**Congratulations** on the arrival of your new baby. Parenthood is one of the truly joyous and satisfying experiences in life. We consider it a privilege to share in the care of your child, and marvel with you at their growth and development.

The small newborn responds to each aspect of bonding. Their senses are receptive to a parent’s touch, their appearance and voices, as well. The involvement of both parents in the bonding experience is valuable and rewarding.

This pamphlet contains no secret to being a good parent. We are convinced that there is no single best approach to the challenge of parenthood. Your baby is an individual from the day they are born. Since no two children are alike, your effectiveness as a parent depends considerably on your insight and ability to respond appropriately to the unique needs of each of your children. Thus, this pamphlet contains general principals and instructions which you should adapt to your baby. Relax, enjoy your baby, and above all, have confidence in yourself and your own common sense. Our staff will be happy to give you guidance and answer your questions, while you are in the hospital and later by phone, and during your visits to our office.

**I. OFFICE VISITS AND EMERGENCIES**

We make it our practice to release all babies and mothers from the hospital as soon as medically possible. We believe this practice minimizes the risks of hospitalization in otherwise healthy individuals. The appointments for your infant's initial check after discharge from the hospital will be made by the nursery nurses before you leave the hospital. They will give you an appointment card reminder with the dates and times.

Well babies are usually seen a day or two after hospital discharge and at 2 weeks, 2, 4, 6, 9, 12, 15, 18 months, and at 2 years. These intervals may be altered on an individual basis. Appointments for the older child will be scheduled yearly.

All patients are seen by appointment only. Please call for routine appointments between 8:00 a.m. and 5:00 p.m. During the school year we offer late night hours which are available from 5:00-7:00 PM.

**II. NEWBORN CHARACTERISTICS**

During the newborn period your baby will probably demonstrate some of the following characteristics which might concern you if you didn't realize they are normal.

**A.** **Head** - Immediately after birth, your baby's head and face may be lopsided. This is due to molding of the skull as the head is squeezed through the birth canal. This molding will disappear within a week. A newborn's head is large in proportion to the rest of his body. Your baby has two soft spots or fontanelles, two of which are easily felt, one on the top of the head, and one on the back of the head. Do not be afraid to touch or wash these areas. The soft spot in front should close when your baby is 9 to 24 months old; the one in the back should close when he is 3 to 4 months old, or sooner.

**B.** **Ears** - The newborn baby can hear and respond to different sounds. Only clean the outside of the ears with a Q-tip or washcloth. Never put a Q-tip in the ear canal. By placing a Q-tip in the ear, it only packs the wax down more in the ear canal causing eventual blockage.

**C.** **Nose** - Newborns are born with the sense of smell. All babies sneeze frequently, and usually between three and six weeks of age their breathing may be “snorty” and congested. This nasal congestion is from normal mucus and does not mean the baby has a “cold.” We suggest obtaining a rubber bulb syringe to help the baby clear the mucus from the nose. While in the hospital, you can ask a nurse to show you how this is done.

**D.** **Eyes** - A newborn's eyelids frequently are red and swollen after delivery and after sleep and naps for approximately 30 minutes or so. This will resolve during the first week. One or both eyes may have some clear discharge. This may occur for a variety of reasons, but it is most commonly due to a blocked tear duct. Babies can receive antibiotic ointment in both eyes shortly after delivery which may also cause some swelling.

The eyes may change color, and this can occur anytime during the first year. They may also look crossed until about four months of age. If you notice this, tell us during a well-baby checkup and we will follow it with you as your baby matures to ensure that it stops as expected.

**E.** **Mouth and Gums** - A newborn's mouth should be pink. Small white dots called Epstein's Perles sometimes appear on the palate.

If his tongue has a white coating, it may be milk or thrush. Gently try to wipe the coating off with a soft clean cloth. If it does not wipe off, let us know.

Infants, especially breast-fed infants may develop a thickened raised area on one or both lips, a nursing lip blister. This needs no treatment.

**F.** **Breasts and Genitals** - You may see a few effects of the mother's hormones on the baby. The breasts in both male and female infants may be swollen and even secrete a few drops of milk. In baby girls there may be a bloody discharge from the vagina. Both of these conditions disappear within a couple of weeks without treatment.

Smegma, a white cheese-like substance, is often present under the labia of female infants. This is also normal and needs no treatment. When bathing, the labia should be gently cleansed with a washcloth and warm water, but you need not scrub all the thick discharge away. Once cleansed, girls should be wiped front to back to avoid contamination of the vaginal area with fecal material.

