Monroe Pediatric Associates, LLC

A Division of Allied Physicians of New York

70 Gilbert Street

Monroe, NY 10950

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Since 1964 the pediatricians at Monroe Pediatrics have provided top quality medical care to the children of Orange County and beyond. Our board-certified physicians specialize in caring for infants, children, and adolescents, often following newborns through college students. Open 365 days a year (emergency hours on Sundays), with separate well and sick offices, Monroe Pediatric Associates makes your children our #1 priority!

Our Physicians:

Dr. Stacey Rosmarin	Dr. Evan Harawitz
Dr. Nilufer Clubwala	Dr. Danielle Dziedzic
Dr. Jamee Goldstein	Dr. Brent Jansen

Welcome!

We are pleased that you have chosen Monroe Pediatrics as your child's primary health provider. Caring for children from birth through young adulthood, our goal is to promote good health by attending to the physical and emotional development of young people.

We believe that well-informed parents are essential to the optimal growth of children therefore, this booklet has been especially prepared for your reference. You will find this guide has useful information that will help familiarize you with our practice and provide answers to commonly asked questions about the general care of your child.

Please take a moment to review the contents of this booklet. Keep this information in a convenient location where you can quickly access it when you need it.

To learn more about us, please visit our website:

www.monroepediatrics.org

www.alliedphysiciansgroup.com

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Note to readers: For ease of reading, we have elected to use "she" and "her" to refer to your child. Except where noted, the information herein applies to both genders. Information in this booklet is intended to provide general guidelines and does not replace specific physician advice and guidance. Be aware that medical practices and office policies are subject to change.

OUR PEDIATRICIANS

Stacey Rosmarin, M.D.

Stacey Kaplan Rosmarin, M.D. graduated with honors from SUNY Binghamton: Harpur College with a Bachelor of Science in Biochemistry in 1981. She received her medical degree from the Medical College of Pennsylvania in 1987 and completed an internship and residency in pediatrics at The New York Hospital – Cornell University Medical Center in Manhattan from 1987-1990. With strong family roots in our community, Dr. Rosmarin settled in Monroe and joined our practice in July 1990. She is board certified and a Fellow of the American Academy of Pediatrics.

From 1981-1983, Dr. Rosmarin was a research technician in neuropharmacology at Mount Sinai Medical Center under the supervision of Dr. M.H.VanWoert and Dr. H.C. Hwang. She currently serves as a preceptor for medical students from New York Medical College.

Dr. Rosmarin lives in Monroe with her husband, Scott. They have three grown children-Rachel, Jaclyn and Jake. Dr. Rosmarin enjoys spending time with her family, especially while traveling and skiing. She is particularly interested in newborn care and pediatric preventive medicine.

Nilufer Clubwala, M.D.

Nilufer Clubwala, M.D. received her Bachelor of Medicine and Bachelor of Surgery in 1980 from Dow Medical College in Karachi, Pakistan. She was awarded Gold Medal for First Position in the Final Professional M.B.B.S. Examination and Gold Medals in Medicine, Surgery and Otolaryngology. She was awarded both the Academic Council Shield and the Distinguished Graduate's Award in 1980. From 1981-1982 she did her residency in General Medicine and Surgery at the Civil Hospital in Karachi, Pakistan. In 1982 she had a Clinical Attachment to the Department of Pediatrics at the Dudley Road Hospital in Birmingham, United Kingdom. From 1983-1986 Dr. Clubwala was a resident at St. Vincent's Hospital and Medical Center of New York, serving as the Chief Resident during her last year there. She is a Diplomat of the American Board of Pediatrics since 1987.

Prior to coming to Monroe Pediatrics in 1993, Dr. Clubwala was a pediatrician with the International Longshoremans Association Clinic and at West Eleventh Street Pediatrics in Manhattan. For three years, she was the Medical Director of the Lutheran Community Services Foster Care Program and a physician in the Pediatric Emergency Room at St. Vincent's Hospital.

Dr. Clubwala resides in Campbell Hall with her husband, Kaika. She is the proud mother of two beautiful young women, Dena, who graduated from Manhattanville College and Rashna, who is a pathologist. Dr. Clubwala enjoys foreign travel, meditation and hosting her friends from around the globe.

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Jamee Goldstein, D.O.

Jamee M. Goldstein, D.O. received her Bachelor of Science in Human Development and Family Studies from Cornell University: College of Human Ecology in 1995. She received a Graduate Certificate in Premedical Sciences from Duquesne University in Pittsburgh, Pennsylvania in 1997 and her Doctor of Osteopathy from the Lake Erie College of Osteopathic Medicine in Erie, Pennsylvania in 2001. Dr. Goldstein completed her residency in pediatrics at The Infants' and Children's Hospital of Brooklyn, Maimonides Medical Center, in 2004. She returned home to join Monroe Pediatrics and to work alongside her mentor, Dr. Alan Harawitz, in July of 2004. She is board certified and a Fellow of the American College of Osteopathic Pediatricians.

While in medical school, Dr. Goldstein presented her lecture "Osteopathic Manipulation and Pediatric Sinusitis" at the Professional Rounds of the Department of Pediatrics at Maimonides Medical Center. She also received the International Osteopathic Awareness Award in 2001 from the Lake Erie College of Osteopathic Medicine. In 2005 she was recognized as a "Caring Physician" by the Emergency Department at Arden Hill Hospital in Goshen, New York. She is a 5 Star recipient of the Hudson Valley Parent Magazine's Top Doctors and a very proud recipient of the American College of Osteopathic Pediatricians Community Pediatrician of the Year Award 2017.

Dr. Goldstein resides in Monroe with her husband, Jeff and her adorable sons, Ethan and Spencer. She is involved in precepting/mentoring students from the Touro College of Osteopathic Medicine. She teaches tap dancing at Terpsichore: the Dancerschool, in the evenings, and enjoys theatre, music and being outdoors. Dr. Goldstein is interested in pediatric gynecology, endocrinology and adolescent medicine.

Evan Harawitz, M.D.

Evan D. Harawitz, M.D. received his Bachelor of Science from Brandeis University in Waltham, Massachusetts in 2000 and his Doctor of Medicine from New York Medical College, Valhalla, NY in 2004. He completed his pediatric residency at the Maria Fareri Children's Hospital in Valhalla, NY in 2007 and came home to join his father, Dr. Alan Harawitz, at Monroe Pediatrics that July. Dr. Harawitz is board certified and a Fellow of the American Academy of Pediatrics.

Dr. Harawitz has served as a mentor and tutor for undergraduates at Brandeis University and is currently a preceptor for students from New York Medical College.

Dr. Harawitz lives in Monroe, NY with his wife, Melissa and their two adorable boys, Tyler and Luke. He enjoys golf and skiing and watching baseball, hockey and football.

Dr. Harawitz has a particular interest in orthopedics and adolescent care.

Danielle Dziedzic, M.D.

Danielle T. Dziedzic, M.D. earned her Bachelor of Science in Physical Education from Hofstra University in 1999. She attended medical school at New York Medical College, Hawthorne, NY, earning her Doctor of Medicine degree in 2005. After completing her pediatric residency training at the Maria Fareri Children's Hospital in 2008, Dr. Dziedzic returned to her hometown to join Monroe Pediatrics. She is currently board certified and a fellow of the American Academy of Pediatrics.

After graduating from Hofstra University, Dr. Dziedzic worked as a research assistant under Dr. Stephen J. Nicholas at the Nicholas Institute of Sports Medicine and Athletic Trauma in Lenox Hill Hospital. She has been published in the American Journal of Sports Medicine, Journal of Sports Sciences, Medicine and Science in Sports and Exercise and Consultant for Pediatricians.

Dr. Dziedzic lives in New Windsor, NY with her husband, Robert and their three beautiful children, Victoria, Robert Jr., and Gabriella. She played NCAA Division I softball at Hofstra University from 1994-1999 leading them to four conference championships and two NCAA regional appearances. In addition to softball, she enjoys playing ice hockey, cooking and entertaining her family and friends.

Dr. Dziedzic is interested in pediatric orthopedics, sports medicine & diet and exercise.

Brent Jansen, M.D.

Brent M. Jansen, M.D. earned his Bachelor of Science with Honors in Biochemistry at Boston College in 2002 and his Masters of Arts in Medical Science at Boston University in 2005. He attended medical school at New York Medical College earning his Doctorate of Medicine in 2009. After completing his residency at Cohen Children's Hospital, North Shore-LIJ in 2012, Dr. Jansen joined Astoria Pediatric Associates. He is currently board certified and a member of the American Academy of Pediatrics.

Dr. Jansen lives in Mahwah, NJ with his wife, Janine who is originally from Washingtonville. They have three beautiful children, Neal, Noelle and Nolan. Dr. Jansen enjoys playing tennis, horseback riding, skiing, traveling and spending time with his family.

Dr. Jansen is interested in allergy and immunology.

SECTION 1: OFFICE INFORMATION

OFFICE HOURS

Patients are seen by appointment only.

General Side:

Monday-Friday 9:00 am-5:00 pm

Saturday Call for appointment

Our lab is available Monday-Saturday.

Well Side:

Monday-Friday 9:00 am-5:00 pm

Saturday 9:00 am-1:30 pm (once a month)

Calls for scheduling appointments are taken all day.

INSURANCE & PAYMENT

Our office accepts most insurance plans and will bill your insurance company. As stated in our contracts with your insurance companies, co-pays will be due at time of service. There will be a $25 fee for copays not paid at time of service. We accept cash, check or credit card. We believe all children deserve care therefore, uninsured self-pay patients are also accepted. Our staff will work with you at time of the visit. Please direct calls concerning insurance or billing issues to our business office at 845-783-5723.

WELL VISITS

Regular visits to the office give us an opportunity to closely monitor your child's growth and development and to provide preventative health care services. During these well checks, we perform a physical exam, do screening procedures, administer immunizations and address physical and psychosocial development and review good nutrition. The following are recommended visit times for well checks:

5 days

2 and 4 weeks

2, 4, 6 months

9, 12, 15, 18 months

24, 30, 36 months

Yearly after the age of 3

We recommend scheduling the next appointment at the time of your well check. Patients receive automated reminder phone calls the day prior to their appointments.

There are separate offices for ill and healthy children. Please be respectful, if your child is currently ill or has had a fever or vomiting with in the last 24 hours please reschedule your well appointment.

