



Pediatrics

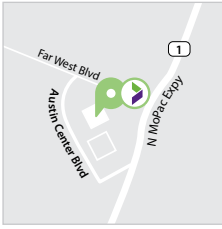
# Newborn Booklet



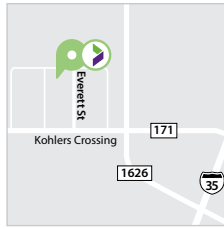
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## After Hours Care

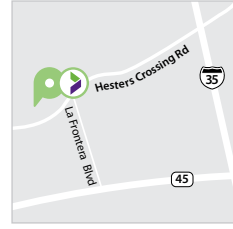
Call your ARC clinic and press "1" to book an appointment.



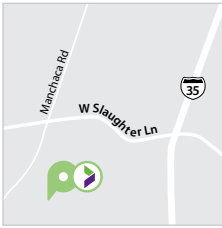
**ARC Far West**  
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**512-346-6611**



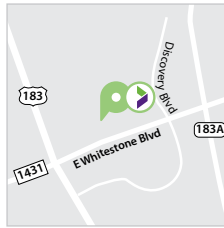
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**ARC Southwest**  
1807 W Slaughter Ln, Ste 490  
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**ARC Now Clinic**  
801 E Whitestone Blvd, Bldg B  
Ste 100 & 101  
Cedar Park, TX 78613  
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## Educational Resources on [AustinRegionalClinic.com](http://AustinRegionalClinic.com)

[AustinRegionalClinic.com](http://AustinRegionalClinic.com) has a number of educational resources that are helpful for parents. Please take some time to become familiar with the pediatric education section of our website and feel free to download information and handouts.

Search the following topics on [AustinRegionalClinic.com](http://AustinRegionalClinic.com):

- ARC Health Encyclopedia:**  
Online index of close to 1000 pediatric topics including illnesses, injuries and behavior problems.
- Pediatric Well-Check Handouts:**  
Parent handouts given at well checks.
- Pediatric Health Resources:**  
A collection of pediatric health resources for parents, including information about asthma management, concussion information and more.
- Integrative Medicine:** This is a database that provides high quality information about herbal therapies.

## Important Reminder

If you or a family member smokes, one of the best ways to protect your baby's health is to quit smoking. Smoking in the household increases respiratory illnesses, ear infections, SIDS, and may even increase cancer risk. Consider discussing smoking cessation with your family physician or by contacting the **Texas Tobacco Cessation Program**:  
**1-800-QUIT-NOW** (1-800-784-8669) | [www.quitnow.net/texas](http://www.quitnow.net/texas)

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**Poison Center Network**  
**1-800-222-1222**

# ARC Pediatric Locations



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## **ARC Bee Cave**

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**Coming Soon**

*Jennifer C. Christensen, MD*  
*Mark A. Nugent, MD*

## **ARC Buda**

3420 FM 967  
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## **ARC Cedar Park**

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**1-877-846-1244**

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## **ARC Pflugerville**

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*Shaili M. Singh, MD\**

## **ARC Quarry Lake**

4515 Seton Center Pkwy  
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Austin, TX 78759  
**512-338-8388**

*Deborah K. Countie, MD*  
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*Kym Colman, MD\**  
*Mai X. Duong, MD\**  
*James M. Goodman, MD*  
*Jack E. Horton, Jr., MD*  
*Rebecca E. Mouser, MD\**

## **ARC Wilson Parke**

11714 Wilson Parke Ave  
Ste 150  
Austin, TX 78726  
**737-247-7200**

*Brent Nick, MD*  
*Alison D. Ziari, MD\**

*\* Providers with part-time schedules.*



## ARC Family Medicine Locations

### **ARC Anderson Mill**

10401 Anderson Mill  
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**Coming Soon**

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*Russell B. Krienke, MD*  
*Robert W. Norris, MD*  
*Kenneth A. Perez, DO*  
*Marina Sanchez-Ellig, MD*

### **ARC Wilson Parke**

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Austin, TX 78726

**737-247-7200**

*Serena Hon, MD*

# Introduction to Austin Regional Clinic

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Austin Regional Clinic is a multispecialty medical group that provides a wide range of health services. Our goal is to provide the highest level of medical care possible. We encourage you to select one doctor to provide well-child care, chronic disease management and acute care; however, if your child needs to be seen and your doctor is unavailable, any one of your doctor's colleagues will be happy to treat the problem until your doctor becomes available.

