

Memorial Primary Care | Urbana, Inc
John D. Crankshaw, MD, Board Certified in Internal
Medicine and Pediatrics
937-652-1834
Specializing in Primary Care for the
Entire Family

OFFICE POLICIES

Office Hours

Our office at 900 Scioto Street is open Monday - Friday from 7:30 AM to 5:30PM. Patients are seen Monday - Friday.

Please remember that a DOCTOR IS AVAILABLE 24 HOURS FOR EMERGENCIES even if we are not in the office at that time. Just call the office and during office hours a doctor or his/her medical assistant will be available to instruct you as to what to do. After office hours leave a message on the voicemail and it will page the doctor on call who will then call you back. Be sure to identify the problem as an emergency, leave your name, number, and which physician you usually see.

Appointment Policy

Patients are seen by appointment only. Please come 15-20 minutes early for your first appointment and 5-10 minutes early for routine appointments. Routine appointments should be made at least 4 to 6 weeks in advance. Sick visits are usually seen the same day depending on the problem. On-going or chronic problems should be discussed with your doctor and he can advise you when the child should be seen.

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

Another consideration to remember 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. Their 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.

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. Remember that this is one of the times that 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 your baby. It can be a joyful, pleasant time if you let it say how much you love your baby. You make the difference.

But there may be some problems. Newborns often seem totally disinterested in feeding. This is a 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 in three or four days this condition will correct itself. Do not be concerned about the baby's occasional disinterest in feeding nor about the loss of weight immediately after birth. In no time, the baby will be feeding well and the weight loss will cease. Remember, too, that your baby is being carefully monitored by both us and the nursing staff.

Remember these points:

- Do not be overly concerned about your baby's schedule. As long as a newborn is growing and tolerating the feedings: as long as you are trying to make these feedings something special, and attempting to make baby enjoy feeding time, then despite the inevitable problems, all will go well.
- 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 is the recommended method of providing nutrition for your baby. The American Academy of Pediatrics recommends, infants should be breast fed for the first year of life.

BREAST FEEDING:

- Provides the best source of nutrition for the baby;
- 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.

Your baby will give you coos or signs that he/she is ready to breast feed. Some of these coos may include: rooting, sucking, bringing hands to the mouth, small fussing sounds. Do not wait until the baby is crying to begin feedings.

To begin breast feeding:

- Gently tickle your baby's lips with your nipple. Then wait until your baby opens his/her mouth **wide**. You can tell the mouth is wide open if the lips are turned back and the tongue is over the lower lip. Once the baby's mouth is wide open, bring your baby quickly onto the breast.
- Make sure your baby's lips cover both the nipple an as much of the areola (the dark part around nipple) as possible. Do not let your baby suck only on the nipple; this will cause your nipples to get sore. Baby's lips should be curled out, not curled in.
- You may feel a tingling or tightening sensation during the first few minutes of nursing. This what you may feel when your milk is "letting down". Letting down is when your milk comes out from where it was made/stored for your baby.

Once positioned correctly, let your baby nurse as long as he/she wishes on that side. This is usually about 10 to 20 minutes each breast. Remember, let the baby lead the feeding; do not watch the clock. If your baby begins to nod off after a few minutes of nursing, unlatch and burp him/her. Switch to the other side and continue breastfeeding for as long as baby wishes. If baby does not nurse on second breast, offer that breast at the next feeding. Nurse your baby **often**. A newborn needs to nurse every 1-1/2 to 3 hours. Nursing often is important for you, too. It helps to build your milk supply. The more you nurse, the more milk you will make. If you try to delay feedings, or try to fill your baby up with cereal or baby food, your milk supply will go down. A newborn should nurse 8-12 times a day. Sip a glass of water, juice, or milk while you are nursing. Your body needs these fluids.

You will know your baby is getting enough milk:

- The baby maintains a steady weight gain. All infants will lose some weight the first few days of life. By two-three weeks of age, your breast fed baby will return to birth weight. Please arrange for your infant to be seen in our office at one week of age to monitor weight gain.
- Monitor the infant's output. The infant should have 5-6 wet diapers. Stools will vary in number but should change from green transitional stools to yellow seedy, soft stool within the first five days of life.

Some foods eaten by mothers are sometimes thought to cause a problem in breastfeeding babies. Generally, there are not foods that must be totally avoided by mothers. Sometimes, a baby may be bothered by something eaten by the mother. Some foods that may be a problem are: dairy products, eggs, citrus fruits, garlic, onions, cabbage, broccoli, and beans. If you think a food is causing a problem, don't eat it for a week or two. Then, eat the food again to see if the problem returns. If the food does happen to cause a problem, then it should be avoided. Let your baby's doctor know about the food and the problem it may cause your baby.

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 to use, concentrate or powder formula.
- 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 and at times, your baby, too, will take more or less than two ounces. This variation need not concern you.

Average intake by age:

		Total Daily Average
0-2 months	2-5 oz. per feeding	26 oz.
2-4 months	4-6 oz. per feeding	30 oz.
4-6 months	5-7 oz. per feeding	31 oz.

Average intake by weight:

8 lbs. (3,600 gr.)	21.3 oz. (639 ml) in 24 hours
9 lbs. (4,000 gr.)	24.0 oz. (720 ml) in 24 hours
10 lbs. (4,500 gr.)	26.7 oz. (801 ml) in 24 hours
11 lbs. (4,900 gr.)	29.3 oz. (879 ml) in 24 hours
12 lbs. (5,400 gr.)	32.0 oz. (960 ml) in 24 hours
14 lbs. (6,400 gr.)	37.3 oz. (1,119 ml) in 24 hours
16 lbs. (7,300 gr.)	42.7 oz. (1,280 ml) in 24 hours

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 which your baby gives and then follow them carefully. Remember that the bond of love that you feel with your baby during this time is much more important than how many ounces he feeds.

SUPPLEMENTAL FEEDINGS/VITAMINS

Like all humans, babies need sufficient calories to grow and to 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:

- These supplemental feedings 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.
- If you supplement, you may use either formula or pumped breast milk, which can be stored in the refrigerator for 24-48 hours or in the freezer for 4 months.

Storage Guidelines

Breastmilk Storage Guidelines				
	Room Temperature	Refrigerator	Home Freezer	-20°C Freezer
Freshly Expressed breastmilk	4 - 10 hrs	5-7 days	3-6 months	6-12 months
Thawed breastmilk (Previously Frozen)	Do not store	24 hrs	Never refreeze thawed milk	Never refreeze thawed milk

Formula fed babies never need vitamin or iron supplementation. The formula itself is fortified, and if you are using water to mix the formula, you will be supplying the baby with all the necessary fluoride. We may, at times, supplement your breast-fed baby with vitamins and/or fluoride, as fluoride and Vitamin D is not passed effectively into your breast milk.

