

Your Baby

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(Some) Instructions for New Parents

Congratulations on the birth of your new baby!

This is a time not only of great joy and excitement, but also more than a little anxiety. All of us, when presented with a new baby, have at onetime felt unsure about our parenting abilities. This booklet is by no means intended to be a strict or comprehensive set of rules you must always follow, but rather a group of suggestions based on my experience as a physician and parent. The most important thing to remember is to relax and enjoy your child and your new role, and always keep in mind that with parenting, as with anything else, we learn by doing. This booklet is provided by West Hills Pediatrics as a guide to you as new parents. Though it is not a complete reference, you will find answers to the more common questions that arise while caring for your baby.

The office is open Monday, Tuesday, Friday (9:00 am to 5:00 pm;) and Wednesday and Thursday (10:00 am to 5:00 pm) for scheduled appointments. We are closed from noon until 1:45 pm. We are available by phone 24 hours a day for urgent problems and can be reached after hours by calling the office number, (818)713-9377. If you do not have an urgent concern, please call during regular office hours. If your child may need to be seen in the office, calling as early as possible will often enable us to get your child an appointment that same day. After hours calls will be returned after the on-call provider is notified by the answering service. If you don't hear back within 30 minutes, please call the answering service again. Please have pencil,

paper, and your pharmacy's phone number and address available when your call is returned. If it's an emergency and you can't reach us, dial 911 and or go to the nearest emergency room.

Baby and Crowds

Until your baby has a chance to build up resistance to infections, you should minimize the number of visitors (especially children) who handle your baby. I suggest that you avoid taking your new baby into large crowds during the first six weeks.

When Your Baby is Born in the Hospital

When you register at the hospital before the baby is born, the hospital will ask you the name of the baby's pediatrician. Your infant will have a complete physical exam by the doctor.

If you have chosen to have your baby boy circumcised, your Obstetrician will discuss it with you and may perform the circumcision after the physical exam.

Dr. Weidman will discuss with you when to follow-up with our office. We see most infants after they have been home 1-2 days.

While still at the hospital, the State of California screening blood test will be done (see further information below). We also are following the national recommendation to start the Hepatitis B vaccine series while your baby is still in the hospital. Newborns now also have their hearing checked and a heart screen (oxygen saturation test) in the hospital before they are discharged home.

Well Child Visits

These visits are scheduled to monitor growth and development, screen for more common illnesses, administer immunizations, and perform complete physical exams. If your new baby does not have an elevated bilirubin (jaundice) or other medical issues, then the initial routine office visit is 1-2 days after discharge from the hospital. After that initial visit, the routine schedule is the following:

- 2 weeks – check-up
- 1 month - check-up
- 6 weeks – check up and vaccines
- 2 months - check-up and vaccines
- 4 months - check-up and vaccines
- 6 months - check-up and vaccines
- 9 months - check-up and hemoglobin check
- 12 months - check-up and vaccines
- 15 months - check-up and vaccines
- 18 months - check-up and vaccines
- 21 months – check- up and vaccines

24 months (2 years) - check-up

30 months (2 1/2 years) - check-up

3-18 years – annual check-up and update vaccines as needed

Immunization schedules may change as recommendations are updated by the American Academy of Pediatrics.

Feeding

You will do the most interacting with your baby during feeding. Relax and enjoy these times. Whether you choose breast or bottle to feed your baby, no other food or liquids are needed during the first 4-6 months of life unless instructed by us. Please consult our office if you feel a change in diet is needed.

Find a comfortable and quiet place that allows you and your infant to enjoy feeding time. For your infant's safety, do not smoke or hold hot liquids during any feeding. Do not prop bottles. This can lead to choking, lung problems, and an increased risk of ear infections. Putting infants to bed with a bottle can cause cavities and frequent ear infections.

