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**Hunterdon Health**

Hunterdon Pediatric Associates

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**Parents**  
**Survival**  
**Guide**



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# *Introduction*

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New parents are faced with many responsibilities and decisions but most have very little training for their new job. There are usually lots of people offering advice, some good, some bad. We will help you to maintain your child's health and to raise competent, confident, caring children. Remember, you know more than you think you know and common sense is a wonderful tool.

We can help in the following ways:

- We will review your family and social history and discuss concerns.
- We will perform examinations and screening tests and discuss the results with you.
- We will help you to anticipate issues related to health, behavior and development before they happen.
- We will teach you about children, diet, sleep, safety, diseases, or anything else important to you. We also have many written handouts for you on various topics.
- We are as interested in your child's emotions, learning, and behavior as we are in his body.
- We offer the option of health care provided by a Certified Pediatric Nurse Practitioner.
- Each doctor and nurse practitioner at Hunterdon Pediatric Associates has broad expertise. If your child has a special problem, we are likely to be able to handle it. If we cannot, we will help you find someone who can.
- Each provider in HPA has a unique personality and approach. Choose one that suits you best. Ask for help finding the best mix if necessary.

# *Feeding and Nutrition for Infants*

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## *Breast and Formula Feeding*

New parents must decide whether to breast-or bottle-feed their newborn. We recommend breast feeding. There are times when formula supplements may be needed. Some parents prefer to totally formula feed their baby. We will support your choice - please discuss with us.

Newborns usually feed every 2-4 hours regardless of the method of feeding (breast or bottle). During the first weeks of life, a breastfed baby should eat 8-12 times per day, so we encourage you to feed your baby every 2-3 hours (timed from beginning of one feeding to beginning of the next.) We suggest you nurse the baby for 10-20 minutes on each breast and to alternate the side with which you begin each feeding. At first your baby may be very sleepy and may need to be awakened and encouraged to eat. By 1-2 weeks of age your baby will probably wake often enough on his own to eat.

In addition to burping the baby at the end of a feeding, it is usually a good idea to try to burp the baby about halfway through a bottle feeding or when switching breasts. Breastfed babies may not swallow much air during feeding, so may not burp much or at all.

During the first few days, breastfed babies receive colostrum, an early form of breast milk that is rich in infection-fighting factors (antibodies). More “mature” breast milk is usually made by the third day after birth. This is when many mothers become engorged (have breast swelling) and is commonly referred to as the milk “coming in.” Although engorgement can be very uncomfortable, it usually lasts only 24-36 hours. Feeding the baby often (every 2-3 hours) can help prevent or minimize engorgement.

Commercial formulas for routine infant feeding are made from cow’s milk modified to be more like human (breast) milk. Specialty formulas are also available for those infants who do not tolerate cow’s milk or have other special needs.

Commercial formulas come in three forms; ready to feed (no preparation needed), liquid concentrate (mix with water before feeding), and powder (mix with water before feeding). When properly mixed, all three have the same nutritional value. There are cost and convenience differences which may affect your choice. See our formula handouts for more details.

Bottles, nipples, and rings should be boiled after purchase. Thereafter, it is adequate to wash them with hot soapy water between uses. Dishwasher use is also fine.

If microwave ovens are used to heat formula, extreme caution is necessary. Microwaving may result in uneven heating and the potential for burning the infant.

A baby's stomach generally can hold about 1/2 ounce per pound of body weight, up to a maximum of 8-9 ounces. The best way to know if your baby is eating enough is to monitor his growth over time. Growth measurements (length, weight, and head circumference) are done at each well check-up.

Breast milk or formula should be continued through the first year. At the 9 month well baby visit, we will check your baby's hemoglobin (a screening test for anemia). Whole milk is recommended from 12 to 24 months, with low fat or non-fat milk after age 2.

### ***Solid Foods***

Solids are typically introduced at age 6 months. We do not recommend earlier introduction of solids unless you have discussed this with your pediatrician first. It is important to mention that solids are not necessary for nutrition before 6 months and in fact exclusive breast feeding for the first six months is preferred. Early introduction of solids will not affect your baby's sleep pattern (see the section on sleep). It is recommended to begin with foods that are high in iron. You can start with iron fortified oat cereal that is mixed with breast milk or formula until it is creamy. Strained meats are also high in iron and can also be used as a first food. Start with about one tablespoon of food.