SICK VISITS

When your child needs to be seen due to illness, same day appointments are usually available.

*Please call the office as early in the day as possible to schedule.

*Note that a full regular well child check cannot be performed during an ill visit appointment.

APPOINTMENTS

Please call to schedule an appointment for the office hours listed previously.

Kindly note the following:

*Do not expect a child to be seen unless they have a scheduled appointment.

*If you schedule a visit for one child, please expect only that child to be seen.

*We will be happy to see **four** siblings together if you schedule appointments for four children. Depending on schedule, it is possible that more may be accommodated but **only** with appointments.

***If you are unable to keep an appointment, please call and cancel as early as possible.**

PEDIATRIC ADVICE OVER THE PHONE

Pediatric advice is always available to you by calling our regular office phone number 845-782-8616.

Weekday Office Hours

Because the busiest times for calls are 9:00am-10:00am and 2:30pm-4:30pm, avoiding these times will allow your call to be answered expeditiously.

When you call with a question, one of our medical assistants will take your name and inquire as to the nature of the concern. Our staff has been trained to ask specific questions about your child's condition; please cooperate with them. If the assistant is unable to answer your question directly, one of our registered nurses or a physician will be consulted and the information will either be relayed to you or you will receive a return call with a response. We will return routine calls as soon as possible or by the end of the day. If you feel that your question is urgent, please inform our staff.

Nights/Weekends

During nights and weekends, we ask that parents try to reserve calls for medication refills, appointments, or non-emergent questions until regular office hours. We are happy to answer urgent/emergent questions but please respect that when we are not in the office, we are trying to enjoy time with our own families.

Help is available to address after-hours urgent medical issues---during which time a physician can be contacted via our office's answering service. The answering service personnel will obtain basic information and then relay it to the on-call physician. To facilitate an efficient response, remember to give your telephone number and an alternate contact number. Inform the operator if your call is especially urgent in nature. If you do not receive a call within 1 hour, please call back. ***Please unblock your phones so that when we call from private numbers you can receive our calls.***

Please refer to the last page of this booklet for a checklist of information to have prepared for when the physician on-call returns your call after-hours and on weekends.

Emergencies

If your child's problem is truly an emergency (e.g., respiratory distress, convulsions or severe trauma), and you feel there is not enough time to contact us, call 911 or take your child to the Garnet Health Medical Center Pediatric Emergency Department located at 707 East Main Street, Middletown, NY 10940 or the nearest emergency room.

Our office will be informed of your child's Garnet Health Medical Center Emergency Department visit. In some instances, you may be required to contact your insurance carrier to inform them of care received at an Emergency Department or Urgent Care. Please refer to your insurance policy's guidelines for details about your specific coverage and regulations concerning emergency visits.

Admissions to Garnet Health Medical Center

The pediatricians of Monroe Pediatric have privileges at Garnet Health. We work closely with the neonatology team from the Maria Fareri Children's Hospital at Westchester Medical Center who care for our newborns while in the hospital. Older children requiring admission will be cared for by the pediatric hospitalist team. We have complete confidence in their abilities to care for you as we would. The pediatric hospitalists contact us upon admission and discharge. We are also in contact during your stay if need arises. Both the neonatology and pediatric hospitalist teams are in Garnet Health 24 hours/day which enables them to monitor our patients closely.

Participation Forms

Participation in school, sports programs or camps often requires medical forms to be signed by the child's physician. If such a form is submitted at the time of the child's well check, then there is no charge, however at other times a processing fee will be assessed. Please note that turnaround time is 1-2 business days; therefore, your timely submission of these documents is appreciated. The child must have proof of current immunization and had a well check within the past year (or according to our under 3 year old schedule) for the form to be completed. Medication administration forms, WIC paperwork and forms for therapeutic services will be completed without charge but also require the 1-2 days turnaround. Due to staffing, forms dropped off over the weekend may not be completed until Monday or Tuesday.

SECTION 2: IMMUNIZATIONS

Pediatricians are your partners in keeping your child healthy. At Monroe Pediatrics, we take that job very seriously. We strongly encourage you to have your children immunized against deadly preventable diseases according to the ACIP schedule. *We only accept patients who agree to vaccinate their children fully and according to the ACIP schedule.* The success of immunizations can make parents think that these diseases no longer exist. Although the incidence of diseases like bacterial meningitis and polio are much lower in the United States than was seen previously, these diseases do still exist. As seen in early 2015 with the measles outbreak, when the general healthy population has a significant decrease in the immunized population, herd immunity no longer protects us from disease. Children who are too young to be immunized and children with true medical contraindications to vaccination, as well as the elderly and medically fragile adults, are only protected from these diseases if a critical portion of the community is immunized. Recent articles and television shows, as well as

certain sites on the internet and celebrities, have caused many parents to be concerned about the safety of childhood vaccinations. We encourage you to talk with us about any questions you might have concerning immunizations. We follow the CDC/ACIP recommended vaccine schedule which can be found on our website: monroepediatrics.org under the "education" tab.

For more information about immunizations we encourage you to check the following sites:

National Network for Childhood and Adult Immunizations-www.immunizationinfo.org

Centers for Disease Control-www.cdc.gov/vaccines

American Academy of Pediatrics (AAP)-www.aap.org.

SECTION 3: FEEDING YOUR NEWBORN AND INFANT

Infant Feeding

Feeding is one of your baby's first pleasurable experiences. The baby's feeling of love for the parents arises primarily from the feeding situation. At feeding time, the baby receives nourishment from food, as well as from the parents' loving care. The food helps the infant to grow healthy and strong. The parents' love helps the baby feel secure.

Both baby and parent should be comfortable. For instance, choose a comfortable chair in a quiet spot. Infants usually like to be fed every 2-4 hours and breast-fed babies will cluster feed. Make sure the baby is warm and dry. Hold your baby in your lap with her head slightly elevated and resting in the bend of your elbow if you are bottle feeding. If you are a smoker do not smoke anywhere inside the home. We recommend having a separate change of clothes you smoke in but do not wear around your baby. Passive smoke can be dangerous to your infant. Do not drink hot beverages that may accidentally spill and scald her.

Breastfeeding

The first few days of nursing will be a time of learning for you and your baby. Neither of you may accomplish a lot on your first few attempts, but that's all right. A clear or yellowish fluid called colostrum that's extra rich in nutrients will come from your breasts. Although the amount will be small, it's close to what a newborn's stomach can hold. At first, a new baby will nurse often-8 or more times in 24 hours.

Guide the nipple into the baby's mouth and offer both breasts at each feeding. Sometimes, you may need to encourage your baby to nurse. Gently stroke her cheek nearest to the breast or touch her cheek to your breast-she will then usually turn her head to search for the nipple. It is important to remain calm and relaxed when you are nursing.

Your baby will take most of your milk in the first few minutes of each nursing session. If she consistently nurses less than 5 minutes or longer than 30 minutes, you should discuss this with your lactation consultant or pediatrician.

The last breast offered at a feeding should be the first one offered at the next feeding. Some mothers place a safety pin on their bra on the side last used to remind themselves which breast to offer first at the next feeding.

As breastfeeding can be challenging initially seeking guidance from experts can be invaluable. Resources available to you include the lactation consultants at the hospital where your baby was born, private lactation consultants (ask us for a list of local experts), the APNY lactation consultants available by phone or the La Leche League.

If you have trouble with sore nipples, make sure your baby has “latched on” correctly. Also, start nursing on the side that bothers you the least. If you need to skip any feedings due to sore breasts, express your milk by hand or with a pump at the baby’s regular feeding times so you’ll maintain your milk supply. You may try using breast pads or lanolin cream to relieve discomfort. Redness, severe breast pain, fever, or flu-like symptoms may indicate a breast infection in which case you should notify your OB/GYN.

As a nursing mother, you’ll need to eat a balanced diet that contains 500 calories more per day than the diet you needed before pregnancy. Your daily food intake should contain a balanced diet including a variety of food types in moderation. Continue taking your prenatal vitamins unless instructed otherwise by your doctor. Guidelines recommend nursing mothers increase their water intake and avoid excessive alcohol or caffeine consumption.

For strictly breastfed infants, the AAP recommends giving a Vitamin D supplement. We recommend Tri-vi-sol 1 ml a day. This is available at any pharmacy without prescription.

Breast Milk Storage & Preparation

Refrigerate or freeze expressed breast milk immediately in clean or sterile containers in single-feeding amounts. Refrigerated breast milk can be kept 48-72 hours. Frozen milk can be stored for 3 months at 0° F if kept in a self-contained freezer unit of a refrigerator.

When freezing, allow room in the container for expansion or freeze in clean ice cube trays (one cube equals about one ounce) and transfer to a clean container. Store breast milk in plastic containers rather than glass. Always label milk with the date of expression.

To thaw, place the container under cold water, then gradually warm the water. You may also heat to body temperature in a pan of warm water. **Do not boil breast milk or heat in a microwave oven.** This can cause the breakdown of nutrients and hot spots may injure the baby.

Use frozen milk immediately once it’s thawed, and do not refreeze. After a feeding, discard any leftover milk.

Bottle Feeding

Infant formulas come in a variety of forms, Ready-to-Feed, concentrated liquid and powders. Always carefully follow the manufacturer's directions for the formula you have chosen. We recommend that you choose a formula fortified with iron. This does not usually cause any difficulty for the infant and greatly reduces the chance of anemia.

Sterilization of bottles and boiling of tap water are not necessary. Washing bottles, caps and nipples with hot soapy water and rinsing with hot water is adequate. Washing in the dishwasher is also appropriate.

Formula is appropriately served at room temperature. If it has been refrigerated, warm it in a pan of warm water or place the bottle under the hot water faucet.

Testing nipples regularly will save time when you are ready to feed your baby. Nipple holes should be the right size to help the baby suck easily. When the nipple holes are the right size, milk should drip as rapidly as possible without forming a steady stream-approximately one or two drops per second is adequate. You may find that your baby prefers nipples with a larger opening for faster flow as they grow.

Seated comfortably and holding your baby close, position the bottle so that the neck of the bottle and the nipple are always filled with formula. This helps your baby get formula instead of sucking and swallowing air. Air in the stomach may give them a false sense of being full and may also make them uncomfortable. Your baby has a strong, natural desire to suck. Sucking is part of the pleasure of feeding time. Babies will keep sucking on nipples even after they have collapsed. To prevent this, pull the nipple out of the baby's mouth occasionally to keep the nipple from collapsing.

