as early as the first tooth emerges. Start with a gum massager, and progress to soft baby bristles. Good habits begun now will be a tremendous help for your child for the rest of her life!

**The Seventh Month:** By now, baby should be able to feed herself a cracker or other small food item. She may raise herself to a crawling position and may try to rise to a standing position. She should be able to do the tasks outlined for previous months, and might play peek-a-boo. Your baby is getting very smart and knows that hidden objects still exist. Language development is encouraged by your interaction with baby. To help her learn to speak, make your speech with her slow and deliberate. Use proper nouns instead of pronouns for clarity. Repetition is very helpful and fun for your baby, so repeating the same nursery rhymes and songs every day speeds the speech process. Above all, have patience and wait for your child to follow and respond to your speech.

**The Eighth Month:** Baby should now sit without support, crawl, and pull herself to a standing position. She will pass a toy from hand to hand, turn in the direction of a voice, pick up a raisin or other small object and hold it in her fist. She might also be able to pick up a small object with a rough pincer grasp. Her attention span is getting longer and she will enjoy playing games with you. She may begin feeding herself finger foods. Firm chunks of food should be avoided because of the risk of choking. Good foods to try at this time include

very ripe banana, peach or pear. Cooked vegetables that are very tender such as carrots, sweet potatoes and peas are also good. Make sure your house is childproofed well before the time baby is cruising around the furniture.

**The Ninth Month:** By now, baby should be crawling or creeping, sitting alone and pulling herself to a standing position. She might possibly begin to cruise around the furniture as well, changing your life forever! She will be very skilled at handling her toys, looking for dropped ones and working to get those that are out of her reach. She will begin responding to her name. She will probably begin to fear strangers, and cling to you at the doctor's office or around unfamiliar relatives. She will probably say "Mama" and "Dada" indiscriminately. She might also begin to grasp the meaning of the word "No." She will enjoy playing children's games and will learn rapidly through such fun play.

**The Tenth Month:** Your baby by now will probably play patty-cake, pick up tiny objects with a fair pincer grasp, cruise the furniture, and may be able to stand alone momentarily. She will be crawling on stairs and on furniture. She will experiment with anything she can find. She might be able to talk gibberish with sounds that are like words, and might be able to roll a ball back to you. Baby can probably understand "No," although she might not obey you. This is the time to start thinking about discipline. Most important is to protect the health and safety of your child. Everyone's ideas of proper discipline vary with their upbringing, but we must stress that children brought up with physical punishment often exercise this form of discipline on their children, usually to their detriment. Let your child know that you disapprove of her behavior, but not of her. Correct her for the things you feel are really important, avoid constant negatives, and give positive reassurance and hugs when she does something good. Children seek their parents' approval for their actions, but will engage in negative behavior if that's the only way to get your attention. Setting limits is good for your child, and will help her to grow up in a firm and reliable environment. Consistency is the key.

**The Eleventh Month:** By now baby should be cruising the furniture, and may begin early steps of actual walking. Good crawlers may actually be slower to walk, as they can navigate fairly well. Babies at this age will like to take things apart and will notice differences in sizes. Babies now begin to show more variation in their attainment of developmental milestones, depending upon a number of factors, including their disposition and other brothers and sisters. Language skills usually vary even more than gross motor skills such as walking. Some children are using a number of single words, while others seem to excel first at motor skills. Children who are raised in a bilingual environment have their parents to thank for an invaluable gift, and yet may develop each language a bit more slowly than children learning only one language. Babies by now are usually able to learn to drink from a cup and be weaned from the bottle.

**The Twelfth Month:** Walking continues to develop and baby will take steps with support. She is able to follow simple commands. Although your baby does not yet understand how to share, she may give you her toy when asked. She will probably be able to say two or three words by this time. Fine motor skills improve, as she is able to pick things up with her thumb and one finger. She will also be able to stack two blocks.

**Thirteen to Fifteen Months:** Baby by now should be walking alone. She adds words to her vocabulary at her own pace and with your encouragement. Her vocalization will sound more like conversation as she adds inflection to her voice. She also begins to play with other children, usually playing first by herself in the same area as another child. Later she develops cooperative play. She may not share her toys with others yet, and may consider other children's toys fair game for her.

**Sixteen to Eighteen Months:** Walking becomes steadier, and your child may seem to be getting into everything. Your child may even start to run or climb stairs. Don't leave your child unsupervised for a moment, unless she is safely in her playpen. Her speech continues to improve, and she may actually string two words together. Your baby will like to be read to and this will help to improve her vocabulary. She likes to play with toys. She might like helping you dress her. Children around this age begin to develop the concept of gender identity. Boys seem to realize they are like dad and other boys, just as girls identify with other girls and women. Children at this age often also discover their genital area, and may seem quite interested. This is also a normal and healthy experience for children, finding out how their bodies work.