Choose a time of day when your baby is calm and alert - it doesn't matter if this is breakfast, lunch, or dinner. Seat your baby in an infant seat or high chair and use an infant spoon - do not mix the cereal in a bottle. As the baby learns to close his lips on the spoon and swallow food, you may thicken the texture by adding less liquid while increasing the amount of cereal (2 tablespoons is a "full" serving). You may then try other single grains like barley, gradually proceeding to fruits, vegetables and strained meats (if not already given as a first food). It is a good idea to allow 3-5 days between new foods; if an intolerance or reaction occurs, its cause can be more easily identified. Allergic reactions can show up as vomiting, diarrhea, gas, wheezing, respiratory congestion or rashes. You can increase the amount of food and number of feedings based on your own baby's demands.

If you choose to prepare your baby's food rather than purchasing jar foods, do not add salt or sugar and be sure to follow guidelines regarding proper storage to prevent contamination. Freezing fully cooked and ground foods in ice cube trays is safe and handy. For more information, age specific feeding handouts are available at well child check-ups and on our website.

### ***Vitamin D***

**Breastfed Infants**-An important way to insure that a breastfed infant gets the necessary vitamins is to make certain that the mother is well nourished. Since breast milk may be low in vitamin D, we recommend it be supplemented in the form of drops, such as D-Vi-Sol (1 ml daily). Babies who drink 32 ounces of formula daily do not need vitamin D drops. Additional iron in your baby's vitamin drops, then, is optional.

**Formula-Fed Infants**-Vitamin D supplementation is recommended for formula fed babies taking less than 32 ounces of formula daily. The dose is stated in the prior section. Some parents feel that the iron in formula causes symptoms such as gas and constipation. This has been scientifically disproven. Due to potential bacterial contamination of powdered formula, it is generally advised to wait until 2 months of age.

### ***Fluoride***

It is known that fluoride can strengthen teeth and prevent cavities.

Because of this fluoride is often added to community drinking water, toothpaste and mouth rinse. It can also be taken as prescription drops or tablets to swallow, as well as applied directly to the teeth by a health professional. The American Dental Association and American Academy of Pediatrics both recommend providing fluoride to children by brushing their teeth with fluoridated toothpaste starting with the eruption of the first tooth.

- From first tooth eruption to age 3 years – twice daily brushing using a rice grain-sized amount of fluoridated toothpaste
- From age 3 to 6 years - twice daily brushing using a pea size amount of fluoridated toothpaste

Young children should not be given water to rinse after brushing because their instinct is to swallow. Spitting without rinsing will reduce the amount of fluoride swallowed and leave some fluoride in the saliva where it can help the teeth. If they swallow the toothpaste, the amount of fluoride swallowed will be no higher than the amount gotten from a prescription fluoride supplement.

The amount of fluoride in toothpaste is standardized, so any brand can be used.

Some children benefit from receiving a dietary fluoride supplement. Your child’s dentist may choose to prescribe one of these supplements.

## *Infant Development*

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### *Physical Features of the Newborn*

While the process of birth is truly amazing, the development of the infant after birth is astounding. Many features that may seem odd are completely normal. As you look your newborn over from head to toe, please feel free to ask us about anything that concerns you.

The baby’s skull is formed by several plates of bone which can overlap during delivery to allow the head to fit through the vagina.



This results in “molding” or elongation of the head which rounds out in a few days. The head of a baby born by C-section may be more round right from birth. The fontanel, or “**soft spot**,” allows for rapid growth of the brain and head. It is safe to touch and usually closes over with bone between 12 and 24 months of age.

Some babies are born with a full head of **hair**, some have hair that sticks straight up and some have very little hair. All variations are normal. Sometimes the hair the infant is born with will fall out in the first weeks of life and new hair will replace it.

The pressures of labor and delivery may cause the baby to look different than you expected. Bruising and swelling of the head are common and rarely a cause for concern. The eyelids may appear puffy and there may be a hemorrhage or red area on the white of the eye. Also common are flattening of the nose and ears. These effects usually diminish within a few days.

A common condition in newborns is a **blocked tear duct**. The eye waters continuously and may be prone to minor infections. Most blocked tear ducts open on their own before 12 months of age. You may notice that your baby’s eyes occasionally cross; this is common and usually resolves as the eye muscles develop. Eye color may be uncertain until your baby is about 6 months of age.