## Location

We encourage you to select one clinic for your child's care. All of our clinics are open from 7:30 or 8am–5pm, Monday–Friday. **We also offer extended hours each weekday evening and on weekends (both Saturday and Sunday) for acute pediatric care at the ARC Far West, ARC Kyle, ARC Round Rock, ARC Southwest, and ARC Cedar Park Now clinic.** Our Wilson Parke office is open for all appointments until 7:00pm on Monday through Thursday.

## Appointments

New and established ARC patients can request non-urgent weekday appointments online at **AustinRegionalClinic.com**. Click on [**Make an Appointment**] and follow the directions. These requests are checked Monday through Friday. You can expect an email response within 2-4 working days. Patients enrolled in **ARC MyChart** have the option to schedule their own appointments online at **MyChartARC.com**.

## Online Access

Access your child's health information online, any time, with ARC MyChart. **With ARC MyChart you can:** view your child's test results, message your child's doctor's staff, schedule, view & cancel appointments, request prescription renewals, print immunization records, and more. Visit **MyChartARC.com** for more information.

## Phone Calls

1. **General and Pediatric Questions:** Call your clinic with questions not related to an acute illness or injury. Answers to many general pediatric questions may be found on the **ARC Health Library** location on our website **AustinRegionalClinic.com**
2. **Acute Illnesses or Injuries:** Phone triage nurses are available 24-hours a day. During business hours, call your child's doctor's office for assistance. For an After Hours appointment, call your clinic and press "1" to book an appointment.
3. **Life-Threatening Emergencies:** Please call **911**.
4. **Poisonings:** Add the Universal Poison Control Number (1-800-222-1222) to your cell phone contacts or download the app from American Association of Poison Control Centers called WebPoisonControl.

# Reading Suggestions

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All parents should keep this copy of the ARC Newborn Booklet. We also recommend that you check out the numerous resources provided on the ARC website by visiting [AustinRegionalClinic.com](http://AustinRegionalClinic.com).

## Resources on ARC Website

Some very popular resources on our website include:

1. **ARC Health Encyclopedia** (<http://bit.ly/1D5rNAP>): Online index of close to 1,000 pediatric topics
2. **Well Check Newsletters** (<http://bit.ly/pediEdWCC>): Handouts for well-check visits
3. **ARC Pediatrics Page** ([ARCspecialties.care](http://ARCspecialties.care)):  
Check out our Pediatrics page, located in the ARC list of Specialties.
4. **ARC Patient Education** (<http://bit.ly/ARCpted>)

## Additional Reading

**Heading Home With Your Newborn:  
From Birth to Reality**  
Laura A. Jana, MD and  
Jennifer Shu, MD

**Caring for Your Baby and Young  
Child, Revised Edition: Birth to Age 5**  
The American Academy of Pediatrics

**Baby 411: Clear Answers and Smart  
Advice for Your Baby's First Year**  
Ari Brown, MD and Denise Fields

**The Happiest Baby on the Block:  
The New Way to Calm Crying  
and Help Your Newborn  
Baby Sleep Longer**  
Harvey Karp, MD

**Your Baby and Child:  
From Birth to Age 5**  
Penelope Leach

**Infants and Mothers:  
Differences in Development**  
Terry Brazelton

You may also find useful information on the following list of websites:

**[healthychildren.org](http://healthychildren.org)**  
American Academy of Pediatrics  
Parenting website

**[healthychildren.org/growinghealthy](http://healthychildren.org/growinghealthy)**  
Dynamic interactive website to help  
encourage healthy habits for children  
0-5 years of age

**[vaccineinformation.org](http://vaccineinformation.org)**  
Children's Hospital of Philadelphia.  
Information on vaccines

**[cdc.gov/vaccines/parents](http://cdc.gov/vaccines/parents)**  
National Immunization Program

**[seatcheck.org](http://seatcheck.org)**  
Information about car seats

**[babybuffer.org](http://babybuffer.org)**  
Parenting website

# Newborn Screening Tests

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Newborn screening for early detection of medical disorders began in the early 1960s and has gradually been expanded and improved. Today these tests identify about 3000 newborns nation-wide each year with serious underlying medical conditions. Most of these infants are diagnosed before symptoms occur and have improved lives because of early diagnosis and treatment. In addition to blood tests, most states also screen hearing. Nationwide, at least 6000 newborns a year are diagnosed with hearing impairment by these screens.