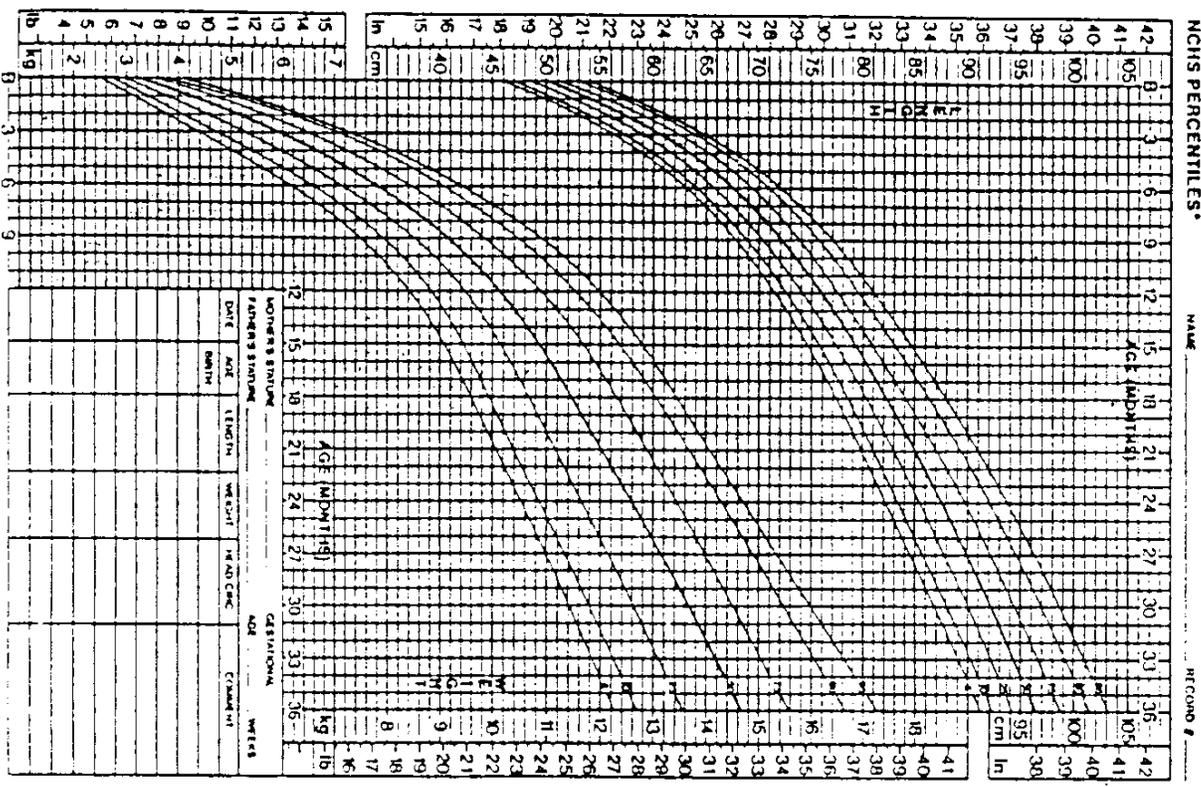
**Nineteen to Twenty-one Months:** She can probably walk up steps, and needs to be observed when she does so, or she could come tumbling down! She probably has a vocabulary of 20 to 100 words. She can probably take off her socks and shoes, and you may find them in unexpected places. Children become better at cooperative play at this age, and may have special friends in their social group. Children reared at home should have access to other children from time to time after this age to develop their social skills. It is true that the more children they contact, the more likely they will pick up their colds, but children's immunities will develop along with them.

**Twenty-two to Twenty-four Months:** She can kick a ball forward, and can probably string three words together to form a sentence. Encourage her to ask for items by name. Keep reading to her and let her turn the pages, although she will probably turn them two or three at a time. She might be ready for toilet training. This sensitive topic has also been handled in a variety of ways in different families. We do know that babies younger than eighteen months, and often older, simply do not have the nerve and muscle control to coordinate potty training. Any pressure to accomplish this before your baby is physically ready will only cause stress in you both. Try to interest your child in the potty-chair before a connection is made with its purpose. When she is able to tell you she has a full diaper or that she feels she has to go, that's a good sign that she is ready for real practice. Seat her on the chair in her diaper once a day for a brief period for about a week. You might try emptying her soiled diapers into the potty-chair to depict its function. Then start seating her on the chair without her diaper after she has soiled her diaper. Do not force her to remain on the chair beyond her tolerance, and reward her efforts with only positive words.