Your newborn’s **feet** may turn in, up, or out as a result of positioning in the tight space of the uterus. As long as your baby’s feet are easily moved to a normal position, there is no need to be concerned; most straighten on their own within a few months and require no special treatment.

You may notice that your baby will “jump” at loud noises or when suddenly moved. This is called the “Moro” or “startle” reflex and is very normal. It is also common to see your newborn’s chin tremble or lower lip quiver and, while crying, his arms and legs may appear jittery. As the nervous system matures, these reflexes will diminish and eventually be gone.

## *Developmental Features of the Newborn*

Babies differ from each other in many ways. The development of your baby will follow a similar pattern compared to that of others but the timing will vary. For example, some babies walk well at 10 months and others not until 14 months. Here are some of the things you can usually expect your baby to do in the first month of life.

A few days after birth your baby will probably be able to do the following:

- turn head when lying on his stomach
- move arms and legs equally well
- focus on objects about 8 to 15 inches from his face

By the end of the first month, your baby should be able to:

- lift head briefly when lying on his stomach
- focus on your face
- respond to a bell or voice in some way, such as startling, crying, or quieting
- begin to follow an object or your face with his eyes.

And he may be able to:

- lift his head 45 degrees when lying on his stomach
- vocalize in ways other than crying, such as cooing
- smile in response to your smile

Newborn infants show a clear preference for looking at faces.

Vision at birth is about 20/200 and improves over the first few months. This means that your baby sees things best at 8 to 12 inches from his face.

If you have any concerns about your infant's development, please ask. We will discuss growth and development with you at each check-up.

### *Stools in Infancy*

There is a wide range of normal stools in infants. Age and food source play large roles in determining stool color and consistency. Many newborns have frequent (6-8) soft stools each day, especially if breast fed. Infants older than 4 to 6 weeks of age may have less frequent stools; several days may lapse between bowel movements. This is normal as long as the baby is eating well and not in distress.

Some babies have a bowel movement at the same time each day, others at different times. One baby may have several stools a day while another may have one every 3 to 4 days. One baby may fuss, grunt, strain, get red in the face and seem to be having a hard time moving his bowels, while another will have to be checked to find stools. Stools vary in consistency from well-formed to pasty to seedy. Color may be brown, green or yellow. Blood in the stool should always prompt a call to our office.

Although parents frequently report that their baby is constipated, true constipation is uncommon. If the stools are very hard, like pebbles, you can offer water between feedings. Dietary measures can be used indefinitely to keep the stool soft; sometimes prune juice is recommended. Rectal stimulation with a lubricated thermometer may initiate a bowel movement but should not be done regularly as this may damage the lining of the rectum. Formula changes are not likely to help; the iron in formula does not cause constipation. Laxatives and enemas should be avoided since they can be dangerous to infants. Simple constipation should be a temporary problem; if occurring often, an office visit is recommended.

## ***Spitting Up***

Many infants spit up after feedings. Spitting up is effortless, usually not an indication of a serious medical problem and resolves with time. Vomiting, in contrast, is usually forceful, results in larger amounts of stomach contents coming up and may indicate a problem. If your baby is vomiting, the vomit is green, or the spitting up is increasing, please call us.

## ***Hiccups***

Most babies hiccup. This usually bothers parents more than the baby. Hiccups are not harmful and usually resolve within a relatively short period of time. They frequently occur during or after a feeding. If the baby seems distressed from hiccups during a feeding, try burping or calming the baby.

## ***Sneezing and Noisy Breathing***

All newborns sneeze, some more frequently than others. Since a newborn breathes mostly through his nose for the first few months, breathing may sound noisy if there is mucus in the nasal passage. Nasal congestion and sneezing are common and don't necessarily mean that the baby has a cold or allergies.

## ***Sleep***

Sleeping patterns are often a major concern for parents of newborns. Most newborns sleep for 2 to 4 hours, then awoken to feed. The number of awake hours during the day will increase as the baby gets older. Most babies begin to sleep through the night (6-8 hours of continuous sleep) by 6 months of age. Daytime sleep is usually organized into naps by 4 to 6 months of age.

A connection between prone (belly-down) sleep position and Sudden Infant Death Syndrome (SIDS or "crib death") has been discovered. We recommend that your baby sleep on his back. Some parents are concerned about choking in these positions, but this is extremely rare (much less common than SIDS). The mattress should be very firm, and covered only with a sheet.