Let your new baby establish his or her own feeding schedule. Don't watch the clock. Your baby will decide how often and how much to eat. After the first one or two weeks, you should not awaken your baby for a feeding. Do not wake your baby at night (after 10 pm) for feedings.

Breastfeeding

Early on, feed your infant every two to three hours during the day and every three to four hours at night. If the baby shows good weight gain at the first well visit, which typically occurs at 2 weeks, you can then begin feeding the baby on demand.

Mothers should wash their nipples with water before and after each feeding. Nursing your infant in a quiet place may help you relax, allowing your milk to flow easily. Be sure your baby's mouth covers the entire areola (the dark area around your nipple). Limit your feeding to 10 minutes on the first side, and 10 to 15 minutes on the other side, alternating the side that you start with each feeding. Attempt to burp your baby (for just a minute or so) between each breast and at the end of the feeding. Continue, yourself, with your daily prenatal vitamin while nursing and drink enough fluids to quench your thirst.

Use a pacifier if the baby wants to suck beyond the feeding. Sucking is an instinct and pacifiers provide the non-nutritive sucking they desire. You can wean your infant from the pacifier around twelve months of age.

Expect that your milk will come in by day 3 or 4. You should see a steady increase in the number of wet diapers. There should be at least one wet diaper in the first 24 hours. In the second 24

hours there should be at least two wet diapers. By day 4 and 5 there needs to be six wet diapers in a day. This is our best sign the baby is receiving adequate hydration/nutrition. Please notify us if the baby is not having six wet diapers in a 24-hour period by day 5. In this situation, we will often bring the baby in for a weight check.

During the first two weeks of nursing, supplemental feeding with formula will occasionally be advantageous. This is true in cases of severe nipple pain, maternal exhaustion/anxiety, poor urine output, dehydration or jaundice.

Bowel movements will change from black to green to mustard yellow in color. Your newborn should have at least one stool per day the first few days. Please call the office if you have questions or concerns about your infant's wet diapers and bowel movements.

If nursing is going well at the first infant check-up, your doctor may assist you in introducing a bottle to your baby if you plan on using bottles in the future. If bottles are not introduced early, an infant will sometimes resist them altogether.

Sore nipples are a common problem among nursing mothers. Air drying your nipples after feeding can help reduce chaffing. Expressing a small amount of milk and rubbing it on your nipple helps heal cracked areas. Apply over-the-counter 100% lanolin after feedings. Remember to limit feeding times to 20-30 minutes total. Don't let your infant use you as a pacifier. Stored breast milk and/or formula are appropriate for mothers who must be away from their babies. Do not microwave breast milk or formula as it can alter the vitamin content and cause burning. Check with your obstetrician or pediatrician before taking any medications while nursing.

Bottle Feeding

Feeding on demand is again what is best for the baby. Encourage feeding without forcing the baby to empty the entire bottle. On average a newborn will eat from 1-2 ounces every 2 to 3 hours the first couple days. By the well child appointment in the office at 2 weeks of age, the average newborn is taking 2-3 ounces every 2 to 3 hours. The amount that your baby eats (within reason) is not important as long as the nutritional needs are met and your baby is growing well.

A milk-based formula with iron, for example Similac Advanced or Enfamil Premium, is a good choice for most formula-fed infants. Plain Cow's milk is not appropriate for infants under one year of age and can cause anemia and other harm if given in your infants diet. Iron as a medication may cause constipation, but recent studies show no increase in constipation in infants on iron fortified formula versus low-iron formula. The iron in an infants formula is important to keep the infant from becoming anemic and promotes optimal neurological development. Occasionally infants have difficulties with milk-based formulas. If problems occur, please discuss them with us. We do not recommend changing formulas without contacting us.

