



Instructions for Newborn Care

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Dear New Parent:

Congratulations on your great event -- and welcome to our practice! We are delighted to become your partners in this most exciting and challenging adventure in your life. We want to help you be a loving, caring and well-prepared parent for your new baby.

So you know a little about your new "partners", let us introduce ourselves. Our group is made up of two pediatricians, certified by the American Board of Pediatrics, and two certified registered nurse practitioners.

Brian W. Donnelly, M.D., I.B.C.L.C., received his Bachelor of Science degree from the University of Notre Dame and his medical degree from the State University of New York at Syracuse. He also completed his residency training at SUNY-- Syracuse. His special interests include infectious diseases and preventive medicine. Dr. Donnelly is the President of the Allegheny County Breastfeeding Promotion Steering Committee. He and his wife stay busy enjoying the North Hills and raising their seven children.

Bruce Hyde M.D, MPH. received his Bachelor of Arts degree at Johns Hopkins University and graduated from Temple University Medical School. He has a Masters of Public Health degree from the University of Pittsburgh. Special interests include community health, and preventive medicine. He and his spouse enjoy visiting places of historical interest. He enjoys cooking and taking care of his horse and two dogs.

Leann Ross, CRNP has been working in Pediatrics her entire career and holds multiple degrees including: two Bachelor of Science degrees from Bowling Green State University, both in Biology and Nursing, and a Master of Science degree in Nursing with a specialization in Pediatric care from the University of Arkansas for Medical Sciences. Leann recently moved to the area from Arkansas with her husband and young daughter, and is excited to help her newly-found young patients.

Andrea Cooper, CRNP received her Bachelor of Science in Nursing from Duquesne University and a Master of Science in Nursing with a Pediatric Nurse Practitioner specialty from the University of Pittsburgh. She is a member of the National Association of Pediatric Nurse Practitioners. Andrea's past experience includes pediatric primary care, acute care, home health nursing and instructor of nursing students. She enjoys spending time with her husband, Rob, and their three children.

What is the Pediatric Alliance?

In 1996, several separate pediatric practices merged together to form the Pediatric Alliance. The group currently has 8 pediatric divisions and 2 sub-specialty divisions with offices throughout southwestern Pennsylvania. We remain an independent pediatric group not owned by another organization or insurance company and do accept all insurances. We are owned by our physicians and can make independent business and clinical decisions.

There are multiple healthcare providers in the practices located throughout Allegheny, Butler, and Washington counties. The Administrative Office is located in Carnegie and is responsible for group billing; accounts receivable collections; human resources and financial management; information systems development, training, and support; and general administrative oversight of the organization.

Pediatric Alliance is devoted to providing high-quality, comprehensive and cost-effective primary care to infants, children, and adolescents through clinical expertise, advocacy, education, collaboration, research and information management.

We seek to:

- Increase the quality of life for our children and their families through our clinical services and professional management
- Focus on wellness through injury and illness prevention
- Integrate compliance and quality improvement initiatives into daily operations
- Enhance referral relationships with in-hospital and out-of-hospital professionals

INITIAL INFORMATION

Name: _____

Date of Birth: _____

Place of Birth: _____

Delivered By: _____

Birth Weight: _____ lbs. _____ oz. (_____ kg.)

Length at Birth: _____ inches (_____ cms.)

Head Circumference: _____ inches (_____ cms.)

**ALWAYS MAKE AN APPOINTMENT FOR ROUTINE CARE VISITS
PLEASE CALL US IF YOU CAN'T KEEP THE APPOINTMENT**

CONGRATULATIONS ON YOUR NEW BABY! We at the North Hills Division of Pediatric Alliance, PC share your excitement and joy at the new arrival and are proud you have chosen us to help in his/her care.

We will have completed the baby's initial examination in the hospital or the office, and discussed our findings with you there. The first office checkup is usually within a week of birth. You can make your baby's first appointment while still in the hospital or when you get home.