Babies were designed to grow very nicely on either breast milk or formula. There is no need to add anything else into their diet. 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. Much better to add these foods at a time when the baby is ready to learn how to eat solids. This will be discussed later in this manual.

STOOLS

If you breast feed the baby, notice that the stools will be quite frequent. Bottle fed babies have less frequent and firmer stools. Just keep these points in mind:

- There is no standard or average rule to govern this. Some babies will pass seven or eight stools a day: some will have stools only every three or four days. Both are normal.
- Some babies show great strain in passing stools. Do not be concerned about this.
- Soft stools are not a problem.

If a baby continually passes hard stools, try this: give the baby about 1-2 ounces of water mixed with one or two teaspoons of Brown Sugar once or twice a day.

Any problems which you consider unusual should, of course, be referred to our office. Just remember that no two babies are alike in any way. Each is unique

GENERAL NEWBORN CARE

CORD CARE

The umbilical cord may require care for up to one month after birth. If it is kept dry, especially at the base (use a cottonswab dipped in rubbing alcohol), the cord should fall off within this time. The alcohol swab treatment should be repeated four or six times a day. The baby's diaper should be adjusted so that it does not irritate the bellybutton. Alcohol swab treatment should be continued for one week after the cord has fallen off.

Occasionally, you may notice a small discharge of blood from the cord. This is nothing to worry about. Should any unusual swelling, redness, or foul odor, 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, there are no pressing medical reasons for this procedure. 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 Vaseline or A & D ointment on the circumcised area for 4-5 days 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.

If you decide not to have the baby circumcised, then the foreskin of the penis should be retracted intermittently. During retraction, the exposed part of the glans should be cleaned with soap and water, wipe away any whitish matter that you find. After area is clean and dry return foreskin to its normal position. In time, the foreskin will be completely retractable and then that part of the penis should be cleaned regularly.

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 (false menstruation) and this, too, is normal. The bleeding will ordinarily cease after one or two weeks. If it persists, contact our office.

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, non-irritating soap (Dove, Neutrogena bath gel) will do and any brand of baby shampoo may be used to wash the hair. Newborn skin generally does not require the use of lotions or creams. In the event that skin becomes dry or cracked, a moisturizer (Eucerin, Aquaphor) may be used twice daily. The use of cornstarch or talcum powder are not recommended because inhalation may cause respiratory problems during infancy.

The diaper area can be a problem and therefore 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 layer of A & D ointment or Desitin may help. If the rash persists, contact our office.

EYE CARE

To protect the eyes of the newborn against any infection which could have been acquired during the birth process, drops 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 drops are quite harmless and the minor inconvenience caused is a slight price to pay for the important protection which your baby receives.

During the baby's first month, there may be occasional discharge or matter found in the eye. Ordinarily, this is due to the tiny tear duct which the newborn has. When you notice this, simply clean the eye from inside corner outward with a wet cotton ball or place a warm compress over 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, the eyelid, or swelling around the eye should concern you. Should any of these occur, contact our office promptly.

NAIL CARE

Occasionally a newborn will have toenails or fingernails that are troublesome; they may even be so long that they scratch the face or other parts of the body. That is why some babies may have their hands covered with small mittens shortly after birth. By the way, these nails are never cut at this early stage. Even the nursery nurses have clear instructions that this is not to be done at this point.

After discharge from the hospital, however, you may trim the nails with a pair of cuticle scissors. Cut the nails straight across. Do not attempt to shape them with your scissors. If any sharp edges remain, remove them with an emery board or a nail file.

Incidentally, the best time to do this task is when the baby is asleep.

SCREENING TESTS

While your baby is in the hospital, a blood test is given to screen for several very rare diseases. If detected early, these diseases can be treated. If the results are abnormal, our office is notified immediately. We will then inform you of this, and a repeat screening may be required.

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 carrier is fine. Sometimes the stroller is the best way. Whatever way you feel comfortable. Just note these suggestions:

- Avoid large crowds of people.
- The baby will need the same "type" of clothes you need. If it is cool, dress him warmly.
- His adaptation of temperature change is good. Keep your home temperature at a level which satisfies you.

CAR SEATS

The single greatest risk to your healthy baby's well-being is a car accident. This means that special care should be taken with your infant when you use your car. Drive safely and remember that the precious cargo you have is best protected by a car seat. Therefore, if you have a baby, you should have a car seat.

Remember, too, that your own well being is important to your baby as well as to yourself. The baby's growth and development depends to a major extent on your good health. Therefore, use your seat belt in addition to your baby's car seat.

Ohio State Law requires the use of a car seat, and it is urgent that you take time to learn the proper way to use this equipment. Literature is available in our office to assist you in using your car seat correctly.

- Consider buying a car seat that is usable until your child is 4 years old or 40 lbs.
- Car seat should be in backseat, not the passenger seat of car.
- Until your child is 1 year old and 20lbs0 car seat should face backward, after that it can be a forward facing position.
- After child is over 40 lbs. and 4 years a booster seat will be recommended.

SPOILING

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

Your newborn cannot talk, but there is communication which you must strive to understand. Sometimes the cries mean that your baby wants to be fed; sometimes it is bed time, 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 that 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, allowing the infant to swing carefully from side to side, placing a child in an infant carrier/stroller may help. Other suggestions: warm bath, massage, swaddling with an infant blanket.

If you find yourself getting upset, it is best to lay baby down for five or ten 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 the love, properly given, the sooner your baby will develop into a wholesome, happy person.

FOLLOW UP

Upon discharge, questions will invariably arise which you have forgotten to ask. Therefore, note the following:

- Make your first office visit one to two weeks after baby is discharged from the hospital.
- Things not covered in this manual nor in our discussions are bound to happen. Just call between 7:30AM and 5 PM Mon. - Fri for answers to your special questions.
- Emergencies or what you consider to be an emergency may arise. If so, one of our physicians is on call at all times.
- In the first 2 months of life, if your child has a rectal temperature greater than 100.4°F, is extremely lethargic or miserably fussy for 3 or more hours, this may be an emergency. Call our office immediately.

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 that 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.