Preparing Formula

All equipment used in formula preparation should be clean. Washing items with hot water and dish soap or running them through the dishwasher are acceptable methods of cleaning. It is not necessary to sterilize bottles each time. Some mothers like to boil the bottle's nipples after purchase and then use one of the above cleaning methods. Use a bottle brush when washing by hand to get rid of any old formula. Wash your hands well prior to preparing the formula. Mix the powdered or concentrated formula exactly as directed on the package. It is not necessary to boil city tap water used in formula preparation. Formula may be stored in clean bottles in the refrigerator for 24-48 hours after mixing and then should be discarded. After each feeding, discard the unused portion of the bottle if not used within an hour.

When warming formula, use a pan of heated water (you can heat this water in the microwave, but not the formula itself), a bottle warmer, or hold the bottle under warm water. Do not microwave or boil the formula. Always test the temperature of formula prior to feeding it to the baby.

Spitting vs. Vomiting

Most babies spit-up or have a wet burp and may do it with most feedings. If this becomes a problem, burp your infant more frequently during feedings. Positioning the baby upright during and after the feedings may help the baby keep the breast milk or formula down. Elevate the head of the bed by using a pillow under the mattress. Never let your infant sleep on a pillow. Vomiting large amounts or projectile vomiting that is persistent or becomes progressively worse needs to be brought to our attention.

Tummy Time

After burping it's helpful to allow your baby about 5 minutes of time on his or her tummy (prone position). Place your baby on a firm surface and always watch him or her while in this position. This interval, after burping is good for at least 3 reasons: 1) Tummy time gives the back of the head a break, avoiding "flat heads". 2) It gives the baby an opportunity to get some exercise, pushing up against gravity, and developing strength and stimulation. 3) Tummy time puts the baby in a position that gives him or her another way for gas to escape – from both ends!

Bowels

Stooling patterns in infants vary greatly. Some infants have one stool every 1 to 3 days and others have a stool 6 to 12 times a day. As long as the stools are not very hard, they are normal. The only color change that likely indicates a problem for your infant that we need to be made aware is if your infant's stool has bright red blood. Yellow, green, gray, and brown are all normal colors for bowel movements.

Most babies grunt, groan, occasionally cry, and get red in the face when having a bowel movement. This is normal and common for infants. If stools are hard, you may add 1/2 - 1teaspoon (2.5 - 5 ml) of apple juice to a bottle once or twice daily for a week to help your baby through this phase of constipation. If a young infant has not had a stool for 2 to 3 days and seems distressed, you may try using some rectal stimulation with a rectal thermometer with the end lubricated with Vaseline petroleum or K-Y jelly. This will often result in the infant having a bowel movement. This may be used on occasion, but if you find yourself doing this regularly, contact us.

Bathing and Cleaning

Until your baby's umbilical cord stump has fallen off and (if a boy) his circumcision has healed, your baby can be kept clean with a soft, damp wash cloth and mild soap, e.g. fragrance-free Dove soap. After the umbilical cord and circumcision are healed, you can use the tub bath method of bathing. When you bathe your baby, be sure the room is warm and without drafts and the water temperature is about 85 degrees Your baby's hair may be washed with the same bath soap or a baby shampoo.

Never leave your infant alone, even just for a short time, during the bath!

Do not use Q-Tips in your child's ears. This can be very dangerous to the ear canal and ear drum. Cleaning the outer part of the ear canal with a warm, wet washcloth is all that is necessary. Never cut the newborn's nails with scissors. If the nails become red or swollen, call us immediately.

Skin Care

New infants often have dry, flaky skin. This skin will gradually flake off without special treatment, and it does not seem to bother the infants. No lotion is required. However, if you would like to use a lotion, use a mild infant lotion and avoid the face.

At about two weeks of age, you may notice an outbreak of baby acne on the face, neck, and chest and shoulders. This acne resolves on its own without scarring and without treatment. It frequently looks much better by the 2-month check-up.