Never prop a bottle and leave your newborn baby to feed themselves. The bottle can easily slip into the wrong position or the baby may choke. Drinking bottles while flat on the back may increase the chances of ear infections. Remember too that the baby needs the pleasure and security that comes with being held at feeding time. It is a time for both of you to relax and enjoy being together.

The amount of formula your baby will take will vary. Newborn babies will usually take between one-half to two ounces at each feeding. Babies have a right not to be hungry sometimes, just as you or I. Do not force your baby to eat. Most babies feed from 15-20 minutes. As babies grow and gain weight, they will need more formula. When your baby takes the entire bottle regularly and sometimes cries for more, increase the amount of formula in the bottle.

Burping and Spitting Up

Burping your baby helps remove swallowed air. Even when held properly both breast- and bottle-fed infants usually swallow some air. Babies may be burped by holding them upright over your shoulder, placing them face down over your lap or holding them in a sitting position. Gently rub or pat their back. It is not always necessary to interrupt a feeding to burp the baby but do it after each feeding. Sometimes, halfway through a feeding, a baby will become sleepy. This is often a good time to burp her and keep her awake so she will take some more. Of course, sometimes the baby may not burp because she doesn't need to.

Spitting up is normal. The sphincter between the stomach and the esophagus is looser in infants than in older children, allowing the milk to reflux back into the mouth. Some babies spit up more than others, but unless the infant is failing to grow normally, or is uncomfortable, it is not a cause for concern. This reflux increases up to about six months and usually disappears by one year of age. Frequent burping and upright positioning after feeding can minimize the spitting up.

Water

Newborn babies get all the water they need from breast milk or formula. If the baby's stools are hard or the weather is hot it may be advisable to offer your baby 4-6 ounces of water a day once the baby is 4 months or older.

A Schedule with Flexibility

Feeding schedules are usually most satisfactory if the hours are set with flexibility in mind and the baby can eat when she becomes hungry. New babies usually need to be fed about every 2-3 hours but may go longer at times. It's better not to let the baby go over 5 hours during the daytime or she will soon get her nights and days mixed up. After four hours during the day, change her and give her a few minutes to wake up before feeding.

No Cow's Milk

Cow's milk in any form-whole, 2% or skim- should not be given until the child is one year old. Cow's milk doesn't supply the balanced nutrition your baby needs, and it is often hard on a baby's digestive system.

Signs of a Well-Fed Baby

*Looks and acts satisfied after feedings

*After 4-5 days of age, wets six or more diapers in a 24 hours period and has frequent stools

Most new babies weigh between 5 ½ and 10 pounds. The average is about 7 ½ pounds. During the first days of life, infants generally lose 4-10 ounces; breast-fed babies may lose a little more. This is no cause for concern. It's all part of your baby's adjustment to the outside world, and most of the weight loss is water. By 2 weeks of age, most babies gain back what they lost. Healthy, well-fed babies usually double their birth weight by 4-5 months and triple it by 1 year.

Starting Solids

Many parents are proud of the day their baby begins to eat solid foods, including cereals; they view it as an accomplishment. From a nutritional standpoint, solid foods are not necessary before 4-6 months of age. Breast milk or formula provides all the nutrients a baby needs.

New foods should be introduced one at a time and typically in the morning or early afternoon. When a new food is introduced, no other new foods should be given over the next 3-5 days. Unless instructed by us, you should not change formulas while you are introducing solid foods. If a certain food causes diarrhea, constipation, or a rash, you should stop giving it. By introducing new foods slowly, you give your baby's system a chance to adjust, and it's easier to trace problems back to a particular source. If a food doesn't agree with your baby, try it again when the baby is older.

Common first foods are bananas, sweet potatoes and carrots. Then introduce pears, peaches, squash, applesauce, avocado, green beans and peas-in no particular order. 8-12 months is a good time to try meat, well-cooked fish, eggs, bread, pasta, custard, yogurt and cheese. You can also introduce water at this time, 1-2 ounces at each meal is sufficient. They won't drink it all. You can also try using a sippy cup or a bottle.

The only food you must avoid in the first year is honey. This is because of the risk of botulism. If you are going to introduce nuts use natural nut butter. According to the American Academy of Allergy Asthma and Immunology "highly allergenic foods can be introduced to your baby between 4 and 6 months of age, just as you would introduce any other solid foods. Highly allergenic foods that you can feed your baby include dairy products such as cheese, yogurt, or cow's milk protein formula; egg; soy; wheat; peanut and tree nuts in a form of butter or paste (not whole peanuts or tree nuts due to aspiration risk); and fish and shellfish." {Pamphlet: Preventing Allergies: What You Should Know About Your Baby's Nutrition} This is now recommended because studies have shown that there is no reason to delay introduction of these foods and that delaying introduction may actually increase the risk of developing allergies.

SECTION 4: CARING FOR YOUR NEWBORN AND INFANT

New parents initially may be a little unsure of themselves. As long as your baby is well-fed, well-loved, warm and comfortable she doesn't mind that you are a beginner. Remember, your child is an individual from the day she is born. Be sensitive to your baby's needs and observe her closely because there is a great deal of variation from one infant to another with regard to temperament and activity pattern. Learning her signals will allow you to respond appropriately.

Each baby has only one set of parents who are familiar with her individual characteristics and subtle cues. Therefore, have a healthy degree of skepticism when it comes to the advice of well-meaning relatives and friends.

THE FIRST FEW WEEKS

*The first few weeks and months are a difficult time for new parents because your baby does not yet have a schedule. Some degree of tension and anxiety is normal during this period of adjustment.

*Try to gradually develop patterns that will help your baby to be on a routine (but do not expect this to occur prior to 4 months of age). For instance, if your baby sleeps all day, your baby may be up all night. Therefore, wake your baby after a 2-3-hour nap during the day, but don't wake her at night unless instructed by your pediatrician.

*If you are breast-feeding and your milk comes in at night, but your baby is not yet awake, pump or hand express some milk to relieve the pressure.

*Your baby should have a definite place to sleep. Mother's lap or shoulder is not suggested because when the baby is put down, the startle reflex will wake her. In addition, should the person holding the baby fall asleep, the baby may accidentally be dropped. Your baby should sleep in her own crib/bassinet.

*Most babies have fussy periods, and these typically occur at night between 6-10 pm or 1-2 am. A good resource for techniques to use during this time period is the video The Happiest Baby on the Block. You can borrow it from your local library.

*Because the parent is up most of the day and night, it is difficult to fulfill all of your household and other responsibilities. Concentrate your efforts on the infant and immediate family needs for the first few weeks and keep the number of healthy visitors to a minimum.

*Be sure to wash your hands frequently and keep antibacterial gel handy to reduce the risk of infection.

ROUTINE WELL BABY CARE

Baths

For the first few days after your baby comes home, bath time should consist of a gentle onceover with a soft, damp, warm wash cloth and a mild soap. Regular baths should wait until what's left of the umbilical cord has come off (and in the case of boys, the circumcision heals). Once your baby is ready for full-fledged baths, be sure the room is warm, with no drafts. When you stick your elbow in the water, it should feel warmer than your skin but not actually hot. To avoid scald injuries, water heater thermostats should be set no higher than 120° F.

Your baby will find bath time a highlight of her day if you take a few precautions to keep her comfortable:

Face: Wash with warm water and a gentle soap

Eyes: Do not clean unless there is a discharge in which case you may use a cotton ball and cool water and wipe from inside to outside. If the discharge is thick or the eyes become red, please let us know.

Nose and Ears: Clean outer areas only with a moist washcloth. Do no attempt to clean the inside of either nose or ears. Do not use cotton swabs as they may cause damage to the ear canal or eardrum.

Head: Baby's head should be washed every 2-3 days with baby shampoo. Work from front to back to keep soap out of her eyes. Rinse well and pat dry.

Body: Use a mild soap such as Dove or Aveeno and warm water. Be sure to wash in all creases and rinse well. When bathing in a tub, the infant is well lathered before immersion and then rinsed. Pat dry with a soft towel, taking special care to dry in all creases.

Nails: These should be cut or filed whenever they extend beyond the end of the digits and should be cut squarely across, never rounded. Many newborns develop small hangnails which need no treatment.

Anus and Genitalia: The direction of wiping and washing girl infants should always be front to back. Be sure to clean between the labia in a girl infant.

Bowel Movements

There is a tremendous variation in normal bowel patterns of newborn babies. The normal frequency is from every time the baby eats to once every 3-4 days. Almost every color in the rainbow has been reported. Usually, the stools of infants have a seedy consistency and are yellow-tan color. All babies sometimes have green, brown or gray-colored stools. However, if the stools are green, runny and frequent, this usually indicates diarrhea. Stools that are dark black beyond the first few days of life or stools containing blood at any age are abnormal and should be brought to our attention.

As long as your baby seems happy and content, is eating normally and has no signs of illness, don't worry about minor changes in the stools. If she strains, grunts or turns red in the face while having a bowel movement that is normal too.

Constipation is related more to the consistency of stools than to their frequency. Many normal babies have soft stools only once every several days. There is no reason for concern if your baby may not move her bowels daily. However, if your baby's stools are small, hard and appear like pebbles, then she may have constipation. If the child does have repeated hard stools, you may give up to 2 ounces of water once a day until the problem is remedied. Please contact your pediatrician if hard stools continue for more than a few days. Please don't give her an enema, suppository or laxative before you've spoken with us.

Clothing

Dress your baby according to the weather. A good rule of thumb is to dress the baby in as many layers as you feel you need to be comfortable in. Be careful not to over bundle, especially if your baby will be in her car seat for a while. Wash all new clothing in a mild hypoallergenic detergent.

Coughing

This is a baby's way of clearing her throat and is normal so long as it occurs only occasionally. Coughing that is prolonged, severe or associated with choking/gagging, increased work of breathing or persistent rapid breathing should be brought to our attention.

Crying

The ways that babies can communicate are limited and crying is one of them. Most parents quickly learn to identify whether their baby is crying from hunger, restlessness, pain, anger, or some other reason. Many babies go through unexplainable fussy periods each day as they adjust to living in the outside world. Don't worry about spoiling a new baby by pampering her. She needs to know you're there to meet her needs.

There are several things you can do to comfort your baby:

*Give the baby something to suck, such as a pacifier.

*Lengthen feeding times.