SLEEP TIME

Though many new parents are often distraught over a lack of sleep, most babies actually sleep two-thirds of the day away. Like adults, children vary in their need for sleep; some need a lot, others very little. Here's a handy guide to sleep requirements in the first two years of life.

	day	night
Newborn	8	8-1/2
4 mos.	6-3/4	8-3/4
6 mos.	3-1/4 - 4	11
1 year	2-1/4	11-1/2
18 mos.	2	11-1/2
2 years	1-1/2	11-1/2

In order to possibly avoid sleep problems during the first year of life, it is helpful to counsel new parents to put infants down to sleep in a drowsy state rather than rocking/ holding them to full sleep. This way, an infant can learn to console him/ herself to sleep rather than relying solely on the parent. The parent may also want to change weekly which end of the crib the baby's head is placed.

Sleep positioning:

The American Academy of Pediatrics recommends that healthy, full-term infants be placed on their backs to sleep, as lying on their stomach has been found to be a risk factor for sudden infant death syndrome (SIDS). Since the "Back to Sleep" education campaign was launched in 1994, a recent report by the National Institute of Child Health and Human Development stated the percentage of infants sleeping prone has been reduced from 70 percent to less than 30 percent. Deaths from SIDS fell by 30% during the same period, representing a saving of over 1,500 infant lives per year. Pediatric practitioners should continue to educate new parents about this important sleep positioning recommendation for infants.

BABYSITTER

Your Baby's First Sitter

Sometime in the first month or two, you'll probably need to leave your baby for the first time. The more confidence you have in your babysitter, the easier this experience will be for you, so you may want to have your first sitter be someone very close and trusted - a grandparent, close friend, or relative who's familiar with both you and the child.

After you've survived the first separation, you may want to look for a regular babysitter. Start by asking your friends for recommendations. If that doesn't yield any names, contact the placement services at local colleges for a listing of students who babysit. You can also find the names of babysitters in community newspapers, telephone directories, and church and grocery store bulletin boards, but remember that no one screens the people in these listings.

Interview every candidate in person and with your baby present. You should be looking for someone who is affectionate, capable, and supports our views about child care. If you feel comfortable with the individual after you've talked awhile, let her hold the baby so you can see how she handles him. Although experience, references, and good health are important, the best way to judge a babysitter is by giving her a trial run while you're home. It will give your baby and the babysitter a chance to get to know each other before they're alone together, and it will give you an opportunity to make sure you feel comfortable with the sitter.

Whenever you leave your child with a sitter, give her a list of all emergency phone numbers, including those where you or other close family members can be contacted if problems arise. Establish clear guidelines about what to do in an emergency. Make sure the sitter knows how to treat a child who is choking or not breathing (see *Choking*; *Cardiopulmonary Resuscitation and Mouth-to-Mouth Resuscitation*). Ask the sitter to jot down any notes or questions she has about your child during the day. Let friends and neighbors know about your arrangement so they can help if there's an emergency, and ask them to tell you if they suspect any problems in your absence.

2 WEEK VISIT

Date: _____ Present Age: _____

Present Diet: _____

Questions you would like to ask

1. _____

2. _____

3. _____

Advice for this visit

1. Your baby learns with you as his teacher. Please review in the "Development" section of the handbook what is appropriate to teach at this time.
2. Obtain a rectal thermometer and read the section of this handbook entitled "Fever".
3. Read the section of this handbook entitled "Car Accidents" and make sure you use your car seat properly.
Safety:
 - Crib safety
 - Water heater set at 120°F
 - Never leave baby alone with pets or younger siblings
4. Water and juice are not necessary for your baby. It is much too early for solid foods.
5. Reread the section on "Spoiling" in this manual.
6. See attached Immunization Schedule.
7. Sleep requirement. Review section in handbook.
8. Parent time: Parents need to take time for themselves to nurture and grow their relationship.

SCHEDULE YOUR NEXT APPOINTMENT FOR AGE _____

2 MONTH VISIT

Date: _____ Present Age: _____

Present Diet: _____

Questions you would like to ask

1. _____

2. _____

3. _____

Advice for this visit

1. Your baby learns with you as his teacher. Please review in the "Development" section of the handbook what is appropriate to teach at this time.
2. Please read the section of this handbook entitled "Nasal Congestion".
3. You should schedule immunizations at the Well Child Clinic or Health Department. You can read about these in the section on "Immunizations". See the Immunization Schedule.
4. There is no reason to introduce solid foods until your baby is showing signs of wanting to eat from a spoon. This is unlikely at this age and will be discussed in detail at your next visit. Until then, we recommend continuing breast milk or formula.
5. Safety: Do not leave baby unattended on bed or table. Do not drink hot liquids while holding the baby. Baby should not be in a walker at this age.
6. Tummy Time. Review section in handbook.

SCHEDULE YOUR NEXT APPOINTMENT FOR AGE _____

4 MONTH VISIT

Date: _____ Present Age: _____

Present Diet: _____

Questions you would like to ask

1. _____

2. _____

3. _____

Advice for this visit

1. Your baby learns with you as his teacher. Please review in the "Development" section of the handbook what is appropriate to teach at this time. Your baby may be showing signs of wanting to learn how to eat from a spoon. Please read the section entitled "Teaching Your Child to Eat".
2. Please read the introduction to the section of this handbook entitled "Oral Hygiene".
3. You should schedule immunizations at the Well Child Clinic or the Health Department - See Immunization Schedule. Please review this section of the handbook.
4. Babysitter. Review section in handbook.
5. Tummy time. Review section in handbook.

SCHEDULE YOUR NEXT APPOINTMENT FOR AGE _____

6 MONTH VISIT

Date: _____ Present Age: _____

Present Diet: _____

Questions you would like to ask

1. _____

2. _____

3. _____

Advice for this visit

1. Your baby learns with you as his teacher. Please review in the "Development" section of the handbook what is appropriate to teach at this time.
2. As your baby becomes more mobile, accidents represent the single greatest risk to his health. Please read the section of this handbook on "Accidents".
3. Please read the section of this handbook on "Separation Anxiety".
4. Read the section of this handbook on "Feet, Legs and Shoes".
5. Review Immunization section of the manual. See immunization schedule.
6. Daycare. Review section in handbook..
7. Sleep time. Review section in handbook..