Flaky areas on the scalp and forehead, in the eyebrows, and behind the ears may develop. This is called "cradle cap" or seborrheic dermatitis, and is a common condition with yellow or clear oily crusts and scales. It generally lasts for 4 to 8 weeks, occasionally longer. It can be helped by washing daily with mild soap and water. The next step is to try massaging in baby oil and gently brushing it with a baby hair brush afterwards. If worsening, cleaning daily with Head and Shoulders shampoo, Selsun Blue shampoo, or Neutrogena T-Gel shampoo on a wet washcloth can help. To remove the scales and flakes, gently brush with a soft infant brush after massaging

baby oil into the area and allowing it to stay in place for 15 minutes.

Head

The soft spot or fontanel on an infant's head is a normal gap where the skull bones have not yet joined. The spot is covered by a thick fibrous tissue, and is very tough. You do not need to fear hurting the soft spot. Sometimes you may notice pulsating of the soft spot – this is normal. The skull bones contain many normal lumps, bumps, and irregularities. This is normal.

Diapering

Cloth or disposable diapers are acceptable. Clean the diaper area well with warm water or disposable wipes with each change. Change both wet and soiled diapers frequently to help decrease diaper rashes. To protect and heal the diaper area when there is a flat red irritation or rash, over-the-counter creams and ointments such as A&D, Desitin, Boudreaux's Butt Cream or Balmex will help. Red raised rashes with small red dots on the edges that do not respond to the above treatments often indicate a yeast infection. They are treated with clotrimazole over-the-counter cream (often found in the foot care section of the pharmacy), available as generics and the name-brand Lotrimin AF cream. It should be applied to the rash twice a day for 5-10 days.

Umbilical Cord Care

The umbilical cord will begin to dry in the first few days of life. It then falls off between the 5th and 30th day of life. For years, it was recommended to clean and dry the umbilical cord with alcohol with each diaper change. It was thought this helped prevent infection at the area and reduced how long it took the cord to fall off. A few years ago a large scientific study looking at thousands of newborns showed that the alcohol was no better at preventing infection and the cord fell off no sooner when alcohol was used. Therefore, it is fine to use alcohol on the area a few times a day, but is not necessary. However, if the cord area develops an odor or is seeping, we would recommend you do use the alcohol.

There is occasionally some bloody discharge from the navel just before or after the cord separates. Clean with alcohol if this occurs. If after the cord falls off a large yellowish blob of tissue remains at the navel, please contact our office during regular office hours. This is called a granuloma and may require in-office treatment.

Rarely a bacterial infection occurs at the umbilical cord area. An infection causes redness to spread out onto the skin around the umbilical area, often with foul-smelling discharge at the cord-site. Call us right away if your child develops these findings.

Fever

Rectal temperatures will be the most reliable means of taking the temperature in infants, especially for infants 8 weeks of age and younger. In order to take the temperature, apply

Vaseline to the end of your rectal thermometer. Lay the baby on their back. Using one hand securely hold both feet up and out of the way. With the other hand insert the thermometer into the rectum approximately ½" - 1 inch. Continue to hold the feet with one hand and the thermometer with the other hand. In an infant, a rectal temperature of 100.3 degrees or above is a fever. You need to contact us immediately, day or night, if your infant less than 8 weeks of age has a rectal temperature above 100.3. Do not give an infant Tylenol without first being instructed by your physician to do so.

Circumcision Care

After circumcision, the tip of the penis where the foreskin has been trimmed away is red and raw. It needs to be protected from sticking to the diaper by applying Vaseline petroleum jelly with each diaper change. This should be continued for 14 days until the area is well healed. You may fasten diapers loosely while the area is healing. To clean the area, wipe gently with a soft wet cloth. You may notice a yellow substance on the raw areas. This is a normal way the area heals. If the circumcision area has prolonged bleeding with more than just occasional oozing of reddish material, please contact us. Also, if the penis looks swollen and red after a few days with yellow or green drainage, please contact us as we will want to have the area examined to see if an infection has occurred.