CALLING THE OFFICE

When our office is closed, the answering service will phone the physician on call so that we can serve you more efficiently. Please note the following:

1. Call the office to report illnesses as soon as the office opens – We have two office locations, one in North Hills and one in Cranberry Township. Both offices open at 8am. We have walk in hours at our Cranberry location only. The walk in hours are on Monday through Friday from 8am to 9am. We are out of the office from 12 p.m. to 1 p.m. Calls are taken at that time by the answering service. Evening hours are available until 8pm on Mondays and Thursdays at our North Hills location and on Tuesday in our Cranberry location. Saturday hours are from 8:00 a.m. until 12 p.m. at both locations.
2. Same day appointments for illness are almost always available. Walk in visits are available Monday through Friday from 8am to 9am at the Cranberry office for new illnesses.
3. Please call for prescription refills during regular office hours so we can access your child's records.
4. If we are to return your call, please try to keep your line open.

AUTOMOTIVE SAFETY

Between the security of the hospital nursery and the safety of your home, your baby may encounter a serious threat to his young life if not protected by a safe restraint. What is worth remembering is that no mother's arms can protect her young one from the tremendous force of even a 15 M.P.H. automobile accident. Such accidents are a major cause of death in infants, and the leading cause of death in children from birth to four. Not using car restraints causes more deaths in children than all the diseases for which babies get shots.

All infant and child car seats should have a tag that confirms it has passed testing conducted by the Federal motor safety bureau. We recommend a rear facing infant only car seat for use up to the manufacturer's recommendation followed by a rear facing child's car seat for up to age two or the limit set by the manufacturer. After age two years, it is recommended that the child stays in a forward facing car seat with a 5 point harness until they reach the limit of the manufacturer's recommendation. Before making your purchase, check that it will fit in your car. Some foreign cars will not accommodate all car seats.

It is critical that all car seats be used and installed according to manufacturer's instructions. The back seat -if possible, in the center- should ALWAYS be used.

It is the law in Pennsylvania that seat belts must be used. Children over 4 feet 9 inches tall may wear regular shoulder harnesses providing it is recommended by the manufacturer (consult your auto owner's manual). Between 4 and 8 years a booster seat needs to be used, according to Pennsylvania law.

REMEMBER: EVEN ON THE VERY FIRST CAR RIDE-THE DRIVE HOME FROM THE HOSPITAL AND VISITS TO THE OFFICE LATER ON-YOUR INFANT SHOULD BE TRANSPORTED IN AN EFFECTIVE SAFETY CARRIER.

BABIES ARE BABIES

Normal babies can sneeze, yawn, belch, have hiccoughs, pass gas, cough and cry. They may occasionally look cross-eyed. Sneezing is the only way in which a baby can clean his/her nose of mucus, dust, or milk curds. Hiccoughs are little spasms of the diaphragm muscle, which may often be stopped by feeding. Coughing is baby's way of clearing the throat, while crying is a way of saying "I'm hungry", "I'm wet", "I'm thirsty", "I'm tired", "I want to turn over", "I'm hot", "something's hurting me", or "I'm bored". With practice, you will learn to figure out his/her message.

FEEDING

Feeding is one of baby's first pleasant experiences. At feeding time, baby receives nourishment from food **and** nourishment from parents' love. The food, correctly taken, helps the baby to grow healthy and strong. The parents' love, generously given, helps the baby to feel secure. Help your baby get both kinds of nourishment.

Whether breast or bottle feeding, when you feed your baby, both of you should be comfortable. Choose a chair that is comfortable for you. This will help you be calm and relaxed. Make sure baby is warm and dry, and held comfortably close. The most traditional position is to hold the baby in your lap, with the head slightly raised and cradled in the bend of your elbow. You may find that the other positions are better for you.

Breast Feeding

Breast milk is always advantageous because it is the natural food for newborn infants. It also protects the baby from infections. There is also evidence for protection from allergies, diabetes mellitus, some childhood cancers, and for improved intelligence scores. Further, nursing (and prudent eating) helps mothers return to their pre-pregnancy weight faster and reduces their likelihood of breast and ovarian cancer.

Breast-feeding became a "lost art" in the mid-twentieth century. Although knowledge and skill in breast-feeding is growing among professionals, many myths and lack of knowledge persist in the community. Use the supports that are available to you - La Leche League (1-800-LALECHE), relatives or friends who successfully nursed. There are many blogs and support groups also available on line. Please call us should you have questions or problems along the way.

