

**Small Wonders...
Great Joys!
Basic Parenting from
Birth to Five Years**



**Arcadia Division
www.pediatricalliance.com**

**9795 Perry Highway
Wexford, PA 15090
Phone: (412) 366-7337
Fax: (412) 366-5118**

**Pamela J. Clair, M.D., F.A.A.P.
William F. Coppula, M.D., F.A.A.P.
Anthony L. Kovatch, M.D., F.A.A.P.
Leslie B. Soloshatz, M.D., F.A.A.P.
Susie K. Saunders, M.D., F.A.A.P.
Annette Lucas, M.N., C.R.N.P.**

Welcome!

We, the physicians and staff at Pediatric Alliance Arcadia Division, would like to thank you for the confidence you have shown in choosing us as your pediatricians. Becoming a parent, whether for the first time or the fifth time, is perhaps the most joyous experience in our lives. That joy, however, carries with it a great responsibility, one we know that you as parents are eager to accept. Unfortunately, in most instances, people enter in to parenthood quite untrained for the responsibilities that lie ahead. Understanding normal child development and behavior, recognizing signs of serious illness, and developing proper nutritional habits are only a few examples of areas where you may, at times, feel unsure of yourself. Fortunately, the deep love you have for your child impels you to gain more knowledge in these areas. We, as your pediatricians, feel it is our duty to share some of these responsibilities with you. In turn, our reward is to also share in some of the joys you experience in seeing your child grow and develop.

Within this booklet, we hope to provide you not only with detailed information concerning your newborn baby, but also information we will want to discuss with you at each office visit. You can also record in this booklet your child's height and weight, immunization record, and the reason for your visit. You will find that the visit is much more meaningful if you have both read the information prior to the visit and brought the manual with you so we can refer to it during this time.

Throughout this book, we have chosen to use the masculine in referring to your child. We ask that those of you with girls do not take offense. This was done after much experimentation with various form of combining he's and she's. The decision to use the masculine was made only for the sake of purity. All of the comments within this manual apply equally to boys and girls.

Our sincere hope is that you will find this booklet valuable both when your child is ill and when you have a routine general questions concerning his health. We feel that the information contained here will help us achieve our goal of assuring the overall good health and well-being of our most precious commodity our children.

Office Policies

Office hours

Our office at 9795 Perry Highway is open daily from 8 a.m. to 5 p.m. This doesn't necessarily mean a doctor is in the office at these times. Patients are seen Monday to Friday and most Saturday mornings.

Please remember that a **DOCTOR IS AVAILABLE 24 HOURS FOR EMERGENCIES** even if we are not in the office at that time. If you call the office during office hours, a doctor or nurse will be available to instruct you on what to do. After office hours, our answering service will get in touch with the doctor on call. Be sure to identify the problem as an emergency.

Since the doctors are seeing patients during office hours, they are not available to answer routine questions during this time. For routine questions, or to schedule a sick visit, we ask that you speak to one of our nurses.

Appointment Policy

Patients are seen by appointment only. Check-up appointments should be made at least four to six weeks in advance. Sick visits are usually seen the same day, depending on the problem.

Sometimes it is necessary for you to change your scheduled appointment, so please notify us as soon as possible so that we can reschedule another appointment as close to that date as possible. The same holds true for us, as we might have to change an appointment. Naturally, if you are unable to keep your appointment, please call and cancel as soon as possible.

Another consideration is that when you bring your child in for a sick visit, please remember that the doctor is only going to see the child for this problem. His routine exam cannot be done at this time. Any routine questions or problems should be discussed with the doctor during the child's routine examination.

Billing and Insurance Information

All insurance and patient billing activities are performed by our central billing office. We participate with all major third-party insurance carriers as well as a variety of managed-care organizations. We will be happy to submit claims to your health insurance company on your behalf; however we cannot guarantee payment.

Please remember to bring your insurance card to each visit; we will need to retain copies for our records. We ask that you promptly notify us of any changes in your insurance coverage to prevent billing delays.

An agreement exists between you and your insurance company. You are responsible for payment in full within 60 days of receiving service. It is your responsibility to know what your insurance covers. It is also your responsibility to know which hospitals your insurance covers for emergency visits. We also require payment in full at the time of our visit for all services not covered by your insurance as well as all applicable co-insurance/co-payment amounts. We accept cash, check, MasterCard , Visa, and Discover Card.

If you experience difficulty meeting your financial responsibility, please contact the Pediatric Alliance Billing Office at 412-278-3310. A collection representative will work with you to establish an affordable monthly payment plan.

All Billing, insurance, and collections questions should be directed to 412-278-3310.

Your New Baby Birth Record

Your Pregnancy

Due Date: _____

Your Age: _____

Your Blood Type: _____

Problems During Your Pregnancy: _____

Your Labor and Delivery

Hospital of Birth: _____

Your Obstetrician: _____

Time and Date Your Labor Started: _____

Time and Date You Delivered: _____

Vaginal Delivery or C Section: _____

Problems During Your Labor: _____

Your Baby

Birth Weight: _____

Length: _____

Apgar Score: _____

Discharge Date: _____

Discharge Weight: _____

Problems: _____

Feeding Time

General Information

Feeding time should be a rewarding and satisfying experience for both you and your new baby. Of course it will take a little while to get comfortable with this new task, but in no time at all you should be well on your way. Your decision to breast feed or bottle feed is not as important as making feeding time a very special time. If you make every effort to prevent it from becoming too mechanical and routine, these precious moments will pay rich dividends for you and your baby. Remember that this is one of the times your baby is getting to know you. He looks into your eyes, hears your voice, feels the softness and warmth of your body, and even the beat of your heart. All this says something to baby. It can be a joyful, pleasant time if you let it say how much your baby. You make the difference. Feeding time can be one of those moments you make so pleasant and so special in your baby's life.

But there may be some problems, too. Newborns often seem totally disinterested in feeding. This is normal situation. A baby must learn to eat, and if you make it a happy and pleasant experience, the baby will learn more quickly. Babies are born with excessive body fluids, which is nature's way of sustaining them until they learn to take food in a normal way. Therefore newborns invariably lose weight immediately after birth, but this condition will correct itself. Do not be concerned about the baby's occasional disinterest in feeding or about the loss of weight immediately after birth. In no time, the baby will be feeding well and the weight loss will cease. Should feeding or weight loss become a problem, corrective steps will be taken immediately, and you will be informed promptly and fully about the situation.

During these early weeks, you should feed your baby "on demand." The baby's need must be your prime concern not the kitchen clock, much less your own schedule. At first your baby will feed approximately 8 to 12 times a day. Feeding skills and feeding times are gradually learned, and baby will learn best without pressure. In time, he will learn to concentrate the feeding during the daytime so that he will sleep at night. Generally babies learn this pattern within the first two or three months without serious difficulty.

Remember these points:

- Do not be overly concerned about your baby's schedule. As long as a newborn is growing and tolerating the feedings and as long as you are trying to make these feedings something special and attempting to make baby enjoy feeding time, then all will go well, despite the inevitable problems.
- The first four months of a newborn's life is a period of great growth. There will occur the so-called "frequency days" or "growth spurt days" when baby seems to do nothing else but consume food. If you are aware that these days are normal, they will not take you by surprise. On these days, you should be prepared to spend most of your time feeding the baby.
- Feeding time is a special "together" time for you and your baby. Enjoy this "togetherness." You needn't worry about your baby's weight, as we will be checking it at regular intervals.

Breast Feeding

Breast feeding is the **preferred** way of feeding your newborn for at least three reasons:

- It provides the best source of nutrition for the baby.
- It provides the baby with natural protection against many viral infections and allergies.
- Most mothers and their babies find breast feeding a pleasurable and enjoyable experience.

Breast feeding, therefore, is to be encouraged, and while there may be some minor problems associated with this method, the difficulties are far outweighed by the benefits. If problems develop, please discuss them with us as soon as possible. Allegheny County has a breast feeding help line at 412-247-1000. The La Leche League Central Pittsburgh number is 412-276-5630. We also have lactation nurses in our office to help with breastfeeding.

The best way mother can prepare for breast feeding is to maintain a well-balanced diet. No special diet is required. You should try to avoid large quantities of foods that create gas (like cabbage and broccoli). And, contrary to what is often said, you need not take excessive amounts of milk in your own diet. One good glass of milk a day (approximately 8 to 10 ounces) is sufficient. There is some evidence that too much milk in your diet may have undesirable effects on your baby. You should, however, drink several glasses of water during the day.

Your milk supply is determined in great measure by the number of times you nurse the baby. The more you nurse, the more milk you will have. Nursing five to seven minutes on a breast will essentially empty it. Your baby may desire to nurse for longer periods, which is fine. However, should your nipples become irritated, cut back somewhat on your nursing time while maintaining the same frequency. You may also soothe the nipples by using a breast cream (such as Lanolin) to prevent tenderness. After a few weeks, you will find nursing does not cause any irritation.

Breast feeding should be a most enjoyable and satisfying experience for both mother and baby. This is the major reason for recommending it as the preferred way. In breast feeding, mother and baby are united in a most natural and intimate way for precious moments that strengthen the bond of love between the newborn and mother.

Always remember that any unusual problems should be discussed openly and promptly with us.

Bottle Feeding

If you prefer bottle feeding, please note the following:

- We recommend a commercially available routine iron fortified infant formula. You may use ready-use, concentrate, or powder formula. Iron does not cause babies to be constipated or fussy.
- We also recommend newborn formula birth to the first 3 months of life, which contains high levels of Vitamin D for bone growth and development.
- Whether ready-to-use or in concentrate or powder form, be sure that the formula is iron-fortified. Iron deficiency is a common problem in infants, and you can prevent this by using iron-fortified formulas.
- Simply wash the bottles and nipples in hot tap water. There is no need to sterilize these items.

There is a great variation among newborns in their capacity to take food. Ordinarily, when the baby leaves the hospital, a two-ounce feeding is usual. However, this will vary greatly among babies. At times, your baby will take more or less than two ounces. This variation need not concern you.

Do not force the feedings. Be guided by the baby's appetite. When baby has had enough, you will know. Learn to read the signals your baby gives and then follow them carefully. Remember that the bond of love you feel with your baby during this time is much more important than how many ounces he feeds.