*Give the baby more physical contact and movement. Walk, rock or pat her. Secure baby swings are additional methods of providing motion that may be soothing to your infant.

*Take your baby for a stroller ride or car ride.

*Swaddle the baby (wrap her snuggly in a blanket).

*If all else fails, just let her cry. She may need to let off steam. Often babies fall asleep after a good cry, so allow her up to 20 minutes on her own.

We recommend the video "The Happiest Baby on the Block" for more suggestions on successful ways to soothe an unhappy baby. It can be obtained at your local library.

Babies with continuous or prolonged crying or those who cannot be comforted may require medical attention.

Diapers

Disposable diapers are effective in protecting your baby's skin. Use one brand and stick with it unless it seems to be causing irritation in which case try another. To prevent rashes and labial/penile adhesions we do recommend giving your baby some "airtime" daily. Let your baby sit diaper-less on a few towels for 20-30 minutes/day. If any diaper rash appears, refer to "Diaper Rash" in Section 5.

Hiccups

These are small spasms of the diaphragm muscle that are not harmful to the baby. They may often be stopped by giving a few swallows of warm water. If it is associated with back arching and spitting up it may be a sign of acid reflux.

Outdoors

You may take your baby outdoors whenever the weather is pleasant. No baby should be taken out into large crowds or enclosed public spaces until 8 weeks of age. Babies born in the summer may be taken out on a nice day after they are a week old. Your baby may go out if she is dressed appropriately and doesn't stay out long enough to get chilled.

Room Temperature

Try to keep an even, comfortable temperature of between 68-70° F in the baby's room. 65° in the nighttime is fine if the baby has sufficient clothing/swaddle on. On hot days, provide ventilation. Air conditioning is not harmful to infants. On cold days, check your baby to see that she is warm and comfortable.

Sleeping

The American Academy of Pediatrics recommends that you place your sleeping infant on her back. Studies have shown a decrease in the incidence of Sudden Infant Death Syndrome (SIDS) when babies routinely sleep on their backs. The mattress should be firm and covered with a waterproof cover which is then covered by a soft fitted sheet. No pillows should be used. The baby may be swaddled but no loose blankets should be used. Some babies sleep a great deal; others require comparatively little sleep.

It is not necessary to have the house completely quiet when the baby is sleeping as she will become accustomed to general household noises, be it music or other children. These noises, by the repetitive nature, may even induce sleep.

By the time the baby is a month old, she should, if possible, be in a room separate from her parents. This way, she can get accustomed to sleeping in her own environment.

Sneezing

This is the only way a baby can clear her nose and is normal. Babies are all nose breathers and need clear passageways. Use the nasal bulb syringe or a nasal aspirator to gently clean your baby's nose as needed.

SPECIAL CONDITIONS IN NEWBORNS

When a baby enters the world, it is a major adjustment for everyone. Certain normal findings may provoke anxiety for the new parent and a few of these conditions are described below.

Eyes

Many babies look slightly cross-eyed at birth. Usually, this is caused by muscles that are temporarily out of balance. Also, the wide skin area that babies have across the nose can make the eyes look crossed when they're not. Crossed eyes generally correct themselves by the end of the first 3 months of life. Should your infant's eyes continue to cross beyond 3 months of age, please notify us.

Some newborn babies have mucous-like drainage from one or both eyes. This is most commonly caused by a blocked tear duct and usually resolves over the course of several months without any specific treatment. If the whites of the eyes become red or the discharge is thick or appears infected, contact us.

Genital and Breast Area

If your baby boy has had a circumcision, each time you change his diaper for the first 7-10 days apply petroleum jelly or an antibiotic ointment to the circumcised area. Call us if you see any bleeding, significant swelling, or signs of infection. The head of the penis (glans) of newborn boys is generally red at first and sometimes has thin yellow crusts in spots after circumcision. The skin will appear more normal in 2-3 weeks. If your baby hasn't been circumcised, don't pull back on the foreskin of the penis for the first few months. When the baby is about 6 months old, start gently retracting the foreskin in the bath. The foreskin should fully retract by the time he is 7 years old.

Many newborn girls have a white creamy discharge from the vagina or even spotty vaginal bleeding during the first 2 months of life. This is normal and occurs as a result of hormonal changes. Just clean the area with a cotton ball or wash cloth soaked in water.

A thin discharge from the nipples is seen in some babies, both male and female. They may have enlarged or swollen breasts. No treatment is necessary since the condition will go away by itself. However, if you notice any redness, warmth, or tenderness of the swollen areas, notify us.

Jaundice

Jaundice or yellowness of the skin is present in many newborns. It usually appears in the first 24 days of life and commonly resolves without treatment. A mild yellow tinge of the face or upper body is normal. However, if the white part of the eyes (sclera) appears very yellow, if there is a prominent yellow color extending from the head to below the waistline, or if the baby is difficult to arouse for feedings, then the situation may be more serious and our office should be notified. A blood test may be necessary to determine if treatment is required.

Scalp

It is normal for newborn babies to have white dandruff-like flakes on their scalps. The flakes are old skin being shed and not a dry scalp condition. Don't use oils, lotions, or petroleum as they may worsen the condition.

Thick yellowish scales are called cradle cap, a very common condition in infants. It, too, is associated with old, dead skin and is only made worse by oils, lotions and so on. Washing may not help much. You can treat cradle cap by removing scales with a soft brush. Using infant shampoo or dandruff shampoo twice a week is usually all you need to do to treat this condition.

The soft spot on your baby's head (fontanel) is an area where the skull bones haven't joined yet. The soft spot is covered by thick, tough tissue that protects the brain tissue underneath, so you needn't worry about hurting it. If you sometimes notice pulsating of the soft spot, this is normal. You may also see small lumps, bumps and irregularities of the skull. These too are normal.

Skin

Some babies have tiny white dots on their noses. These are called milia and go away without treatment. One of the most common newborn rashes is newborn acne which usually disappears by 8 weeks. It is helpful to wash the area with mild soap once or twice daily. Don't apply oils, lotions, or creams; they may worsen the problem.

Umbilical Cord

Your baby's umbilical cord will fall off by itself in 1-4 weeks; until it does, apply 70% rubbing alcohol on a cotton swab to the cord 2-3 times/day. If the navel oozes spots of blood or a clear fluid for a while after the cord drops off, don't worry. This is natural. If the oozing persists, if the discharge is foul-smelling, if the skin around the cord gets red, or if your baby develops a fever, notify us.

SIGNS OF ILLNESS IN NEWBORNS

Signs of illness in newborn babies that should be reported to us:

*Rectal temperature of 100.4^{o} or higher.

*Vomiting repeatedly (not just spitting up) or refusal of food several times in a row.

*Listlessness.

*Any unusual rash (not prickly heat).

*Prominent yellow color of the skin extending below the waistline or if the whites of the eyes are bright yellow.

*Persistent fussiness or inconsolability.

SECTION 5: GUIDELINES FOR TREATING COMMON PEDIATRIC ILLNESSES

CHILD'S MEDICINE CHEST

Keep these items on hand to remedy minor problems. Remember to always consult your doctor before giving any over-the-counter medicine to an infant less than 6 months old.

*Acetaminophen (Tylenol®) and Ibuprofen (Motrin® or Advil®)

*Hydrogen peroxide

*Rehydration solution for vomiting/diarrhea (Pedialyte®)

*Rubbing alcohol

*Petroleum jelly (Vaseline®)

*Antibiotic ointment

Band Aids®

*Cotton balls/swabs

*Diaper-rash ointment

*Nasal aspirator (bulb or battery operated or Nose Freda®)

*Saline nose drops

*Baby medicine dropper

*Infant nail clippers or nail file

*Rectal digital thermometer with probe covers (can use tympanic after 6 months)

*Vaporizer or cool-mist humidifier

*Diphenhydramine (Benadryl®)

*Calamine lotion

DOSING CHARTS

If possible, use weight to dose; otherwise use age. Use only the dosing device provided. (tsp=teaspoon, ml=milliliter)

Acetaminophen Dosage Chart

Dose: Every 4 hours as needed. Do not give more than 6 doses in 24 hours.

Please be aware that there has been a change by the manufacturers. Products labeled Infants' Acetaminophen may be available as EITHER 80mg/0.8ml or 160mg/5ml. Please check the label of your medication to ensure that you are using the correct amount for the product you have.

Weight	Infants' Liquid	Children's Liquid	Children's Chewable Tablets	Junior Strength Meltaway	Adult Tablets
	160 mg/5 mL	160 mg/5 mL	80 mg	160 mg	325 mg
6-11 lbs.	1.25 mL	1.25 mL			
12-17 lbs.	2.5 mL	2.5 mL			
218-23 lbs.	3.75 mL	3.75 mL			
24-35 lbs.	5 mL	5 mL	2 tablets		
36-47 lbs.		7.5 mL	3 tablets		
48-59 lbs.		10 mL	4 tablets	2 tablets	
60-71 lbs.		12.5 mL	5 tablets	2 ½ tablets	
72-95 lbs.		15 mL	6 tablets	3 tablets	
95+ lbs.				4 tablets	1-2 tablets

Infants' & Children's Ibuprofen

For use in infants and children OVER 6 months of age. Give one dose every 6 hours as needed.

Acetaminophen and Ibuprofen may be alternated every 3 hours if needed for higher fevers or intense pain.

Weight	Infants' Drops	Children's Liquid	Junior Strength Chewable	Junior Strength Swallow Tablets	Adult Tablets
	50mg/1.25 mL	100mg/5mL	100 mg	100 mg	200 mg
12-17 lbs.	1.25 mL	2.5 mL			
18-23 lbs.	1.875 mL	3.75 mL			
24-35 lbs.	2.5 mL	5 mL	1 tablet		
36-47 lbs.		7.5 mL	1 ½ tablets		
48-59 lbs.		10 mL	2 tablets	2 tablets	
60-71 lbs.		12.5 mL	2 ½ tablets	2 ½ tablets	
72-95 lbs.		15 mL	3 tablets	3 tablets	

A Word on Antibiotics

Antibiotics are indicated for treatment of bacterial infection and have no effect on viral illnesses such as the common cold. We believe in the judicious use of antibiotics and will prescribe them only when there is an indication to do so. In this way, we avoid unnecessary cost, potential side effects, and development of dangerous "resistant" germs that do not respond to typical medicines. If your child is prescribed an antibiotic, follow the dosing directions closely and complete the entire course of treatment—even if the child feels better sooner. Never give a prescription medicine to someone for whom it was not prescribed.