SCHEDULE YOUR NEXT APPOINTMENT FOR AGE _____

9 MONTH VISIT

Date: _____ Present Age: _____

Present Diet: _____

Questions you would like to ask

1. _____

2. _____

3. _____

Advice for this visit

1. Your baby learns with you as his teacher. Please review in the "Development" section of the handbook what is appropriate to teach at this time.
2. A routine blood count may be done today or at 12 months. You can read about in the section on "Office Screening Tests".
3. Reread the section of this handbook on "Accidents". Remember that this is the greatest risk to your child's health.
4. Your baby may show a strong desire to feed himself. Reread the section on "Teaching Your Child to Eat", especially the item concerning the addition of "Finger Foods".
5. Begin weaning your baby from a bottle to a cup. Read the Section on "The Teeth and The Bottle".
6. Review immunization schedule.
7. Sleep time. Review section in handbook.
 - Anticipate night waking.
 - Have favorite toy to take to bed.
8. Playpen is a safety island.

SCHEDULE YOUR NEXT APPOINTMENT FOR AGE _____

12 MONTH VISIT

Date: _____ Present Age: _____

Present Diet: _____

Questions you would like to ask

1. _____

2. _____

3. _____

Advice for this visit

1. Your baby learns with you as his teacher. Please review in the "Development" section of the handbook what is appropriate to teach at this time.
2. A routine blood count may be done today. You can read about this in the section on "Office Screening Tests".
3. Review immunization schedule.
4. It may be difficult for you to leave your child or you may notice that he has begun to waken at night. Please reread the section on "Separation Anxiety".
5. Your baby may become very picky during mealtime. Reread the conclusion to the section on "Teaching Your Child to Eat".
6. Read the section of this handbook entitled "Temper Tantrums".
7. You may be getting pressure to buy an expensive pair of shoes. Reread the section on "Feet, Legs and Shoes".
8. Sleep times. Review section in handbook.

SCHEDULE YOUR NEXT APPOINTMENT FOR AGE _____

15 MONTH VISIT

Date: _____ Present Age: _____

Present Diet: _____

Questions you would like to ask

1. _____

2. _____

3. _____

Advice for this visit

1. Your toddler learns with you as his teacher. Please review in the "Development" section of the handbook what is appropriate to teach at this time.
2. Review immunization schedule.
3. Please read the section of this handbook on "Loving Discipline" .
4. Read the section of this handbook entitled "Oral Hygiene" .

SCHEDULE YOUR NEXT APPOINTMENT FOR AGE _____

18 MONTH VISIT

Date: _____ Present Age: _____

Present Diet: _____

Questions you would like to ask

1. _____

2. _____

3. _____

Advice for this visit

1. Your child learns with you as his teacher. Please review in the "Development" section of the handbook what is appropriate to teach at this time.
2. Your child may be showing signs of desiring to be toilet trained. Please read the section of this handbook on "Toilet Training".
3. Review immunization schedule.
4. Sleep:
 - Regular bedtime
 - Regular routine before bed
 - May have night awakenings
 - May have night fears which is normal at this age
 - Review section in handbook.- Sleep Times

SCHEDULE YOUR NEXT APPOINTMENT FOR AGE _____

2 YEAR VISIT

Date: _____ Present Age: _____

Present Diet: _____

Questions you would like to ask

1. _____

2. _____

3. _____

Advice for this visit

1. Your child learns with you as his teacher. Please review in the "Development" section of the handbook what is appropriate to teach at this time.
2. Remember that discipline is not to be equated with punishment. It is teaching your child in a loving way the difference between right and wrong. Also remember how important it is to instill a sense of self-esteem in our children. You may wish to review the section on "Loving Discipline".
3. Reread the section of this handbook on "Toilet Training".
4. Review the section of this handbook on "Accidents".
5. Sleep - Make a regular bedtime routine.
6. Limit TV time to 1-2 hours a day - video.

SCHEDULE YOUR NEXT APPOINTMENT FOR AGE _____

3 YEAR VISIT

Date: _____ Present Age: _____

Present Diet: _____

Questions you would like to ask

1. _____

2. _____

3. _____

Advice for this visit

1. Your child learns with you as his teacher. Please review in the "Development" section of the handbook what is appropriate to teach at this time.
2. Remember how important your child's teeth are. Reread the section of this handbook on "Oral Hygiene".
3. Your child is much more likely to suffer from a serious accident than a serious illness. Reread the section on "Accidents". Remember that good parental supervision is the best protection against accidents.
4. Home Environment
 - A -affection
 - R -respect
 - O -order
 - M -merriment
 - A - affirmation

SCHEDULE YOUR NEXT APPOINTMENT FOR AGE _____

4 YEAR VISIT

Date: _____ Present Age: _____

Present Diet: _____

Questions you would like to ask

1. _____

2. _____

3. _____

Advice for this visit

1. Your child learns with you as his teacher. Please review in the "Development" section of the handbook what is appropriate to teach at this time.
2. If you have not already done so, we would recommend making an appointment for your child to see the dentist.
3. Safety Issues
 - Bike Safety
 - Car Restraints
 - Water Safety
 - Strange Dogs
4. Home Responsibilities:
 - Assign Chores
 - Cleaning Table
 - Picking Up Toys

SCHEDULE YOUR NEXT APPOINTMENT FOR AGE _____

5 YEAR VISIT

Date: _____ Present Age: _____

Present Diet: _____

Questions you would like to ask

1. _____

2. _____

3. _____

Advice for this visit

1. Your child learns with you as his teacher. Please review in the "Development" section of the handbook what is appropriate to teach at this time.
2. Most children are cooperative enough to check their vision at this age. You can read about this in the section of the handbook on "Office Screening Tests".
3. You are likely considering starting your child into kindergarten. Please read the section of this manual entitled "Starting School".
4. Because of your child's normal desire to develop greater independence, we would recommend teaching him your phone number, address, traffic safety, and telling time.
5. See immunization schedule.
6. Limit TV time to 1-2 hours a day - video.

SCHEDULE YOUR NEXT APPOINTMENT FOR AGE _____

6 YEAR VISIT

Date: _____ Present Age: _____

Present Diet: _____

Questions you would like to ask

1. _____

2. _____

3. _____

Advice for this visit

1. Your child's vision and hearing will be checked today and at every yearly visit.
2. Your child will continue to need yearly well visits. Your child's growth, development, physical, social and mental well-being will be followed closely by us.
3. Safety:
 - Stranger Danger
4. School Preparation.
5. Responsibilities
 - Tidy Room
 - Clear Table
 - Set Table

SCHEDULE YOUR NEXT APPOINTMENT FOR AGE _____

ILLNESSES

INTRODUCTION

Once your baby has completed the newborn period there are two risks to health that require concern. The first of these is illness. 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 seven and nine self-limited viral illnesses, for which there is no curative treatment.
- As the child grows older, the number of these illnesses decrease.
- Once your child begins school, preschool or is placed in a day-care center, the number of illnesses again increase.