Supplemental Feeding/Vitamins

Like all humans, babies need sufficient calories to grow and stay in good condition. As a general rule, newborns, whether breast-fed or on formula, will receive these calories and do not require supplements. Babies never need supplements of water. Indeed, substituting water for the regular feedings can cause problems. Occasionally, if you are breast feeding, you may desire to supplement with a bottle. If so, please be aware of the following:

- These supplemental feeding are rarely necessary to supply adequate calories. They should be reserved for special occasions, e.g., you are going to be away, Dad wants to feed, and so forth. It is a good idea to introduce a rubber nipple at about 1 month of age so the baby becomes accustomed to it.
- If you supplement, you may use either formula or pumped breast milk, which can be stored in the refrigerator for 24 to 72 hours or in the freezer for much longer periods.
- If you supplement with formula, use powder to avoid wasting formula.

Formula-fed babies never need vitamin or iron supplements. The formula itself is fortified, and if you are using water to mix the formula, you will be supplying the baby with necessary fluoride. If you use bottled water, well water, or live in a community without fluoride in the water, fluoride supplements should be used starting at 6 months. We may at times supplement your breast-fed baby with fluoride at 6 months, as fluoride is not passed effectively into breast milk. Breast-feeding mothers should continue prenatal vitamins daily.

Babies were designed to grow very nicely on either breast milk or formula. There is no need to add anything else into their diet. Breast fed babies should be given vitamins to provide adequate vitamin D (i.e., Trivisol). Even during growth spurt periods, you need only supply increased quantities of milk. You do not need to feed babies solids to make them grow better or sleep better. It is much better to add these foods at a time when the baby is ready to learn how to eat solids, as discussed later in this manual.

Stools

If you breast feed the baby, notice that the stools may be quite frequent. Bottle-fed babies have less frequent, firmer stools.

Just remember:

- There is no standard rule to govern this. Some babies will pass 7 to 10 stools per day, some will have stools every five to six days. Both are normal.
- Some babies show great strain in passing stool. Do not be concerned about this.
- Soft stools are not a problem. The color of the stool is not a concern unless blood is seen.

General Newborn Care

Most newborn babies spend most of their time sleeping and eating. You want to make sure that baby has a safe place to sleep and is put to sleep in a safe position.

- A safe crib will have slats no more than 23/8 inches apart and corner posts less than 5/8-inch high above the rails.
- Baby should sleep on a firm mattress that fits tightly in the crib, cradle, or bassinet.
- Do not put pillows, comforters, or other soft padded materials, such as bumper pads, in the bed, under, or around the baby.
- Put healthy infants to sleep on their backs.
- Keep the sides of crib raised when baby is sleeping in it.
- Try to keep sleeping newborns away from pets, other children, and large overstuffed toys.
- Don't let people smoke around your baby. Your baby's lungs are delicate. Babies are not as resistant to respiratory infections as their parents.

Cord Care

The umbilical cord requires care for up to four weeks after birth. If it is kept dry, especially at the base, the cord should fall off within this time. The treatment of cleaning with alcohol should be repeated two or three times a day, and the baby's diaper should be adjusted so it does not irritate the belly button.

Occasionally you may notice a small discharge of blood from the cord. This is nothing to worry about. Should any unusual swelling or redness occur near the cord, contact our office at once.

Your baby's umbilical cord will be examined when you make your regular visit to our office.

Penis Care

While circumcision has been traditional for most males in this country, circumcision have now been shown to provide lower risk of transmission of STD's, penile infections and cancer. There may be, however, religious or other compelling reasons for circumcision. Ordinarily there are no complications with this procedure, but bleeding and/or infection can occur. If you have questions concerning the circumcision, do discuss them with either us or your obstetrician prior to signing any consent forms.

If you decide to have your baby circumcised, use A&D ointment frequently on the circumcised area to

prevent tenderness from contact with the diaper. While redness and swelling are common during the first four or five days, any inflammation of the shaft of the penis or prolonged swelling or redness should be brought to our attention promptly.

Vaginal Care

Female babies often have a whitish vaginal discharge. This is a very normal occurrence. Simply remove the discharge with a soft cloth. There may be at times a bloody vaginal discharge and this, too, is normal. The bleeding will ordinarily cease after one or two weeks.

Skin Care

Use only sponge baths until the umbilical cord and/or the circumcision are completely healed. There is no need to bathe your newborn baby frequently. Your baby does not get dirty. Three or four baths a week are usually sufficient. Any mild, nonirritating soap (Dove, Neutrogena bath gel) will do, and any brand of baby shampoo may be used to wash the hair.

The diaper area can be a problem and requires careful care. Diaper rash is due to urine or stool irritating the skin. Change the diapers frequently. You may leave the baby without a diaper for brief periods or use a hair dryer on a low setting to blow-dry the diaper area. Creams and powder are not necessary if you keep the area clean and dry. If a mild irritation does not clear with air, then a thin layer of Desitin or other diaper ointment may help. If the rash persists, contact our office.

Eye Care

To protect the eyes of the newborn against any infection that could have been acquired during the birth process, ointment will be put into baby's eyes shortly after birth. It is possible that this may cause some puffiness around the eyes and produce a yellowish discharge. Do not be alarmed. Within two or three days after birth, this difficulty will be resolved. The ointment is quite harmless, and the minor inconvenience caused is a slight price to pay for the important protection your baby receives.

During the baby's first months, there may be occasional discharge or matter found in the eye. Ordinarily this is due to the newborn's tiny tear duct. When you notice this, flush the eye with saline (1/4 tsp. salt and eight ounces warm water). Saturate a cotton ball with this solution and squeeze it in the eye. Occasional massage of the tear duct area in the inner corner of the eye also helps. Redness in the white part of the eye or the eyelid, or swelling around the eye, should concern you. Should any of these occur, contact our office promptly.

Vitamin K

Vitamin K is an important medication given to your baby shortly after birth. This protects your baby against serous bleeding complications. All babies are born in insufficient vitamin K levels which can result in hemorrhage if the baby is not given the medication.

Thrush

Thrush is a yeast infection of the mouth and is very common in infants under 3 months of age. It is typically treated with a prescription medicine called Nystatin. It is benign and is often recurrent in breast-

fed infants. The infant may also have an associated yeast diaper rash, which can be treated with clotrimazole cream (Lotrimin) three times a day. Please call during office hours to discuss treatment. This is not an emergency.

Travel / Dress

Your baby is ready to go outdoors as soon as you get home from the hospital. In fact, the fresh air is good for him. Let your period of exercise be the baby's period of "exercise." Take baby in whatever way is convenient. If you wish, a Snuggli or front pack is fine. Sometimes the carriage is the best way. Whatever way you feel comfortable, just note these suggestions:

- Avoid large crowds of people for six to eight weeks.
- Your baby will need the same "type" of clothes you need. If it is cool, dress him warmly.
- Your baby can maintain his body temperature the same way you can. Keep your home temperature at a level that satisfies you.

Car Seats

Car crashes are the leading cause of death and serious injury among infants and children. This means that special care should be taken when transporting your precious cargo. It is always important to use your car seat safely and correctly EACH AND EVERY TIME. Also, being a good role model and wearing your seat belt will promote cooperation from your children and develop good car seat habits.

Car seats come in a wide selection and may not all be used the same way, so it is crucial to read the manual with the car seat along with the vehicle manual when installing your car seat. You should also avoid putting things in the car seat that did not come with the car seat. Many of the items that are sold separately have not been crash tested and may prevent the car seat from performing the way it was designed in the event of the crash. Even "heavy" or "puffy" coats or clothing can interfere with the safety of the seat. It is best to dress your child in tight fitted clothing/light jacket and use a heavier coat or blanket to cover them over the harness.

There is no one brand that is considered "safest" or "best". The "best" car seat is one that fits your child's size and weight, fits correctly in your vehicle and is able to be installed properly and used correctly every time. It is not recommended to use "used" car seats that have an unknown history. The car seat may need to be replaced if involved in a crash, even if you cannot see any visible damage. The criteria for replacement are usually dependent on the severity of the crash and whether or not the seat was occupied but, you should refer to the owner's manual for the seat or contact the manufacturer. Replacement of the seat is often covered by the automotive insurance.

Children should remain rear-facing (in a 5 point harness) until at least 2 years of age but, as long as your child is still within the weight and height limits of the seat there is no reason that says you have to flip them around.

Forward-facing children must remain in a 5point harness until at least 4 years of age and are able to sit correctly in a booster seat with a lap and shoulder belt. But, as long they are still within the height and weight limits of the car seat there is absolutely no rush to transition to a booster.

Children in a booster should remain in a booster until ALL of the following are met:

- At least 8 years of age
- Is approximately 4'9"
- Child's legs can bend at the front edge of the seat
- Child can sit with their back flat against the vehicle seat back
- The lap belt fits low and snug on the hips
- The shoulder belt sits on the collar bone and the center of the child's chest
- The child can remain seated like this for the entire trip.

Children under the age of 13 should be properly buckled in the back seat of the vehicle.

Our office has a Child Passenger Safety Technician (CPST) on staff, who will be able to teach you how properly use your car seat and answer any questions you may have.

Spoiling

“Spoiling” in the first few months of life is not possible. The rule with babies, especially in the first few months, is that they need all the love and affection you can give them!

Your newborn cannot talk, but there is communication that you must strive to understand. Sometimes the cries mean your baby wants to be fed; sometimes it is bedtime, or the diaper needs to be changed. But the baby will cry, too, if love and attention are the objectives. Babies need to be picked up and cuddled; they want to look at and hear things and to know you are around.

Remember that you are the baby's first teacher, and you are helping your infant to learn. Through you, your voice, your touch, your face, your hands, the baby is simply beginning to discover things about this marvelous world. You are the one to guide this pilgrimage for better or for worse. Holding, loving, and cuddling your baby is not “spoiling,” no matter what others may say. Such attention is healthy and it is all part of the baby's growth process. Notice how the baby in time begins to look at you and smile and giggle. Those experiences are all part of the wonders of being a parent and assure you that your baby enjoys the love and attention you give.

Remember that your child sucks instinctively even when not hungry. Do not be afraid to use a pacifier, but let your baby associate it with you by holding and caressing the infant when the pacifier is in use.

Of course, there will be times when nothing seems to satisfy the baby. These “fussy” periods are inevitable. You must expect them. Feeding, changing, cuddling—nothing seems to work at these times. Some identify these periods as times when baby has “colic” or “gas.” Usually some sort of motion will help. Bouncing the baby on your knee or allowing the infant to swing carefully from side to side may help. Sometimes where both will help. But there will be times when nothing seems to work.

If you find yourself getting upset, it is best to lay baby down for 5 or 10 minutes and to get away for a few moments. Your feelings of frustration are normal. Infants are bound to have these “fussy” periods. Patience and common sense must be the rule.