Be sure to provide “**tummy time**” by placing your baby on his tummy often during the day while awake. This will allow him to develop his neck and shoulder muscles and avoid creating a flat spot on the skull.

If your baby sleeps more than 3 hours during the day, wake him to eat. If you are just beginning to breastfeed or the baby is not gaining weight well, you may need to awaken him at night also. However, it is usually not necessary to wake babies at night for feeding.

By six months of age most infants don’t require a nighttime feeding. Teach him to fall asleep alone by placing him in the crib partially awake. When he has normal nighttime awakenings, he will then know how to fall back asleep without your help. We will discuss this further at check-ups.

### ***Teething***

The first tooth usually erupts at 6-8 months of age. Dental development, however, is variable; there are many normal patterns of eruption. All infants begin to drool and explore with their mouths at 3 -4 months of age. This is not necessarily a sign of teething.

While some infants experience teething without any discomfort, it may cause others to be mildly irritable, have excessive drooling, and want to chew on something hard. The gums around the new tooth may swell and be tender. Teething, however, is not a cause of fever (rectal temperature over 100.4). Acetaminophen (Tylenol, etc.) can provide relief of discomfort. Teething rings or biscuits may also be helpful. Rings should be made of firm rubber; biscuits or other foods should not crumble easily to avoid choking. Benzocaine containing tooth pain products (preparations) should not be used under 2 years of age.

### ***Taking Your Baby Out***

A newborn may go outside at any age unless it is very cold or very hot. Fresh air is not harmful to a young infant. Protect your baby from direct and reflected sunlight, avoid the hottest part of

the day in warm months and dress your baby properly. Remember, overdressing will make a baby uncomfortable and may cause his body temperature to rise too high. Use your comfort as a guide for dressing, with an extra layer on the baby.

Avoid crowded places such as shopping centers and parties for the first two or three months. Exposure to large numbers of people increases your baby's risk of contact with someone ill and can result in infection and even hospitalization for your baby.

### *Passive Smoke Exposure*

Cigarette smoke exposure has many harmful effects on the health of infants and children. Numerous health problems are found more frequently and made worse when exposed to smoke: respiratory infections, pneumonia, croup, asthma, ear infections, and SIDS. Recent evidence points to increased risk of cancer in children who breathe others' smoke.

It is best for your baby's health to avoid smoke exposure. Don't allow smoking in your home. If you or a family member smoke, give it up. If this is not possible, smoke outside your home away from your child. Never smoke in the car when your child is present. Also avoid smoke exposure at malls, restaurants or babysitters' homes. Mom's Quit Connection can help you quit smoking. [momsquit.com](http://momsquit.com).

## *Infant Care*

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### *Skin*

Your baby's skin may concern you. At first you may notice that the skin seems very red; this will fade in a few days. Since a newborn's skin is thin, it usually has a pinkish cast from the blood vessels just beneath. Red blotches that come and go are common and require no treatment.

At birth the skin is often covered with vernix, a greasy coating that protected the fetal skin during the time spent in the amniotic fluid. The later the baby arrives, the less of this coating you

will see. Many babies, especially those born after their due dates, have some dryness of the skin or peeling. This is the dead layer of skin which did not shed in the amniotic fluid. Lotions may help but will not stop the peeling altogether. Many babies, particularly if born early, are covered with “lanugo,” a downy prenatal hair. It is usually seen on the shoulders, back, forehead and cheeks and will disappear in the first weeks of life.

You may have noticed that the baby’s hands and feet are mottled and bluish; this will gradually improve. It is due to circulatory patterns that help the baby control his temperature.

### ***Breasts***

Female and male babies will often have enlargement of their breasts in the first few weeks of life. Some may even have a milky discharge from the breast. These changes are the result of maternal hormones still circulating in the baby and will disappear.

### ***Vaginal Discharge***

Female infants may have a white vaginal discharge or a slightly bloody discharge related to the effects of the maternal hormones circulating in the baby’s body. The discharge is common and normal and will resolve spontaneously. Gently wipe it away with warm water.

### ***Washing***

A sponge bath is recommended until the umbilical cord has dried and fallen off, and is usually easiest at first because a slippery baby can be tricky to manage in a tub. Since babies have little opportunity to get dirty, bathing and shampooing a few times a week is sufficient.