## Required Blood Screen

The state of Texas screens all newborns for over 50 medical disorders. Prior to being sent home from the hospital, newborns have their blood drawn, placed on a special filter paper, and sent to a central state lab for testing. A second newborn screen will be done in your doctor's office at the two week check-up.

## Early Hearing Detection

Texas also has a state-wide program of universal newborn hearing screening, tracking and intervention. Your newborn will have his or her hearing tested before discharge from the hospital. If you have your baby at a birthing center, make sure to ask your physician about arranging the hearing screening. Two babies a day in Texas are diagnosed with hearing loss by these newborn hearing screens. Intervention during the first six months of life significantly improves language development in these infants. Without newborn hearing screening, hearing loss is not generally diagnosed until the second year of life.

## Screening For Critical Congenital Heart Disease



In May 2013, the Texas Legislature passed a bill that expands Texas' standard newborn screening panel to include critical congenital heart disease (CCHD) for all newborns. Babies with CCHD usually require surgery in the first month of life. CCHD can be detected by testing oxygen levels in the blood. Prior to discharge from the hospital, your

baby's oxygen level will be checked on their hand and foot. While oxygen screening helps to detect certain very serious types of congenital heart defects, it will not help diagnose all types of heart defects. Your baby's physician will screen for other types of heart disease by physical exam.



# Car Safety Seats

All children should sit properly restrained in the back seat of the car until age 13. Air bags can cause serious injury to children in the front seat.

Infants and children up to 40 pounds need to be restrained in a car safety seat with a harness.

All infants and toddlers should ride in **Rear-Facing Car Seats until they are at least 2 years of age.** Serious injuries are five times more likely to occur if your child is in a forward-facing safety seat.



## Car Safety Resources

### Safe Riders Traffic Safety Program

Safe Riders Traffic Safety Program, sponsored by the Texas Department of State Health Services, provides helpful information about child passenger safety (CPS), including links to related local and national websites.

1-800-252-8255 | [dshs.state.tx.us/saferiders](http://dshs.state.tx.us/saferiders)

### SeatCheck

SeatCheck is a national campaign to help parents properly secure their children in motor vehicles. Central to the program is a free child safety seat inspection locator service.

1-866-SEAT-CHECK | [seatcheck.org](http://seatcheck.org)

### Local Events

Attend one of the local events, sponsored by **Dell Children's Medical Center**, where trained technicians can check your child's safety seat for proper installation in your car.

[dellchildrens.net/calendar](http://dellchildrens.net/calendar)



## Cocooning Protects Babies

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**Everyone in a baby's life needs to get vaccinated against whooping cough (pertussis) and flu!** Babies less than 6 months of age are more susceptible to certain infectious diseases, like whooping cough and flu, than older children. Once parents, siblings, grandparents, friends, child-care providers, and healthcare providers are vaccinated, they will **surround your baby with a cocoon of protection against disease.**

- All children should be vaccinated on schedule with DTaP (contains whooping cough vaccine).
- All teens and adults need a one-time dose of Tdap (contains whooping cough vaccine).
- Pregnant women should receive Tdap vaccine with each pregnancy, preferably during the third trimester.
- Everyone age 6 months and older needs to receive a flu vaccine every year.

## Immunizations Protect Babies

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**Medical experts agree that the development of immunizations was one of the most significant medical advancements of the 20th century. Prior to immunizations, parents could expect that every year:**

- Polio would paralyze 10,000 children.
- Rubella (German Measles) would cause birth defects and mental retardation in as many as 20,000 newborns.
- Measles would infect as many as 4 million children, killing 3,000.
- Diphtheria would be one of the most common causes of death in school-age children.
- A bacteria called Haemophilus Influenza Type B (Hib) would cause meningitis in 15,000 children, leaving many with intellectual disability or hearing impairment.
- Pertussis (whooping cough) would kill 8,000 children, most under the age of 2 years.