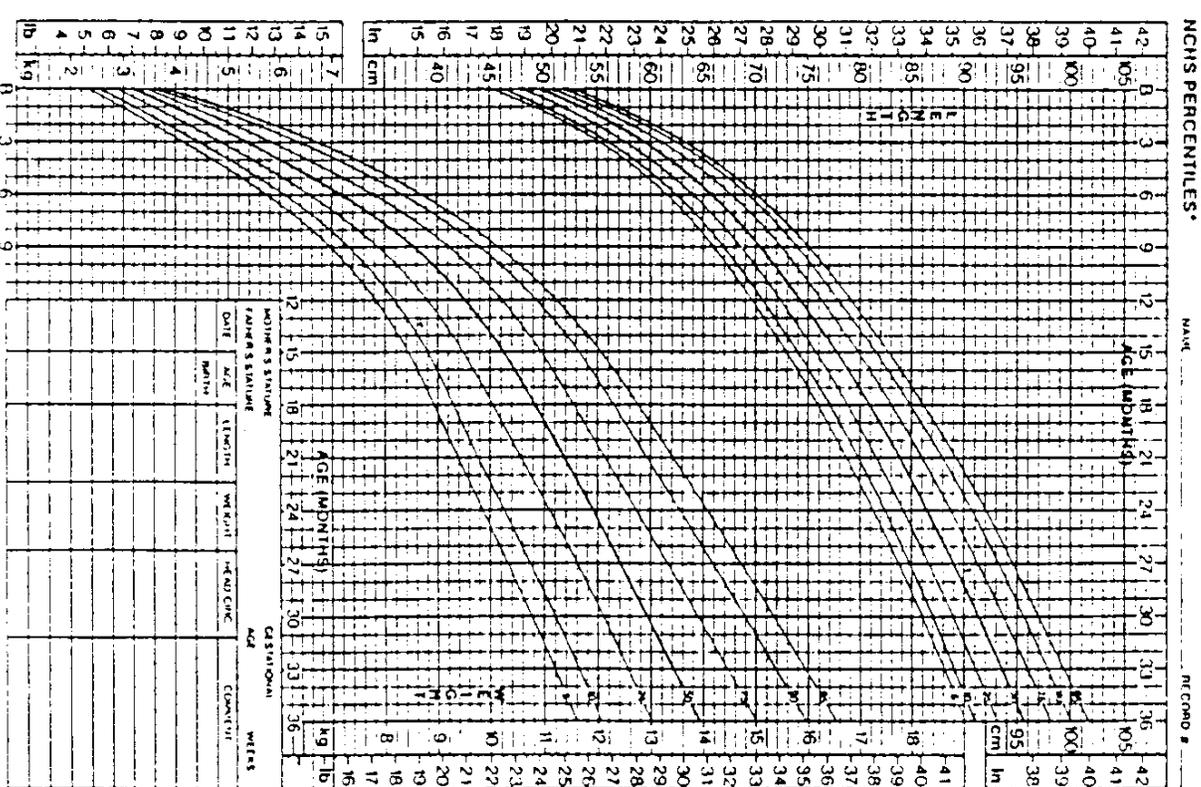
## **SIZE AND SHAPE**

Your child's physical growth in terms of height and weight are influenced by a number of factors. Most important are the builds of the child's parents. Be sure that you give your baby the best chance to grow big and strong and to develop to the fullest potential by giving him healthy, tasty, nourishing food, promoting exercise in the fresh air and protecting him from disease. When we assess your baby's growth in the office, we use a graph that represents normal trends for American babies. We expect your baby to follow along a curve of increasing height and weight that is normal for your child. We become concerned if there appears to be a sudden change deviating from your child's trend, and may wish to follow growth more carefully if that occurs.

**BOYS: BIRTH TO 36 MONTHS**  
**PHYSICAL GROWTH**  
**NCHS PERCENTILES\***



**GIRLS: BIRTH TO 36 MONTHS**  
**PHYSICAL GROWTH**  
**NCHS PERCENTILES\***



\* Adapted from Hamill PV, Drizd TA, Johnson CL, Reed NB, Roche AF, Moore WM. Physical Growth: National Center for Health Statistics Percentiles. AM J CLIN Nutr 32:607-629, 1979. Data from the Fels Research Institute, Wright State University School of Medicine, Yellow Springs, Ohio.

## CHAPTER FOUR: IMMUNIZATIONS

At many of your baby's "well-child visits," your baby should be given immunizations, or vaccines, to protect your baby from serious illness. There has been some controversy in the lay press about the risks of some of these vaccines, so it is important that you understand the need for them. Sir Edward Jenner performed the first immunizations in England in the late 1800's during a smallpox epidemic. He reasoned that by giving someone whom had not yet had smallpox an inoculation of the cowpox virus under the skin, that person might develop immunity against the more dangerous smallpox. He found the way to prevent an otherwise incurable disease. Many improvements were made on the vaccine, and its use worldwide has virtually wiped out the occurrence of smallpox. Many of you, and surely your parents, probably still bear the mark of the smallpox vaccination on your shoulder or your thigh. Because the disease has been eliminated in the United States, it is no longer necessary to be immunized against smallpox. It is the hope of disease-fighting scientists to eradicate all serious and fatal diseases for which we have developed vaccines.