This is your baby and your help is needed. The more effectively you show your patience and your love, the more you will help your child. Love never spoiled anyone. Indeed, the more love, properly given, the sooner your baby will develop into a wholesome, happy person.

Follow Up

Questions will invariably arise that you have forgotten to ask. Therefore, note the following:

- Make your first office visit about one week after baby is discharged from the hospital.
- Things not covered in this manual or in our discussions are bound to happen. Just call our office Monday to Friday 8 a.m. to 5 p.m., Saturday 8 a.m. to 12 noon for your special questions.
- Emergencies may arise. If so, one of our physicians is on call at all times.

In the first two months of life, if your child has any of the following symptoms for three or more hours, this may be an emergency, and you should call our office immediately:

- Fever greater than 100.4°F
- Extremely lethargic
- Miserably fuss

While no single, all-inclusive directive can be given, do remember that being a parent is quite a natural and normal thing. Feed your baby when hungry; change baby when necessary; and give baby lots and lots of love, and all will go well. Remember, we stand ready to help you, but you are the one who makes the real difference in your baby's life. You are parent, teacher, nurse, guide, provider—do your job well and you will be well rewarded.

Illnesses

Introduction

Once your baby has completed the newborn period, there are two risks to health that require concern. The first of these is illnesses. In this section, the subject of illness will be considered. In the following section, the second risk to an infant's health, accidents, will be our concern.

Children do become ill. It is your pediatrician who must stand ready to help you in special ways at such times. Here is some general information on childhood sicknesses:

- In the first year, the average child will have between 10 -12 self-limited viral illnesses, for which there is no curative treatment.
- As the child grows older, the number of these illnesses decreases.
- Once your child begins school, preschool, or is placed in a day-care center, the number of illnesses again increases.

What we as physicians do is to determine whether or not your child's illnesses are serious. If so, the child needs evaluation and treatment. If not, which is most likely, we deal with the symptoms to provide relief and allow nature to work its wonders.

In this section, we would like to share information about childhood illnesses and advice for when your child gets sick. Of course, some things may occur that are not considered in this section. Should you have any questions, call our office. Emergencies are rare but may occur, and should one happen, call us immediately at any time of the day or night.

Fever

One of the symptoms that causes great parental concern is fever. A fever is simply a sign that your baby has an infection. The big problem is to determine what the infection is, and that cannot be determined by temperature alone. Low-grade fevers do not mean that the infection is minor nor do high temperatures signal serious infections. Fever tells us only that there is an infection, and that the body is trying to fight the infection.

What you must do is note other symptoms. How does your child look? If he is having periods of playfulness and does not look terribly ill, then it is most unlikely the fever is caused by anything serious.

The primary reason for treating a fever is to make your child more comfortable. Also, if the temperature comes down and your child “perks up,” it is a good sign that he is not seriously ill. The best and safest treatment is acetaminophen (Tylenol). Ibuprofen (Motrin or Advil) may be used if your child is over 6 months of age. A complete listing with the proper dosage has been included in the back of this manual.

At times it is advisable to place your child in a tub of lukewarm water. Do not use cold water or alcohol. These will cause chills and make the child more uncomfortable. Temperature may be taken orally, rectally, in the ear, or under the arm.

To determine your child’s temperature:

- For the first year, a rectal temperature is more accurate.
- Over 12 months, ear thermometers may also be used but are frequently inaccurate.
- For children over 3 or 4 years old, an oral temperature can be taken. Keep the thermometer in place for three minutes to assure an accurate reading.

Although fevers do not harm your child and can in most instances be treated symptomatically, there are occasions when you should contact our office immediately:

- If your baby develops a temperature above 100.4°F (38°C) in the first two months. Newborns don’t show enough signs to tell if the infection is serious and needs immediate evaluation.
- If your child, at any age, has a fever and appears very lethargic or has persistent vomiting or diarrhea.
- If your child acts extremely ill despite Tylenol and/or Motrin treatment.
- If the fever persists beyond three days.

Have confidence in your own ability to read your child’s signs of illness properly. You know your baby better than anyone and can tell whether he is extra fussy or lethargic. But if you are ever in doubt, call us promptly.

Nasal Congestion

Youngsters, especially in the first year of life, often develop rather significant nasal and upper air passage congestion. This may be due to a common cold, to dryness in the air (especially in winter), to irritants and pollutants (especially if family members smoke), or to allergies. Should congestion develop, do all you can to keep your baby away from irritants and try to humidify the air the baby breathes. This is a prominent problem especially in the first year of life because the air passages of the infant are so small and because the average infant will have between 10- 12 colds per year.

Medications are not very effective in relieving nasal congestion in young children. However, there are some things you can do. The following are some helpful recommendations that can be pursued at home:

1. One of the most effective and safe ways to loosen mucus and to clear the entire respiratory area is through the use of a COOL MIST VAPORIZER/HUMIDIFIER. Do not use a steam vaporizer. Use only water in the vaporizer. Be sure to keep the vaporizer clean. Use any brand of disinfectant to clean it periodically.
2. Mix eight ounces of lukewarm water and 1/4 teaspoon of salt. Allow the salt to dissolve and to cool to room temperature. This is popularly known as SALTWATER NOSE DROPS. When extreme congestion occurs, place two or three drops of this solution into your child's nose. This may cause the child to cough, sneeze, or even to choke. Do not be alarmed by these immediate effects. The nose drops will not harm your child.
3. Most local pharmacies have available a NASAL ASPIRATOR. Once the mucus is loosened by the vaporizer or the nose drops, this aspirator can be used to remove the mucus.
4. Over the counter cold/cough medications are not recommended for children under 6 years of age.

Occasionally decongestants and antihistamines make the child either drowsy or overactive. Should you notice these effects, discontinue their use.

These suggested treatments of nasal congestion are intended to relieve the symptoms and therefore make the child more comfortable. Use good judgment. If your child is generally happy, cheerful, and is eating and sleeping well, do not bother to use any treatment. On the other hand, if the child is miserable, if there is extreme fussiness, fever, or labored breathing that is not relieved by any of the above suggestions, then contact our office immediately.

Ear Infections

During the first year, a child may have at least two or three ear infections. Do not be alarmed if such infections continue beyond the first year. Ear infections are extremely common and usually follow upper-respiratory infections.

There are some signs that parents should look for: tugging the ear, fussiness, and a fever following symptoms of nasal congestion. Older children will complain of ear pain. To be certain, the ears must be examined. So, if you suspect your child has an ear infection, call our office during office hours.

If your child does have an ear infection, it is important to have the ears checked again within two or three

weeks after treatment to be sure they are completely healed.

Coughing

Most upper and lower respiratory infections are accompanied by a cough. This can be significant at times. A cough is most often an indication of nose and airway irritation. It does not necessarily mean the child has pneumonia. Indeed, coughing can at times serve a useful purpose. By keeping the respiratory secretions from settling in the lungs, coughing can prevent pneumonia.

A child with a cough who otherwise appears well is no cause for alarm. On the other hand, if the cough is accompanied by difficult breathing, high fever, or chest pain, or if the child looks ill to you, contact our office promptly.

Remember that your treatment is only to make your child feel better. If he is not bothered by the cough, no treatment is necessary.

Sore Throat

There are two kinds of throat infections: primary and secondary.

Most children less than 2 years of age will have secondary throat infections, that is, irritation in the back of the throat resulting from nasal mucus dripping into the throat. Such infections usually respond to the symptomatic treatment noted above in the section "Nasal Congestion."

Primary infections most often occur in children after age 2. When children complain of a sore throat associated with high fever or swollen glands or both, they should receive attention. Children with possible strep throat should be examined and have a strep test taken. Proper treatment of strep infections can prevent serious complications such as rheumatic fever.

The majority of throat infections are not strep throats but rather viral illnesses that require only symptomatic relief. Encourage the child to drink cool liquids and, depending on age, have the child use saltwater gargle or Chloraseptic mouth spray.

Vomiting and Diarrhea

Both vomiting and diarrhea are common childhood symptoms and usually result from a viral intestinal flu. Ordinarily this flu is resolved within a week to 10 days. Occasionally a viral infection will leave such an irritation in the lining of the intestines that the child's stools are abnormal for three or four weeks.

There are two major objectives to treatment:

- To prevent dehydration by providing adequate fluid intake.
- To provide adequate calories in some easily digestible form. This will help the intestines recover from the irritation.

When vomiting or diarrhea begins under 1 year of age, place the infant on a clear liquid diet for 24 hours. Use prepared electrolyte solutions such as Pedialyte. If milk or formula, however, is all your child wants to drink, give this freely to prevent dehydration. This gives the intestines a chance to rest and heal and

also replaces salt and water losses. Older children may drink a variety of clear fluids.

If your child is vomiting, provide liquids by giving small amounts more frequently. If there is no vomiting, allow the child to take as much fluid as desired at any one time.

After vomiting has subsided, the liquids must be supplemented with more calories to promote healing of the intestines. If the child is already on solids, this would be the time to reintroduce a normal diet including milk. You may find that this will increase the number of stools each day. This is due to the increase in calories and is of no significance. Returning to a normal diet hastens recovery.

If your child has been taking a modified cow's milk formula it is sometimes helpful to start the youngster back to health on a lactose-free formula. Similac and Enfamil have lactose-free formulas and the soy formulas may also be used. As the condition improves, you can return the child to his original formula usually within two weeks.

When there is significant vomiting and diarrhea watch for signs of dehydration and record the number of stools. Keep a record of the number of times the child urinates. As the child's body dehydrates, the body conserves fluids and urination decreases. Contact our office immediately:

- If the child does not urinate for 12 to 14 hours.
- If your child becomes extremely lethargic or has dry, sticky saliva in the mouth.
- If you are unable to get fluids into the child because of the vomiting.

These illnesses are self-limited in nature but if, despite the above measures the child becomes dehydrated, then the problem is more serious. Contact our office immediately. Dehydration can be easily treated once it is diagnosed, but it may require hospitalization.

Since these problems can follow an unusual course and since most cases are unique, do not hesitate to call us if you have any concern.

Pinkeye and Infections

Eyes that are red and have drainage (either clear or yellow) are called pinkeye (or conjunctivitis). When your child has pinkeye he may have a fever but should always remain alert and be comfortable.

Pinkeye is frequently associated with viral infections, allergies, or bacterial infections. If it is associated with a cold, it may clear on its own without treatment.

Pinkeye is not an emergency; keep the eye (or eyes) clean with saline eye drops four times a day (see page 11). Please call us during office hours and we can decide whether a prescription medicine is necessary.