Today, thanks to the development and widespread use of vaccines, the frequency of these illnesses has been vastly reduced, and in some cases almost eliminated.

**Unfortunately many parents are confused about the value and safety of vaccines due to misinformation in the media and on unmonitored and biased websites.** If you have any questions about vaccine safety, please discuss your concerns with your child's doctor. Parents who choose not to immunize their children place their children and the people around their children at risk of serious illnesses.

The physicians and staff at Austin Regional Clinic support immunizations. If you plan not to immunize your child, we prefer that you choose another practice. **Austin Regional Clinic does not accept new pediatric patients whose parents won't permit immunizations.** We do not want to place the rest of our patients at risk of contracting vaccine-preventable illnesses.

Your baby will receive a hepatitis B vaccine on the 1st or 2nd day of life. The next set of immunizations will be given at the 2 month visit.

## Media Alert

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Although your child is very young, or perhaps not yet even born, this is a good time for parents to consider the risks and benefits of mass media (television, movies, video and computer games, the internet) exposure and set family rules for media time.

Children younger than 2 years need hands-on exploration and direct social interaction with trusted caregivers to grow. Infants and toddlers cannot learn what they most need from digital media. They learn best while talking and engaging with their caregivers. We, your pediatric providers, have health concerns about use of digital media, especially when used a lot.

### Recommendations:

1. The American Academy of Pediatrics recommends that **children less than 18–24 months of age avoid all “screen time,” including phone, tablet, TV, or video viewing.** This does not include time spent talking with relatives and friends through video-chat, such as Skype or Facetime. These interactions help babies grow family connections and responsive language.
2. We encourage you to read daily with your child starting at birth, to build their language skills. Avoid using digital media as a way to calm your baby. For many of these times where waiting will be hard for your baby, reading provides a fun distraction. When you do use digital media screens, make sure to watch it with them and talk about what you are seeing.
3. For children 18–24 months, if you do want to introduce digital media, choose high-quality programming and co-view the shows or apps with your child. Your toddler learns best from you reteaching the messages discussed.
4. **Children should not have television sets in their bedrooms at any age.** Remove tablets and other portable devices from bedrooms before bed, and start now the family rule that there is no screen time in the hour before your child falls asleep.

# Breastfeeding

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**Breast milk is the optimal nutrition for your baby.** There are many health benefits of breastfeeding including reducing risks of infection, asthma, overweight, and obesity for your child. We are pleased that you have chosen to breastfeed, but we recognize that breastfeeding may be hard. You are not alone if you have difficulty. Many breastfeeding mothers feel that breastfeeding is harder at the beginning than expected, so do not be discouraged. Ask for help. Nurses, lactation consultants, and your pediatrician are available to help and support you.

## Starting to Breastfeed

When breastfeeding your baby, you should be comfortable. Hold your baby in your lap with the head slightly raised and resting on the bend of your elbow. Hold your baby comfortably close and guide your nipple into your baby's mouth. With your hand cupping your breast, gently stroke the lip nearest the breast. Your baby will turn and hunt for the nipple. This is called the rooting reflex. If they have difficulty grasping your nipple, try rolling the nipple with your finger and thumb to get the nipple more erect. If the breast seems to close off your baby's nose, position your baby so that the chin touches your breast and pull their belly close to you. Allow your baby to nurse both breasts, alternating the breast that you begin with. After 10-15 minutes your baby will take in 80-90% of the milk, although you may certainly permit them to nurse longer if desired. Try to nurse your baby every 2-3 hours, although babies are often drowsy and difficult to feed that first day or two. Do not be discouraged if every feeding does not go well. Supplementation with formula is discouraged unless there is a medical need.

## Changes Around Day Three

For the first 2-3 days your breasts produce a small amount of milk called colostrum, which is rich in protein and protective antibodies. Colostrum is all your baby needs in the beginning. Around the 3rd day the amount of breast milk and the fat content of your breast milk should increase. Your breasts may feel larger and full. If the fullness is excessive and uncomfortable, it is called engorgement. Frequent feedings can help relieve and prevent engorgement. It is a temporary problem.