Because many serious and potentially fatal disease viruses still exist in our environment, it remains of crucial importance that children continue to be immunized, both to prevent their infection with the disease, and to prevent the spread of the disease to others to whom the disease might be more harmful. While there is a risk of some minor adverse reactions, and in a very rare number of cases, serious reactions, the risk of the disease is worse than the vaccine. You should understand the side effects of the vaccines your child will get. Be sure to ask your doctor if you have any questions. The most common side effects are fever, discomfort at the site of the injections, and crying or crankiness for a brief period after immunization. A little Tylenol and some extra cuddling are usually all that is necessary to calm a newly immunized baby. Giving your child a dose of Tylenol before their immunizations may also help. When in doubt if your child's behavior may be linked to a recent immunization, simply call the office and ask!

Most immunizations are required for school and day-care, so be sure to keep an accurate record of your child's shots.

**DTaP:** The diphtheria, tetanus, and pertussis vaccine protects against three serious and potentially fatal diseases. Diphtheria, spread by coughing or sneezing, causes a thick covering in the back of the throat and can lead to breathing problems, paralysis, and heart failure. Tetanus causes painful tightening of muscles all over the body, including the jaw, hence the common name of "lockjaw." It is caused by contaminants usually found in the soil, which enter the skin through cuts or wounds. Boosters of the tetanus and diphtheria vaccines are required every ten years. Pertussis, also known as whooping cough because of the characteristic sound of the gasp for breath in between paroxysms of coughing, is a respiratory disease that may lead to pneumonia, seizures, and brain death.

The pertussis vaccine is the component of the DTaP vaccine to which the most common reactions occur. Because we now give aP, or acellular pertussis, reactions are much less likely to occur. The most common reactions are fever, pain at the site, fussiness, decreased appetite, vomiting, and drowsiness. You should call the doctor for the following uncommon reactions: high-pitched persistent crying for more than three hours, excessive sleepiness with difficulty waking the baby, unusual limpness or paleness, rectal temperature of 104 degrees, or very rarely, convulsions. If your child has had a previous reaction to the DTaP vaccine, he can still receive DT, which contains only the tetanus and diphtheria components. Four doses of the vaccine are required to confer immunity, with a booster given before school starts.

**Hep B:** This vaccine protects against hepatitis B, a viral infection of the liver, which causes a decrease in appetite, fatigue, and jaundice acutely, but chronically could lead to liver damage and liver cancer. Each year, about 200,000 individuals become infected with hepatitis B. It is spread through blood and body fluids. Reactions to this vaccine are rare. This immunization is given at birth, one month, and six months.

**Hib:** This vaccine protects against haemophilus influenza type b, which is a bacterial infection that can cause meningitis, pneumonia, or inflammation of the windpipe. Coughing, sneezing, or contact spreads this bacterium. Reactions to this vaccine are rare. This vaccine will be given to infants at 2, 4, 6 months of age with a booster dose at 15-18 months of age.

**IPV:** The injectable polio vaccine protects against polio, a potentially fatal disease, which can paralyze its victims. In the past, we have used oral polio vaccines, but these contain live strains of the poliovirus and had the potential to cause polio. It is now recommended to give IPV for all four necessary doses. IPV should not be given to your child if he or she is allergic to neomycin, streptomycin, or polymixin B. Reactions to this vaccine are rare, but mild soreness at the injection site may occur. This also requires four shots, usually given at two, four, and six months, and again between the ages of four and six.

**MMR:** The measles, mumps and rubella vaccine protects children against measles, or rubeola, which causes rash, cough, fever, and runny nose, but may also cause pneumonia, meningitis, and seizures. Mumps is a virus that causes fever, headache, and swollen glands. It can cause an infection of the testes in young men, which may lead to sterility. Rubella, or German measles, is an illness which is most dangerous when passed to a pregnant woman, causing serious birth defects in the developing fetus. Pregnant women are screened for immunity to rubella, and are immunized after the birth of the baby to protect future pregnancies. Reactions to this vaccine may include fever, rash, and swollen glands of the neck. The MMR has been traditionally given in the fifteenth month with a booster given as the child enters school. Children who are highly allergic to egg whites should not receive the vaccine, as it is developed in eggs.

**PPD:** Although not an immunization, a test for tuberculosis may be given during the time a child is also being immunized. Like polio, tuberculosis (TB) is a dreaded disease that is making a resurgence. However, there is no immunization for tuberculosis, and treatment of the disease requires long term antibiotic therapy. There is an increased incidence of TB in urban populations today, so we must remain vigilant in its detection.

**PREVNAR:** This vaccine protects against pneumococcal disease, the leading cause of meningitis. This disease also causes blood infections and ear infections. Reactions to the shot include redness, tenderness, or swelling at the site of the injection. It may also cause mild fever. Children under two will receive four doses of the immunization.