Care of the uncircumcised boy is quite easy. “Leave it alone” is good advice. External washing and rinsing on a daily basis is all that is required. Do not retract the foreskin in an infant, as it is almost always attached to the tip of the penis. Forcing the foreskin back may harm the penis, causing pain and bleeding. The natural separation of foreskin from the glands may take weeks, months, or even years. After puberty, the adult male learns to retract the foreskin and cleanse under it on a daily basis. If you have any questions about his care, please ask us at his visit.

Circumcision is done for personal, social and religious reasons. There is no medical indication for doing this procedure in a newborn. If you have any questions, please feel free to ask.

If you choose to have your little boy circumcised, complete care instructions will be given then.

**G.** **Abdomen** - The umbilical cord will dry and fall off during the first one to three weeks. It is not uncommon to notice a few drops of blood or mucus on the navel after the cord falls off for up to ten days or more. If persistent drainage or a rash occurs, please consult us. The base of the cord normally looks moist before it falls off. If there is an odor then the cord can be cleaned with an alcohol pad.

**H.** **Skin** - The skin of your newborn may exhibit a variety of bumps and rashes. These are normal, and most will clear spontaneously. Many newborns develop what appears to be dry peeling skin, especially around the wrists, ankles, and other creases. This needs no specific care, and will disappear on its own in one to two weeks.

You may notice little white bumps on the face of your baby, especially on the forehead, nose, and cheeks. This is called milia, and is composed of normal skin cells. It requires no treatment and will clear by itself. Ointments and creams should also be avoided since they tend to block the pores, and do not allow air to reach the skin.

Your baby is exposed to mother's hormones before birth, and may exhibit a mild case of acne, usually up to four to six weeks of age. This also clears by itself, requiring no treatment.

Many babies are born with red patches at the eyelids, forehead or the nape of the neck sometimes called “stork's beak marks” or “stork bites.” These are normal in the newborn period and will fade, usually at one year or so. You may also notice a dark discoloration around the baby's buttocks. This is normal and is usually seen in darker-skinned infants. Birth marks tend to further develop or enlarge in the first weeks of life. Please ask us about any you notice.

**III. FEEDING**

All babies can lose approximately 10% of their birth weight in the first few days of life, and usually take approximately two weeks to gain back to their birth weight, whether they are bottle-fed or breast-fed.

**A.** **Breast Feeding** - Breast-feeding is encouraged and recommended. It can be an enjoyable, rewarding and successful experience, if you are well prepared, motivated, relaxed, rested, well-nourished and supported by your family. Current medical opinion is that breast milk causes less allergies and results in decreased incidence of illness, especially gastrointestinal problems, in babies from birth to six months of age.

**1.** ***Breast Care*** To minimize drying and cracking, use pure lanolin on the nipples after feeding. They need not be wiped off before the next feeding. Clean your nipples with plain water, as soap tends to dry the skin. Many mothers find that their nipples get tender after the first few days of breast-feeding.

**2.** ***Beginning Breast-feeding*** For the first few days after delivery, you will notice an initial discharge from your breast. This discharge, called colostrum, is very rich and nutritious for your baby. Both colostrum and breast milk will provide some protection against infection.

Feed on demand and try to increase the length of feedings as tolerated. Both you and your baby are learning to work with each other, so this takes time and patience. Feed the baby at both of the breasts and always alternate the breast that your start on first to allow for the most colostrum/milk for the baby.

To suck properly, your baby should take some of the areola (the dark area surrounding the nipple) into their mouth. Care should be taken not to pull the nipple from your baby's mouth without first breaking the suction. Do this by placing your finger at the corner of the mouth.

You may not notice any significant changes in your breast until about the third or fourth day when your milk comes in. As your milk continues to come in, you may experience fullness. The degree of discomfort accompanying a feeling of fullness varies. Wear a good maternity bra to support the weight of your milk-filled breasts.

To relieve discomfort, soften your breasts with massage, using warm packs and hot showers. Encouraging your infant to nurse will also relieve the fullness. If redness or tenderness of the breast occurs, however, contact your obstetrician. This may be a sign of infection.

Should a sore or cracked nipple occur, keep it dry and exposed to air between feedings. The use of nipple shields or hydrogel pads are also an option to help with soreness.