Uncircumcised Penis Care

If you choose not to have a circumcision done, the penis needs normal cleaning in the newborn period. Do not, however, pull back the foreskin. This may cause injury to the area. The foreskin will slowly retract on its own over the next few years, often by 5 years of age. The foreskin will gradually separate from the penis and become fully retractable. During this period, you may clean the head of the penis by gently retracting the foreskin until you meet resistance but no further.

Newborn Screening

A newborn screening blood test is required by state law and the blood is drawn at the hospital with a poke on the foot. It tests for a number of diseases which can be treated if diagnosed at birth. The test is done at 24 hours of age or later at the hospital. The results are sent to our office at about 14-21 days of age.

Vitamins and Fluoride

All necessary vitamins are in the infant formulas. It is now recommended that breast fed infants who exclusively breast feed or who breast feed and supplement with less than 16 ounces of formula per day need a daily supplement of vitamin D. This is available as over-the-counter vitamin D infant drops.

Jaundice

Many babies become jaundiced in the first couple weeks of life. Jaundice is a yellowish-orange color to the skin. It can cause the whites of the eyes to become yellow. The jaundice often is first noticed at the second to third day after birth. It typically peaks at the fourth to fifth day after birth. Some breastfed infants will become jaundiced later. The jaundice will likely simply flush out of the baby's skin over a few days with the baby feeding and having bowel movements. However, if the baby appears more yellowish-orange and is increasingly sleepy or hard to waken for feedings, **please contact us immediately.**

Breast Swelling

You may notice that your daughter or son has swelling underneath their nipples at birth. This is a normal response to mother's hormones. It typically lasts less than 4 months, occasionally longer. Please contact us if the swollen areas become very red or tender.

Vaginal Discharge

Girls may have a whitish discharge and a scant amount of blood from the vaginal area. This is normal, typically lasts a few days to a few weeks, and is related to mother's hormones. You may gently clean the area, remembering to wipe the area front to back to keep from spreading bacteria from the rectal area to the vaginal and urinary areas.

Clothes

Infants should be dressed for their environment. Young infants often should be dressed as you would dress yourself plus one extra light layer. No shoes are needed until the walking age, although crib shoes may be used.

When taking your baby outdoors, avoid extremes of heat and cold. Avoid direct sunlight to prevent sunburn, as an infant's skin burns easily. When your child is six months of age and older, we strongly recommend using sun screen whenever your child will be sun exposed. Reapply the sun screen according to the directions.

Getting to Know Your Newborn

Although new babies do little more than eat, fuss, and sleep, each has its own personality. These personalities may vary from very calm to fussy. Relax and enjoy your baby for who they are. The most important thing is to be sure your baby is well fed, cared for, loved, enjoyed, and provided with a safe environment. There are normal things to expect from your infant. An infant's breathing is irregular and sometimes noisy. They may get frequent hiccups, occasionally look cross-eyed, startle, pass gas, grunt with bowel movements, spit up, cough, and sneeze. Infants may cry to tell you they are hungry, tired, wet or dirty, cold or warm, over-stimulated,

bored or needing socialization or eye contact. You will learn over time what your infant's cries mean. Soon you will be the best expert on your own infant.

Crying

All infants cry. You will learn to distinguish what your baby's cries mean. The time an infant spends crying may increase dramatically at 3 weeks of life and may not drop off until around 3½ months of age. Crying episodes may be more pronounced in the evening when the baby has had a stimulating day. Babies often cry before falling off to sleep. Try to remember that every cry does not mean hunger and that infants may not need to be fed every time they cry.

Colic

Colic is when infants have prolonged episodes of fretful crying and difficulty being comforted. Colic is seen in about 10 to 15% of all infants and is most pronounced between 3 weeks and 3 months of age. These crying episodes often remain a mystery, even after all of the infant's needs seem to be met. The crying episodes are no one's fault although parents often blame themselves and feel helpless. Many of these episodes pass after a few months without any specific cause (reflux, allergy, formula intolerance, etc.) being found. Here are some suggestions to calm irritable or fussy babies:

Change the baby's position.