***Please call us if the eyelids become swollen and have a purple or deep crimson-red color. Also call us if your child becomes progressively sicker and/or if his temperature goes over 101°.

Coughs, Colds, and the Flu

Remember, it takes 7 to 10 days after exposure to come down with a cold. That means your child cannot

get sick with a cold the day **after** being exposed. He was probably exposed to someone else a week earlier!

Colds usually run 10 to 14 days. It is healthier to allow a cold to run its normal course. If your child is mildly to moderately sick with a cold, **even if the nasal mucus is green or yellow**, antibiotics will not hasten recovery. When healthy children get the flu, they are often sick with an illness that appears to be a bad, achy cold.

When your child is sick with a cough or cold, there are many simple things you can do to make your child feel better:

1. If your child has a fever read the section entitled "FEVER" on page 20.
2. If your child's nose is stuffed, either have him blow his nose or for children too young to blow their noses, you can use a bulb syringe (or ear bulb syringe or nose bulb syringe, or nasal aspirator, many names for the same thing), which can be purchased at most pharmacies. To use, just squeeze the bulb, place the open end flush with the child's nose, and release the bulb. This will suck out the mucus from the nose. You can repeat this every few hours (especially before feeding or naps).

You can also make up a solution of saltwater nose drops to put in babies' noses. Dissolve 1/4 teaspoon of table salt in eight ounces of water. Place two or three drops of the solution in the baby's nose prior to using the nasal aspirator. Don't use the aspirator for more than five days without consulting us.

3. Run a vaporizer or humidifier. If you have access to either kind, choose one that delivers cool mist.
4. Elevate the head of your child's bed or crib (place books under the legs of the bed) by two to four inches so that the child's head is raised slightly. This will help with drainage.
5. Don't be worried if your child does not want to eat his usual diet. As long as you get a steady stream of fluids in him, you are doing fine. If your child does not have an upset stomach, vomiting, or diarrhea, you may use milk or formula if that is what your child wants.

No medication can make a common cold disappear. If these suggestions make your child relatively comfortable, continue them during the night and check with us during office hours.

Bee, Wasp, Hornet, and Yellow Jacket Stings

If your child is stung by one of these insects he may experience pain, swelling, itching, or a more extensive allergic reaction. Although you cannot make the symptoms disappear, you can make your child feel somewhat more comfortable. Here's what to do:

1. Give Tylenol or Motrin for the pain (Motrin should not be used in children under 6 months).
2. Give Benadryl for any itching or swelling.
3. Use cool compresses on the area.

***If your child develops hives all over his body, please call our office. If your child develops breathing or swallowing problems, please call 911.

Poison Ivy

Poison ivy occurs during all four seasons, but is most common in the spring and summer. A reaction to poison ivy (poison oak or poison sumac) usually consists of a series of small blisters that look as though they are lined up. However, a series of scattered blisters can also occur. The reaction is very itchy. There is no fever.

The Fluid in the Blisters is Not Contagious

The plant has a chemical on the leaves which causes an allergic reaction on the skin. The chemical CAN be spread around the body. However, once you have bathed with soap, cleaned well under the nails, and washed all clothes may have come into contact with the chemical, the reaction cannot spread. Until you have done that, you can spread the reaction (for example, from your fingernails to your face). Remember, the dog can get it on his fur, or the baseball that was hit into the woods can have the poison ivy chemical on it. If you are going to burn poison ivy plants to get rid of them, **DO NOT** breathe the smoke.

If your child gets poison ivy, you could use Calamine Lotion. You should also give your child Benadryl.

If you consider the poison ivy to be more than a mild case (and these suggestions are not helping at all), please call us during office hours to discuss further therapy.

Croup

Croup is a respiratory illness caused by a virus. It occurs commonly in the Autumn. Children with croup can have a fever (usually 101° to 103°) and usually have a barking cough (like a seal). They can also make a noise with each inhaled breath. Croup usually starts in the evening or night and gets better the next morning, only to worsen again that night.

If your child has croup, you should run a vaporizer (also called a humidifier). Vaporizers can emit either a cool or warm mist. If you have access to either type of vaporizer, choose a cool mist vaporizer. Sit the child close enough to the mist to allow him to breathe the moist air, or take him in a steamy bathroom.

If that is not helpful, you can also take your child outside to breathe the cool, moist, night air for 20 minutes. Remember to dress your child warmly.

If these suggestions help your child to breathe more comfortably, you can repeat them as often as necessary during the night. Any time your child is up several times during the night with croup, you should call us during office hours.

Croup is contagious until the fever is gone and the symptoms are obviously improving. Your child should not attend school while sick with croup. Some day care centers will allow children to attend while sick with croup. Check with your day care center to be certain.

***We would like you to call us if your child seems very sick, cannot swallow his saliva, or seems to be getting increasingly uncomfortable, with labored breathing, despite the above suggestions. Also, please call us during the day if your child starts “barking” with croup.

Your child may have a cough for two to three weeks after getting croup.

Lice

Please do not panic if your child comes home from school with the diagnosis of lice. Lice are very common. Almost every elementary school has at least one outbreak of lice each year.

All family members should be inspected for lice (tiny brown bugs the size of the “o” on this page). It is easier to spot the nits (eggs) which are white and stick to the hairs very tightly. In fact, the nits resemble flakes of dandruff that don’t come out when you pull the hairs through your fingers.

All family members should be treated. You can purchase one of two over-the-counter products to treat lice: Nix or Rid. You can also purchase a nit comb to help remove the nits.

You should also wash all pajamas, bedsheets, and pillowcases. Any stuffed animals can be treated by placing them in a hot dryer for 30 minutes.

Your child may return to day care or school the day after you treat the lice and remove the nits.

Rashes

There are dozens of reasons kids have rashes and as many places on the body to have them. That being said, here are some useful tips to get started:

1. Diaper rashes are among the most common rashes. The skin in the diaper region becomes red and inflamed. Most are due to irritation from skin that is wet then dry then wet then dry. The best thing to do is leave the diapers off for periods of time every day to “air dry” the diaper region. You should also apply some A&D ointment or Desitin to the area when the diaper is put back on. If this does not help in a few days, call us during office hours for further suggestions.
2. Light pink flat or slightly raised bumps on the trunk, face, arms, or legs can be from viruses or even a reaction to a medication your child is taking. If your child is on an antibiotic and develops a rash, don’t panic. Do not give any further doses of antibiotic and call during office hours to discuss the possibility that the rash is from the medicine. If your child is itchy, you can offer him Benadryl. See the dosage chart in the back of this book.
3. Rashes that are dark purple in color (other than bumps and bruises caused by trauma) are ones that we would like you to call us about. Take your child’s temperature before calling.
4. Infant Acne (or Infant Pimples) looks like teenage acne but occurs in the newborn period. It can occur on the face, neck, upper chest, and back, and even on the scalp. We do not use the usual teenage acne medicines, and this is no indicator of acne later in life. No treatment is necessary, and the rash should clear by 3 months of age.

Sunburns

A typical sunburn causes the skin to become red. A low-grade fever and considerable pain may be present. Some discomfort will exist regardless of any therapy you try. Your goal should be to lessen the pain. Try these suggestions:

1. Tylenol, or Motrin.

2. Cool baths or cool wet cotton cloths applied to skin.

3. Aloe gel can be applied on the sunburn. This is available over-the counter at your pharmacy. Of course it is more important to prevent sunburns by avoiding the intense midday sun and using sun blocks (SPF 15 or greater). Some popular brands include Water Babies, Neutrogena and Blue Lizard.

***Please call us for sunburns resulting in large blisters (with a diameter greater than the size of a quarter) or if your child has a fever above 102° with the sunburn.

Accidents

Introduction

After the immediate newborn period, accidents, not illnesses, represent the most serious risk to your child's health. There are crucial differences between illness and accidents. Illnesses are bound to occur, and in early years children experience frequent illnesses. Fortunately such illnesses are seldom disabling and generally last for a relatively brief time. Accidents, on the other hand, can be most serious. Indeed, accidents can have lifelong consequences.

Illnesses cannot always be prevented. Babies cannot be isolated from all viral infections. Babies live in a society, and one of the consequences is the exposure to disease. Accidents, however, can be prevented. When a child is sick, you must do everything to care for him. In the case of accidents, you must work to prevent them. And there is very much you can do to prevent accidents.

Six specific types of accidents are listed for your study. Read carefully the following and be guided by the suggestions made.

Poisons

Along with the joy that comes when baby begins to move about and touch things, there is the concern that the child will reach something that could be a danger. There are many things in every home that are poisonous substances. If your baby ingests such things, an immediate danger to the child's life exists.

Unfortunately, these poisonous items are found in almost every household, and they are ordinarily stored in places where baby can reach them. The cupboards beneath the kitchen sink are a favorite spot that we all use. Indeed, more than half the items stored beneath the kitchen sink in most homes are poisonous substances. Follow these suggestions to help safeguard your child:

- Check on all cleaners, disinfectants, insecticides, and medicines and try to put them in a safe place, somewhere out of the reach of your youngster. Put as many items as possible under lock and key.
- Keep in a handy place the phone number of the local **Poison Control Center**. In this area the number is: **1-800-222-1222**. This is one number you should remember. Please place the phone number on your refrigerator or phone.
- Obtain a supply of MR. YUK stickers and place them on every item that may be a danger to your child.

Burns

Very common among youngsters are burns and scalding accidents. How very often we hear that an exploring youngster reaches up and pulls a pot down or a child turns on the water in the bath or sink and releases a torrent of scalding hot water.

It is difficult to know how to guard against such accidents, but certain precautions should become routine. Get into the habit of using the burners on the back of the stove. Keep pot handles away from the front of the stove. Set your hot water heater below 120°. There are also protective barriers that can be put on the stove.

Should your child receive a scalding injury place the area burned under COLD water immediately for at least 10 minutes. This will reduce the severity of the burn. Then, immediately call our office for further instructions.

Electrical burns are also a possibility. Cover any open outlets and keep exposed wires to a minimum. All electrical work should be checked frequently in every home. In homes with young children, there is even greater reason to make frequent checks of the electrical work.

Your family should also know what to do in case of fire. Obtain a smoke alarm for each floor of your house. In addition, occasionally have practice fire drills to learn the most efficient ways to evacuate the house in case of fire. Carbon monoxide alarms are also very important.

Drownings

Drownings can occur in the most unusual ways and places. Drowning can occur wherever there is water. Fortunately, such accidents are not common but it is a good general rule that baby should NEVER be left unattended in or near water.

Two other suggestions: Keep the toilet seats closed, and be sure to place non-slip pads at the bottom of the bathtub.