Nurse frequently at first - every one to three hours. The more often baby nurses, the less jaundiced the baby will be and the more milk you will produce. You can't overfeed your breastfed baby. Please do not give the baby any supplemental water or formula until you discuss it with us. Feeding should be relatively brief at first, perhaps no more than 15 minutes per side, to minimize soreness or dryness of nipples. Mild soreness is common, but if soreness is severe or persists beyond the first week, please call.

Breast milk may be pumped and stored at room temperature for up to ten hours, in the refrigerator 72 hours, or frozen for six months. When warming, never microwave breast milk, as this destroys some of its beneficial disease-fighting qualities.

Bottle Feeding

Seated comfortably and holding your baby, position the bottle so that its nipple and neck are always filled with formula. This will minimize sucking and swallowing air, with resulting discomfort and false sense of fullness.

Your baby has a strong natural desire to suck. You may have observed your baby sucking a thumb before birth, during an ultrasound exam. For the baby sucking is part of the pleasure of feeding time. Babies will keep sucking on nipples even after they have collapsed. So take the nipple out of baby's mouth occasionally to keep it from collapsing and to give the baby a rest.

Never prop up the bottle and leave the baby alone to feed. The bottle can easily slip into the wrong position. Besides, the baby needs emotional nourishment as well as calories. Use feeding time for the two of you to relax and enjoy each other.

The amount of formula your baby takes will vary. Sometimes the baby will take the entire bottle and sometimes not. It is normal for babies' appetite to vary, just as yours does.

Formula can be given cold or you can warm the formula in a pan of hot (not boiling) water for a few minutes. The right temperature should feel comfortable, not hot when a few drops are shaken from the nipple onto the inside of your wrist. Many babies like formula at room temperature, too. **NEVER MICROWAVE FORMULA OR ANY FOOD FOR YOUR BABY- THE OUTSIDE CAN BE DECEPTIVELY COOL WHEN THE INSIDE IS SCALDING HOT!**

After bottle-feeding, rinse bottles and nipples and squeeze water through the holes of the nipples. Washing can be done later, in the dishwasher if you have one. Unless you suspect your water supply is unsafe, boiling them is not necessary.

Burping

Even when fed properly, both bottle-fed and breast-fed babies may swallow a little air with each gulp. The way to help your baby get rid of it is to burp or bubble him.

Hold the baby upright over your shoulder and pat or rub the back gently until gas is released.

Your baby can also be burped by holding them in a sitting position (baby leaning slightly forward) on your lap, with your hand supporting the chest and head.

After the first few weeks it isn't always necessary to interrupt a feeding to burp baby, but do it after each feeding. Sometimes the baby will not burp because there is no need. It is common especially in the first 2-3 months for normal babies to spit up small amounts with their burps ("wet burps").

Schedule Flexibly

Feeding schedules are usually most satisfactory if the hours are set approximately and the baby is allowed to eat when they become hungry; for example, any time between two and four hours after the last feeding. New babies usually need to be fed every one to three hours, but after steady weight gain has begun they may be allowed periodically to go four to five hours between feedings.

Starting solid foods

There is no hurry to start solid foods. An infant can thrive on breast milk or formula alone for the six months. We will discuss what seems best for your baby at the four or six month visits.

BABY CARE

Bathing

It's good to have a fairly regular time for bathing baby. The room should be warm, with no drafts on baby. Keep bathing supplies together to save yourself steps. Until the navel (and circumcision) is healed, wash baby by sponging. After healing you can use a tub or bathinette. Routine daily bathing is not recommended, especially in the wintertime since the air is drier in winter and children produce less natural body oils. Daily bathing may wash away the remaining oils and open the skin to chafing and possible infection. Come to think of it, your infant doesn't do too much to get dirty yet.

STOOLS AND HYGIENE

Stools: Your baby may have a bowel movement after each feeding or may have one or two stools a day. Some babies may go 48 hours without a stool and be normal. Your baby may strain when he has a stool. This is perfectly normal. If stools are either excessively watery or uncomfortably hard, let us know.

Care of Diaper Area: Change your baby's diaper as soon as possible after each bowel movement or wetting. After each bowel movement, and as often as possible after wetting, wash diaper area clean with a soft cloth and water. Pat dry with a clean soft cloth.

Washing Diapers: In an automatic washing machine, normal washing procedures may be used with a mild detergent. Keep in mind, some babies may be sensitive to certain detergents.