Remember that babies like to be dry, warm, and full.

Swaddle the baby snugly in a soft blanket.

Provide a pacifier (or the infant's hand and fingers) for sucking. Infants need to suck frequently even when they are not eating. This is a normal state of development called non-nutritive sucking.

Decrease the amount of external stimuli (light and noise) by going to a quiet room.

Rock the baby in a cradle, chair, or using a bouncy seat.

Walk slowly around the house while holding the baby securely.

A car ride with the infant in their car seat may be very calming.

Soft repetitive lullaby at nap time or bed time.

Talk softly with a "shushing" sound.

Your infant may need a few minutes to adjust from one situation to another.

Attempt to remain calm. Use gentle, soft motions. Do not nervously bounce or jiggle your baby.

Avoid hard patting. Infants can pick-up on parents' anxiety and frustrations.

NEVER, EVER SHAKE YOUR BABY.

If you are becoming frustrated with your infant's crying and find yourself getting angry with the baby or yourself, then it is time to take a break! Use your family and friends for support and help. You will find that even a short break can give you a new outlook, allowing you to handle the situation more calmly than before. If there is no help available to you, simply lay the infant in their crib. Allow the baby to cry while you take a break for a few minutes.

Sometimes it takes a while to learn what will comfort your baby. Your infant will become more settled at around three months of age. Try to remember that the fussiness will end. Meanwhile keep looking for ways to comfort your baby and don't be worried that comforting a newborn would spoil the baby.

Visitors

To decrease the risk of the baby getting sick, keep the number of people around the baby to a minimum. Avoid crowded places (church, synagogue, mosque, shopping malls, etc.) for the first 6-8 weeks. Allow no visitors who may be sick. Remember to have everyone wash their hands before picking up or touching the baby.

Sleep

Newborns will sleep an average of 15 to 18 hours a day. Some will sleep more or less. It is best for your newborn to sleep in their own room as soon as you feel comfortable with this situation. Babies who sleep in the parents' room tend to awaken more often at night as well as awaken their parents. It can be a difficult transition for a baby when the parents later decide it is time for the baby to sleep in their own room.

It is best to start good habits early to help the baby learn to fall asleep on their own. If the baby is laid down in their crib or bassinet while they are drowsy but not yet asleep, they will learn to fuss for a short time and then fall asleep on their own. A baby frequently put down in their crib or bassinet when they are already asleep may awaken right away or need you to rock them back to sleep.

By four months of age the average baby may sleep 6 to 8 hours at night and 10 to 12 hours by six months. There is quite a bit of variation with this. Feeding a young baby solid foods (cereal, etc.) usually plays very little role in the baby sleeping through the night. It happens developmentally at the right time for most babies. It is a coincidence that we begin cereal about 4 months of age and most babies sleeping through the night at that time.

Babies should sleep in a safe crib or bassinet on a firm mattress with a soft sheet. Infants should never use a pillow. Never leave the side rails of the crib down when you are not at the bedside. Your baby may surprise you by rolling over when you think it is impossible.

Infant Medicine Cabinet

The following is a list of items to keep on hand in case you need them:

- A rectal thermometer
- Pedialyte
- A bulb syringe for the nose
- Tylenol infant drops
- Vaseline
- Alcohol swabs (for use with the umbilical cord).
- Two other over-the-counter things you may find it useful to buy ahead of time are Benadryl Allergy Syrup, and Polysporin ointment.

Signs of Illness

If you see any of the following signs or symptoms in your infant, you should contact us immediately:

- a rectal temperature above 100.3 in an infant less than 8 weeks of age,
- an infant who is lethargic (like a limp doll)
- excessively irritable
- repeated vomiting (not just spitting up)
- refusal to eat several times in a row
- difficulty or rapid breathing
- an infant who just does not look good (you will be the best judge of this).