MEDICAL CONDITIONS

BURNS

Burns are injuries to the skin and underlying tissues caused by exposure to chemicals or excessive heat.

What to do:

*Quickly remove the hot or burned clothing

*Dip the burned part of the body in cool water (Do NOT apply ice)

*Keep the child lying on her back and remove belt or tight clothing

*If only one hand, arm, leg or foot is burned, keep it in cool water while the rest of the body is kept warm

*If blisters form, do not break them

*Give pain reliever such as ibuprofen

When to call:

*Severe pain despite taking the above measures

*Burns involving the face, groin, hands or feet

*Burns involving a large surface area

*Burns that go deeper than the outer layer of skin

*Signs of infection (swelling, increasing redness, drainage or pus)

CHICKENPOX (VARICELLA)

Chickenpox is a very contagious viral illness that is spread by close contact and respiratory droplets from the nose and mouth. This condition has become much less common since the advent of a vaccine against it. However, even children who have received the vaccine may get a mild case.

Incubation period (time lapsing from exposure to presence of first lesions) is 10-21 days, with an average of 15 days. A child is contagious 1-2 days prior to the appearance of the rash until all skin lesions are crusted and therefore should be isolated during this time. New lesions will continue to break out for 5-7 days.

At first, the lesions appear like mosquito bites and rapidly advance to fluid-filled blisters. These blisters break, drain and then form a scab. Itchy lesions usually form on the trunk of the body and spread to the face, scalp, extremities and mucous membranes of the mouth, eye, and genital areas. To avoid permanent scars, children should be encouraged to avoid scratching the lesions.

Associated symptoms include a low-grade fever, upper respiratory infection, decreased appetite, and headache. Some children have mild cases with few symptoms, while others have severe cases.

What to do:

*Oatmeal baths

*Calamine lotion applied to lesions will decrease itching. Do not put on lesions in mouth, near eye or genital areas

*Give oral Benadryl® liquid to decrease itching (dosing can be found on our website)

*Tylenol® is helpful for fever and discomfort. Do NOT give aspirin

*Keep fingernails short and discourage scratching which could cause permanent scars

When to call:

*Suspected infection of two or more lesions

*Persistent or severe cough

*Difficulty breathing or chest pain occurring within 2 to 5 days after appearance of rash

*High fever, stiff neck, headache, listlessness or extreme irritability

THE COMMON COLD

A cold is a viral respiratory infection and is the most common medical problem of childhood. Normal, healthy children will have up to 6-8 colds per year with slightly more per year if they attend school or daycare. A cold typically produces a runny nose, sore throat, mild cough and fever.

Cold symptoms will usually last 10-14 days. Yellow or green nasal drainage may be a normal part of a cold.

What to do:

Although there is no specific treatment for a cold, you may make your child more comfortable.

*Your child may prefer to be upright and elevating the head of the bed may help

**Fluids:* Do not expect your infant with a cold to have a normal appetite; in fact, she may not be interested in eating much food at all. Drinking is much more important than eating. Giving extra fluids is very important and helps keep the mucous thin and movable. A child over one year old should have 4-8 ounces of liquid every 1-2 hours.

Humidifier/vaporizers: Humidifying the air has been proven to be effective in keeping secretions thin. Cool or warm moisture is equally effective. The water should be changed and the machine cleaned regularly. Holding your child in a steamy bathroom for a few minutes may also be helpful.

Saline Nose Drops (Salt Water): All babies are obligate nose breathers—this means that they must breathe through their nose and don't know how to breathe through their mouth. Blockage or congestion of the nose by mucus that comes with a cold is very frustrating to a baby who wants to suck or sleep. If the nasal mucus is very thick, it can be thinned down and removed by placing a few drops of salty water in each nostril with a dropper followed by gentle suctioning using a small bulb syringe. Prepared product of premixed saltwater drops such as Ocean®, Ayr®, or Nasal® are available at your local pharmacy or you can prepare it at home by mixing ¼ tsp of table salt in 1 cup of water. Cleaning the nose before feedings and at bedtime is especially helpful for infants. For older children, sinus rinse kits can be helpful.

Medications: Acetaminophen is very helpful to relieve discomfort and to reduce fever. Most children will drink the needed fluids much easier if they feel more comfortable. ***Antibiotics are only needed if a secondary infection develops; they do not cure the common cold*.** Other cold medications may be used as directed on the label. These medications may provide temporary relief only and they do not shorten the course of the cold. In fact, some over-the-counter cold products may have side effects that make their use unsafe, especially in infants and young children.

When to call:

*Fever for 72 hours or longer

*Difficulty breathing, rapid panting breathing, or wheezing (a whistling type sound usually heard when the child breathes out-it cannot be felt)

*Congestion and cough lasting over 2 weeks

*Sore throat with fever or headache or vomiting

*Red tonsils with pus

*Yellow-green eye drainage AND red eyes

*Ear pain or drainage from an ear

*Very puffy eyelids

*Extreme irritability

COLIC

All babies cry-it's their only way of communicating their needs. About one in five infants develop a condition known as colic. Colic is not a disease, but rather a condition that is characterized primarily by excessive crying and wakefulness. Most experts believe that the cause is different for various babies and is related to the infant's immature and sensitive systems that regulate eating, sleeping and other behaviors. The best definition for colic is the "rule of 3's", crying occurs during the first 3 months of life, lasts longer than 3 hours a day, more than 3 days in one week and continues for at least 3 weeks. Breast fed babies are just as likely as bottle fed babies to be colicky. Except for crying, the baby is physically healthy.

Unfortunately, there is no cure or permanent treatment for colic. A strategy that works today to calm your baby may not work tomorrow, and what worked this morning may not work this afternoon. Every day may present a new challenge. You may experience fatigue, despair, anger and helplessness. All these emotions are normal considering your lack of sleep. The good news is that the majority of infant colic stops by 4 months of age.

What to do:

The following are ways to help you calm your crying baby:

*Offer bottle or breast

*Burp your baby several times

*Rock together in a rocking chair. This may be soothing to your baby.

*Hold your baby close to your heart. The sound of your heartbeat is calming because it's familiar from the womb.

*Check the diaper. She may need changing or have an irritating rash. Soothe a diaper rash by letting baby go bottomless for a while. You'll remove the source of the chafing and the fresh air will help heal the rash.

*Watch your diet. If you're breast-feeding certain foods you've eaten may be upsetting her digestive system. Broccoli and chocolate are common culprits.

*Wear your baby in a front carrier or sling. The gentle rocking motion coupled with the closeness and sound of your heartbeat is very soothing.

*Position baby near a window. The change of scenery may perk her up.

*Offer your infant a pacifier. Some babies benefit from the comfort that the additional sucking provides.

*Take your baby for a car ride. Almost all colicky babies respond to the vibration, noise and motion.

*Try a windup bed or swing, preferably one that runs for 20 minutes with each winding.

*Hold your baby face down, with your hand under the abdomen.

*Turn on a lullaby tape or sounds that were familiar to your baby in the womb (tapes or CD's available at bookstores) or create a "white noise" by turning on a vacuum cleaner, your stovetop fan or tuning the radio between channels.

*Try a warm bath. Water can be relaxing because it feels like the womb environment.

*Take a walk outdoors, the fresh air and motion may help.

*Swaddle your baby by placing a soft blanket at her head at one corner and her feet pointed toward the other. Fold the corner near her head under it, and being the opposite corner up to her chest. Then fold in the side corners.

*Put your baby in her crib. Continue to check on her every 10 minutes. Some infants need to be left alone in a quiet room when they are over stimulated.

*If you feel overwhelmed by the crying and become angry at your baby, DO NOT shake her as this may cause permanent injuries. Lay her in her crib and walk away. Check on her every 10 minutes. Call a family member, friend or neighbor to come and stay with the baby so that you can take a break.

When to call:

*Inconsolable crying in a child who appears ill or has a fever

CONSTIPATION

Occasionally, infants and children may become constipated. Remember, constipation means hard stools, not infrequent stools (See "Bowel Movements" in Section 4).

What to do:

*For infants younger than 3 months, you may give 2 ounces of warm water daily

*For infants older than 3 months, you may offer prune or pear juice daily (2-4 ounces of ½ strength juice diluted with water)

*For the child 6 months and older, you may offer full strength prune or pear juice and increase fiber-containing foods such as green beans, peas, peaches, pears, apple juice and bran products

We discourage the use of suppositories and enemas unless we direct you to do so.

When to call:

*If the above dietary adjustments do not result in more normal consistency or resolution of your child's discomfort

*If constipation is associated with severe abdominal pain

COUGH

Coughs may be associated with a cold, allergies, croup (a virus), pneumonia, asthma, or a variety of other conditions. Children 6-8 months old may cough purposely as an attempt at communication.

What to do:

Treatment varies with the specific cause of the cough but generally a cool mist humidifier, extra clear liquids, and raising the head of the bed are useful measures. As with colds, treatment with over the counter medications doesn't necessarily help. **For children over 1 year old** 1-2 teaspoons of honey given at bedtime may be beneficial.

When to call:

*Cough lasting longer than 2 weeks

*Cough that causes the child to turn blue or vomit

*Cough that is associated with wheezing or difficulty breathing

*Coughing up blood

CROUP

In croup (which usually occurs during changes of season, especially summer to fall) the child typically goes to bed well, then wakes up with a tight, dry, barking cough and perhaps some noisy breathing when she tries to breathe in. The cough resembles the bark of a dog or a seal. Croup is caused by a virus and may last 3-7 days. It does not improve with antibiotic treatment.

What to do:

*Stay calm

*The child should be held and soothed by one person while the other turns on the hot shower until the bathroom is filled with steam

*Remain in the steam until the child quiets down and becomes more comfortable

*If the steam does not help, a cool mist humidifier or cold fresh air may be helpful

When to call:

*If her condition worsens even after taking the above measures, communicate with us promptly as she may need to be evaluated at the emergency department

*Do not hesitate to call 911 if you feel your situation is urgent

DIAPER RASH

Diaper rash is most commonly caused by irritation of moist skin or by a fungal (yeast) infection. Some babies are more prone to diaper rash than others, but almost all of them get it at some point.

What to do:

*Use a cream such as Desitin®, Balmex®, A&D Ointment®, etc.