**3.** ***Feedings*** The position in which you nurse your infant may vary. Your comfort and the comfort of your baby is most important. Try various positions: Sitting up or lying side by side. The more stimulation and emptying your infant gives the breast, the more milk will be produced to meet the demands for nourishment and growth.

The amount of time your baby spends feeding will vary depending on their needs. An average may be 10 to 15 minutes. Eighty-five percent of the baby's nutritional requirements are met in the first 5 minutes. The rest of the suckling time satisfies the baby's need to suck while supplying a small trickle of milk and providing stimulation to the breast for continued milk production. Hindmilk occurs at the end of 10-15 minutes of feeding and is very rich in nutritive fats that are very good for your baby. Use both breasts once at each feeding and remember to alternate the side on which you start.

**4.** ***Schedules*** Feeding schedules will vary as your baby's needs change. Babies tend to set their own schedules. We recommend feeding when your baby appears hungry, rather than following a rigid schedule. No water supplements need to be given. If your baby sleeps more than four hours during the day at one time, you may want to awaken them to be fed.

Once your baby has gained back their weight to their birthweight you may find that at night your infant may sleep beyond four hours, so be sure to maintain adequate feedings during the day. Sleeping more at night and eating more during the day helps to establish a day/night routine for your child. In order to ensure adequate rest for yourself, try to nap when your baby sleeps, day and night.

**5.** ***Supplements, Replacements, and Expressing*** Supplementing your infant's diet with prepared formulas generally is not necessary unless advised by your healthcare provider due to significant weight loss.

Babies naturally require less fluids in the first few days, corresponding with the mother's normal production of colostrum. After lactation is well established, at approximately four weeks of age, an occasional replacement of bottled breast milk or prepared formula is acceptable, especially if you contemplating returning to work or being away from home.

A double electric breast pump is beneficial if you plan on pumping and storing breast milk. Many insurance companies will pay for a pump under your plan benefits. Check with your particular insurance company by calling the number on the back of your insurance card.

Breast milk can be frozen and kept in the freezer for two to six months. Don't leave it sitting out of the refrigerator once defrosted. Do not defrost the breast milk in a microwave as this will break down the natural antibodies which are secreted in the breast milk.

**6. *Diet*** Good nourishment is important for you and your baby. Your selections from the basic food groups assure a well-balanced diet. Snacks between meals should be nutritious. Strict dieting for weight control should be avoided as it may lead to a lack of milk production, fatigue, and a malnourished mother. Nursing mothers naturally feel the need for extra water since body water is used up in milk production.

We suggest drinking at least one glass of liquid with each feeding. Also, you should continue to take prenatal vitamins while breast-feeding. Mothers need an extra 500 calories per day while breast-feeding.

Certain foods might be irritating and gas-producing to your infant. One of the most common offenders is any sort of caffeinated product (coffee, tea, cola, and carbonated beverages).

Medications or drugs of any kind (including those sold over the counter) should not be used without consulting us first.

**B. Bottle Feeding** - Many different types of commercial formulas are available, which provide all the nutrients necessary for adequate growth and development. Prepared formulas can be purchased in Ready-To-Use, concentrated and powdered forms. Cow's milk is not an adequate substitute for a formula. Formula should be continued through twelve months of age. Always check the formula temperature by placing a few drops on the inside of your wrist.

\*Note- Microwaves can easily overheat a bottle of formula which can then burn the baby's mouth.

For the preparation of powdered formula please follow directions on the formula can for preparation.

Several different feeding bottles are available and the choice is strictly up to you. No one nipple style holds an advantage over another. For cleaning purposes, a thorough cleaning either in the dishwasher or with hot soapy water using a nipple and bottle brush will suffice.

Sterilization of bottles and water is not necessary unless you have well water. Sterilize well water by boiling for five minutes. Then allow to cool. Sterilize the bottles and nipples also by boiling for 5 minutes. All new equipment should be washed thoroughly and sterilized before use. The heated cycle of a dishwasher is adequate sterilization/cleansing of this equipment.

Do not use formula that has been sitting at room temperature for more than 1 hour. A supply of formula for the day may be made up each morning and stored in the refrigerator. A can of Ready-To-Feed formula may also be refrigerated to make up bottles as needed during the day. If excess prepared formula is unused after 48 hours it needs to be discarded. (This does not apply to the powder in formula cans.)