Nipple pain is common during the first few weeks of breastfeeding. The pain is felt when the baby initially latches on and takes its first few sucks. Improper latch-on may contribute to nipple discomfort. Don't hesitate to see a lactation consultant if you are having nipple pain. Plain lanolin or vitamin E oil from a capsule applied directly to the nipples can also be helpful, especially if your nipples are dry and cracking.

## Frequency of Feedings

After a first day or two of often erratic nursing, most breast-fed infants will nurse 8-12 times in a 24 hour period for the first month. The American Academy of Pediatrics discourages rigid feeding schedules for breastfeeding babies. Restricted feedings, especially in very young infants,

interfere with successful lactation and have been associated with failure to thrive (poor weight gain) in infants.

Newborns have extra water and fluid stores to rely on for the first few days. Most term newborns lose at least 6-8 ounces over the first few days of life. In fact up to 10% weight loss by the 3rd day is considered normal. Around day 3 or 4 the weight loss stops and soon your baby will start gaining weight. It is helpful to know your baby's discharge weight so you can compare weight loss or gain at the 1-3 day follow-up appointment at your baby's provider's office.

## **Wet and Dirty Diapers**

The number of wet diapers can help you assess whether or not your infant is obtaining sufficient breast milk after leaving the hospital. The rule of thumb that can help you determine hydration the first week is simple. The minimum number of wet diapers the first week is the same as how many days old the baby is. In other words, a one day old should urinate at least once; a two day old should urinate at least twice; etc. On occasion the urine stain in the diaper may look orange or bright red in color. This is due to normal crystals in the urine. This should clear as your baby's feedings improve.

Your baby's first stools (meconium) are dark and tar-like for the first few days. After a few days the stools become looser and vary in color. These stools are called transition stools. By the end of the first week or before, breast-fed infants' stools are yellow, seedy, and often watery. Breast-fed infants tend to have more stools than formula fed infants. Three to five stools a day are common, and some breast-fed infants have small stools with almost every feeding for the first few weeks. Happily, most infants slow down on stool frequency around a month of age. In fact at a month of age it is normal to have a stool every few days, even for breast-fed infants.

## **Vitamin D Supplementation for Breast-fed Infants**

**The American Academy of Pediatrics recommends that vitamin D supplementation be given to breast-fed infants starting in the first month of life.** Vitamin D is needed to develop and maintain strong bones as well as help your baby's immune system.

Breast-fed infants are at risk for vitamin D deficiency and rickets (a disease of weak bones) due to the low vitamin D content of breast milk. Vitamin D is also made naturally in the body with exposure of skin to sunlight; however, infants should not have significant exposure to sunlight.

The recommended dose of vitamin D from birth to 12 months of age is 400 IU (international units). Follow the manufacturer's instructions on the bottle carefully so you can give the correct dose.

## **Diet and Breastfeeding**

While breastfeeding, eat a balanced diet using the MyPlate guidelines ([choosemyplate.gov](http://choosemyplate.gov)). A mother's breast milk is flavored by the foods she eats. These first taste experiences will influence later food preferences by your child, so having a variety of foods in your diet now will help support

your child having a healthy diet in the future. Spicy foods and foods that cause indigestion or gas may bother your baby. Eat these sorts of foods in moderation while breastfeeding. Your body needs added calcium (from milk products and dark leafy vegetables) and iron (prenatal vitamins and food sources). Never take any medication routinely (except prenatal vitamins) without letting your baby's doctor know. An occasional laxative, antihistamine, acetaminophen or ibuprofen is okay.

## **Breastfeeding and the Working Mother**

Many women return to work and continue to successfully breastfeed their babies. See the ARC Pediatric Health Encyclopedia on our website ([AustinRegionalClinic.com](http://AustinRegionalClinic.com)) for details on expressing and storing breast milk.

## **Formula Feeding**

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Seated comfortably and holding your baby, hold the bottle so that the neck of the bottle and the nipple are always filled with formula. This helps your baby to get the formula instead of sucking air. Air in his stomach may give him a false sense of being full and may also make him uncomfortable. If your baby has trouble sucking, make sure the nipple hole is big enough.