When bathing your baby, have all supplies ready. The fewer skin products used on a baby, the better. A small amount of mild soap, baby shampoo, and warm water is all that is needed.

If you use a lotion, choose one free of heavy perfumes such as Lubriderm, Eucerin, or Keri. Powders are not necessary. If these

are used, avoid ones with heavy fragrances or talc and use in small amounts. Prevent your baby from breathing in the powder that clouds into the air; place it into your hand first then gently pat it onto your baby. Cornstarch-based powders are preferred.

It is not necessary to clean inside the ear canals with a cotton swab; these can easily irritate or cause damage. Wash ears with a washcloth only. Scaling or crusting on the scalp can best be managed with plain soap or shampoo. After a shampoo the crusts are usually softer and can be gently combed out.

Fingernails should be kept short. Since your baby's nails are soft, they can easily be clipped or cut with manicure scissors. Avoid pulling the nails which may lead to local irritation or infection. While your baby's toenails may appear to be ingrown, this is rare. More common is a protrusion of skin above the nail which looks similar to an ingrown toenail. If the skin is kept soft, the nail will grow out and look normal. Notify us if the area becomes red or tender.

### ***Circumcision***

Potential medical benefits of circumcision include: prevention of urinary tract infection, penile cancer and transmission of some sexually transmitted infections including HIV. The American Academy of Pediatrics states that benefits of circumcision outweigh the risks of the procedure and this justifies access to the procedure for families who choose it, however existing scientific evidence is not sufficient to recommend routine circumcision.

If you decide to have your son circumcised, it is recommended the procedure be done shortly after birth, prior to hospital discharge. At Hunterdon Medical Center, circumcisions are performed by the obstetricians. If you have questions regarding circumcision, please discuss them with one of us.

Caring for the penis as it heals is very simple. Keep the penis covered with petroleum jelly for the first 48 hours to prevent irritation from the diaper. It will look red, mildly swollen. The wound may develop a yellowish discoloration as it heals. It will heal in about one to two weeks. You may wash the penis by allowing



warm, soapy water to run over the wound, rinsing, then gently patting dry.

Although it is unlikely that your son's penis will become infected, notify us if it becomes more swollen, more red, or if bleeding is more than a few drops.

If your son is uncircumcised, do not attempt to forcibly retract (pull back) the foreskin for cleaning. The foreskin is normally unretractable for several years. Proper hygiene will be discussed at check-ups.

You may notice that your newborn son has an erection occasionally. Erections are common whether or not your son is circumcised. They show that the nerves to the penis are normal and may occur with a full bladder or upon awakening.

### ***Umbilical Cord Care***

The umbilical cord will become dry, black, and shriveled with time. The cord usually falls off within 2 to 3 weeks. Keep the cord clean and dry; give a sponge bath instead of immersing your baby in a tub. Turn the top of the diaper down so the cord is exposed to air. This can help speed drying.

There will often be a foul odor to the cord stump as it decays. This odor is normal as long as there are no signs of infection. Notify the doctor if the skin around the cord becomes red or swollen and especially if there is a fever (temperature above 100.4 rectally).

When the cord falls off, you may see a few drops of blood coming from the belly button. This is normal; simply clean with alcohol until the area is dry.

### ***Dressing***

In general, your infant will be comfortable wearing one more layer of clothing than you wear in the same environment. If the baby is very active, he will feel warmer and require less clothing. A

newborn's hands and feet normally feel cool. Feel the baby's chest or back to see if he is dressed warmly enough. Hats are important in cool weather because body heat will be lost through this large surface area of skin. Room temperatures of 65-70 degrees are acceptable when your baby is properly clothed. Excessive use of heat in cold weather is not recommended because it removes moisture from the air and dries the nasal passages.

### *Colic/Crying*

All babies cry, sometimes for no apparent reason. On average, newborns cry about 1 1/2 hours per day during the first two weeks and 2 to 3 hours per day by six weeks. Crying is the only way a baby can communicate his needs to you.