Choking

By 9 or 10 months of age, children are able to finger-feed themselves. They may also pick up other items that cannot be chewed and, therefore, run the risk of choking.

When a child begins to use fingers for eating, a point of important development has been reached and should be welcomed. Prevention is again the key word. Keep small items like coins, marbles, buttons and the like off the floor and out of reach of children. Likewise, avoid giving your child foods that are difficult to chew. Hot dogs, nuts, grapes, and hard candy, for example, are very difficult for children under 1 year of age to chew. There are also other foods, particularly raw vegetables and meat, which may be somewhat tough.

Learn the infant and pediatric Heimlich maneuver. Many a person has been saved by the administration of this simple maneuver. It is performed by placing your arms around the child or adult from behind, joining your hands, and making two or three tugs around the rib cage. This maneuver can be used to dislodge items that become stuck in the throat. Another option for dislodging a foreign body is to deliver two or

three blows to the child's back (just between the shoulder blades). Many local hospitals and agencies give child/infant CPR courses.

Trauma

Be alert for any serious fall, head, or body injuries that can occur during the early years in the life of your baby. Your baby will fall countless times during the early years. It is necessary to protect the child against possible serious falls. Gates should be installed where needed, especially at the top of the stairs to the basement or to the outside. Other places where gates are needed can be easily identified. Remember that jumping is a normal activity for children, and they are not good judges of distance or danger.

Should your child receive a severe bump or a bad fall, contact our office immediately. Watch for these symptoms:

- Any loss of consciousness.
- Strange behavior or disorientation.
- Repetitive vomiting.
- Any pain in any part of the body.

Lacerations

Lacerations are a common occurrence in early childhood. If your child sustains a cut that is gaping and/or deep, he or she will need to have suturing or dermabond to close the wound. If this occurs during office hours, please call the office; if it happens after hours, please go to an emergency room (that is covered by your insurance) for treatment. You then need to call the office the next morning to obtain the referral authorization (if needed).

Conclusion

An important part of growth and development is mobility, exploration, and curiosity. These are good qualities, and it is important that you do not develop an unhealthy attitude about the normal development of your child. It is even more important that you do not communicate to the child any sense of undue anxiety or fear about his mobility or his curiosity.

The answer for you is somewhere in the middle, somewhere between indifference about your child's activities, and anxiety about everything the child does. Being a parent should be a joyful experience. Your child is the most precious possession you have. So, take all the obvious and necessary precautions and exercise responsible supervision. But also, relax and enjoy this most wonderful period in your child's life.

Teaching Your Child to Eat

Introduction

Feeding your baby takes a major portion of your time. It should. It just happens to be one of the most important activities in your baby's life. Since it does take so much of your time and is so crucial, it must be a time of great joy and happiness in the life of both you and your child. That is not always easy to accomplish. Everyone will be most anxious to give you advice on the subject, particularly on the most

appropriate time to introduce solid food, so try to keep clear certain basic facts:

- Feeding with breast milk or fortified formula provides sufficient nutrition up to age 1. Therefore, during that period, your baby does not need more nutrition to grow better than he is.
- Solid food does not make your child sleep better.
- Solid food does not fill your child more than breast or formula feeding.

Obviously there are reasons, both social and developmental, that require the gradual introduction of solid food. Your child was not intended to feed on formula or at the breast throughout life. The change, therefore, must be made. But when? The answer is this: You teach eating solid food when the baby is ready for it. There are signs that indicate this readiness:

- The baby begins to chew on things and ceases to suck on them. Chewing is essential for eating solid foods.
- Your child must be hungry. No baby will eat effectively if not hungry.
- Saliva production increases. Saliva is necessary to take more textured food.
- Your baby begins to show interest in solid foods. The child begins to watch you and others as you eat.

These signs indicate that your child is ready, and these signs will appear usually at 4 to 6 months of life. You must watch for these signs. Most of all, you must remember that you are about to teach your child a new activity. The teaching-learning process of eating is like any other area; it will have ups and downs, successes and failures. On your part, it will require patience and time. Keep in mind that the transition from breast milk or formula to food begins very slowly between the fourth and sixth month and that it will require your special attention for the remainder of the first year.

Remember, too, that this process will be greatly helped if feeding becomes a truly happy event in your life and in the life of your child. If you approach the task with this attitude, and do not attempt to force your child to eat, then what can be a very disagreeable and sometimes frustrating task can turn into a happy and satisfying experience.

The Beginnings

When you note the readiness signs given above, begin to offer baby very digestible foods. Rice cereal, bananas, and applesauce are good for starters because these foods are easily digested and very well tolerated.

- Be sure your child is hungry. Offer the baby solid food before offering the bottle or breast.
- Do not try to determine the amount your baby is to eat. Let the baby do that. When he has had enough, you will know. Babies refuse food when they are full. They will keep lips closed and shake head away from the spoon.

This teaching process should have several purposes:

- To teach baby the tastes and texture of various foods.
- To teach children eventually to eat as we do in our society, that is, using a spoon and sitting erect. Therefore, a high chair is highly recommended at this point.

As you begin this transition to solid foods, keep in mind that the more pleasurable you can make it for the baby, the more likely will be your success. Take time during the feeding to play with your baby. Since you have only a few foods to offer at this point, it is recommended that solid food be given only once or twice a day. As the number of foods available increases, also increase the number of feedings. The ultimate goal, of course, is to have your baby eat three meals a day with you and the family—a goal that at times may seem too ambitious or even impossible. Remember, you did it. Your baby will do it too.

New Foods

Once your baby has learned the fundamentals, new foods may be added slowly.

Our recommendation is that a new food be added every three to five days. It can be a fruit, a vegetable, or a meat. A variety is best because it gives the child different tastes. Whatever you do, do not pass along your own likes and dislikes to your baby. Make everything seem desirable, but be sure it is easily digestible. Note that as baby's solid food intake increases, the milk intake decreases. And always keep in mind that this transition is going to take several months.

Store-bought baby foods may be used, but they are not necessary. Any food you can grind up, mash, or puree is satisfactory, and if it is fresh food, it is also more nutritious for the baby.

Finger Foods/Drinking from a Cup

As time goes on, you are introducing your child to a great variety of food. About the eighth month, the baby should be given large finger food, that is, food which the child can grasp, bite on, and chew. For example, teething biscuits, zwieback, a large piece of fruit, such as a banana, or a vegetable, such as a cooked carrot.

It is most important that you be on guard against choking during this period. Avoid using hot dogs or meat sticks and other items which are difficult to chew. This would be a good time for you to review the section under accidents dealing with choking.

As the baby reaches the age of 9 or 10 months, great proficiency is developed in picking up little items with the finger and thumb. When you notice this, other finger foods should be added, such as Cheerios, macaroni and cheese, small pieces of cooked vegetables, and others like these. Your child should do very well with such items and it gives the baby the added advantage of deciding alone when it is time to stop eating.

At about 6 or 7 months, water and juices out of a sippy cup may be introduced. As your baby begins to eat more, his need for sucking diminishes and his need for milk begins to decrease.

The rule here is to observe the child's readiness. If at first the baby shows no desire for the cup, simply defer its use and wait a few weeks to introduce it again. Do not force it. The child will let you know when the right time has come.

Foods to Avoid Until Age 1 Year

HONEY has been reported to have caused botulism in babies under 1 year. We recommend avoiding it.

HOT DOGS are a leading cause of choking in infants and should be avoided.

Conclusion

If all goes well, your baby at the age of 9-10 months or shortly thereafter should be sitting with you and the family eating breakfast, lunch, and dinner. He will have progressed a long way by this time but you must still be prepared to have problems. At times your baby will show absolutely no interest in food. This is absolutely normal. Do not force the child to eat. Do not engage in a debate—you will lose. Do not substitute junk food. Simply offer the child a balanced diet and offer nutritious snacks such as fruits or vegetables. Do not pressure the child. Expect some hard times; be patient and try to make food time a happy time.

Introducing new foods, going from liquids to solid foods, introducing the use of the cup—these are milestones. They are also learning experiences, and like all such experiences there will be good days and bad, successes and failures. You don't need rigid guidelines. Merely try to follow the few suggestions given above. Try to approach this task with a healthy attitude. You'll get to love it, and so will your baby.

Feet, Legs, and Shoes

At about 4 months, your baby will begin to stand, placing weight on his legs. There is an old myth that such early activity will cause the child to be bowlegged. The truth is that all babies are born bowlegged because of their position in utero. Bearing weight over a long period of time actually helps straighten the legs. So if your child wants to stand and to bear weight at this time, it means that he is ready to do so. Another important step in the baby's development and growth has been reached.

It is often said that if the child is to learn to walk properly, special shoes will be needed. There is no truth in this claim. The baby will not need high-top shoes or support shoes. Babies have all the support needed in their muscles, ligaments, and tendons. In learning to stand and walk, the baby is gradually putting these to work and at the same time strengthening them.

However, a word should be said about shoes. Be sure the shoes FIT. Prior to any purchase of shoes, the child's feet should be measured properly. It is advisable to leave about 1/2-inch toe room to accommodate the child's growth. Therefore, a soft, comfortable, inexpensive shoe that fits well is what your child needs.

Oral Hygiene

Introduction

Teeth can appear any time usually around the sixth month but possibly as late as the eighteenth month. Often the chewing, the drooling, and rubbing of the gums that occur between the fourth and sixth month are related more with the baby's desire to eat than with the onset of teeth.

Most teeth appear without any symptoms whatever. Of course, that is not always the case. In some

instances, the baby will become fussy and redness and swelling appear on the gums. Your child may even develop a slight fever.

It is not recommend to use over the counter gels for teething. Tylenol and Motrin can help with pain. The fever should not cause any alarm unless your child appears very ill. In this event, contact our office.

Your child's first set of teeth will last until his fifth or sixth year. It is important to keep these teeth healthy and to use this time to develop proper habits and attitudes concerning good oral hygiene.

Cleaning the Teeth

When your child has only one or two teeth, it is sufficient to keep them clean by rubbing them off with a wash rag. Once there are more than eight teeth, toothpaste may be used with a very soft bristle brush. This is the time to get your child into the habit of brushing properly. You need to use only a rice grain amount of toothpaste. While the child's efficiency will be very poor until the sixth or seventh year, the experience is important. A little praise when your child brushes and a little assist with the cleaning will go a long way. When you assist, simply have the child lean his head against your body as you stand behind him and give the teeth a quick brushing. Once your child reaches age 4 to 5, teach him the value of flossing the teeth in addition to brushing. The last thing in your child's mouth at night should be a tooth brush.