**Do not prop the bottle and leave the baby to feed himself.** The bottle can easily slip into the wrong position so that he sucks air or he may choke. Propping the bottle is also associated with ear infections. Remember that your infant needs the security and pleasure of being held at feeding time.

## **Preparing the Formula**

Infant formulas are available as Ready-To-Use, concentrate, or powder. Ready-To-Use is the most convenient and most expensive. If you use concentrated liquid formula, you will mix one can of concentrate (13 oz) with one can of water (13 oz). The Centers for Disease Control has recently found there is more bacterial contamination in powdered formulas compared to liquid formulas. We recommend the two liquid forms of formula while your child is youngest and most at risk of blood infections from rare bacteria. No matter which formula you use, be sure to wash your hands with soap and water before preparing your baby's bottles. Be sure to clean nipples and bottles well with hot, soapy water or in a dishwasher with a plastic cage that allows the nipples to be washed on the top rack. We recommend sterilizing your bottles after washing to remove any remaining bacteria. After preparing the formula, you may warm it. However if you wish, you may use cold or room temperature milk. It all depends on what your infant gets used to. Test the temperature of the formula by shaking a few drops on the inside of your wrist. Do not use microwave oven for warming the formula. The milk heats unevenly, which may burn the baby.

Keep prepared formula for no longer than 2 hours at room temperature. If you mix more than you need of formula and you keep it in a separate

container that your baby did not drink from, then refrigerate that. Use any mixed formula within 24 hours of making it.

As mentioned above, the powdered formula is not free from bacteria, so there are extra steps you need to do to keep your baby safe. When you are ready to make a bottle, wash your hands with soap and water. Make sure to use clean and sterilized bottles as discussed above. Keep the powdered formula lids and scoops clean. Close the formula can and the water container you are using as soon as possible. For powdered formulas only, we recommend that you mix the powder with either boiling water or water that is heated to 160 degrees F. When you mix the powder with this hot water, then any possible bacteria will be killed by the temperature of the water. Also, when mixing the powder into the water, shake it rather than stir it. You'll use the recipe: one scoop of powder mixed with 2 oz of water. After mixing the powder and the heated water, cool the formula before using in a larger cup of ice water (making sure the cooling water does not touch the nipple or get into the bottle). Shake it well after cooling and then test it on your wrist before giving it to your baby. If your baby's mouth has touched the bottle, then throw it out within the hour.

## **How Much Formula and How Often**

In the first 24 hours most formula fed infants feed about every 3 to 4 hours and will only take ½ to 1 oz of formula per feeding on average. In fact most babies lose a few ounces over the first couple of days of life. Then over the next few days your baby's appetite will increase, and by the end of the first week most babies are taking about 3 oz of formula per feeding and are gaining weight rapidly.

By the end of the first week most formula fed babies feed less often than breast-fed infants. Your formula fed infant will need 6 to 8 feedings per day for the first month. Feeding schedules are best decided on using your baby's hunger cues as guidance. The amount of formula per feeding varies somewhat between babies. A good rule of thumb for the average amount of formula per feeding is to take the age in months and add 3; the result will be average number of ounces per feeding for a term baby that age. For example, the average 2 week old would take ~ 3 ½ oz per feeding and a 2-month-old would take ~ 5 oz per feeding. This rule of thumb does not work for the first few days of life or after about 4 months of age.

## **Wet and Dirty Diapers**

It is normal to urinate only once or twice on the first day, but as your baby's appetite increases the number of wet diapers should increase also. Most formula fed babies are wetting 3 to 5 or more times a day by day 3 of life.

Your baby's stools (meconium) will be dark and tar-like for first 2 to 3 days. After a few days the stools start to change color and by the end of the first week most formula fed infants have yellow, somewhat pasty, but slightly loose stools. Three to five stools a day are common. Many infants slow down on stool frequency around a month of age. In fact, at a month of age, it is normal for babies to have a stool every few days.

## Crying

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All babies cry each day. Crying is your baby's way of saying "I'm hungry," "I have a bellyache," "I'm wet or dirty," "I'm hot," or "pick me up, I'm bored." And sometimes babies cry for no apparent reason or to get rid of excess energy. Pay attention to your baby's cries. You will soon learn what your baby's cries mean. Take a deep breath if you feel yourself getting frustrated or mad. These feelings are normal. Call a friend or relative to talk to about it. If you think your baby is crying more than normal; call your baby's doctor and have your baby seen.