*Change her diapers often. Keeping the area clean and dry allows it to heal

*Expose her bottom to air several times a day

*Wash your baby's bottom with warm tap water if the diapers contain only urine. Use a mild soap if there is stool present. Rinse thoroughly and pat dry. Avoid baby wipes as these may cause further irritation.

*If your baby's bottom is very raw, you may have her soak in a tub of lukewarm water for 15 minutes three times daily

When to call:

If your baby's diaper rash becomes worse in spite of above treatment, call our office. You should also call if the rash spreads beyond the diaper area or if any blisters, pimples, boils, pus or yellow crusts form on the baby's buttocks.

DIARRHEA/DEHYDRATION

Many children develop "intestinal flu" during the winter months. Often the condition starts with vomiting and loose stools come later. It may surprise you to learn that children sometimes continue to have loose bowel movements for 7-14 days. Despite that, if she feels pretty well, remains playful and takes fluids or light foods, you need not be alarmed.

What to do:

*Avoid using over-the-counter anti-diarrhea medications intended for adults

*Most diarrhea is caused by intestinal viruses and is contagious. Wash your hands well after diaper changing or using the toilet to prevent the virus from spreading to other family members.

The following outlines symptomatic relief from diarrhea by age group:

Infants 0-6 months:

If nursing, continue to breast feed. If your baby is formula fed, you may change to a lactose free formula if the diarrhea is severe or prolonged. Return to your regular formula when stools have returned to normal consistency (usually 7-10 days). Pedialyte® or other rehydrating solutions may be given for 24 hours.

Infant-toddler 6-24 months:

Encourage additional clear liquids and offer Pedialyte® liquid or popsicles for the first 24 hours. Avoid all juices as they may make diarrhea worse. **Do not** feed Jello® water or undiluted soda or drinks. Encourage solids such as rice, potatoes, pasta, and toast if your child is able to tolerate these. You may resume a full regular diet when the stools return to normal.

Child-Adolescent:

Place child on a relatively bland diet and encourage small, **frequent** administration of fluid.

Probiotic products such as Culturelle® or Florastor Kids® (available by asking your local pharmacist) and giving yogurt with active cultures may promote return of a normal balance of microbes in the gastrointestinal system and may shorten the course of some causes of diarrhea.

When to call:

*Many loose watery stools a day, especially if accompanied by vomiting and fever

*Loose stools containing mucous-like material or blood or diarrhea lasting longer than 2 weeks

Signs of dehydration include the following and indicate the need for further evaluation:

*Infant’s soft spot on top of her head (fontanelle) is “sunken in”

*Child is urinating less than twice in a 24 hour period

*There are no tears when she cries

*Child’s mouth becomes dry or feels sticky when touched

*Child’s eyes are sunken in

*Child is much less active than usual or is difficult to wake up

EARACHE

Ear pain may be due to an outer ear infection (“swimmer’s ear”), middle ear infection, Eustachian tube dysfunction, sore throat or trauma to the ear. Ear pain from a middle ear infection is usually described as severe and stabbing, accompanied by a feeling of fullness in the ear. It occurs commonly in childhood and often develops while a child has cold symptoms. Some mild ear infections in older children may be safely and effectively treated without antibiotics. A swimmer’s ear often presents as pain with pulling on the ear itself or ear pain that worsens by pulling on the ear.

What to do:

*To provide some relief from the pain, give acetaminophen or ibuprofen

*Apply warm heat. Do not let a child sleep with a heating pad turned on.

*If there is no drainage from the ear and the child does not have tubes, you may put a few drops of warm oil in the ear. This evens out pressure on the ear drum and helps alleviate pain.

When to call:

*Temperature over 100.4° F.

*Drainage from ear

*Pain lasting for 24 hours or more

FEVER

Although sometimes quite alarming to parents, fever alone can be effectively controlled in the home and even high fevers are usually not dangerous for children. Temperatures may go up and down during the course of a minor illness.

We recommend using a basic digital thermometer with a plastic probe cover and automatic beeping signal for ease of use. Taking the temperature rectally is the preferred route for infants 6 months and under. Oral (mouth) or auditory (ear) are acceptable for older children.

Follow the manufacturers' instructions for use on your particular device. In general, a temperature is not considered a fever unless it is over 100.4° F.

What to do:

There are 3 main ways of controlling fever:

*Acetaminophen may be used and repeated every 4 to 6 hours as needed. Ibuprofen may be used for children 6 months or older and repeated every 6 to 8 hours as needed. *Please see dosing charts at the beginning of Section 5 of this booklet.* Because of the association of aspirin use and certain viral illnesses causing a serious condition known as Reye's syndrome, we recommend NOT using aspirin to treat fever in children.

*Fluids: offer clear liquids by mouth as often as the child will accept them

*Sponge-bathing for 20-30 minutes using tepid water. Do NOT fully immerse the child in cool water or dress the child in heavy clothing.

When a child has a fever, it is important to note the child's behavior when the temperature is brought down. Most children with elevated temperatures will act sleepy and irritable. If the child acts less sick when the temperature goes down, she is not usually seriously ill.

When to call:

*Fever 100.4°F or above in an infant less than 2 months old

*Persistently high fevers lasting longer than 72 hours in an older child

*Fevers accompanied by a red dot rash, stiff neck, signs of dehydration, significant lethargy (child is difficult to arouse) or extreme irritability

If you call our office about your child's fever, make sure that you are ready to report the actual temperature as read from the thermometer display, the route by which the measurement was taken (rectal, oral or ear), when the fever started and what other symptoms are present.

HEAD INJURY

Frightening to parents, injuries involving the scalp only are usually mild and result in bruising or a "goose egg" swelling. However, more serious trauma involving deeper structures, including the brain and blood vessels, can be potentially life threatening.

What to do:

*Monitor your child for signs of serious injury. Observe her closely for the next 24 hours. Check once an hour for 6-8 hours, then less often if she seems to be doing well. Wake her several times during the night if the injury occurs late in the day. She should wake up easily, respond when you call her name and recognize who you are. She should not sleep alone.

*Look into her eyes to make sure that her pupils are equal in size and respond equally when you shine a flashlight into them

*Apply an ice pack to the area

When to call (phone 911 if any of the following are present):

*Loss of consciousness (the child actually passed out) even briefly

*Child is confused, difficult to arouse, or has persistent vomiting

*Weakness, dizziness, or disturbances of breathing, vision or speech

*Pupils are unequal in size or do not respond equally when you shine a flashlight into them

*Neck stiffness (to prevent further injury do not move child)

*Blood or fluid coming from the ears or nose

NOSEBLEEDS

The blood comes from small vessels on the divider, or septum, of the nose and may be caused by dryness or trauma such as injury or picking.

What to do:

*With the child seated and leaning slightly forward, squeeze the nostrils together with your index finger and thumb for 5 minutes. This gives the blood vessels time to collapse and the blood to clot. Be sure to apply firm pressure and check the time clock before releasing pressure

*Repeat applying pressure for another 5 minutes if necessary

*Oftentimes, during the winter months, using a vaporizer/humidifier in the child's room and applying a small amount of Vaseline® to the nostrils twice daily is helpful in preventing nasal dryness that is a common cause of nosebleeds

*Trimming the child's nails is also important as nose picking is another common cause of nosebleeds

When to call:

*If the bleeding cannot be stopped after 15 minutes

*If nosebleeds occur frequently and spontaneously

RASHES

Rashes are most common during the summer months. They are often caused by viral infections or exposure to skin irritants.

What to do:

The following are remedies that can soothe many types of rashes so you should keep them on hand:

*Calamine lotion-relieves itching by cooling the area

*Oatmeal-based baths-relieves itching

*Hydrocortisone cream-reduces inflammation and itching

*Oral antihistamine, such as Benadryl® or Claritin®-reduces itching and swelling

When to call:

*A rash that covers most of the body

*A rash that is accompanied by fever, swelling, vomiting, wheezing or other respiratory difficulty

*Skin reactions near the eyes and mouth

*Very painful skin reaction

*Excessive itching

*Muscle and joint pain after a rash develops

*A rash that does not blanch (turn to normal skin color or disappear temporarily) when light fingertip pressure is applied to it

SORE THROAT

Most sore throats are caused by viruses and resolve on their own in a few days. "Strep throat" results from a bacterial infection and can lead to complications unless it is treated with antibiotics.

What to do:

*Encourage fluids

*Give acetaminophen or ibuprofen

*Older children may gargle with saltwater solution or use a pain-relieving throat spray

When to call:

*Sore throat not improving over three days

*Sore throat in a child who had recent contact with someone diagnosed with strep throat

*Sore throat associated with rash, abdominal pain or headache

*Sore throat associated with drooling, difficulty opening mouth or difficulty moving neck

SPRAINS/STRAINS

Strains are small tears within the soft tissues resulting from overstretching some part of the muscle tendon unit. Sprains are injuries to the ligaments that connect bones together.

What to do:

"RICE" is a mnemonic for what you can do at home to treat sprains/strains.

***R**est-keep child off the injured extremity

***I**ce- apply ice to the injured area

***C**ompression-wrap the injured area loosely if it makes your child feel more comfortable

***E**levation-elevate the injured extremity above the level of the heart to help decrease swelling

*Give ibuprofen to help with the discomfort

TEETHING

Most babies start teething around 6 months of age, but some babies are born with teeth and others do not begin to teethe until their first birthday. While the majority of babies aren't troubled by the teething process, some get irritable, eat poorly and have trouble sleeping when their teeth begin to arrive.

What to do:

*If your baby seems uncomfortable, you may give her acetaminophen or ibuprofen. You may also try homeopathic treatment such as Hylands® Teething Tablets.

*Brush her gums a few times a day with a finger brush or a wet washcloth. This gets some of the germs off her gums and helps reduce swelling.

*Some babies may be helped by using teething biscuits or chilled (not frozen) teething rings.

When to call:

*If there is bleeding or significant swelling of the gums

*If the child refuses to drink due to pain

TUMMY ACHE

Toddlers may complain of tummy aches that pass quickly, and these are generally not of concern. A common, non-serious cause of abdominal pain is an overly full bowel due to prolonged constipation (see "Constipation" earlier in this section). School children who might be having a problem that makes nonattendance attractive may experience early morning pain that disappears after they get to school.

What to do:

Certain measures may help to prevent abdominal discomfort.