**VARIVAX:** This vaccine protects against varicella, the virus that causes chicken pox. This common childhood disease is usually very mild, but can be serious in young infants and adults. Chicken pox can cause pneumonia, brain damage, and death. In fact, about one hundred people die each year in the United States from chicken pox. Reactions from the vaccine include soreness or swelling at the injection site, fever, or mild rash. Seizures and pneumonia are extremely rare reactions. This vaccine is given once at 12-18 months.

We hope that by understanding the rationale for all of these vaccines, it will be easier for parents to deal with the relatively minor risks associated with receiving them. It is through such advances of medical science that children can remain so healthy today. To follow is a

schedule of immunizations as we give them in our office as of this printing. Your child may deviate from this schedule slightly if immunizations are deferred. Your doctor may elect not to give an immunization at the appointed time if your child shows signs of an infectious illness, as the risk of side effects is somewhat increased at that time.

	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	4-6 years
DTaP			X	X	X			X	X
Hib			X	X	X			X	
IPV			X	X		X			X
Hep B	X		X		X				
MMR							X		X
Pevnar			X	X	X		X		
Varivax								X	
PPD						X			

## ***CHAPTER FIVE: COMMON CHILDHOOD ILLNESSES***

While this is not intended to be a comprehensive medical manual, it should be helpful to have some basic information on common illnesses. Of course, please call the office if you have any question regarding these or other problems.

### **CALLING THE OFFICE**

When you have a question about your child's health, please call us rather than waiting for it to worsen or relying on non-medical advice. For best information, have a few facts and a pencil and paper at hand so that we can give you advice. It is important for us to know exactly what your baby's symptoms are. "He's not himself," or "He just feels bad," may be the symptoms that are most distressing to you, but others are more helpful in his diagnosis. Record his temperature, whether he is congested, coughing, sneezing, vomiting or having diarrhea or lots of nasal drainage, and if he's eating or drinking. Count the number of wet diapers he has had in the last 8-12 hours. Note if he is allergic to any medication. Have the telephone number of your pharmacy handy in case we are able to call in a prescription for you. On short notice your doctor may not be available to see your child, but one of our other physicians can. Our nurses are very familiar with common childhood illnesses. They can give you practical advice on making your child more comfortable through the sometimes-distressing symptoms he is having. Here is some advice in advance for a variety of more common problems.

**Abdominal pain:** Many children have vague tummy aches from time to time. While many of these can be written off as "growing pains," or perhaps eating too much pizza, you should be able to identify signs that something else might be wrong. If a child continues to behave normally, is eating and having regular bowel movements, and does not have a bloated or hard abdomen, then chances are the tummy ache is not a serious problem. If the child is running a fever, refuses to eat or to drink, or is having a change in bowel habits, or if the pain seems acutely severe, you should discuss this with your doctor.

**Allergies:** It is really too early to diagnose allergies in a child under four, but if your child seems to be constantly wiping his nose or his eyes and has frequent colds, especially with wheezing, he may be prone to allergies. Allergic tendencies run in families, so your child

may inherit yours or other family members' sensitivities. Children can be allergic to things other than pollen and grass, such as pets, building materials, laundry soaps and antibiotics. Food allergies can be manifest by vomiting, skin rashes, swelling and itching. If you have any concerns about allergies and remedies, discuss them with your doctor. If your child develops a sensitivity to an antibiotic, it is important that you note the name of the antibiotic on the medicine bottle, as well as the type of reaction. If you suspect allergies to certain things, keep them away from your child or withhold feeding them until you can discuss it with your doctor.

**Asthma:** This condition is now also called "reactive airway disease," and indicates the tendency for the breathing tubes to go into spasm, causing the child to wheeze. The condition can range from mild wheezing associated only with colds, to more severe and continuous wheezing. Your doctor may prescribe liquid, tablets, or an aerosol machine to help relax the constricted breathing tubes during problem times. If your child is old enough, he may be taught to use an inhaler to deliver medication directly into the lungs. Measures you can take at home to help your wheezing child include humidifying the air in his room with a cool mist vaporizer, keeping the house as free of dust and pet hair as possible, and strict attention to his medications and inhaler treatments. Avoidance of milk products in a child over 6 months may help reduce coughing. Prompt medical attention at the onset of an illness may help prevent rapid worsening of the condition. In the case of severe bronchospasm in which the child cannot catch his breath, you may take the child to the Emergency Room for an aerosol treatment. Call the office for advice.