It is best to feed your baby in a semi-upright position, holding the bottle at such an angle that the nipple is filled with milk. This prevents air from getting into the stomach, although air is still swallowed as the baby alternates swallowing with breathing.

Bottle-propping is not recommended because of the danger of choking, and the increased risk of middle ear infections, as well as the lack of stimulation and warmth that is necessary for your baby's development. If you are using plastic or glass bottles, watch the rate at which bubbles rise in the bottle. There should be a moderate flow. If the nipple size is too large, your baby will tell you by gulping milk which runs out of their mouth. If the hole is too small, they will tire before they have satisfied their hunger.

Babies eat depending on physical growth as well as activity. Your baby will establish a schedule within the first few weeks. In general, during the first month your baby will drink two to three ounces every three to four hours. This will increase to three to four ounces during the second month, and more in succeeding months. Average amounts of formula consumed per day after the first one to two months probably range around 28 to 32 ounces per day, with an occasional maximum of 35 ounces. If your infant consistently takes 35 or more ounces of formula per day, please let us know.

During the first four weeks of life, it is best not to let your baby sleep longer than four hours at a time during the day. Waking your baby for feeding or play during the day and allowing prolonged sleep at night helps to establish day and night patterns of activity.

**C. Burping** - Even if fed properly, babies usually swallow some air; therefore, burping is important, especially so with newborns. Hold the baby upright over your shoulder and pat their back gently until they burp. They should be burped one or two times during the feeding and not just at the end. It is often helpful to lie the baby on his right side for a little while to facilitate burping. If after doing this your baby will still not burp, just continue the feeding.

**D. Solid Foods** - The initial timing depends upon your individual baby and your home schedule. Nutrition will be addressed during each well child visit. We usually recommend beginning solid foods between four and six months of age. If you have any questions, please ask.

**E. Vitamins, Iron, and Fluoride** - All recommended commercial formulas contain adequate amounts of iron and vitamins, so bottle fed babies do not require additional supplements. We encourage nursing mothers to continue taking their prenatal vitamins.

Fluoride drops (or vitamins with fluoride) are advised for babies after 6 months of age. Your local health department or our office can advise you on water quality in your area.

Breast fed babies can be deficient in Vitamin D. Please talk with the provider about this at your well baby check.

**IV. BABY'S CARE**

**A. Bathing** - Bath time can be enjoyable and a relaxing experience for both parent and infant. Until the navel and circumcision are healed, give your baby sponge baths. After this time, your baby may be propped up in a small tub of water. Choose a warm area of the house so as not to chill your infant. Plan to have all of your baby's bath items within reach so you never leave your infant unattended.

Initially your infant may cry during their bath, but by three months of age, they should be enjoying it, splashing and playing in the water. Be careful as wet babies are very slippery. Place a towel on the bottom of the tub to prevent the child from slipping. Choose a mild/hypoallergenic soap for bathing. Always use plain water on your baby's face.

Bathing twice a week is usually adequate, and will prevent excessive drying. Avoid lotions and creams which contain perfumes and additives. These may cause skin irritation and rashes.

Shampoo your infant's hair with a mild shampoo when you bathe the rest of them.

Fingernails and toenails begin to calcify at three weeks of age, until then they are soft and like tissue paper attached to the skin. Use a nail file to round off the sharp edges. Do not rip or pull hanging nails or cuticles. After the nails have hardened you can cut toenails straight across to prevent ingrown toenails.

**B. Stools** - Just as every adult establishes a bowel pattern, your baby will also. Some babies will have a bowel movement after every feeding. Some may go without one for two to three days. The first bowel movements are black and sticky, called meconium. Within a few days, bowel movements will turn light, yellow-green, with a soft, pasty consistency. Breast-fed babies tend to have more frequent bowel movements than bottle-fed babies and their stools are most often seedy yellow and loose. As above, the frequency of stools varies from up to every feeding to two times a day during the first two weeks. Breast-fed babies may go as infrequent as once every seven to eight days; this is uncommon, but is okay. At two to six weeks they develop their pattern of stooling, most stooling once a day.

Diarrhea refers to watery and frequent stools. Constipation, on the other hand, refers to stools that are infrequent, small, and hard. It is normal for babies to strain and cry while having a bowel movement - this does not necessarily mean constipation. If your baby has diarrhea or constipation, please contact our office.