SAFETY : Sleep Position and Sudden Infant Crib Death

There has been a major decrease in the number of SIDS (sudden infant death syndrome) since the national recommendation by the American Academy of Pediatrics in 1992 that infants should be put down to sleep on their backs. Overall, since 1992 there has been a better than 50% reduction in SIDS deaths in the USA.

The following are risk factors, among others, for SIDS:

- sleeping on the stomach (prone sleeping)
- sleeping on soft surfaces
- the mother smoking during pregnancy
- overheating
- preterm birth, and

- the parent sleeping with the infant in the same bed.

The most recent AAP recommendations, as of June 2010, include the following.

- Infants should sleep on their back.
- Side sleeping is not as safe as sleeping on the back and is not advised.
- Use a firm surface for the infant to sleep on.
- Keep soft objects and loose bedding out of the crib.
- Do not smoke during pregnancy or around your infant.
- The risk of SIDS is less when the baby sleeps near but not in the same bed as the mother.
- Using a pacifier when the infant is put down to sleep (and not reinserted once the baby falls asleep) may protect against SIDS.
- Avoid overheating (overdressing for bed and over bundling).

There may be some conditions (including gastroesophageal reflux) where we will recommend a change to these specific recommendations.

The entire AAP document on SIDS can be viewed on line at their website www.aap.org. Use the search tool to search for documents relating to SIDS.

Car Seats

California law requires:

- all children under 2 years of age shall ride in a rear-facing car seat unless the child weighs 40 or more pounds, OR is 40 or more inches tall.
- The child shall be secured in a manner that complies with the height and weight limits specified by the manufacturer of the car seat. (California Vehicle Code Section 27360.)
- Children under the age of 8 must be secured in a car seat or booster seat in the back seat. Children who are 8 years of age OR have reached 4'9" in height may be secured by a booster seat, but at a minimum must be secured by a safety belt. (California Vehicle Code Section 27363.)
- Passengers who are 16 years of age and over are subject to California's Mandatory Seat Belt law.

Cribs

- Always leave the side rails up when the baby is unattended.
- The crib should be free of cracks, splinters, and lead paint.
- The distance between the crib slats should be less than 2 3/8 inches.
- The mattress should be the same size as the crib so that arms, legs, and head

do not become caught between the mattress and the frame.

- Keep small objects out of the crib and out of the child's reach.
- Avoid low-hanging toys, strings, or mobiles. Babies can strangle on these. Also beware of pacifier strings, chains, and necklaces.
- There are smart Baby cameras that allow you to view your baby from your smartphone - An example is Miku Smart Baby Monitor with Breathing and Movement

General Tips

- Never leave a baby unattended on any surface. You cannot be sure when a child will decide to roll.
- Never leave babies alone with pets or young children.
- Never leave babies alone in the home or car, even for a moment.

The American Academy of Pediatrics strongly advises against using a walker and we agree.

Many serious injuries have happened to children using walkers. Walkers also do nothing to help a child to learn to walk and may delay crawling.

Many people will give you advice about your child. Some of this can be very useful. Many opinions on caring for children have dramatically changed as a result of scientific research over the last few years. Some older beliefs or practices are now considered unsafe. You need to do what you think is best based on a reasonable and educated judgment. Remember that you know your baby better than anyone. Think about the issue and come to an appropriate decision. We are available to you when you need us.

Day Care and Babysitters

This becomes an important decision for many two-career families. You should make a well-researched decision about child care. Please consider the following: child safety, training of the child care provider (CPR, knowledge of child development, resources for emergencies), attitudes of the care giver, references, personal convenience, and financial needs. Begin looking early for the best situation for your family. Remember to inform the care giver of your child's medical history, allergies, and any medications. Provide care givers with emergency phone numbers.

General References for Parents

Websites:

*The American Academy of Pediatrics: www.aap.org
www.WestHillsPediatrics.com will also be helpful.*