Disposable Diapers are usually more expensive but are at least as good as cloth and more convenient. The environmental implication of their use remains problematic.

COMFORT

Room Temperature: Try to keep an even comfortable temperature in the baby's room. This is probably upper-60's in winter and 70 in summer.

Sleeping: Expect your baby to do a lot of sleeping, and remember that on the back is the safest way for a baby to sleep. There is also some evidence that babies may be safer when they sleep close to (e.g. in the same room as) their mother. Bedsharing is not uncommon, and there are studies showing both benefits and risks to the practice. In general, after the immediate newborn period, many babies sleep more comfortably with their mothers, but not all do. Let your baby be your guide. Remember it can be dangerous to sleep together in the presence of cigarette smoke, an inebriated parent, or an unsafe sleep surface, like a couch.

Bassinet or Bed: The baby's mattress should be firm and flat. The only thing in the crib or bassinet should be the baby: no blankets, no bumpers, no pillows, and no toys.

Clothing: Your baby does not require any more clothing than an adult, so don't over clothe him. Dress him according to the temperature. Some babies are sensitive to certain materials, so watch for rashes in clothing contact areas.

Outdoors: A fairly good rule to follow is to take your baby out whenever the weather is pleasant. As soon as your baby is released from the hospital, you may take the baby anywhere. Your baby is at no greater risk of illness outside your home than in it. However, exposure to ill people or crowds that contain ill people is to be avoided if at all possible.

A FEW WORDS ABOUT FEVER.

Please keep a thermometer available. A rectal thermometer is the most accurate, especially for infants. Remember that the normal temperature can vary from 97.6 to 100.4 degrees depending on the baby's position and cooperation. Never the less, if you suspect fever, take the temperature; don't guess!

Digital thermometers that measure body temperature through the ear are more expensive. Although they are more convenient, they are not as accurate in the first 3 months of life. Temporal thermometers that go across the forehead are accurate in the newborn period.

FEVER DOES NOT CAUSE BRAIN DAMAGE. In itself, fever is not harmful, but is rather an alert that an infection or some other sort of disease process is occurring. There is abundant evidence that for many infections, an elevated temperature aids the body's defenses to fight more effectively. **HOWEVER, because a baby's defenses against illness are not as effective IN THE FIRST TWO MONTHS OF LIFE, CALL US IMMEDIATELY FOR ANY FEVER OF 100.5 DEGREES F OR HIGHER.**

Only about one out of fifty children is prone to have a brief convulsion associated with fever. These convulsions, although frightening to parents, will not cause long-term damage to their child. Medications and other measures to reduce a child's fever should be initiated only if your child is also uncomfortable or irritable.

To reduce discomfort in your child due to a fever, acetaminophen drops or ibuprofen drops may be used. The dose of ibuprofen is one dropper (1.25ml or 1/4 tsp) for every 12 pounds, and should be given every 6 hours as needed. **Ibuprofen should not be given before 6 months of age.**

The following table may be helpful:

WEIGHT (LBS)	DOSE	DOSE
	ACETAMINOPHEN 160mg/5ml	IBUPROFEN 50mg/1.25ml
6-11	1.25 ml.	-
12-17	2.5 ml	1.25 ml/ 1 dropper
18-23	3.75 ml.	1.8 ml./ 1.5 dropper
24-35	5.0 ml.	2.5 ml./ 2 droppers

TREATING BABY'S FIRST COLDS

Newborns often have their first encounter with viral infection in the form of nasal congestion, sneezing, cough and feeding difficulty. These minor illnesses are important in that they help your infant develop resistance to subsequent viral exposures in later childhood. Excess mucus in the nostrils may be relieved by salt water nose drops, 1-2 drops each side, prior to feeding and before sleep as necessary. Don't be alarmed if the infant gags slightly.

To make your own nose drops, dissolve ¼ teaspoon of salt in 4 oz (1/2 cup) of water and store in a clean bottle with dropper. If mucus is still excessive, it may be aspirated gently with a soft rubber bulb syringe. It can be helpful to use a cool mist humidifier, and to elevate baby's head, for example, by putting rolled-up towels underneath the head of his mattress.

ABOUT VOMITING AND DIARRHEA

Treating vomiting and diarrhea is important, as it not only makes your baby more comfortable but will help prevent dehydration (losing too much water from the body). The treatments for vomiting and for diarrhea are different. Probiotics are often helpful.