**Bites:** If bitten by an insect, inspect the site to see that no part of the bug remains imbedded in the skin. If the entire bug is there, as with some tick bites, cover the area with baby or mineral oil for 10- 15 minutes to kill the insect. Then gently lift out the bug with tweezers. Use tweezers also to remove stingers or pinchers imbedded in the skin. Do not attempt to burn the insect with a matchstick. If you are unsuccessful, soak the affected part in warm soapy water and try again. Wash all bites thoroughly in soapy water and observe closely for signs of infection, such as redness, swelling and warmth. Many stings will swell with or without infection, and applying ice wrapped in a washcloth or paper towel can diminish this. Do not apply ice directly to the skin. Animal bites can more easily become infected, and should be soaked several times per day in warm soapy water. Observe these wounds closely, and at any sign of warmth or swelling, have the bite seen by your doctor. If an unprovoked, unknown animal bites your child, every effort should be made to contain the animal in case rabies testing is necessary. Human bites, surprisingly, can be even more prone to infection if they break the skin than animal bites. Ask your doctor regarding antibiotic treatment, and continue to soak the wounds until the skin is healed.

**Burns:** Children can easily incur burns around the stove, woodburner, coffeepot, cigarettes and hot pipes. First, be vigilant in your house about possible sources of burns, and try to prevent your child from getting close to these. Turn pot handles toward the back of the stove, put gates around the woodburner, keep coffee pots close to the wall with a short cord, and cover pipes and radiators. Electrical burns can be very serious, so insert plastic guards into outlets and keep children away from electrical cords. If a burn occurs, quickly remove any affected clothing that may prolong the burning process. Immerse the affected areas immediately in cool water and continue the immersion until the pain begins to subside. Do not apply first aid creams to the burned area. Do not use butter, sprays or any other home remedies not prescribed by your doctor. If the burned area is blistering or covering a large area of the child's body, take him to your doctor. The most important risk of burns is infection, so watch for spreading, redness and drainage. In any case of electrical burn, consult your physician.

**Chicken Pox:** This illness is characterized by many small blister-like lesions on a red base, emerging sometimes over the entire body, with the blisters erupting at different times as new "pox" form. Children usually have a fever and sometimes a stuffy nose at the onset of the illness. It is highly contagious and is spread by direct contact with the virus or respiratory secretions. The best treatment is to keep the child at home and try to get him to rest. Give acetaminophen (Tylenol) for fever and aches, but never give aspirin to a child with chicken pox or flu because of the risk of Reye's syndrome. Calamine lotion can ease the itching of the blisters, as will a lukewarm bath in baking soda or Aveeno, a mixture of mineral oil and crushed oatmeal. For more intense, unrelenting itching, call your doctor. There is also a vaccine that will hopefully prevent your child from getting this virus. Try to keep your child from picking at the lesions, as they will scar. Cut his fingernails short and keep his hands clean. If your child with chicken pox should develop persistent coughing, prolonged vomiting or marked lethargy, call your doctor.

**Colic:** This frustrating condition of infancy is a poorly understood state of prolonged crying in young infants who are otherwise well. The excessive crying, fussiness or irritability tends to occur in the evenings. Colic can be very difficult for the parents to cope with and it is important to have a lot of support if your child has colic. It is also important to make sure that your child's crying is, in fact, colic and not something more severe. For that reason, your child's doctor should do an examination. To help your child cope with colic, soothe them as much as possible, disturbing them as little as possible. Soothe with a pacifier or repetitive sound or motion in an otherwise quiet environment. Parents who have had babies with colic often have many suggestions including using a swing, taking a car ride, running the vacuum cleaner, or turning on the blow dryer.

**Colds:** The common cold is really the symptoms produced by any number of upper respiratory viruses, causing runny nose, mild sore throat, coughing and sneezing. Babies can suffer from congested noses more than older children can because they breathe through their noses almost all the time. This makes nursing difficult and babies may refuse the breast or bottle simply because they cannot breathe comfortably. Save the bulb syringe ("nasal aspirator") from the hospital for your baby's colds. Suck out the nose when the baby is obviously congested. Loosen the secretions by applying a drop or two of saline nasal spray, or saltwater, to the nostril before aspirating. You can make clean solution at home every day by dissolving one-quarter teaspoon of salt in one-half cup boiled water. Extra fluids will help loosen the secretions. Using a cool mist vaporizer may also help to loosen secretions. Elevating the baby's head may also help clear the drainage. The symptoms can vary from episode to episode, and can be relieved to some extent by acetaminophen and a decongestant prescribed by your doctor, or purchased over the counter and approved by your doctor for your child. Infants should not receive any medication unless prescribed by your doctor. Antibiotics do not work in viral infections. Some viral infections, especially those with a lot of congestion, can predispose your child to developing bacterial infections such as ear infections, bronchitis, sinusitis, or pneumonia. If your child's symptoms seem to be more severe or are lingering longer than an average cold, consult your doctor.