Tooth Decay

Tooth decay occurs when sugar remains on the teeth after eating because bacteria tends to grow on sugar. It is the bacteria that causes the tooth enamel to decay.

Foods with lots of sugar, especially those that stick to the teeth (candies or chewy fruit treats), promote decay and should be avoided. Part of good oral hygiene is to discourage children from eating such foods and encourage them to eat fresh fruits and vegetables, which help clean the teeth.

Fluoride

When applied topically and ingested, fluoride will strengthen tooth enamel. Most areas do provide water that is fluoridated. Because of the great value of fluoride, it is good to check in your area and determine if the water is fluoridated. If not, contact our office, and we will provide supplemental fluoride drops. Remember, too, that if you are breast feeding, your baby may also need an occasional supplement of fluoride starting at 6 months of age.

The Dentist

Most dentists suggest that children make their first visit at age 1. You are urged to do this. Children should get to know the dentist as a friend. Moreover, dentists now emphasize a preventive program and will have many suggestions concerning proper care of the teeth.

The Teeth and the Bottle

Improper use of the bottle can cause tooth decay. Drinking any fluid containing sugar (milk, formula, juices, Kool-Aid, etc.) can bathe the teeth in sugar and lead to decay. This is especially true if the bottle sits in the child's mouth for long periods of time, for example, overnight. Reflect on the following

recommendations:

- Between the sixth and ninth month, introduce the cup so your child will become familiar with this form of drinking.
- Holding your infant during feeding is to encourage attachment to you— not the bottle.
- If the baby becomes attached to the bottle, substitute another security object, for example, a teddy bear or a blanket.

Separation Anxiety

At age 6 months or thereabouts, you will note that your baby cries, often intensely, when you are out of his sight. Even though a baby-sitter or a very trusted friend or relative may be watching the baby, the cries can be at times dreadful. This is a very normal developmental stage in your baby's life. It indicates that the baby knows you and that when separated from you, the baby feels this loss. During these early months, your baby has come to know you, to distinguish you from others, and most important, has come to rely on you. You are the one who feeds him, loves him, talks to him, and holds him. Your baby feels secure with you.

As baby develops and grows, he becomes aware of his uniqueness and separateness. He realizes that he and his mother are separate and distinct persons. That you can leave, or even might leave, is a new idea. It is also frightening. Baby feels certain, relaxed, and happy as long as you are near. You provide security, and baby must have that to feel safe.

Understanding this stage of development is most important for parents. Each child needs security; you are giving the baby that security. The child's cries tell you how well you have done your job. Now obviously you do not want the child's development to stop at this point. You want the child to feel safe, comfortable, wanted, and secure, even though you are not on the spot. That takes time and requires good teaching. Remember that you can be present to your child in many ways. Your voice is one way of being present. So talk to the baby even when you are out of the room. Talk to him when he shows any anxiety.

When you have to be away or when you come home from work, always let your baby know that you are home and always make a big fuss over him. Cuddle him, talk to him, hold the baby tenderly.

What baby fears, of course, is that you will leave and never return. You must teach him that you do return; that he is secure even when you leave.

During this period in your baby's life, sleeping patterns are often upset. The baby will frequently wake at night and may even cry aloud. He is only trying to determine if you are near. This can usually be handled by merely reassuring your baby.

You have observed no doubt how often a crying child is quieted if only Mother takes a minute to comfort him or cuddle him. This reminds the child that you love him; that all is well, that he is secure.

During this same period in baby's life, attachments are often made with other objects. For example, baby will become attached to teddy bears, to blankets, or other such things. Do not be concerned about this. It

is a normal stage in the baby's life as long as you make it clear that you are baby's most important and first source of security.

Temper Tantrums

As the child grows and develops, greater mobility and curiosity is evident in everything he does. Constantly on the move and continually looking at things, reaching, and touching, the child is trying to learn all about his world. Since children's movements, and their ability to walk and touch, are still at a very unstable stage, they often fall, or in trying to grasp things, knock them to the ground. Responsible parents will set up certain limits on the activities of their children without suppressing these important flurries of inquiry and curiosity. Such limitations are important. The child cannot recognize at this early age the danger, the damage, or hurt that some motions or grasps or touches can cause. The stove, the good dishes, Mother's cut-glass, Dad's best hat, the concrete steps just outside the door—a thousand examples come to mind that cause good parents to limit the child's high-speed travels through those second and third years of life.

Imposing these limits, putting things out of reach, not allowing the child to play with matches or to climb around the stove or other dangerous places can cause frustrations. At age 1 or 2, a child cannot sit down and discuss calmly the reasons for this nor can he make deals or compromises with you. The child's way of dealing with and expressing his frustration is the temper tantrum. While such behavior is not "normal" for us, the fact is that most children from age 15 months to beyond 3 years do show such behavior and in that sense it is normal at this age. A child of this age handles frustrations in precisely what we know as a temper tantrum.

In time, children learn other ways of dealing with their frustrations. So temper tantrums, if handled properly and realistically, will disappear. They can become a problem if the child discovers that he can manipulate his parents by this sort of behavior. Difficult though it may be, the best cure for temper tantrums is to ignore them in so far as this is possible. Once the child realizes that all the tears, yells, and jumping up and down do not produce instant results, other ways of handling frustrations are soon found. It is also important to attempt to divert the child's attention to something else when tantrums occur. Be creative.

Remember that there will be many times when you may say "no." There is nothing wrong with this. Indeed, when it must be said, you say "no" for the good of and the love of your child. Realize, too, that when you tell a one- or two-year-old "no," he will almost invariably go back and do the same thing again. Keep calm. Try to balance your "no's" with plenty of "yes's." Take a look at your surroundings and see that it has a lot of "yes's" available. Remember that essentially your child is simply trying to learn, that he will "test" you, that you are the teacher, and that you must be patient and calm.

Loving Discipline

Introduction

When a youngster is said to be disciplined, what image comes to mind? Most of us think of a child who has lived under tough parents, difficult rules, and loads of punishment for stepping out of line or making a mistake. Discipline and love seem to be incompatible, because all too often we associate discipline with punishment.

Discipline means “instruction or teaching.” Next to the word love, the term discipline best tells us what a parent is. Whether or not Mom and Dad realize it, they are teachers. As parents you are always teaching your child. You teach him how to walk and talk, how to behave, to learn the difference between good and bad, right and wrong, what is acceptable and not acceptable. You teach your child many things, but among the most important are the values, the ideals, the attitudes he holds about life. You teach him not only by telling him how to live but also by showing him how to live. Through love you have life. It must be love that impels you to teach (to discipline) your child. It is love that makes you show him how to live; it is love that inspires you to teach your child the values he will take through life with him.

At times you must be firm, or strict, but discipline (teaching) is never effective without love. And love begets love. A child who has been taught to love and taught in love will respond with love. He does certain things and avoids other things because he wants to express love for his teacher. He does not do right because he is afraid of getting caught and being punished; he does not live properly because he is forced to do so. He lives a good life because his loving parents gave him the values and showed him how to live these values.

Punishment is part of loving discipline. When your child does something wrong, you have a duty to let him know it is wrong and that you will not tolerate such behavior. Just because we are advocating a loving discipline does not mean that you are to tolerate everything and anything the child wants to do. There are many times when your child will do wrong and unacceptable things, and there will be times when you will become very angry with your child. This, too, is quite normal. Sometimes your anger will be enough, because children do not like to see their parents angry. At times you may have to punish your child. Here you must use good sense. Removal of a favorite toy or making him come in the house are examples of punishments he understands. When given at the right time, because his memory is very short at this age, these actions can have a very positive effect.

Keep two points in mind about punishment:

- Make it clear that you love him but are angry about what he is doing. Make it clear to him that he is good and that you love him, that you love him even when he does wrong, and that he is too good to do bad things.
- Remember the big limitation of punishment is that it only tells the child what is wrong. It does not tell him what he should do. Always try to be as positive as you can be when it is necessary to punish your child.

To clinch the fact that you love him, be sure to give him a big hug once he gets the point. He must know you love him but are angry about what he is doing. Remember, too, that you may do things that you later

feel are wrong. None of us are perfect parents. Should that happen, be sure to tell him you are sorry. Don't be afraid to apologize to your child if you feel you've made a mistake. It teaches him that we all make mistakes and he will respect you more for it.

Praise is just as important as punishment. A child needs to be praised or rewarded when he behaves well. He needs to know that what he is doing is good and acceptable, and you are the one to let him know. Children are exactly as we are. A little praise goes a long way. Correct his faults and reprimand the wrong he does, but be sure to reward him by praising the good things he does. There is an old song—“Accentuate the Positive, Eliminate the Negative, Don't be a Mr. In-Between,” which means that it is wrong to ignore the good things and simply emphasize the mistakes he makes.

By the way, your child is looking for your approval, and that is one of the reasons he makes mistakes. He must discover what is right and wrong and you must teach him. So praise the good things he does and do it frequently.

Self-Image

Every child is in the process of developing a “self-image,” an idea of himself. If that idea is a bad one, he will be troubled and troublesome the rest of his life. He will believe that he is no good, that he cannot do things correctly. If his idea of himself is a good one, his whole life can be happy and adjusted. His “self-image” determines what he thinks of himself and how he relates to others. It determines whether he is happy and adjusted, whether he is depressed and unhappy, and whether he gets along with others or not. So that “self-image” is supremely important.

While that self-image comes from everything and everyone around him, it comes primarily from his parents. You tell him and show him what he really is. So be sure you make it clear that he is something very wonderful and very special. Unless your child learns to think of himself as someone worthwhile, he will not do worthwhile things.

It has been said that the “hand that rocks the cradle rules the world,” which means that parents are the most powerful influence in the formation of their children.

So, love your child; know that he will make mistakes and you may have to punish him. Remember that he wants to be forgiven, and you should do that frequently. Most of all he wants and needs love. Give him lots and lots of love, and you will always be proud of your child.

A Memo From Your Two-Year-Old

1. Don't be afraid to be firm with me. I prefer it. It lets me know where I stand.
2. Don't use force with me. It teaches me that power is all that counts. I will respond more readily to being led.
3. Don't be inconsistent. That confuses me and makes me try harder to get away with everything I can.
4. Don't make me feel smaller than I am. I will make up for it by behaving like a "Big Shot."
5. Don't do things for me that I can do myself. It makes me feel like a baby, and I may continue to put you in my service.
6. Don't try to discuss my behavior in the heat of a conflict. For some reason, my hearing is not very good at this time, and my cooperation is even worse. It is all right to take the action required, but let's not talk about it until later.
7. Don't make me feel that my mistakes are sins. I have to learn to make mistakes without feeling that I am no good.
8. Don't forget that I love to experiment. I learn from it, so please put up with it.
9. Don't ever think that it is beneath your dignity to apologize to me. An honest apology makes me feel surprisingly warm toward you.
10. Don't ever suggest that you are perfect and infallible. It gives me too much to live up to.
11. Don't forget that I can't thrive without lots of love, understanding, and encouragement, but I know I don't need to tell you that, do I?