VOMITING: Stop giving all food and liquids for one or more hours after vomiting stops. Then offer Pedialyte® (or similar electrolyte solution) at the rate of one teaspoon every 3-5 minutes. If this is tolerated well for an hour or two, the amount can be gradually increased. If solid foods are refused, don't be concerned. It will be easy to catch up on the calories once your baby is feeling better.

DIARRHEA: Continue breast or formula feeding as usual. After diarrhea is controlled, **DO NOT** give sugary drinks such as apple juice or soft drinks. Large amounts of concentrated sweets worsen diarrhea. If diarrhea is excessive, offer additional Pedialyte.

Continue to feed your baby as tolerated. Food is beneficial. It supplies nutrients to fight infection. If solids are desired feed as usual, avoiding overly sweet, spicy, or fried foods. Rice, bananas and other starchy foods slow diarrhea down best.

POISONING

1. Immediately call Pittsburgh Poison Control at (800) 222-1222. Save container to aid in identifying product.
2. Remember: Prevention is the best remedy.

LEARNING TO PARENT

The more you know about how children grow and the more alternatives you have in responding to your child's needs, the better, easier and more rewarding parenting will be for you. That's why we urge you to read about children and about being a parent. You will find selected magazines, pamphlets and information sheets in our offices, but check out what the library or your local bookstore has to offer as well. Here are some resources we especially like:

Websites:

<http://ecbt.org>

www.webmd.com

www.aap.org/parent

Books

Touch Points

T. Barry Brazelton, M.D., 2006 Addison Wesley Longman Inc.

Caring for Your Baby and Young Child, Birth to Age 5.

Steven P. Shelov, M.D., New York, Bantam Books, 2004.

Caring for Your Teenager.

Bashe & Greydanus, M.D., New York, Bantam Books, 2003.

Heading Home With Your Newborn, From Birth to Reality, Laura A. Jana, MD, FAAP and Jennifer Shu, MD, FAAP. American Academy of Pediatrics, 2005.

Uncommon Sense for Parents with Teenagers. Michael Riera, Ph.D. Crown Publishing, 2004.

**Pediatric Alliance, PC, North Hills Division
Guidelines for Health Supervision**

<u>Age</u>	<u>Immunization/Procedures</u>
1 week	Physical exam, growth evaluation, Hepatitis B vaccine
1 month	Hepatitis B vaccine
2 months	Dtap, IPV, Hib, Pneumococcal, Rotavirus vaccines
4 months	Dtap, IPV, Hib, Pneumococcal, Rotavirus vaccines
6 months	Dtap, IPV, Hib, Pneumococcal, Rotavirus vaccines
9 months	Hepatitis B vaccine, Hgb,Hct, Lead test Tuberculin test, if indicated
12 months	Hepatitis A, Pneumococcal, Varicella vaccines
15 months	MMR, Hib vaccines
18 months	Hepatitis A, Dtap vaccines
2 years	Lead level, Hgb.,Tuberculin test, if indicated
3 years	Blood Pressure measurements begin annually
4 years	Acellular DPT, IPV, Vision and hearing screening
5 year	MMR, Varicella vaccines
6-10 years	Annual Physical exam, vaccine catch up as needed.
11-12 years	Tdap booster, Meningococcal, HPV vaccine Lipid screen, if indicated
13-18 years	Annual Physical Exam, Meningococcal booster, other vaccines as needed.

Flu vaccine is recommended for patients 6 months and older.

IMMUNIZATION RECORD

Child's Name: _____

Birth Date: _____

VACCINE	DATE
Dtap	
IPV	
Hib	
Pneumococcal 13	
Hepatitis B	
MMR	
Varicella	
Hep A	
Rotavirus	
Tdap/TD	
Adolescent Vaccines	DATE
Meningococcal	
HPV	
Other	

**PREVENTIVE HEALTH CARE PROGRAM
(5-7Days)**

Date of Birth: _____ **Gestation:** _____

Where: _____

Problems at Birth: _____

Problems during hospital stay, if any: _____

Feed: Artificial (type of formula) _____ **Breast**

Bowel Habits:

Measurement: _____ **At Birth** _____ **Now:** _____

Weight: _____

Height: _____

Head Circ: _____

Congenital anomaly, if any: _____

Significant Physical Findings:

Discussion & Counseling:

Car Safety

Don't make any changes in your baby's diet without talking to us first. Our recommendations are based on experience, nutritional knowledge, and awareness of your baby's needs.