Crying does not necessarily indicate hunger; he may want something other than food. Try to meet different needs if it is not yet time to eat. Many babies have a strong need to suck and settle with a pacifier. Some infants like to be swaddled (wrapped snugly in a blanket); others prefer to be loosely clothed. If you swaddle your baby, it is recommended for only the first 2 months. Do not straighten and tightly wrap the legs, as this could cause hip problems. Perhaps your baby just wants to be held or walked, talked to or burped. The diaper may need to be changed or he may be too warm or cold. Some babies cry when they are tired. He may also have a fussy period, most commonly in the evening, and cry for a while, then calm. There may be different reasons for the baby's cry at different times.

Colic is defined as excessive crying for no apparent reason. The crying continues beyond the normal 2 to 3 hours each day. The infant is often fretful and seems to be trying to pass gas. This frequently occurs late in the afternoon or evening. Although the cause of colic is unknown, the likely explanation is behavioral style or "temperament." Occasionally there may be a medical reason for crying; excessive crying should be evaluated at an office visit.

Repetitive sound and motion can be helpful in soothing "intense" or "colicky" babies. Rocking and car rides are famous for quieting babies. Papoose-type baby carriers are sometimes useful

for providing warmth and constant movement without limiting daily activities. An automatic swing is another option. Sometimes warmth on the baby's abdomen or lying your baby on his abdomen over your lap may help. If breastfeeding, your baby may be sensitive to something in your diet such as dairy products.

“Colicky” babies can be difficult for new parents to cope with. Time for yourselves is especially important and we encourage you to seek some assistance caring for your baby. Remember, colic is not caused by your parenting style and most babies outgrow it by a few months of age.

## *Safety and Accident Prevention*

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The toll of accidents on children in this country is frightening. In most recent years, accidents are the number one killer of children, outweighing all other causes combined. Most safety and accident prevention is common sense but a few reminders are offered about things you may not have considered. Remember, the best approach to safety is prevention.

- Obtain and properly use an approved car seat for your baby on his first ride home and whenever he goes out in the car.
- Don't turn your back on an infant lying on a table; the first time he rolls may be at that moment.
- Don't leave your baby alone with pets. It might be best to delay getting a new pet until your baby is old enough to appreciate one and treat it properly.
- Be sure your home has a smoke alarm on each level and test them regularly. Plan fire escape routes in advance.
- Turn the water heater setting from high to medium (less than 120 degrees). Many accidental scalding injuries could be prevented by this measure.
- Never leave your child alone in or near collected water (buckets, pools, toilets, bathtub.)

- Keep pot handles turned toward the rear of the stove where they cannot be reached by curious toddlers. Use back burners when possible.
- Avoid holding your baby while drinking or carrying hot liquids.
- Do not let an infant play with small objects that may be swallowed or cause choking. Make sure that toys have no small parts that can be easily removed as your child explores with his mouth.
- Keep gates across stairs; place locks on doors that lead to the basement or other stairways.
- Cover unused electrical outlets. Prevent electrical burns by making electrical cords unaccessible. Look under tables and behind furniture to see what may be catching your child's attention.
- Do not place cribs or changing tables near windows. Prevent strangling by keeping cribs away from blinds and removing mobiles from the crib when your baby can sit up alone.
- Potential poisons should be thrown away (Drano, lye, or other drain decloggers) or stored in locked cabinets out of your child's reach. Don't store poisons in containers originally intended for other purposes. Check your kitchen, bathroom, and garage.
- Do not take medications (including aspirin, cold remedies, vitamins, iron) in front of small children. Don't call medicine candy. Keep all medicines in a locked cabinet, out of reach and view. Visitors should not place pocket-books on the floor.
- Keep the number for poison control on your telephone (1-800-222-1222) Call them if you need them.

- Remove all firearms and ammunition from your home or lock unloaded guns in a cabinet. Thousands of children are killed accidentally each year by guns.
- Other homes visited frequently by your child should be “childproofed” too (i.e. grandparents and babysitters).
- We encourage you and anyone who cares for your child to attend a first aid and safety class. We also encourage you to learn CPR and choking first aid. Hunterdon Medical Center offers CPR classes.
- Remove poisonous houseplants. Many common home and garden plants can be toxic to children. If you are unsure about the safety of a plant in or near your home, check reference books or internet to find out.
- Infants should not be placed on waterbeds, beanbag-type pillows or sheepskins as these can cause suffocation.
- Never allow your child to play in a garage.
- Never allow your child to play inside a car even if the ignition is turned off.