**Constipation:** Constipation is the most common cause of abdominal pain in children. If your child is not uncomfortable with her bowel movements, does not have a hard tummy and does not have hard stools that are difficult to pass, he probably is not truly constipated. Babies can vary considerably in their frequency of stooling, and may go almost a week without a bowel movement. Infants may be given a teaspoon of dark Karo syrup in their eight-ounce bottle of formula or breast milk twice per day to help with constipation. In children over four months old, you can add fruit juices, such as apple or prune. Children over one year should be encouraged to eat more fiber- cereals, oatmeal, brown rice, whole wheat bread, and bran. Metamucil or Citrucel can also be added, if needed. Many toddlers

will voluntarily hold their stool if they have a history of a painful bowel movement. Consult your doctor for any questions you may have.

**Convulsions:** A seizure, or convulsion, is extremely scary for a parent to witness. Sometimes a high fever of rapid onset can cause small children to have convulsions. Less commonly, a seizure may be a sign of an underlying seizure disorder or other illness. The child should be left flat on the floor where she cannot harm herself. Under no circumstances should anything be forced into the child's mouth. The child will normally be confused or lethargic after the episode. Try to remember exactly what the child was doing, such as stiffening, jerking or simply collapsing, so that you can describe it to your doctor. Call the doctor or take the child to the Emergency Room for evaluation.

**Cradle cap:** This condition looks like a bad case of dandruff on a new baby's scalp. The scales can be heavy, yellowed and slightly greasy in texture. It is not serious and can usually be easily removed, first by softening the scales with a little baby oil, and then by scrubbing the scalp with a baby scalp brush and baby shampoo. Your doctor can give other suggestions or medications if this does not work.

**Croup:** A "barking, seal-like cough" is the hallmark of this viral illness affecting the upper throat. It can range in severity from a minor, annoying cold with this cough, to difficulty breathing with airway swelling. The symptoms typically worsen at night, with spells of coughing that are difficult to stop. To break the cough, try turning on the hot water in the shower, filling the bathroom with steam and sitting on the floor with your child. If that fails, cold air can sometimes break the cough. As the illness is more common in winter months, you can easily throw a blanket over the child and step out into the cold night air. Many parents report the cough breaking as they were rushing the child to the Emergency Room. If these measures fail, and your child seems to be having difficulty catching her breath between coughs, call the office number and take her to the Emergency Room for evaluation. A few cases may require admission to the hospital for aerosol treatments.

**Diaper rash:** Some irritation in the diaper area commonly occurs when baby's skin is in prolonged contact with urine and other wetness. Prevent diaper rash with gentle cleaning with mild soap and changing diapers frequently. Barrier creams, such as Desitin or A & D ointment, may prevent rashes and treat minor irritation. If these are not helping after three days, try using an antifungal cream, such as Lotrimin four times per day. Expose the rash to air as much as possible. If the diaper area becomes raw and is peeling or bleeding, or there are small red spots surrounding the border of the rash, it should be seen by your doctor and treated with prescription medication. Frequent diaper changes and adequate rinsing of cloth diapers will help prevent rash.

**Diarrhea:** Diarrhea is most commonly caused by a viral illness and is usually self-limited. The most common complication arising from diarrhea is dehydration. Continue to feed your baby and continue to give your older child plenty of fluids to try and prevent this complication. For infants, try giving your child clear liquids like pedialyte. For your older kids, try Gatorade, popsicles, or flat pop. Monitor closely for dehydration and call for any of the following: dry skin, sunken eyes, not urinating for more than six to eight hours, or no tears when crying. If diarrhea persists, call your doctor. After some severe intestinal viruses, the bowels may take up to two weeks to tolerate dairy products again, and you may need to switch temporarily to a soy formula. Discuss this with your doctor.

**Ear infections:** Experienced mothers can often diagnose an ear infection before the doctor sees the child. When your child is running a fever, pulling at her ears, not eating as well as usual, and often recovering from a viral cold, she may have developed a bacterial infection

in the fluid in her middle ear. This should be treated with antibiotics, as chronic ear infections can cause hearing difficulties and may possibly extend into the bone behind the ear. If the infection is responding to the antibiotics, your child's ear should be feeling better in a day or two. Be sure to give your child all the antibiotics prescribed, and to check back to make sure that the infection is cleared. A pain reliever like acetaminophen can go a long way toward relieving the ear pain and pressure, and a heating pad or favorite pillow can increase comfort as well.

**Eye discharge:** Newborn babies sometimes seem to be tearing constantly from one or both eyes. A blocked tear duct is often the cause. Most children respond to massage of the duct, located between the nose and the inner corner of the eye, with a warm wet washcloth several times per day. Occasionally, a child may take months to grow out of an obstruction. If the drainage from the eye is thick and yellow or green in color, the child may have an infection. If the white part of your child's eye becomes red and irritated, an infection may be present. Discuss this with your doctor, who may want to prescribe eye drops.