**TREAT ME THE WAY YOU TREAT YOUR FRIENDS, THEN I WILL BE YOUR FRIEND, TOO.
REMEMBER, I LEARN MORE FROM A MODEL THAN FROM A CRITIC.**

Adapted from *The Whole Pediatrician Catalog*, Volume 2, Saunders Books, 1979, pp. 456-457.

Toilet Training

Toilet training can be a difficult and disappointing undertaking unless you keep in mind some very basic guidelines. Remember that nobody's child—yours included—comes into the world ready to do everything perfectly. That is why we speak of this as toilet training. There are certain developmental stages that must occur. First of all, the sphincter muscles must develop to the point that the child can control them. This occurs at about 2 to 3 years of age. Only when the child gains control of these muscles, which control urination and bowel movements, is toilet training possible.

Moreover, the child must develop the awareness that being wet or having a bowel movement in his diapers is very uncomfortable and that it is better to be clean. Likewise, the child must realize that he can do something about this.

If you understand that these developments take time, that there is nothing you can do to rush development, and that force can make the whole situation unbearable for you and the child—then you are set to go.

Watch for the signs of fidgeting the child shows and then put him on the potty at the “best time,” that is, at the time he usually has a movement, and talk to him about what you are doing. Most of all, make it a great experience when everything finally works out. Clap your hands and show signs of joy. Praise him and talk about it to the family. Make the occasion a special one. Imagine what the child is thinking: “I don't know why all the fuss, but if I can produce that reaction, I'll try it again.”

Here is where praise comes into play and where punishment is a no-no. Be prepared for failures and do not make a great fuss over them. When you begin to feel frustrated, just relax and forget about it. Don't let the failures get you down. When he succeeds, make him understand that you are happy and before you know it, all will be well.

Constipation, which is the combination of hard and infrequent stools, is a frequent complaint. A change in diet and/or a combination of stool softeners may be recommended. Call us during office hours to discuss.

Starting School

It is good to keep in mind that eventually your child must go to school. In one sense everything you do should provide preparation for that big day. It is perhaps one of the biggest events in the life of a child, and your job is to get him ready for it. Here are some hints:

1. Always speak of school as something wonderful and special. Never use school as a threat to the child: “Just wait until they get you in school!”

2. Encourage your child to play with his peers. He must be able to function outside your home. Playing, going to parties, and making friends are an important part of getting ready emotionally. Each child must learn to do things with others.

3. The child must be ready intellectually. Encourage his explorations and curiosity. Take time to teach him very elementary things: colors, numbers, even reading and writing if he shows interest. Read stories to him frequently. Have toys and books that are stimulating. There are marvelous educational toys—not that all toys need be educational. Urge him to watch special TV programs. Good programs do very much to prepare him for school. Get good records for him. Special children’s material can be purchased and excellent records are available. He will not only love the music but also the words. Make learning fun. Teach him things yourself. Don’t be the kind that answers: “You learn about that in school”—rather say, after giving a brief explanation: “You’ll learn more about that in school.”

4. Make school a desirable experience. Take your child ahead of time to meet the teachers. Take advantage of special school days held in your community. When the school puts on programs, plays, song fests, take your youngster to them. Take your child for a walk or a ride around the school when the children are at recess as well as when they are in school so he will understand both the fun part and the serious part. Visit your local library and let him see you reading and writing. Let him know how wonderful those skills can be and that he will soon learn them.

Remember, too, that a child must be ready for school, emotionally, socially and intellectually. Despite all our efforts, it happens that some are not. If you have doubts about your child’s readiness, check with the school. There are simple tests that can give the answer to this question. Our doctors will also be able to help. Do call if you need this help.

Some Reflections on Development

One of the greatest joys of parenthood is watching your children grow, develop, and learn. At no time is this more wondrous and spectacular than during the child's first years. In such a brief period, the newborn travels the road from total dependency to a level where the child can walk, communicate, eat, and take care of many of his needs and wants. During this relatively brief period, the baby goes through a great variety of human experiences. No matter how often one observes this amazing change from almost total dependence to a kind of independence, from helplessness to a sort of self-reliance, from a state of dim awareness to the realization of one's identity, it is a glorious, dramatic, and almost incomprehensible transition.

Parents derive greater joy from this growth and development if they understand how it occurs. Some of the change parents can control; some they can only watch; some they can enhance.

In this section, an encapsulated version of the growth and development of the child from birth to 5 years is presented. It is only a quick overview. It is hoped this will help you understand better this amazing development and therefore fulfill your indispensable role in the child's growth more effectively.

First, you must understand what is meant by readiness. This is a term which we use to indicate that your baby—this particular living person, has certain inherent and unique abilities to develop. You have seen a flower grow, haven't you? The stem appears first, then the bud, and then the bud begins to flower until it reaches the peak of its beauty. So, too, your baby, who is far greater than any flower, also unfolds gradually. After nine months in your womb, the baby has unfolded to the extent that life outside your body is now possible. After birth this unfolding or development continues, and gradually the baby can perform newer and more wonderful functions. As certain muscles, bones, and nerves develop, new functions can take place. Baby stands; eventually baby walks. Gradually baby feeds in more independent ways. All of these wondrous functions can take place because baby is "ready." That means that everything has unfolded to the point where this new act can take place.

But babies also must be taught, so that the behavior now possible can be done properly. You are the baby's teacher. As has been pointed out already, certain things cannot be taught until baby is ready. Toilet training is impossible until the sphincter muscles can function properly. To attempt to teach this prior to the "readiness" will be unsuccessful. So it is with all of baby's behavior. The important thing to remember is that you are the teacher. You teach even when you don't realize you are doing so. In other words, you are always teaching, and it is up to you to know when things are to be taught so that you can do the best job possible.

One more important note. In the following pages, we are going to list certain things babies do at certain ages. The time frame is an educated approximation. Every baby is different. Some crawl at a certain age; some do not. Some will say words at age 1; some will do this at age 10 months. Some will not speak until 18 months. We call this variability individual differences. This term means that each child is unique, a completely wondrous, different creature, which is never duplicated in all of creation. There is no baby like your baby, and there never will be a baby like your baby. Never forget this. Your baby is absolutely unique. There never was nor will there ever be another baby like your baby.

So what you are about to examine are only estimates or averages of what most children do at certain ages. Read them carefully, remembering always what has been written above about “readiness” and “individual differences,” and then add to this the role you play as parent and teacher.

Birth to Two Months

Vision and hearing are the baby’s most important tools for learning at this earliest stage in life. What baby likes to see most of all are his parents’ faces. What the baby wants to hear most of all are his parents’ voices. You will notice how often your crying baby is calmed by simply hearing your voice or by looking into your face. Do not think that you are “spoiling” the baby by talking with him and by allowing him to look at you. The truth is these are real learning experiences for him.

That is why baby likes to look at objects that are brightly colored, especially objects that have contrasting colors such as blacks and whites, or stripes, or checkerboard patterns. Likewise, fixtures that make pleasant noises—soft music, little bells—also catch your child’s attention and give baby a chance to develop visual and auditory skills.

Two to Four Months

At this time, your baby begins to touch things; he will begin to reach out for things and experience a new and wonderful world. In his way, baby is now learning about his own hands as well as about the things his hands feel. Thus comes into his life the world of shapes and textures, soft and hard things, smooth and bumpy surfaces. The world he has been looking at and hearing is now open to his touch as well as to his ears and eyes. Notice, too, that he will begin to look at his own hands, bringing them together as well as reaching out for things.

When you notice this period of discovery, be sure to provide the baby with rattles and key chains and other objects that allow your baby to use his hands more frequently.

As you provide more visual and auditory stimuli, your baby begins to respond more clearly. For example, the baby will follow your face and your voice; he will begin to smile or coo in reply to your face and smile at the sound of your voice.

Four to Six Months

Your baby becomes more responsive during this stage. He will not only smile but also laugh and squeal during playtime with you. And his tendency to reach out and hold things continues. At times the baby will hold objects in his hand and begin to transfer them from one hand to another. Of course, almost everything he holds will go into his mouth, so do be careful that baby can only get objects too large to swallow. Small objects can choke him. Make a frequent and careful check of baby’s environment and remove any small objects that he could grab and place in his mouth.

Notice, too, that baby becomes interested in objects that are beyond his immediate reach. He will begin to move and wave his arms and feet. Kicking and waving are baby’s way of trying to move from one place to another. These are early signs that your baby is becoming mobile.

At this stage, baby should be placed on the floor with a number of toys around him, slightly out of reach. When you do this, watch and see if baby can move and grab hold of any of the toys. This will not happen

immediately and if the baby begins to show frustration, merely hand him the toys. Try the experiment again after a few days.

Six to Nine Months

Mobility is the keyword for this period. Your baby will gradually find better ways to move from place to place. Your job is to provide a safe area for the child to do this limited roaming.

Notice also that baby is becoming more social. He enjoys playing little games with you, especially peek-a-boo and patty-cake. Most of all, he begins to imitate the sounds he hears. The secret is to expose the baby to a great variety of sounds during this period. Talk to your baby in such a way that he can hear the sound clearly. This experience is of tremendous help in language development.

Nine to Twelve Months

Your child now begins to move around on his two feet rather than just crawl. He may not take steps on his own, but he will pull himself into a standing position.

You should also note the child's developing facility in picking up things. He does this with his thumb and forefinger—the pincer grasp. It is at this time that baby should be helped to eat small pieces of finger foods.

Likewise, baby's babbling begins to take on more form: there are more sounds used and baby is putting them together in an effort to form words.

While only a few words are spoken at this stage, he will begin to recognize and to understand certain words. Language is not only speaking words but, of equal importance, understanding those words.

At this point, you can stimulate his language development by speaking more carefully, by playing records with very simple songs and very clear language. Continue to stimulate the visual ability of your baby. Provide him with picture books and take the time to point out different objects to him.

Twelve to Eighteen Months

As your child becomes more mobile, provide him with toys that work only if they are pulled. Take time to help him occasionally and never get upset when he inevitably falls. Just provide a safe area for him to roam and fall.