## *Illness*

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### *Fever*

Fever itself is not an illness; it is a common sign that accompanies infection and tells us that the body is fighting the infection. It can make your child uncomfortable and make you worry.

Fever is defined as a rectal temperature 100.4°F (38.0°C) or above. The most accurate temperature measurement is rectal or core body. Several types of thermometers are available: digital, tympanic (ear) or temporal artery. All parents should have a thermometer and know how to take temperatures. Practice on your baby before he has a fever. We will be happy to teach you and answer questions as well.

Centigrade		Fahrenheit
37	=	98.6
38	=	100.4
39	=	102.2
40	=	104.0

Since fever is a sign of the body fighting an infection, a visit to the pediatrician may be necessary. If no treatable or severe infection is found after examining your baby, the fever may be attributed to one of many viral illnesses. Follow-up, observation, and symptomatic treatment may be all that is necessary. In the event of more severe infection, further testing or even hospitalization may be necessary. Fever in infants less than six months of age is especially worrisome and always warrants a call to the pediatrician's office. Infants less than 3 months of age should be seen for an evaluation.

If your baby or child is comfortable, fever reduction is not necessary. The fever will not cause any harm. We always feel relieved when a listless or cranky child perks up as his fever comes down, so it makes sense to treat fever accompanied by these symptoms.

To treat fever, we recommend acetaminophen (Tylenol or ibuprofen (Advil, Motrin for babies six months or older) but not aspirin. A dosage chart for acetaminophen and ibuprofen can be obtained from our office and on our website at [hunterdonpediatrics.org](http://hunterdonpediatrics.org). Sponging with tepid water will also bring temporary fever relief. However, cold baths or enemas cause shivering which drives the temperature up instead of down. Alcohol baths are dangerous and should be avoided. Remember that extra fluids will be needed. Also, do not bundle your child; clothe lightly.

### ***Colds and Congestion***

The common cold is the most frequent illness of young children. There are many different viruses which cause the symptoms of a cold. They are spread from one person to another and are more common in colder weather when families cluster indoors and when children are close together in schools and daycare centers.

Remember, many babies sneeze repeatedly. This is very normal in the newborn and is not usually a sign of illness. It is their way of clearing out the nasal passages. They may also make a rattling sound when they breathe due to mucous in the back of the nose; this also is not necessarily a sign of a cold.

Typical cold symptoms include:

- clear discharge from the nose which becomes thicker and even yellow-green after a few days.
- crankiness
- mild decrease in appetite
- cough which may appear after the first 1 to 3 days, usually hacking, lasting several days
- Resolution of symptoms in about two weeks.

The most common complications affect the ears, sinuses, and chest, usually occurring after the first few days. Often there is a “double hump” sickness; the child seems improved then becomes sicker again. We recommend an office visit if any signs of a complication are present.

Typical signs of complications are:

- persistent fever for more than 72 hours or reappearance of fever
- any fever in an infant younger than 3 months
- ear pain or drainage
- consistently yellow or green nasal discharge for more than 10 days.
- puffiness of the face
- red eyes with thick discharge

- grunting, wheezing, or labored breathing with a cough that seems heavy or wet and may interrupt sleep
- repeated vomiting
- persistence of symptoms for more than 10-14 days without any improvement

### *Medicines for Colds*

Cough and cold medicines are widely used by patients in an effort to treat viruses. A few key points are essential for review:

- Cough and cold medicines do NOT change the course of illness
- They do NOT speed recovery
- They do NOT protect against complications of the cold, such as ear infection, sinus infections, lung infections
- Cough and cold medicines AT BEST provide partial temporary relief of symptoms
- When carefully studied, cough and cold medicines resulted in about the same improvement as placebo (sugar pill). There is NO evidence that they work at all!
- Children are particularly *unlikely* to respond to cough and cold medicines and are particularly *likely* to experience side effects of the drugs.
- Cough and cold medicines are not for use under the age of 4 years. The American Academy of Pediatrics states they are safe to use after the age of 6 years.

So, what is a parent to do?

1. Realize that cold viruses must run their course over 1-2 weeks
2. Measures to improve comfort include rest, extra fluids, nutrition, and elevation of the head for sleep. If the air is very dry in the home, a humidifier may help.
3. Saline drops or spray in the nose can loosen mucus and soothe irritation



4. Apply petroleum jelly around the nostrils to minimize irritation
5. Give Tylenol or ibuprofen for pain or aches
6. Cough and cold medicines are unlikely to help and are drugs with side effects. HPA recommends avoiding these drugs in general.