What we as physicians do is to determine whether or not your child's illnesses are serious or in the nature of an emergency. 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 with you information about childhood illnesses. The following will be in the nature of advice to you when your child gets sick. Of course, some things may occur which 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 which 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, not the seriousness of the infection.

What you must do is to 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). A complete listing with the proper dosage has been included in this manual. (Appendix C)

At times it is advisable to place your child in a tub of lukewarm water. (Do this in conjunction with the treatment suggested above.) Do not use cold water nor alcohol. These will cause chills and make the child more uncomfortable.

Taking A Temperature

- For the first few years of life, a rectal temperature is most accurate.
- For children over 3 to 4 years of age an oral temperature is appropriate. Tympanic (Ear Drum) temperatures, if done properly, are also accurate.
- Axillary (Arm Pits) temperatures are the least accurate but better than no measurement at all.
- Mercury thermometers are not recommended.

Although fevers do not harm your child and can, in most instances, be treated symptomatically by you, 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 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/COLDS

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 which 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 six and eight 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 which 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. You can make a salt water solution to put in your baby's nose. Mix four ounces of warm water and 1/4 teaspoon of salt. Allow the salt to dissolve and to cool to room temperature. This is popularly known as SALT WATER 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.

3A. Elevate the head of your child's crib (2-4 inches) so that the head is slightly elevated. This will help with drainage.

4. In children under one year of age, DECONGESTANTS (Sudafed, Triaminic, etc.) are not very effective. After the first year, decongestants may be used with better results. However, if there is no improvement discontinue their use.

Occasionally decongestants 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 to 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, or fever, or labored breathing which 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, a fever following symptoms of nasal congestion. Changes in sleep and eating patterns. If your child develops an earache during the night, you may try these useful suggestions:

EAR ACHES

- Ibuprofen or Acetaminophen (See appendix C for dosage).
 - Place a warm water bottle or hot potato (baked in microwave) wrapped in a towel against infected ear.
 - Elevate the child's head at the bed/crib to decrease ear pressure.
- Older children will complain of ear pain. To be certain, the ears must be examined. So if you suspect that your child has an ear infection, call our office.

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 that 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 noisy breathing, high fever, chest pain, or if the child looks ill to you, contact our office promptly.

If the cough interferes with sleep patterns, and is not associated with those other symptoms, then the following treatment should help.

- Elevate the head of bed/crib
- Use cool mist humidification
- Over one year of age try this homemade preparation: take equal parts of honey and lemon juice; you will find this as effective as anything you can purchase at the pharmacy. Do not give this preparation to children less than one year old. The honey could create problems for children under one.
- Cough suppressants are only recommended for dry coughs that interfere with sleep, eating, or drinking.

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 two 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/Colds".

Primary infections most often occur in children after age two. When children complain of a sore throat associated with high fever or swollen glands or both for 48 hours, they should receive immediate attention. Children with possible strep throat should be examined promptly and have a throat culture obtained. 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 things and, depending on age, have the child use salt water gargle or Chloraseptic mouth spray.

If the sore throat continues for longer than four days, have the child examined by us.

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 ten 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 to recover from the irritation.

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.

Refeeding with the appropriate food as soon as possible after rehydration within 4-6 hours is the goal. If the child is already on solids, this would be the time to re-introduce rice cereal, bananas, apple sauce and possibly some plain yogurt. These foods are relatively easy to digest and help to solidify the stool. 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.

If your child has been taking a modified cow's milk formula (Enfamil), it is sometimes helpful to start the youngster back to health on a lactose free formula (Prosobee). As the condition improves you can return the child to his original formula usually within a few 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 your child vomits repetitively, more than 5 or 6 times in a row;
- If you are unable to get fluids into the child because of the vomiting;
- Stools > 10-12 a day or any blood in the stool.

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.

***NOTE:**

The above feeding recommendations apply only to children older than 12 months. For infants less than 12 months, you should discuss the situation with one of us prior to making dietary changes.

HIGHLIGHTS FROM MANAGING ACUTE GASTROENTERITIS IN YOUNG CHILDREN

Acute gastroenteritis is diarrhea disease of rapid onset with or without symptoms such as nausea, vomiting, fever or abdominal pain. The following recommendations are taken from Pediatrics March 1996 and apply to children 1 month to 5 years.

Rehydration:

Recommendation - ORS (pediolyte or kaelectrolyte) is the preferred treatment for fluid and electrolyte losses caused by diarrhea in children with mild to moderate dehydration. (Note it is not necessary to make changes in the diet of a child who has diarrhea or vomiting without dehydration.) Therefore first pediolyte or kaelectrolyte and then formula, breast milk or milk are the mainstays of rehydration. The child should be given up to 1 teaspoon every 3 to 5 minutes.

It is recommended that oral electrolyte solution should be given for not longer than 8 to 12 hours. Sometimes up to 24 hours may be needed to rehydrate. Gatorade has a carbohydrate to sodium ratio of 13:1 as compared to pediolyte, which is 3:1. They are not the same! **Gatorade should only be used for rehydration if oral elecrolyte solution or milk is refused.**

Refeeding:

Recommendation - Children who require rehydration should be refed an age appropriate diet as soon as they are rehydrated. Recommendations are to avoid fatty foods and foods and liquids high in simple sugars. Suggest complex carbohydrates such as crackers, toast, rice, lean meats, yogurt, fruits and vegetables. Most children tolerate full strength milk or formula. Although diarrhea is associated with a reduction in intestinal lactase, this change is not clinically significant in 80% or more of the pediatric patients. Introducing the child's regular form of milk early in the course of treatment is recommended and beneficial.

Treatment with Antidiarrheal Compounds:

Recommendation - Generally, pharmacologic agents should **no** be used to treat acute diarrhea.

Dos and Don'ts of Diarrhea and Dehydration

Dos

1. Do use oral electrolyte solution (ORS) or if necessary any form of milk for rehydration. Gatorade is not an equivalent to oral electrolyte solution but could be suggested if the child refuses the above.
2. Do refeed early with the child's usual diet and full strength formula or milk.
3. Do educate parents about the dangers of using antidiarrhea medications in young children.

Don'ts

1. Don't use juice, flat soda, or jello water, chicken broth, etc. for rehydration unless the child absolutely refuses the recommended oral agents.
2. Don't use ORSs for greater than 24 hours. Don't restart ORS if the child develops diarrhea again. He probably needs some form of milk. **Too much ORS or Gatorade causes starvation diarrhea.**
3. Don't limit foods unnecessarily when refeeding after rehydration. Only avoid fatty foods and foods and liquids high in simple sugars.
4. Don't use half strength formula unless the child has received intravenous fluid and obviously was seriously dehydrated. If necessary use a soy formula or lactose free formula during refeeding.