**C. Sleeping** - Infant's sleeping requirements vary greatly. Days and nights are not differentiated until most babies reach six to eight weeks old. When a baby will sleep through the night varies. A newborn sleeps about 16 hours a day. There are many things that you can do to help your baby sleep: Make sure that your baby is burped, rock your baby, or play soft music.

Sleep Position - Make sure your baby is sleeping on a firm mattress. Don't use fluffy blankets or comforters under the baby. Unless the doctor tells you otherwise, babies should sleep on their back. Studies have shown this may reduce the risk of SIDS (crib death). If you have questions about your baby's sleep position, be sure to discuss it with your doctor.

**D. Diapering** - Change your baby's diaper as soon as possible after each bowel movement or wetting. Commercial diaper wipes work well, however some babies may develop an irritant rash from these. Some babies develop a little diaper rash at some time since it is almost impossible to keep them completely dry. So, when your baby gets a diaper rash, try washing the area, drying it carefully, and then exposing the area to the air as much as possible. If you use any diaper rash medication, be sure the area is clean before applying it.

If you use disposable diapers, fold the plastic away from the skin of a small baby.

**E. Clothing** - Chemicals and dyes are added to new clothes, and therefore all baby clothes should be pre-rinsed before being worn.

An infant requires no more clothing than an adult, therefore you can judge the quantity of clothes your baby needs daily by what you are comfortable in. Don't fall prey to the universal temptation to overdress your baby.

Do protect your child from direct sun exposure especially between noon and 3 p.m. when the sun's rays are most direct. A baby's sensitive skin can burn easily in five minutes of sun exposure. They can start to have sunscreen applied after 6 months of age.

It is also important to use fire retardant clothing, especially for your baby's nighttime wear. This will be noted on the label when the clothes are bought.

**F. Environment** - Your baby's room should be bright and stimulating to your infant and kept at a comfortable temperature (65 to 78 degrees). The most common temperature is between 70- and 72-degrees Fahrenheit during the months when your heat is used. No pillows should be in the crib, including bumper pads, toys, or stuffed animals.

Avoid large crowded places with your infant for the first three months, as your baby can be susceptible to illnesses carried in crowds.

Protect your infant from insect bites by using a net over the stroller or carriage.

Create a smoke-free zone around your baby. No one should smoke around your baby. Babies and young children exposed to smoke have more colds, ear infections and other respiratory infections, as well as increased risk of SIDS (crib death).

**G. Crying** - Crying is a normal mode of expression for all babies. It is a way of indicating when your child is hungry, wet, tired, wants to turn over, is too hot or too cold, has a stomachache, or is bored. In a very short period of time, you will be able to interpret what your baby is trying to tell you. It is important to remember that all crying does not signify hunger.

Some babies need less stimulation, and some need more. At times you will find that nothing you do relieves your infant's irritability. This usually occurs late in the afternoons or evenings and lasts for a brief period of time.

Fussiness for two to three hours a day during the first six weeks is normal, and will decline gradually until three to four months of age. This is not colic. During your baby's fussy period, it may be helpful for them to be where there are sounds of activity. An occasional lengthy cry will not harm your baby. Comforting and holding a small infant will not “spoil” them, and will make them feel more secure.

**H. Colic** - The term colic is used to describe prolonged episodes of crying for which no satisfactory reason can be found. Colic usually begins in the second week of life, peaks at three months of age, and subsides by six months. The cycle begins in the young infant with an immature digestive tract, leading to mild stomachache. The baby cries, swallows air, and repeats the cycle.

There are many proposed remedies, none of which work all of the time. They include wrapping the baby snuggly, walking, using a loud ticking clock or radio, carrying the infant, or car rides.

With colic it is normal for parents to feel tense, anxious and angry, even to blame themselves for not being able to comfort the child. Remember, it is nothing that you are doing.

**I. Pacifiers** - Your baby derives great comfort and satisfaction from sucking. Some babies have a great need to suck, more than they can get from nursing or a bottle. A pacifier may be used in the early months as a means of reducing tension and bringing a general sense of well-being.

**J. Hiccups** - Hiccups are spasms of the diaphragm muscles caused by swallowed air. They are normal and even though intense and will not harm your baby. If they persist, you may want to give your baby some formula or breast milk, in small amounts.

**K. Sneezing** - Your infant uses the small nasal passage rather than mouth to breathe until three to four months old. Mucus from birth may cause sneezing. Sneezing is common in the newborn. To help clear out an infant's stuffy nose, a bulb syringe may be used with care.