### ***Vomiting and Diarrhea***

Vomiting and diarrhea are common problems for infants and children. Most cases are caused by a viral infection. Because vomiting and diarrhea may signify a variety of problems and because infants may dehydrate more easily, we recommend you call us if your infant has these symptoms. Older children can be managed with the guidelines below.

It is important to distinguish vomiting, which is forceful, from spitting up, which is effortless. Also, breastfed infants normally have frequent loose stools and are considered to have diarrhea only when there is a significant change from their usual pattern.

When viral, the illness usually resolves on its own. Vomiting may continue for 24-36 hours and diarrhea up to 10-14 days. There may or may not be fever at the onset of the illness. Home treatment is aimed at preventing dehydration, the most common complication of diarrhea and vomiting.

To prevent dehydration, offer clear liquids frequently. The ideal fluid to use has added electrolytes, such as Pedialyte, which can be purchased at most grocery or drug stores. It is best to keep a bottle on hand. During the vomiting phase, all dairy products and solids should be avoided. Breastfeeding, however, should be carefully continued.

If the child is not vomiting he will probably be thirsty and take fluids readily. In that case, his own thirst is a good indicator of how much he needs. If he is nauseated or vomiting, frequent sips of clear liquids should be encouraged; don't let him drink a large volume all at once. For the child from 20-40 pounds, give a

teaspoon every 5 minutes. For the child larger than 40 pounds, give a tablespoon every 10 minutes.

Once the vomiting stops, larger amounts of liquids can be given at a time. A normal diet is recommended during the diarrhea phase of the illness. An office visit is necessary if an infant or child cannot keep any fluids down, has persistent vomiting (more than 24 hours), has persistent diarrhea (14 days or more), has very frequent diarrhea stools (more than 1-2 each hour), has high (over 104 degrees) or persistent fever (more than 48 hours), looks very ill, or has blood in the stool, or urinates less than 3 times in 24 hours.

Since the majority of vomiting and diarrhea illnesses in children are viral, no medications can provide a cure. Most medicines given for vomiting can cause irritability or drowsiness and may complicate the picture of the overall illness. Over-the counter anti-diarrheal medications are not recommended.

## ***Contacting Us***

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### ***Calls During Office Hours***

During office hours, medical information calls are answered by nurses who have been specially trained to give telephone advice and help you decide if an appointment is necessary. If the nurse cannot help you, she will consult a pediatrician or pediatric nurse practitioner for advice or have one of them call you back. Questions regarding illness should be asked as early in the day as possible in case a same day appointment is needed. Illnesses such as strep throat or ear infections cannot be diagnosed over the phone. We cannot safely prescribe medications without first examining your child.

### ***Calling for an Appointment***

We see children by appointment only. If your child is sick and needs to be evaluated by the pediatrician or the nurse practitioner, please call for an appointment. A separate appointment is necessary for each child - please let us know if you plan to bring a sibling.

The earlier in the day the request is made, the earlier an appointment is available. Appointments can be made at any office with a single telephone call after 8 a.m. every day of the week.

### ***Prescription Refills***

We refill prescriptions only during office hours. We need your child's chart to check on dosages and the need for a revisit. In general, prescriptions are renewed only if well check-ups are up to date. Plan ahead so you don't run out of important medicines. Always have the name of your pharmacy available before you call the office.

### ***Nighttime Calls***

After office hours, calls should be made only for emergencies or urgent problems that cannot wait until morning. Calls about mild illnesses can usually wait until the next morning. After office hours, call 782-6700 and your calls will be routed by an answering service.

### ***Information That May be Needed***

Before calling us, have the following information available (except in emergencies):

- a. your child's approximate weight
- b. your child's temperature if he is sick

### ***Emergency Calls***

<p><b>If you think your child needs resuscitation or is severely ill or injured, call 911.</b></p>
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## *Telephone Numbers*

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For Severe Emergencies:	dial 911
Flemington Office:	908-782-6700
Clinton Office:	908-735-3960
Hillsborough Office:	908-237-4008
Washington Office:	908-237-4002
After Hours Calls:	908-782-6700
Poison Control:	1-800-222-1222
Hunterdon Medical Center:	908-788-6100