Words are of intense interest to him now. What word goes with what object. This is a particularly useful time to stimulate language growth. Read to him. Point to things and name them. This entire year is most important for building up the child's vocabulary. Use care in the selection of toys for these can serve many purposes in stimulating growth in visual, auditory, tactile, and language skills.

Your child also becomes “creative” with objects in this period. He will spend a great deal of time placing objects within one another, on one another, and beside one another. Tupperware, pots and pans, and nesting blocks become favorites. Watch what he shows great interest in and try to encourage him in these important exercises and experiences.

Eighteen Months to Two Years

Vocabulary development increases in this second half of the second year. Not only will the child use more words but he will understand many more. Remember, the words he uses are primarily those he hears from you. While you should not be concerned about his proper pronunciation at this stage, always be sure that you are exposing him to the proper pronunciation. The uninhibited, free use of language is the supreme objective at this point.

The use of his hands with greater coordination makes rapid advances at this stage. Games and toys which require dexterity are most helpful for him. Puzzles requiring placement of different objects in different places or patterns are extremely useful. Likewise, he should be using the regular, baby-sized utensils for eating instead of his fingers. Notice, too, how the baby begins to copy your daily routine of washing, dusting, doing the dishes, and the like.

It is good to involve your child in your activities. It may slow you down a little, but remember, you are his teacher.

By the way, your child is rapidly approaching the stage of development when toilet training is possible.

Two to Three Years

Much time has been spent in learning to say words and to understand them. Now your child moves into a more sophisticated use of language— communication. Putting words together, he discovers that sentences can be formed. Instead of pointing to things, the child now asks for things. Asking questions becomes a way of life. For parents, this is the wondrous time of talking and teaching. Having conversations with your child in a very limited sense is possible, and you should use every opportunity to speak with him.

Likewise, he is able to dress and undress himself, since his hands can be used in a more coordinated way. He should be encouraged to try all these new and wonderful activities. Scribbling with pencils and crayons suddenly begins, and this is the first step in the arduous path to writing.

Three to Five Years

These pre-school years are important for the intellectual, social, and emotional preparation for school. Begin to stress numbers, colors, and letters. As your child matures, his attention span lengthens, a very important factor for the school days ahead. His motor activities will become more refined. Coloring, for example, will become somewhat more accurate. And his energy will seem bottomless. Instead of walking from place to place, your child will be learning to skip, to hop, to jump here and there.

Socially your child is learning to spend time with others outside the immediate family. This is immensely important. He should have friends and playmates, and he should enjoy being with them.

Emotionally he is also maturing. He is becoming more independent. Now it is possible for him to be separated from his parents for longer periods of time. He will take a great interest in TV programs, and this is a most important time to teach him his telephone number, his address, and basic traffic and safety rules.

Finally, read to him often and let him see the words and pictures in the books you use. Help him to understand what you read and have him repeat favorite stories and songs.

Conclusion

This brief picture of child development is intended to inspire you to be especially helpful in teaching your child in these early years. Even though the child is about to go to school, you should always be his first teacher, and your responsibility continues throughout his life.

What a joyous and wonderful role you shall play in this child's life. Remember he will look like you, think like you, value the way you value things, and act like you.

May you always be proud of what you do as a teacher of that very special youngster—your child.

Recommended ages for well child check-ups:

1 week	12 months
1 month	15 months
2 months	18 months
4 months	2 years
6 months	2 ½ year
9 months	3 years & then yearly

Recommended Toys

Birth to Three Months

- Brightly colored and/or musical mobiles
- Large, bright, simple pictures
- Baby crib mirror
- Black and white toys

Three Months to Six Months

- Rattles
- Soft rubber squeeze toys
- Soft washable animals and dolls
- Busy box

Six Months to One Year

- Pull or push toys (avoid long strings that can entangle)
- Cloth or heavy cardboard books
- Floating bath toys
- Nesting bowls or tumblers
- Teething toys

One Year to Eighteen Months

- Shape sorters
- Nesting blocks
- Large “ride-’em” toys
- Sand toys
- Stacking toys
- Security toys
- Water and water play toys (with supervision)
- Books
- Snap-together beads

Eighteen Months to Two Years

- Simple wooden puzzles
- Rubber balls
- Cars and trucks
- Dolls
- Tea sets
- Books, Blocks

Two to Three Years

- Large beads to string
- Cloth books with pages for lacing
- Large crayons and paper
- Blunt scissors
- Housekeeping toys (carpet, sweeper, broom, etc.)
- Toy telephone
- Books
- Sandbox Fisher-Price play sets with hard plastic people

Three to Four Years

- Musical and rhythmic toys
- Tricycle
- Books
- Fingerpaint
- Drawing items
- Records and tapes
- Colorform sets
- Stickers and sticker albums
- Simple games (Animal Lotto and Candy Land)
- Large interlocking blocks
- TV and movie toy figures

Four to Five Years

- Slides, swings, see-saw
- Costumes and parts of costumes (e.g., cowboy hat)
- Blackboard and chalk
- Cash register
- Doll house
- Child-size playhouse or tent
- Large play stove and sink
- Simple jigsaw puzzles
- Coloring books
- Paints and small brushes

Recommended on-line Web sites for pediatric information:

- www.pediatricalliance.com
- www.aap.org (see parenting)
- www.chop.edu

Benadryl Dosages

**May Be Given Approximately Every Eight Hours—If Needed

Weight	12.5 MI/1 Tsp	25 Mg Tablets
Approx. 10 Lbs.	2-3 MI	
Approx. 12 Lbs	½- ¾ Tsp.	
Approx. 15 Lbs.	½- ¾Tsp.	
Approx. 18 Lbs.	¾- 1 Tsp.	
Approx. 20 Lbs.	¾- 1 Tsp.	
Approx. 25 Lbs.	1 - 1½ Tsp.	
Approx. 30 Lbs.	1 - 1½ Tsp.	
Approx. 35 Lbs.	1 - 2 Tsp.	½ - 1 Tablets
Approx. 40 Lbs.	1 - 2 Tsp.	½- 1 Tablets
Approx. 45 Lbs.	1 - 2 Tsp.	½- 1 Tablets
Approx. 50 Lbs.	2 - 3 Tsp.	1 – 1 ½ Tablets
Approx. 55 Lbs.	2 - 3 Tsp.	1 - 1½ Tablets
Approx. 60 Lbs.	2 - 3 Tsp.	1 - 1½ Tablets
Approx. 65 Lbs.	2 - 4 Tsp.	1 - 2 Tablets

**Be aware that Benadryl can cause significant drowsiness. Please begin with lower dosage and adjust upward as needed.

Tylenol

*You can also purchase suppositories, if your child is vomiting or very lethargic.

1. Tylenol dosing is every four hours
2. Your child's fever will go back up when the medicine wears off after four hours.
3. You may give Tylenol along with antibiotics.
4. You may give Tylenol along with any cough/cold medicines that do not contain acetaminophen.
5. The Tylenol may not bring your child's temperature down to normal!
6. Fever is a normal inflammatory response to an infection and does not necessarily imply a serious condition. Sweating, shaking, or chills is often associated and is the body's normal response.
7. If your child has a fever the following is an alternating schedule that may be used to control the fever. Please call the office to discuss with a nurse or provider first:

The appropriate Ibuprofen (Motrin) dose may be given 6-8 hours after the appropriate Acetaminophen (Tylenol) dose, then the appropriate Acetaminophen dose may be given 4-6 hours after the appropriate Ibuprofen dose.

Motrin

1. Motrin dosing is every six hours.
2. Your child's fever will go back up when the medicine wears off after six to eight hours.
3. Read the label on the bottle to be certain the correct type and strength of medicine is being used.
4. You may use Tylenol and Motrin together to bring down your child's fever—Tylenol every four hours as needed and Motrin every eight hours as needed.
5. The Motrin may not bring your child's temperature down to normal!
6. Fever is a normal inflammatory response to an infection and does not necessarily imply a serious condition. Sweating, shaking, or chills is often associated and is the body's normal response.

Tylenol Dosages (Acetaminophen)

Can Give Tylenol Dose Every Four Hours

	Tylenol 160 MG/ Per 5 ML	Tylenol 80 MG Chewa ble	Tylenol 160 MG Tablets	Tylenol 325 MG Tablets	Tylenol 500 MG Tablets
To 10 lbs	¼ Tsp.(1.25 ml)				
To 15 Lbs.	½ Tsp. (2.5ml)				
To 19 Lbs.	¾ Tsp.(4ml)				
To 25 Lbs.	1 Tsp.(5ml)	2 Tablets			
To 30 Lbs.	1 ¼ Tsp.(6ml)	2 ½ Tablets			
To 38 Lbs.	1 ½ Tsp.(7.5ml)	3 Tablets			
To 44 Lbs.	1 ¾ Tsp.(9ml)	3 ½ Tablets			
To 60 Lbs.	2 Tsp.(10ml)	4 Tablets	2 Tablets		
To 70 Lbs.	2 ½ Tsp.(12.5ml)	5 Tablets	2 ½ Tablets		
To 95 Lbs.	3 Tsp.(15ml)	6 Tablets	3 Tablets	2 Tablets	1 Tablet
Over 95 Lbs.	4 Tsp (20ml)		4 Tablets	2 Tablets	2 Tablets

Motrin/Advil Dosages (Ibuprofen)

Can Give Motrin Dose Every Six to Eight Hours

Do Not Give To Children Under 6 Months Of Age

	Motrin 50 MG/ per 1.25 Dropper	Motrin 100 MG/ per 5 ML	Motrin Tablets 100 MG	Motrin Tablets 200 MG
13- 15 Lbs.	1 Dropper	1/2 Tsp.(2.5ml)		
To 19 Lbs.	1 1/2 Dropper	3/4 Tsp.(4ml)		
To 25 Lbs.	2 Doppers	1 Tsp.(5ml)	1 Tablet	
To 30 Lbs.		1 1/4 Tsp.(6ml)		
To 35 Lbs.		1 1/2 Tsp.(7.5ml)	1 1/2 Tablet	
To 40 Lbs.		1 3/4 Tsp.(9ml)		
To 48 Lbs.		2 Tsp.(10ml)	2 Tablets	1 Tablet
To 56 Lbs.		2 1/2 Tsp.(12.5ml)	2 1/2 Tablets	1 Tablet
To 70 Lbs.		3 Tsp.(15ml)	3 Tablets	1-2 Tablets
To 95 Lbs.		4 Tsp.(20ml)	4 Tablets	2 Tablets
Over 95 Lbs.		4 Tsp.(20ml)	4 Tablets	2 Tablets