Remember if you think a child is severely dehydrated, you should contact the doctor so the child can go to the hospital for intravenous rehydration. Also each child reacts differently to an illness so there are exceptions to every recommendations.

These are the recommendations by the American Academy of Pediatrics.

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 they last for a relatively brief time. Accidents on the other hand can be most serious. Indeed, accidents can have life-long consequences.

Illnesses cannot always be prevented. Babies cannot be isolated from all viral infections. Babies live in 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 about 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. There are these suggestions:

- 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 **Poison Control Center. 1-800-222-1222**, which national poison control.

CAR ACCIDENTS

After the newborn period, car accidents are the leading cause of death and serious injury among children. So once your baby has been born the biggest risk to his health is a car accident. This means special care should be taken with your infant when you use your car. Drive safely and remember that the precious cargo you have is best protected by a car seat. Therefore, if you have a baby, you should have a car seat.

Remember, too, that your own well being is important to your baby as well as to yourself. The baby's growth and development depends to a major extent on your own good health. Therefore, use your seat belt in addition to your baby's car seat.

State Law requires the use of a car seat, but it is urgent that you take time to learn the proper way to use this equipment.

BURNS

Very common among youngsters are burns and scalding accidents. How very often do we hear that an exploring youngster reaches up and pulls a boiling 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°.

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, but in homes with young children there is even greater reason to make frequent check of the electrical work.

Your family should also be alert as to what to do should you have a 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.

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 a 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 bath tub.

CHOKING

By nine or ten months of age, children are able to finger feed themselves. They may also pick up other items which 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 which are difficult to chew. Hot dogs, for example, are very difficult for children under one year of age to chew. There are other foods which you will recognize: particularly raw vegetables and meat which may be somewhat tough.

Learn the 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, join 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).

TRAUMA

Be alert for any serious falls, head or body injuries which 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 a child 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

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.

IMMUNIZATION

INTRODUCTION

Immunity is a condition of being able to resist a particular disease. This immunity is acquired in two general ways. First, one becomes immune to certain diseases and viruses by the normal buildup of bodily resistance. As a child grows and develops, the building up of resistance is a normal consequence.

Unfortunately, we are all prone to many diseases. Some of these diseases can be prevented by vaccinations developed over the years. These vaccinations are most reliable and your child should receive those available and receive them at the proper time. Immunizations are given at either the Well Child Clinic at Mercy Memorial Hospital or Champaign County Health Department (937) 484-1605

IMMUNIZATION SCHEDULE

AGE	IMMUNIZATION
In Hospital	Hep B #1
2 Months	(Hep B #2 DTAP #1, IPV #1) Pediarix, HIB #1, Prevnar #1
4 Months	DTAP #2, IPV #2, HIB #2, Prevnar #2
6 Months	(DTAP #3, IPV #3 Hep B # 3) Pediarix, HIB #3, Prevnar #3
13 Months	MMR#1, Varivax, HIB #4, Dtap # 4, Prevnar # 4
4- 5 Years	DTAP #5, IPV #4, MMR #2
11-12 years	Td (tetanus)

OFFICE SCREENING TESTS

In addition to the above immunizations, certain health screening tests will be performed on your child.

BLOOD COUNT

To check for anemia a blood count will be checked at 9 months or one year visit. It is done at this age because most children suffering iron deficiency can be detected at this time. You may be given a script to have done at a lab covered by your insurance.

If there is any concern about this test, you will be notified immediately.

You may want to refer again to the section on Feeding. Briefly, your child can receive sufficient iron either by breastfeeding or by using a formula fortified with iron. These two methods of feeding your baby should be continued to the ninth or twelfth month when the baby is receiving sufficient iron from other sources: green vegetables, red meat, and baby cereal fortified with iron.

VISION TEST

Before your child begins kindergarten, routine visual screening is performed for nearsightedness or farsightedness. Should this test indicate any reason for concern, an appropriate referral to an eye specialist will be made.

LEAD LEVEL

Lead poisoning is a relatively rare but potential problem for children. At the nine month or twelve month visit you will be asked a series of questions to determine your child's chances of having a high lead level. If your child seems to be at high risk; a blood sample will be drawn by our office or your lab to accurately check the lead level.

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 one. 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 between 4-6 mos. 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, apple sauce, yogurts 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 yourself 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 filled.

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 or a burp-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 increase, 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 which 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 3-4 days. A list of foods to avoid will be given below, so beyond these, you may try anything so long as it is done gradually. 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.

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 sixth to 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 or a vegetable like a banana or 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 nine or ten 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 six or eight months water and juices out of a 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.

FOOD TO AVOID UNTIL AGE 1 YEAR

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

EGG WHITES are highly allergic for some babies and can produce rashes, snotty noses, and belly aches. Egg-yolks are fine, but the white should be avoided.

CHOCOLATE is associated with rashes, vomiting, and diarrhea in some babies.

PEANUT BUTTER and other nuts are also an allergy food for babies and frequently produce skin rashes.

SHELLED VEGETABLES such as corn, peas, lima beans, and other beans frequently produce diarrhea in infants and should be avoided.

CITRUS FRUITS AND JUICES such as oranges, lemons, limes, grapefruits, strawberries, pineapples, and tomatoes or their juices often cause severe diaper rashes. They also can cause vomiting, diarrhea, and belly aches in susceptible babies. Babies really do not need juice. But if you want to give it, diluted apple juice is the best type.

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

CONCLUSION

If all goes well, your baby at the age of one 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, 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 our baby.

INFANT FEEDING CHART

Growth spurts may occur at 2-4 weeks, 3 months and 6 months and may last 1-2 days.

'Actual number of feedings and amount/feeding depends on the infant's size and his rate of growth. Never force an infant to "h a bottle. Pushing the nipple away is the infant's signal that he is finished. To be sure an Infant is getting an adequate amount of formula, take the Infant to the doctor for regular check-ups. A steady rate of weight gain is more important than any single number of ounces or pounds gained.

When feeding solid foods, introduce one new food at a time for 3-4 days and watch for signs of a reaction such as vomiting, gas, skin rash and diarrhea. Introduce a new food at the beginning of a feeding along with familiar favorites.