*Encourage stress reduction and ensure adequate sleep

*Don't overeat or eat immediately before bedtime

*Add fiber and water to the diet to keep bowel movements regular

When to call:

*If the pain is severe enough to cause the child to cry out, to double over, or to interrupt her usual activities for more than a few minutes

*It wakes her up at night

*It is consistently associated with meals

*It always occurs after eating certain foods

*It is associated with prolonged vomiting or diarrhea

*It becomes localized and there is a specific location that is tender when pressure is applied

*If jumping up and down significantly worsens the discomfort

*It persists in a worsening pattern over days or weeks

VOMITING

Most babies occasionally regurgitate or spit up a small amount after feeding or burping, this is normal. Also, when babies and small children are coming down with an illness or are agitated, they sometimes vomit.

What to do:

*When a child vomits a large amount or more than a few times, she **should not be fed,** but offered sips of clear fluids such as Pedialyte®. As the vomiting lessens the amount of liquid can gradually be increased until soft foods are tolerated.

*Vomiting sometimes is the first symptom of “intestinal flu” which is associated with diarrhea and occasionally with fever. To treat fever in a vomiting child you can use acetaminophen suppositories, which are available without a prescription.

*Monitor your child for signs of dehydration. If she continues to urinate normally and to have a moist mouth (saliva), she is probably not dehydrated.

When to call:

*Forceful vomiting in a baby (e.g. vomit that “shot out across the room.”)

*If the vomited material is bile-stained (bright yellow green), bloody or appears as coffee grounds

*If it is associated with severe persistent abdominal pain

*If it is associated with stiff neck or high fever

*If it lasts longer than 4 hours (or in the case of an infant, vomiting of more than two consecutive feeds.)

*If there are signs of dehydration (See “Diarrhea/Dehydration” earlier in this section)

SECTION 6: INJURY PREVENTION

“Accidents” happen every day. In fact, accidents are the leading cause of death in children. As parents, our role is to prevent accidents from happening by reinforcing certain rules in our children’s lives, from wearing seatbelts in the car to not letting a child ride a bike without a helmet no matter how much she protests. Children’s susceptibility to accidents stems from their natural curiosity, unawareness of danger, and lack of knowledge and experience. The experienced, knowledgeable parent needs to stay a step ahead of his/her child to ensure safety.

Auto Child Restraints

All children under 40 pounds (any age) and all children under 4 years of age must be restrained in a “federally approved” child restraint seat.

*Children weighing less than 20 pounds must be in a rear facing child restraint seat. The AAP now recommends all children under 2 years old be rear facing.

*At the time of this printing, toddlers who are at least 1 year of age AND weigh 20-40 pounds may be placed in a forward-facing restraint seat

*Children who are 4 through 7 years old and are shorter than 57 inches tall should be placed in a booster seat

*Remember, children are safest riding in the back seat until they are 12 years old

For current information about safety seat recalls, safety notices, and replacement parts, call the Auto Safety Hotline at 888-DASH-2-DOT.

The Town of Monroe Police Department has an officer certified in checking that your child restraining system is properly installed in your vehicle. You may call them to set up an appointment at 845-782-8644.

Balloons-They Can Take Your Breath Away

Balloons are a leading cause of choking deaths in infants and children up to 8 years old. Balloons can easily slide down the windpipe. Once there, balloons are difficult to remove and the Heimlich maneuver may be ineffective. Young children are especially at risk because they tend to put things in their mouth and have small airways that are easily blocked. Exploding balloons and propelled water balloons can also cause serious eye injuries.

Here are ways to reduce risk of injury to your child:

*Use Mylar balloons instead of latex ones; supervise all balloon play

*Discard broken balloon pieces immediately

*Only adults should inflate balloons

*Never attach a balloon to cribs or playpens

*Do not allow child to chew on a balloon or balloon pieces

Choking

Infants and small children are at risk for choking because they have very small airways. The following are suggestions for preventing a choking emergency:

*Cut hot dogs the long way into quarters, and then crosswise to create small pieces

*Quarter round fruit, such as grapes making them into angular (not rounded) pieces

*Remove seeds and pits from fruit

*Avoid peanuts, popcorn, raisins, marshmallow, hard candy and gum until after four year of age

*Have your child sit while eating; never allow them to eat or drink while running

*Check toys for small pieces; periodically inspect your child's toys for broken pieces and discard

*Round toys and balls should be at least 1 3/4 inches in diameter. Items that can fit though a standard toilet paper tube can be choking hazards.

*Learn CPR and first aid for choking

Carbon Monoxide Poisoning

Carbon monoxide is a dangerous, odorless, colorless gas most commonly emitted from malfunctioning gas appliances including furnaces, stoves, and driers. A carbon monoxide detector installed in the home can be a life saver.

Falls

Infants and small children are prone to falls. Their heads are heavier than their bodies. To prevent serious injuries, never leave your child unattended on counters, tables or dressing tables. Children should not have access to stairs without adult supervision. ***Walkers with wheels should never be used*.** Secure all doors and windows.

Firearm Injury

Every 2 hours, someone's child is killed with a loaded gun! A gun in the home is dangerous to your family. Please remember, young children are curious by nature and will eagerly explore their environments. Preteens and teens are attracted to guns because they are seen as symbols of power. Even the best-behaved teenager does not always follow the rules. For your peace of mind, if you do own a gun, always keep your gun unloaded and securely locked. Bullets should be locked and stored in a separate location.

Fires

Your home should have a fire extinguisher and several smoke detectors (at least one on each floor). Develop a habit of testing/changing batteries on a day that is important to you and your family or when changing clocks for daylight savings time. Keep matches and lighters out of children's reach. Discuss fire safety with your children; make sure they are familiar with the alarm sound and have a place to meet outside of the home in case of a fire.

Poisoning

All your family medications should have child-proof caps. All medicines including chewable vitamins, cleaning supplies and chemicals of any kind should be locked up and out of reach. In case of poisoning, call the Poison Control Center at 1-800-222-1222 to receive instructions. If action was taken, please notify our office. Signs of accidental poisoning may include severe throat pain, excessive drooling, breathing difficulties, convulsions and excessive drowsiness. ***Do not induce vomiting unless instructed to do so by the Poison Control Center.***

Protective Head Gear

All infants and young children riding as a passenger on a bike should be wearing a safety helmet and should be restrained in a proper seat. All children riding a bike should wear a safety helmet at all times even if they just ride in the driveway. In New York there is a law that all children 12 and under must wear helmets while riding.

All children fall and the majority of head injuries can be prevented with the helmet. A safe helmet is one that has a sticker indicating it has been tested by the American Standard Institute (ANSI) and by the Snell Memorial Foundation. Helmets that do not have one or both stickers may not be effective in protecting your child's head.

The following are guidelines for choosing a well-fitting helmet:

*Try to have your child keep the helmet on for at least 10 minutes to see how comfortable it is

*A well fitted helmet should be snug, but not too tight

*The helmet should sit on top of the head in a level position, and should not rock from side to side

*Ask your bike shop dealer about helmet pads (included with most helmets) to ensure a better and more comfortable fit

*Finally, have your child unbuckle and buckle the helmet several times in front of you to make sure that she will be able to put it on and take it off by herself.

As accidents can happen anywhere and especially in slippery conditions, we also recommend wearing a helmet when riding a scooter, skateboards, roller blades or skates and when ice skating and sled riding.

Water Safety

Children can drown in only a few inches of water and in less than two minutes. Forty percent of all infant drownings and eight percent of toddler drownings occur in the bathtub. Never leave your child alone in the tub. If the doorbell rings, wrap her up and take her with you. Keep the bathroom door closed with a latch or doorknob cover and keep toilet lids down. Buckets filled with water should be emptied immediately after use.

Backyard swimming pools should be fenced in with a four-foot fence around the entire pool area with a child proof lock. Above ground pools should have their ladders locked up or put away when not in use. Baby pools should be emptied after use. Never leave your child unattended around a body of water-not even for a second.

Outdoor Safety

Children are at particular risk for sun damage in part because they spend a substantial amount of time outdoors; they sunburn easily and have poor tanning ability. Take the following precautions to protect your child from the damaging effects of the sun's rays:

*Avoid using sunscreens in children younger than 6 months of age (they may absorb substances through the skin). Instead, use protective clothing and a carriage with a hood or canopy.

*Limit your child's exposure to the sun, especially between 10 am and 4 pm

*Apply sunscreen daily for outdoor play; SPF should be 30 or more. Reapplication may be necessary if children swim or perspire.

*Use sunscreens year round

*Have your child wear protective clothing, a hat and long sleeve shirt

*Use extra protection when your child is near sand, snow or water (85% of the sun's damaging rays are reflected) and in high altitudes

*Examine your child's skin regularly for redness or blistering and for new or changing moles (monitor for darkening in color, enlargement, or irregular borders)

*Set an example for your children by adhering to these sun protection guidelines

*Insect repellants containing 10-30% DEET are appropriate for use in children over 2 months old

*Apply insect repellants to your own hands and then place it on the child avoiding mouth, eyes, as well as cuts, wounds or irritated skin

*Except for in winter months, check your child nightly for ticks. Pay particular attention to in the hair, behind the ears and in the underarms and groin.

SECTION 7: YOUR CHILD'S DEVELOPMENT

The following tables are intended to help you understand the stages and changes that will happen in your child's life and how these changes in development require you to ensure their safety by following the suggestions listed under the safety column. Please keep in mind that there is a broad range of normal for every developmental task; your child may perform some earlier or later than other children. Each child has her own individual pace. However, if you do suspect a delay or have a concern, please bring this to our attention.