Suction of the nose is done not for frequency of sneezing or the amount of mucous drainage, but only if the congestion causes difficulty with feedings, sleep or other problems — not just because of noisy breathing. Suction of the nose may be done as often as needed to clear nasal mucus. Use the bulb syringe given to you in the nursery.

Saline nose drops may be used to help break up the mucus so it can be suctioned better. Drop three to four drops in one side, wait six to fifteen seconds and suction, then repeat on the other side. This may be repeated 8 to 12 times a day as needed. The recipe for homemade saltwater or saline nose drops is 1/4 teaspoon of salt, as in table salt, in four ounces of water. Brand names of some that you may buy at the drugstore are Ayr, Ocean, Nasal, etc.

It is important to sterilize a bulb syringe or discard after illness.

**L. Regurgitation** - Normal “spitting up” in the newborn and “vomiting” in a sick infant should always be distinguished from each other. Projectile or “forceful” vomiting is abnormal. A little drooling with a burp following a feeding is common. However, it is always good to examine your feeding practices to assure that you are not overfeeding your infant. The kind of baby most apt to be overfed is the fussy, active baby who seems to be hungry all the time and feeds more often than every two hours. Such a baby usually does not want or need more milk, but may prefer sucking. If “spitting up” occurs frequently, check your baby's temperature, and check with our office.

**M. Growth and Development** - Your baby will grow rapidly. In general, babies double their birth weight by four to six months, and triple their weight by one year. This growth occurs in spurts that reflects your baby's genetic inheritance as well as personal characteristics.

You will notice that your newborn tends to keep their hands fisted and knees tucked under the stomach. They have very little head control initially and will need support for the head and back. It is in the early period that your baby begins to develop a special relationship with you. They like to be cuddled and held closely. They know that Mom and Dad provide peace and comfort. During this time, they develop a sense of trust that their needs will be met.

Parents often wonder how well their infant is able to see. During the first two months, a baby focuses at a distance of about twelve inches. This increases with time. The child will be attracted by brightness, movement and contrast, as well as three dimensional objects. Bright colored mobiles and pictures by the crib will attract attention. Remember that your baby will be looking up at the bottom of the mobile, so place it appropriately.

The infant's hearing is essentially the same as adult hearing. Your baby may startle when exposed to a loud sudden noise, but will enjoy listening to the radio or your singing. Your baby will also enjoy those special times with you taking great delight when you hold, rock, sing and talk to him.

**N. Car Safety Seats** - All infants and young children should be secured in a child restraint appropriate for their age and size. This is for their safety and is required by law. A rear seat is the safer place for all children to be secured. Never secure a rear-facing infant restraint in front of an active air bag. Always read and follow the vehicle owner's manual and the instructions provided with the child restraint system for proper usage. Be sure the restraint you choose fits securely in the vehicle before you transport a child in it.

If buying a car seat is a financial burden for you, call the local public health department, fire or police department or department of social services where they could possibly assist you.

**V. RECOGNIZING THE SICK NEWBORN**

If your **newborn** (3 months of age or younger) should develop any of the following symptoms, please call our office:

1. Rectal temperature above 100.4 degrees.

2. Persistent refusal to eat or sudden changes in feeding schedule.

3. Repeated vomiting.

4. Diarrhea or sudden changes in stool pattern.

5. Infrequent urination.

6. Excessive bleeding or oozing from the umbilical cord, redness or rash developing around the area.

7. Body rash or persistent diaper rash.

8. Persistent discharge, redness or swelling of the eyes.

9. Sudden breast enlargement or redness.

10. Severe nasal congestion or cough.

11. Persistent irritability.

**VI. HELPFUL GUIDELINES**

**A. How to Take a Temperature**: Some people use ear or temporal thermometers and the directions for those need to be followed exactly as per the manufacturer's instructions.

The child should not drink hot or cold liquids for several minutes before an oral temperature is to be taken. Clean the thermometer with alcohol after each use. Taking an oral temperature may be preferable for a cooperative child older than four or five years of age. Taking an axillary temperature is preferable for the uncooperative child of any age. In infants, we usually recommend taking a rectal temperature, so it is important to note how to do this and how to be comfortable with this method.

**1. *Oral Temperature*** Normal ranges are from 97° Fahrenheit (36.2° Celsius) to 99° Fahrenheit (37. 2° Celsius). The average normal is 98.6° Fahrenheit.