FOODS	0-4 MONTHS	4-6 MONTHS	6-8 MONTHS	9-10 MONTHS	10-12 MONTHS
Breast milk or Infant Formula	&10 feedings a day 12-32oz./day	4-7 feedings a day 24-32oz./day	3-5 feedings a day 24-32oz./day	3-4 feedings a day 21-30oz./day	3-4 feedings a day 16-24oz./day
Cereals and Breads	None	Iron-fortified rice then barley cereal. Use only single Ingredient cereals. Mix 2-3 tsp, cereal with formula or breast milk and feed with a spoon <i>once or twice a day.</i>	Iron-fortified oatmeal then wheat cereal. Use only single ingredient cereals. 3-4 tbsp. twice a day. Crackers, teething biscuit, dry toast. <i>1 serving.</i>	Iron-fortified Infant cereals. Plain hot cereals. 4-6 tbsp per day. Crackers, teething biscuits, dry toast, cheerios, bagel = 2 servings	Iron-fortified infant cereals. Plain hot cereals. Unsweetened cereals. 4-6 tbsp. per day. Bread, pasta, rice, cooked grains, muffins.
Fruit Juices	None	Vitamin C fortified plain unsweetened Juice (no citrus - orange, tomato or grapefruit) 2-4 oz. per feeding in a cup wth a lid and spout.	4 oz. per day (optional) from cup only	4 oz. per day (optional) from cup only	4 oz. per day (optional) from cup only
Vegetables	None	None	Strained Start with 1 tbsp, twice a day and gradually increase to 1/4 -1/2 cup per day.	Strained or mashed 1/2 cup per day	Mashed or soft vegetables. Fresh, peeled. 4-6 tbsp. per day
Fruits	None	None	Offer one fruit at a time. Maybe mixed with cereal at breakfast feeding. 2d tbsp. twice a day.	3-4 tbsp. applesauce or mashed banana. 1/2 cup strained fruit per day	Soft wedges of peeled or seeded fruits like banana, pear, peaches, apple. Water packed canned fruit. 6.8 tbsp. per day
Protein Foods	None	None	Use plain strained meats - one at a time. 1- 2 tbsp. per day	3-4 tbsp. strained meat or egg yolk twice a day or alternatives 1/2 oz. cheese 1/4 cup cottage cheese 1/2 cup yogurt	4-6 tbsp. finely chopped ground skinless chicken, fish, lean meat, mashed, cooked dried beans
Physical Development	Sucking reflex Swallowing reflex Rooting reflex	Sits with support. Can transfer food to back of mouth for swallowing. Indicates a desire for food by opening mouth and leaning forward. Indicates satiety or feeling of fullness by leaning back and turning head away.	Sips water, Juice and formula from a cup when cup is held to lips. Grasps for objects in sight. Can feed self finger foods. Begins chewing movements.	Increased chewing ability. Increased pincer grasp (finger-thumb pick-up). Drinks from cup alone.	Increasingly independent. Use cup more & bottle less. Avoid foods that can cause choking such as hot dogs, grapes, raw fruit, chewing gum, popcorn, nuts, marshmallows, hard candy

FEET, LEGS AND SHOES

At about four 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 babes 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 that 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 thirteenth month. Often the chewing, the drooling and rubbing of the gums which 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'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 washcloth. Once there are more than eight teeth, tiny amount of tooth paste may be used with a very soft bristle brush. This is the time to get your child into the habit of brushing properly. 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 the age 4-5, teach him the value of flossing the teeth in addition to brushing.

TOOTH DECAY

Occurs when sugar remains on 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 which stick to the teeth (candies), promote decay. 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

Applied topically and ingested will strengthen tooth enamel. 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.

THE DENTIST

Most dentists suggest that children make their first visit at age three or four. You are urged to do this. Children should get to know the dentist as a friend. Moreover, the dentists now emphasize a preventive program and will have many suggestions to make 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 that 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 desires the bottle for security reasons, after the first year put water in the bottle instead of milk or juice. At this age the baby should be eating quite well and needs very little milk;
- If baby becomes attached to the bottle, substitute another security object, for example, a teddy bear or a blanket.

SEPARATION ANXIETY

At age six 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, and loves him, and talks to him, and holds him. Your baby feels secure with you. That is good.

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, 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, secure, even though you are not on the spot. That takes time and it 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, their ability to walk and to touch, are still at a very unstable stage, they often fall, or in trying to grasp things, they knock things 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 which 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 which 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 one or two 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; 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 by showing him how to live. 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.

The best way to prevent violent behavior is to give your child a stable, secure home life with firm, loving discipline and full-time supervision during the toddler and preschool years. Everyone who cares for your child should agree on the rules he's expected to observe as well as the type of punishment to use if he disobeys. Whenever he breaks an important rule, he should be reprimanded *immediately* so that he understands exactly what he's done wrong. 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, making him come in the house, timeout, so long as you do not harm your child in any way - punishments which he understands, and which are given at the right time, because his memory is very short at that age, 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.
- 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.

Always watch your own behavior around your child. One of the best ways to teach him nonviolence is to control your own temper. If you must punish him, do not feel guilty about it and certainly don't apologize. If he senses your mixed feelings, he may convince himself that he was in the right all along and *you* are the "bad" one. While punishing your child is never pleasant, it is a necessary part of parenthood and there is no reason to feel guilty about it. Your child needs to understand when he is in the wrong so that he will take responsibility for his actions and be willing to accept the consequences. And 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 that you are angry about what he is doing. Remember, too, that you may do things which you later feel are wrong. None of us are perfect parents. 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.

EFFECTIVE DISCIPLINE

Child's Behavior	Effective	Your Responses Constructive
Temper tantrum	Walk away.	Discuss the incident when child is calm.
Overexcitement	Distract with another activity.	Talk about his behavior When he's calm.
Hitting or biting	Immediately remove him from situation.	Discuss consequences of his Actions (pain, damage, bad feelings) to himself and others.
Not paying attention	Establish eye contact to hold his attention.	Lower your expectations (ask him to listen to a story for 3 minutes instead of 10; don't insist he sit through a full church service).
Refuses to pick up toys	Don't let him play until he does his job.	Show him how to do the task and help him with it; praise him when he finishes.

PRAISE

Just as important as punishment is praise or rewards. 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 image 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 the 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; whether he gets along with others or not. So that "self-image" is extremely 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.

TOILET TRAINING

Toilet training can be a difficult and disappointing undertaking unless you keep in mind some every basic guide-lines. Remember that your child - nobody's child - comes into the world ready to do everything perfectly. That is why we speak of this as toilet training. There are certain developmental stages which must occur. First of all, the sphincter muscles must develop to the point that the child can control them. 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; 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 which 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 saying: "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.