Age	**Developmental Tasks**	**Diet**	**Safety Measures**
2-4 weeks	Equal movements of arms and legs Raises head when on abdomen Regards face Follows sound	Breast milk or Formula	Car restraints Crib safety Don't leave unattended Pet control Water heater temp 110-120°F
2 months	Alert expression Energetic arm movements Hand in mouth Ooh-Aah Social smile	Breast milk or formula	Don't leave unattended No pacifier string
4 months	Minimal head lag Rolls side to side Grasps rattle Laughs and squeals Recognizes voices Splashes in bath	Breast milk or formula May begin introducing solids-one new food every 3-5 days	Keep baby powder, oils and ointments away from baby
6 months	Rolls over Sits with minimal support Reaches Plays with toes Growls, grunts and babbles Shy with strangers	Rice Cereal Vegetables-yellow and green Fruit-all Yogurt No desserts Start sippy cup of water Introduce one food item every 3-5 days	Keep Poison Control number handy Keep cords rolled up
9 months	Stands holding on Rolls easily Cruises Pincer grasp Mama-dada specific	Add meat, cheese, bread and eggs No juice in bottle throughout the day	No honey until 1 year old (botulism risk) Avoid choking hazards: popcorn, nuts, raw carrots, hot dogs, grapes, celery sticks, hard candy and raisins

12 months	Walks with support Points Waves bye-bye Follows one step commands 75% of the time	Gradually switch from formula to whole milk Time to wean from bottle Eats and drinks sitting	Stair safety gates and fences Prevent falls
15 months	Walks alone Creeps upstairs Thumb-finger grasp Jabbers Single words Indicates wants	Whole milk 12-16 ounces/day or 3 servings of calcium Finger food Sits in highchair	Keep hot liquids away Review childproofing of your home
18 months	Walks backwards Runs Scribbles Plays ball Uses spoon/fork	Decrease in appetite is normal Picky eaters No fights over food Periodically offer new foods	Limit access to bathroom (toys in the toilet/accidental water burns/drowning) Keep all electrical outlets covered
2 years	Walks up steps Names 6 body parts Towers blocks Removes clothes Speech half understandable	Finicky eater Breakfast very important Avoid food rewards	Supervised access to garage, backyard and street Secure access to doors and windows
3 years	Jumps up and down Throws overhead Washes and dries hands Names friends	No eating or snacking while watching television	Keep knives and forks out of reach Use car seat at all time Begin discussing stranger danger and good touch/bad touch
4 years	Balances on each foot for 1-2 seconds Speech understandable Wiggles thumbs Dresses with no help	Will meet her balanced meal requirement over a week, not a day	Show smoke alarms Discuss fire safety, stranger danger and good touch/bad touch Use booster seat Teach traffic safety
5 years	Hops Balances 3-5 seconds on each foot Names four colors Knows 2 opposites	Teach good nutritional choices Discourage junk food	Seat belts Bicycle helmet Continue safety talks Water and Fire safety

6-7 years	Walks heel to toe Defines 5-7 words Draws person with 6 parts Prepared cereal	3 meals a day plus snacks Limit caffeine drinks Teach good food choices	Seatbelts Sunscreen Street safety Internet safety

SECTION 8: READING-A MOST IMPORTANT CONTRIBUTION

Newborn-1 year

It's never too early to start reading and singing to your child. Your baby will enjoy hearing your voice, even though she can't understand the words. Nursery rhymes are excellent at this age.

1-3 years

Your toddler can follow a simple story and thoroughly enjoy picture books. Point to things in pictures and name them and have your child repeat the names after you. Ask her to point to certain pictures in the book and have her be the "page turner." Set aside a special time to read aloud, at first only a few minutes at a time, then gradually increase it as they are willing to listen. Make reading a new book an exciting time, a surprise. Keep in mind that they enjoy and learn from repetition, so you'll probably be reading their favorite books over and over many times.

3-5 years

Preschoolers love to pretend to read. Encourage them to join you while you read. You can start teaching letters of the alphabet through play, pointing to the same letter as you read a book to encourage letter recognition. Move your finger under the word as you read aloud, this will help her connect printed words to spoken words. Start visiting the library on a weekly basis and participate with your child in Read Aloud sessions offered there. Borrow books on tape and teach your child to turn the page at the "ding" sound. This could be an excellent strategy for the "hard to fall asleep tike."

5-7 years

Your child is soon to master the art of reading when she knows most of the alphabet letters and the way they sound. She may show interest in container labels during dinner time or outdoor signs while taking a car ride. She may ask repeatedly how things are spelled. Take the time to answer them, encouraging their curiosity, and acknowledge their successes. While continuing with weekly library visits, now is the time for her to get her own library card and find a special place at home for the library books so that they won't get lost. This will help teach your child responsibility and also respect for things that don't belong to her.

Grades 1-2

As your child starts to read, there will be many words she won't recognize or know how to sound out. Help her sound out words and use repetition to strengthen her reading skills. Have your child read out loud to you; sometimes take turns reading a sentence each. While at the library point out different authors and subjects and help her pay attention to different types of illustrations. This will help widen

her view of a book, that it is more than just a story. Try to incorporate non-fiction as well as fiction reading.

Grades 2-3

Your child is slowly becoming a more proficient reader; still there are many words that appear to be similar and she will read them incorrectly. Help her catch her mistakes by asking guiding questions, such as, "Does that word make sense here?" and by sounding out words. Although your child is becoming a more independent reader, don't stop reading out loud to her. Continuing to read to her helps to instill a love for reading and establishes reading as a desirable way to spend leisure time. Chapter books with cliff hangers are great to keep her asking for more or to look forward to tomorrow's read-aloud time.

Grades 3 and up

Independent readers are now able to teach themselves new things by reading. The more they read the better readers they become. Continuing to read to them will challenge their vocabulary and thinking skills. Reading may stimulate conversations about different topics between you and your child. On your library visits, encourage choosing different types of books on a variety of topics. It's an excellent way to expose your child to different cultures and faraway places.

As your child gets older, continue to read aloud to her as long as she wants you to. Because they know you like to read, they may ask you to take turns reading paragraphs out of a book assigned at school. Don't turn them down-take the time to do it. This will enable you to be a part of their school life and to find out their thoughts about what they read at school and to help them with their homework. Helping your child learn to enjoy reading is an accomplishment of which a parent should be proud.

SECTION 9: SOURCES OF ADDITIONAL INFORMATION/EDUCATIONAL RESOURCES

WEBSITES American

Academy of Pediatrics **www.AAP.org**

Includes a parenting corner and bookstore section.

Healthy Children. Org **www.healthychildren.org**

General information on a variety of topics from the American Academy of Pediatrics.

Kidshealth.org **www.KidsHealth.org**

Reliable updated information with sections geared towards parents, kids and adolescents.

Monroe Pediatric Associates **www.monroepediatrics.org**

Our practice's site that includes general information.

Vaccine Education Center **www.vaccine.chop.edu/parents**

Practical information on immunizations from Children's Hospital of Philadelphia.

REFERENCE BOOKS

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Puberty

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Ferber, R. (2006). *Solve Your Child's Sleep Problems.*Fireside.

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Vaccination

Fisher, M. (Ed.) (2006). *Immunizations & Infectious Disease: An Informed Parent's Guide.* American Academy of Pediatrics.

Humiston, S. and Good, C. (2003). *Vaccinating Your child: Questions and Answers for the Concerned Parent,* 2nd Ed. Peachtree Publishers.

The Monroe Free Library as part of the Ramapo Library System, has extensive resources on a variety of subjects of interest related to child health and development. Books/videos may be found on everything from going to the doctor or hospital to divorce, potty training and adjusting to a new baby. The Monroe Free Library is located at 44 Millpond Parkway, Monroe, NY 10950. Telephone (845)783-4411.

When to Seek Emergency Care

(Courtesy of Nemours, DuPont Hospital for Children)

In certain situations, you should dial 911 for an ambulance instead of taking your child to the emergency department yourself:

*Your child is having trouble breathing or talking and is turning blue

*There's been a car accident and your child is unconscious or seriously wounded

*Your child is having a seizure that continues beyond 5 minutes

*You suspect that your child has overdosed on a medication

*Your child has a stiff or painful neck immediately following an injury

Commentary/Perspective

Pediatric Venues: Other available points of care

Westchester Medical Center: Maria Fareri Children's Hospital

*The major point of care for all significant pediatric and adolescent emergencies

*Only all-specialty children's hospital in the region

*Improved communications with the pediatric office

*Most specialists have offices in Orange County

Garnet Health Medical Center Pediatric Emergency Department

*For point of care outside the office for afterhours acute care problems

*Good communication with the pediatric office

*Available 24 hours

*Our office should be the first point of contact by phone

Adult-oriented Urgent Care Centers and Emergency Departments

*Highly variable levels of care

*Variable communication with the pediatric office

*Alternative for minor trauma

*May be the first stop for major life-threatening trauma depending on location

Minute Clinics

*No direct physician's involvement, concern about physician oversight, such as medication dosing

*Our impression is that these centers are businesses designed to attract customers to pharmacies and other retail outlets

*Inappropriate for annual physical exams due to lack of familiarity with the patient and family and lower level of anticipatory guidance

Sports Physical performed at schools

*Inappropriate for annual physical exams due to lack of familiarity with the patient and family and lower level of anticipatory guidance

*Parents are not present so they cannot have their concerns addressed

*Growth and development not monitored

*Blood work unable to be ordered

IMPORTANT TELEPHONE NUMBERS

Monroe Pediatric Associates	
General Side	845-782-8616
Well Side	845-774-1120
Billing Department	845-783-5723
Medical Records/Correspondence/Referrals	845-782-7127
Garnet Health Medical Center: Main Number	845-333-1000
Maria Fareri Children's Hospital: Main Number	914-493-7000
Poison Control	800-222-1222

Your Preferred pharmacy…………………………………….

Closest 24-hour pharmacy……………………………………

Dentist…………………………………………………………….

Other important numbers…………………………………….

Checklist for Calling After Regular Office Hours and on Weekends

Please be prepared to provide the following information:

*Your name and relationship to the patient.

*The child's name, age and date of birth.

*Your telephone number and if possible, an alternate number at which you can be reached.

*Please try to keep your telephone line free/mobile phone near you as you await our return call.

*Explain the reason for calling and note if this is urgent. **In case of a true medical emergency, call 911.**

*Describe the nature of the symptoms and for how long they have been present.

*Fever (see below)

*Runny nose

*Cough

*Rash

*Earache

*Sore throat

*Swollen glands

*Headache

*Vomiting

*Diarrhea

*Constipation

*Abdominal pain

*Decreased fluid intake

*Changes in urination

*Changes in sleep

*Other symptoms

*If you think that your child may have a fever, take her temperature.

*Be ready to report how the temperature was checked and the exact thermometer reading.

*If applicable, report when the last dose of fever-reducing medication was given.

*Notify the on-call provider if your child has any special medical conditions or medication allergies.

*Have your preferred pharmacy's name, address and telephone number handy.

*Bear in mind that you are calling after hours or on the weekend, your usual pharmacy may be closed, so be sure to identify the closest 24-hour pharmacy and have the telephone number available.