The procedure for taking an oral temperature is:

1. Place the tip of oral thermometer under either side of child's tongue.

2. Have child loosely close lips, being careful not to bite thermometer.

3. Thermometer should be held under the tongue until the final temperature is reached.

4. Remove thermometer.

5. Read degree of temperature

**2. *Axillary (Armpit) Temperature*** The normal range for axillary temperature is from 97° Fahrenheit (36.2° Celsius) to 98.6° Fahrenheit (37° Celsius). The average normal is 97.6° Fahrenheit.

The procedure for taking an axillary temperature is:

1. Make sure armpit is dry and infant or child does not have clothing between their arm and chest.

2. Carefully place the tip of the oral or rectal thermometer high up in infant's or child's armpit.

3. Hold infant's or child's arm snug against his or her body.

4. Thermometer should remain in place until the final temperature is reached.

5. Remove thermometer.

6. Read degree of temperature.

**3. *Rectal Temperature*** A normal rectal temperature is from 98° F (36.6° Celsius) to 100.4° Fahrenheit (38° Celsius). The normal average is 99.6° Fahrenheit, or 37.6° Celsius.

The correct procedure for taking a rectal temperature is:

1. Lubricate the end of rectal thermometer with petroleum jelly, or as recommended by your baby's doctor.

2. Lay infant on his or her stomach and spread buttocks so anus (lower opening of digestive tract) is easily seen.

3. Hold thermometer between thumb and index finger so that palm can rest on the buttocks. Slowly and gently insert thermometer two centimeters into anus, slightly less than one inch. The tip will no longer be seen.

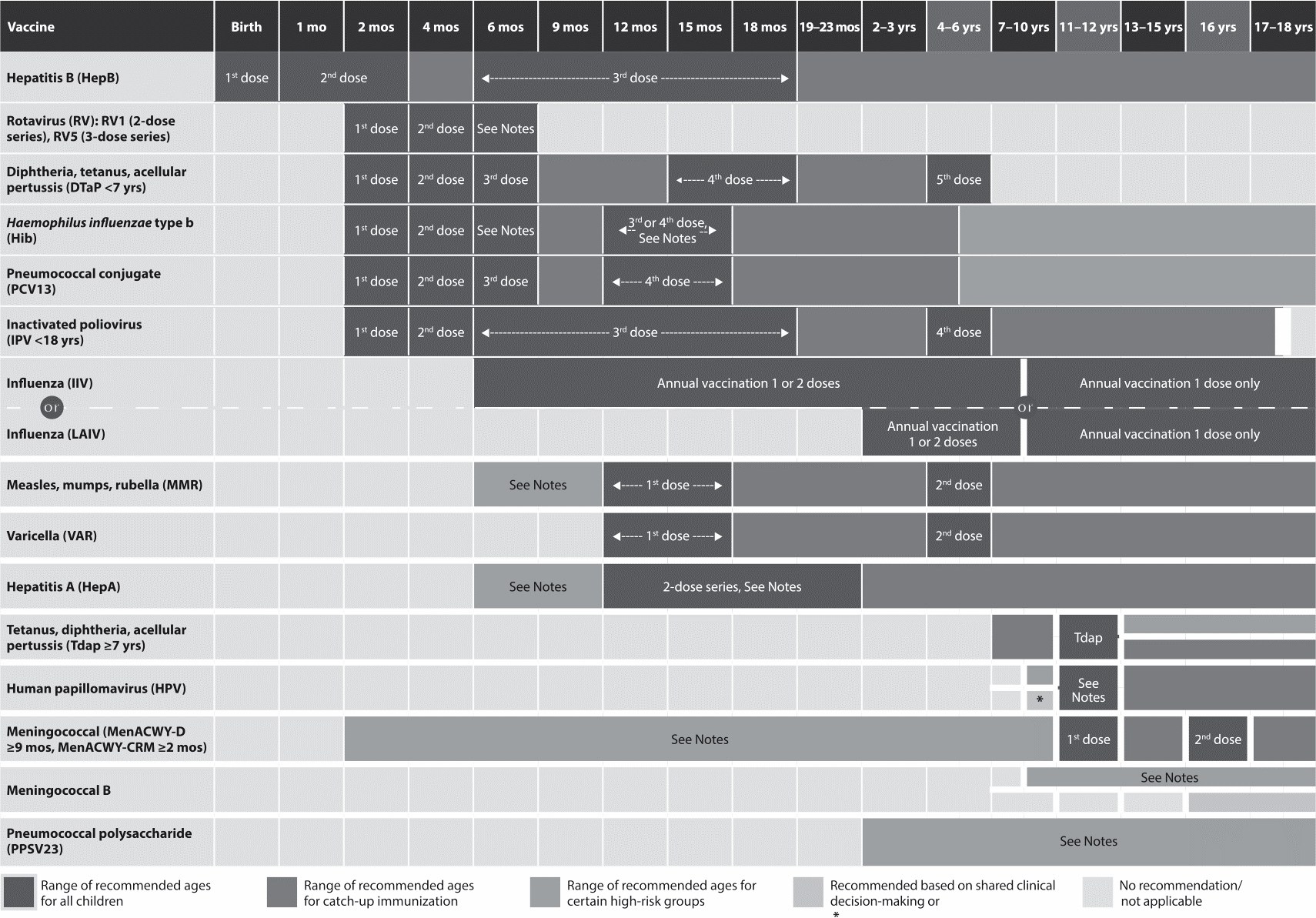
4. Hold thermometer carefully in place until the final temperature is reached. Hold infant still with other hand.