**INSTRUCTIONS
(4 WEEKS OLD)**

Date: _____ **Age:** _____

Weight: _____

Height: _____

Head Circumference: _____

Routine Assessment:

Significant Physical Findings:

DISCUSSION & COUNSELING:

**INSTRUCTIONS
(2 MONTHS OLD)**

Date: _____ **Age:** _____

Weight: _____

Height: _____

Head Circumference: _____

Routine Assessment:

Significant Physical Findings:

DISCUSSION & COUNSELING:

**INSTRUCTIONS
(4 MONTHS OLD)**

Date: _____ **Age:** _____

Weight: _____

Height: _____

Head Circumference: _____

Routine Assessment:

Significant Physical Findings:

DISCUSSION & COUNSELING:

**INSTRUCTIONS
(6 MONTHS OLD)**

Date: _____ **Age:** _____

Weight: _____

Height: _____

Head Circumference: _____

Routine Assessment and Deveopment:

Sensory Screening ---- Hearing:
Sight:

COMPLETE PHYSICAL EXAMINATION:

DISCUSSION & COUNSELING:

Fluoride Supplement

INSTRUCTIONS

(9 MONTHS OLD)

Date: _____ **Age:** _____

Weight: _____

Height: _____

Head Circumference: _____

Routine Assessment:

Significant Physical Findings:

DISCUSSION & COUNSELING:

**INSTRUCTIONS
(12 MONTHS OLD)**

Date: _____ **Age:** _____

Weight: _____

Height: _____

Head Circumference: _____

Routine Assessment:

Significant Physical Findings:

DISCUSSION & COUNSELING:

**INSTRUCTIONS
(15 MONTHS OLD)**

Date: _____ **Age:** _____

Weight: _____

Height: _____

Head Circumference: _____

Routine Assessment:

Significant Physical Findings:

DISCUSSION & COUNSELING:

**INSTRUCTIONS
(18 MONTHS OLD)**

Date: _____ **Age:** _____

Weight: _____

Height: _____

Head Circumference: _____

Routine Assessment:

Significant Physical Findings:

DISCUSSION & COUNSELING:

**INSTRUCTIONS
(2 YEARS OLD)**

Date: _____ **Age:** _____

Weight: _____

Height: _____

Head Circumference: _____

Routine Assessment:

Significant Physical Findings:

DISCUSSION & COUNSELING:

**INSTRUCTIONS
(30 MONTHS OLD)**

Date: _____ **Age:** _____

Weight: _____

Height: _____

Head Circumference: _____

Routine Assessment:

Significant Physical Findings:

DISCUSSION & COUNSELING:

**INSTRUCTIONS
(3 YEARS OLD)**

Date: _____ **Age:** _____

Weight: _____

Height: _____

Blood Pressure: _____

Routine Assessment:

Significant Physical Findings:

DISCUSSION & COUNSELING:

DENTIST EXAMINATION:

INSTRUCTIONS

(Pre - School)

Date: _____ **Age:** _____

Weight: _____

Height: _____

Blood Pressure: _____

COMPLETE PHYSICAL:

Sensory Screening:

Audio:

Visual:

DISCUSSION & COUNSELING:

DENTIST EXAMINATION:

Date	Age in Years	Weight	Height	Vision	BP	Physical Exam	Maturity Assessment	Urine Analysis	Hematocrit or Hemoglobin	TB Test

NOTES

NOTES



CHILDREN LEARN WHAT THEY LIVE

If a child lives with criticism, he learns to condemn.

If a child lives with hostility, he learns to fight.

If a child lives with ridicule, he learns to be shy.

If a child lives with shame, he learns to feel guilty.

If a child lives with tolerance, he learns to be patient.

If a child lives with encouragement, he learns confidence.

If a child lives with praise, he learns to appreciate.

If a child lives with fairness, he learns justice.

If a child lives with security, he learns to have faith.

If a child lives with approval, he learns to like himself.

*If a child lives with acceptance and friendship,
he learns to find love in the world.*