Remember the normal range for training is wide. Training only works when the child is ready and interested.

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, 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 which 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 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 which can give the answer to this question. Our doctors will also be able to help. Do call if you need this help.

SECTION VII:

SOME REFLECTIONS ON DEVELOPMENT

One of the greatest joys of parenthood is watching your children grow, develop, and learn. And 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, a capsulized version of the growth and development of the child from birth to five 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 necessarily be unsuccessful. So it is with all 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 put down 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 one; some will do this at age ten 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 it carefully remembering always what has been written above about "readiness" and "individual differences" and then add to this 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 which have contrasting colors such as blacks and whites, or stripes, or checker-board patterns. Likewise, fixtures which make pleasant noises, soft music, little bells - also catch your child's attention and give baby a chance to develop visual and auditory skills.

TUMMY TIME

American Academy of Pediatrics recommends all babies sleep on their back due to SIDS (Sudden Infant Death Syndrome). Newborns 2 weeks and up should spend short periods of time on their belly, to help strengthen neck muscles. You may roll a receiving blanket and place it under the chest at the nipple line. This will help to support the head and neck until muscles strengthen. Do tummy time daily slowly increasing amount of time.

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 this way, baby is now learning about his own hands as well as about the things which 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 which 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 responsible 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 which 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 sound 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 note at the time the child's developing facility in picking up things. Now 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 music 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 has the inevitable 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, 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, babysized 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. You may want to read over that section in the manual. (see p. 96)

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. 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 play-mates 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 those wondrous learning years.

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.

APPENDIX A RECOMMENDED BOOKS

<u>THE MAGIC YEARS</u>	Selma Fraiberg	Scribner Books
<u>HOW TO PARENT</u>	FitzHugh Dobson	Signet
<u>HOW TO REALLY LOVE YOUR CHILD</u>	Ross Campbell	Signet
<u>ONE MINUTE FATHER</u>		
<u>ONE MINUTE MOTHER</u>	Spencer Johnson	Morrow
<u>MR. ROGERS TALKS TO PARENTS</u>	Fred Rogers and Barry Head	Berkley
<u>THE COMPLETE BOOK OF BREASTFEEDING</u>	Marvin Eiger and Sally Olds	Bantam Books
<u>NURSING YOUR BABY</u>	Karen Pryor	Pocket Books
<u>INFANTS AND MOTHERS: DIFFERENCES IN DEVELOPMENT</u>		
	T. Berry Brazelton	Delta Books
<u>TODDLERS AND PARENTS: A DECLARATION OF INDEPENDENCE</u>		
	T Berry Brazelton	Delta Books
<u>BABY AND CHILD CARE</u>	Benjamin Spock	Wallaby
<u>BETWEEN PARENT AND CHILD</u>	Hiam Ginott	Avon Books
<u>PRACTICAL PARENTING TIPS</u>	Vicki Lansky	Meadowbrook
<u>GAMES BABIES PLAY AND MORE GAMES BABIES PLAY: A HANDBOOK OF GAMES TO PLAY WITH INFANTS</u>	Julie Hagstrom and Joan Morrill	Pocket books
	Finally, for a touch of humor when you are frustrated by your two year old not eating dinner.	
<u>HOW TO EAT LIKE A CHILD AND OTHER LESSONS IN NOT BEING A !GROWNUP</u>	Delia Ephron	

**APPENDIX B:
RECOMMENDED TOYS**

BIRTH TO THREE MONTHS

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
Crib gym

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
Mattel "See and Say"

**APPENDIX B (continued):
RECOMMENDED TOYS**

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 playstove and sink
Simple jigsaw puzzles
Coloring books
Paints and small brushes

APPENDIX C:
DOSES OF MEDICATION FOR FEVER

CHILDREN'S ACETAMINOPHEN

		Infants' Concentrated Drops 80 mg/0.8 mL	Children's Suspension Liquid 160 mg/5 mL	Children's Soft Chews Chewable Tablets 80 mg each	Junior Strength Chewable Tablets 180 mg each
		Dropperful	Teaspoon (TSP)	Tablet	Tablet
WEIGHT	AGE	(Use Only the dropper provided)	(Use only the dosing cup provided)		
6 - 11 lbs	0-3 mos	1/2 = (0.4mL)			
12 - 17 lbs	4-11 mos	1= (0.8mL)	1/2 (TSP)		
18 - 23 lbs	12-23 mos	1-1/2 (0.8 + 0.4mL)	3/4 (TSP)		
24 - 35 lbs	2-3 yrs	2 = (0.8 + 0.8mL)	1 (TSP)	2	
36 - 47 lbs	4-5 yrs		1-1/2 (TSP)	3	
48 - 59 lbs	6-8 yrs		2 (TSP)	4	2
60 - 71 lbs	9-10 yrs		2-1/2 (TSP)	5	2-1/2
72 - 95 lbs	11 yrs		3(TSP)	6	3
96 lbs & over	12 yrs				4

CHILDREN'S IBUPROFEN

		Ages 6 mos-23mos Infants' Ibuprofen Concentrated Drops 50 mg/1.25 mL	Ages 2- 11 Children's Ibuprofen Suspension 100 mg/5 mL	Ages 2-11 Children's Ibuprofen Chewable Tablets 50 mg	Ages 6-11 Junior Strength Ibuprofen Chewable Tablets 100 mg	Ages 6-11 Junior Strength Ibuprofen Caplets 100 mg
Dose		Dropperful	Teaspoon (TSP)	Tablet	Tablet	Caplet
WEIGHT	AGE	(Use only the dropper provided)	(Use only the dosing cap provided)			
Under 6 mos		Consult Your Child's Doctor				
12 - 17 lbs	6-11 mos	1 = (1.25mL)	----	----	----	----
18 - 23 lbs	12-23 mos	1-1/2 = (1.875mL)	----	----	----	----
24 - 35 lbs	2-3 yrs	----	1 (TSP)	2 tablets	----	----
36 - 41 lbs	4-5 yrs	----	1-1/2 (TSP)	3 tablets	----	----
48 - 59 lbs	6-8 yrs	----	2 (TSP)	4 tablets	2 tablets	2 caplets
60 - 71 lbs	9-10 yrs	----	2-1/2 (TSP)	5 tablets	2-1/2 tablets	2-1/2 caplets
72 - 95 lbs	11 yrs	----	3 (TSP)	6 tablets	3 tablets	3 caplets
One Dose Lasts 6-8 Hours						