5. Remove thermometer.

6. Read degree of temperature.

**VI. IMMUNIZATONS**

These will be done at well child visits, along with other health screening procedures as indicated. If you have any questions about the immunizations, please ask during your visit.



**VII. DEVELOPMENT CHART**

These will be done at well child visits, along with other health screening procedures as indicated. If you have any questions about the immunizations, please ask during your visit.

|  |  |  |  |
| --- | --- | --- | --- |
| **AGE**  **(months)** | **PHYSICAL  DEVELOPMENT** | **SOCIAL DEVELOPMENT** | **TOYS** |
| **Birth**  **To**  **Three** | Searches with eyes and focuses. Stops activity on hearing sound. Hand still fisted, but will grasp object placed near hand. Head and shoulders droop while sitting. Turns body from side to back. | Enjoys cuddling and motion. Responds to presence of others. | Mobiles, hanging unbreakable mirror, dangle bells |
| **Three**  **To**  **Five** | Sees in color, moves eyes vertically, horizontally, circularly. Turns toward voice; awkward grasp; thump apposition begins; grasp more coordinated and a reach-grasp release. Turns back to side and pulls to sitting position. | Pursues moving person. Knows parent. Stares at strangers. Shows interest in other family members. | Rattles, cradle gym, squeak toy they can grasp in palm, small plastic blocks, rubber squeeze blocks, weighted toy |
| **Five**  **To**  **Seven** | Turns head toward bell and listens to own sounds and sounds of others. Can accept one object when given to them. Thumb apposition in picking up object. | Fear of strangers; affection for family | Grip balls, soft animals and blocks, teeth toys, squeak toys. |
| **Seven  To**  **Nine** | Visual pursuit of dropped objects. Listens to conversations and singing. Accepts two objects. Starts thumb-forefinger grasp. Sits alone; draws up knees. | Waves hands, initiates play. Chooses toys deliberately. | Activity boxes (crib and bath), soft stacking blocks, sturdy cloth or cardboard picture books, bath toys. |
| **Ten** | Searches for hidden object. Sees individual objects as separate. Listens with interest to familiar words. Understands commands. Crawls and creeps; begins to hold cup, reaches for spoons, stands on toes with support. | Initiates sounds and actions. Shows mood. | Colorful, sturdy cars and trucks, musical toys, baby cup, stacking squares or rings. |
| **Eleven**  **To**  **Twelve** | Produces more sounds; babbles short sentences; throws ball; builds towers of blocks. Points with index finger, climbs up and down stairs; pulls up to standing position; walks with support | May release objects on request. Solicits attention, offers object to familiar person. Talks to mirror image. | Unbreakable mirror, push-pull toys, shape and/or color matching toys. |

**IX. BOOKS FOR PARENTS**

We recommend the following book to all parents.

1. Focus on the Family: *Complete Book of Baby and Child Care*
2. The American Academy of Pediatrics: *Caring For Your Baby and Young Child, Birth to Age 5*

The following books may be of interest.

1. La Leche League International, *The Womanly Art of Breast Feeding*
2. Dr. James C. Dobson, *Parenting Isn’t For Cowards*
3. Harvey Carp, MD, *The Happiest Baby on the Block*