**Fever:** Fever is the body's normal response to infection, and in itself is not dangerous unless it runs too high. With a low-grade temperature below 101 degrees, it may not be necessary to treat the child with Tylenol unless the child is uncomfortable. With higher fevers, give the child Tylenol regularly every four hours. If you have any difficulty bringing the temperature down, you may bathe the child in lukewarm water or place cool compresses on her forehead and pulse points. Evaporation is a cooling process; so cool water wiped thinly on the child's skin will help lower the temperature. Dress and cover the child lightly, and keep the room comfortably cool. Your doctor should be consulted for a persistently high fever or for fever with symptoms other than those of a common cold. Any fever in an infant less than two months old necessitates evaluation by your doctor, as it is difficult in young babies to tell how sick they are. If fever persists beyond two days while on antibiotic therapy for a bacterial infection, your doctor should be notified. If your child has a history of seizures, you should give your child acetaminophen around the clock every four hours to prevent a high fever from occurring.

**Head injury:** Children can easily fall and hit their heads. If your child has taken an obvious blow to the head and is unconscious even for a brief period of time, he should be seen right away. Warning signs for a possibly serious head injury are pupils of unequal size, black eyes, bruising behind the ear, and blood or clear drainage from the nose or ears. After a mild blow to the head, observe your child for signs of lethargy, vomiting, severe headache, imbalance or confusion. For any of these signs, consult your doctor. Children should wear protective gear when playing sports and should always be restrained in car seats when riding in the car.

**Jaundice:** Jaundice is the yellow staining of the skin and the whites of the eyes that can result from the deposition of the pigment bilirubin. This condition is fairly common in newborns, whose livers are often too immature to handle the load of bilirubin at birth. This condition is more common in breast-fed babies, who seem to tolerate higher levels of the pigment. If you notice a yellowing of your baby's skin after you return home from the hospital, call your doctor so that your baby's blood can be tested for the level of bilirubin. If the level is considered too high for baby to clear herself, she may require a simple treatment of light therapy for a day or two to help clear the pigment. Increased water intake and frequency of feeding is also helpful during this period. Rarely the levels may be so high that they require more intensive therapy.

**Poison Ivy:** This common summertime affliction can also occur in the winter from affected logs in a wood burning fireplace. When you or your child contacts the poison ivy vine and

are sensitive to it, the areas on the skin that are touched by the sap can erupt in an itchy rash that may seem to spread. Actually, all the spreading occurs within fifteen minutes or so of initial contact with the plant. Prompt removal of clothing, followed by vigorous washing and rinsing may prevent some spread. The areas affected most thickly with the sap erupt first followed over the next few days by less affected areas. The lesions are not contagious. The itching can be soothed by calamine lotion, and Aveeno or baking soda baths. Antihistamines, such as Benadryl, may help with the itching. Severe cases may require steroid treatment, either in a cream, tablets or injection, and should be seen by your doctor.

**Poisoning:** Medications, as well as many household substances, pose a threat of poisoning if ingested. Unfortunately, babies do a lot of their exploring with their mouths, and it's often hard to tell if they've eaten something toxic. First, try to prevent that from happening by keeping medications and toxic chemicals locked safely away, and by observing baby closely while at play. Whenever you find children and medicines or poisons together, assume that every child in the room has ingested all of the toxic substance. All too often the wrong child is rushed to the Emergency Room, so it's better to suspect everyone. If the child appears perfectly normal, call the poison control information number: 419/381-3897 and ask what signs to look for or if you should seek medical attention right away. Always have a bottle of syrup of ipecac on hand to induce vomiting if you are instructed to do so by medical personnel. If the child appears acutely ill, waste no time in getting the child to the Emergency Room.

**Sunburn:** It is best to prevent sunburn by applying a sunscreen liberally and often. Use a sunscreen with an spf of at least 15. This is the best way to prevent the pain of sunburn as well as skin cancer of later life. If your child does burn, cool the skin with cool water and restrict his exposure until the burn has healed. Any blistering of the skin should be seen by your doctor.

**Teething:** This is a normal process that can also be very distressing. It is often accompanied by fever, fussiness, and drooling. It may also be associated with changes in appetite and bowel habits. You may notice some swelling of the gums or a bluish discoloration of the gums. The average age of the first tooth is six months. Cold objects, such as teething rings or cold washcloths, may help to ease your child's discomfort. Gum massage may also help. Use over-the-counter products sparingly. Tylenol (15 mg/kg) or ibuprofen (10mg/kg) may also help. Your doctor should evaluate a child who is inconsolable or has a fever over 101 degrees, as teething should not cause these problems.

**Vomiting:** This unpleasant and exhausting symptom is common to a number of infectious diseases, most commonly gastroenteritis. These are usually viral illnesses and will eventually run their course; antibiotics are of no help. It is most important to keep your child well hydrated by giving him tiny sips of clear fluids every fifteen minutes as tolerated. After the vomiting subsides, advance the diet slowly as your child tolerates. In older children flat cola may help to settle the stomach. If the vomiting is accompanied by severe abdominal pain, blood in the emesis, recent head injury, or dehydration, please call your doctor.