## Sneezing, Hiccups, Eye Crossing

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All newborns sneeze. Sneezing at this early age does not mean allergies. Sneezing is the only way a baby can clear his nose of mucus, lint, or milk.

All babies hiccup. Hiccups are normal and usually go away within 5–10 minutes.

Many newborns briefly cross their eyes. This is normal in the first month or two, but should resolve by 2 months of age. If eye crossing continues to be noticed after 2 months of age, let your baby's doctor know.

## Pacifiers

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Babies have a need to suck in addition to what is needed for feeding or nutrition. This need to suck for self-comfort is referred to as non-nutritive sucking. Pacifiers help satisfy this need in many babies. Recent research also indicates an association between pacifiers use and a reduced risk of Sudden Infant Death Syndrome (SIDS).

The American Academy of Pediatrics now recommends pacifier use at naptime and bedtime throughout the first year. A pacifier should be offered when placing the infant down for sleep, but should not be reinserted when the infant falls asleep and the pacifier falls out of the mouth. However, it is recommended that pacifier introduction for breast-fed infants be delayed until one month of age to ensure that breastfeeding is well established. In addition, if the infant refuses a pacifier, it should not be forced.





## Burping

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Burping your baby helps remove swallowed air and decreases spitting up. There are several different possible burping positions for your baby, such as over your shoulder, across your lap, or even seated leaning forward on your lap. Once your baby is in a comfortable burping position, simply pat or rub his back gently until you hear the burp. Burping two times a feeding for a minute or two is generally plenty. More burping may be needed if your baby is a “spitter.” Some babies do not swallow much air during feedings and may need very little burping.

## Bathing and Other Basics

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### Bathing

Most infants need a bath only 2-3 times a week. Withhold regular tub baths until the cord has dried up and fallen off. Until then sponge bathe and keep the cord dry. The face, neck, and diaper area may need daily cleaning. Use mainly water for the first few weeks. Soaps are very drying to newborn’s skin. Mild soaps can be used in small amounts as needed. Use soap daily to clean the diaper area. If your baby’s skin seems excessively dry, feel free to use an unscented moisturizer. You may shampoo your baby’s hair with a baby shampoo or liquid baby soap. Use a soft brush to scrub the scalp.

### Nails

Keep nails clean and short. You may use an emery board to file the nails or you may cut the nails with scissors or clippers. If you cut the nails have someone help you. One of you holds the baby and the hand or foot, while the other clips the nails.

### Umbilical Cord Care

Care of the umbilical cord is important since umbilical cords can be a source of serious infection. Keep the cord dry and exposed to air or covered loosely with clean clothing, with the diaper folded below the umbilical cord. If the cord becomes soiled with urine or feces, then cleansing the cord with water is believed to be adequate, although some pediatricians prefer cleaning the cord with alcohol rather than water. Most cords fall off within 2–3 weeks. A small amount of bleeding before and after the cord falls off is normal. If the cord looks dirty or smells foul, clean it with water or alcohol and dry it well. If the foul smell persists or the surrounding skin is red the your baby needs to be checked by a medical provider. Once the cord falls off, your baby may begin to have tub baths.

### Vaginal Mucus

Little girls may have white mucus in their vagina with occasional streaks or blobs of blood during the first few weeks of life. This is caused by hormone changes following birth. Simply wipe away front to back while cleaning and bathing. The mucus may take a month to resolve completely.

## **Circumcision**

Circumcision is an elective surgical procedure to remove penile foreskin. While the American Academy of Pediatrics does not believe that the health benefits of routine newborn circumcision are great enough to recommend circumcision for all male newborns, evaluation of the current evidence indicates that the health benefits of newborn circumcision outweighs the risks and that the procedure's benefits justify access to the procedure for families who choose it. Specific benefits of circumcision include prevention of urinary tract infections, penile cancer, and transmission of some sexually transmitted infections, like HIV. Complications from the procedure are infrequent and generally minor; severe complications are rare.

When parents make decisions about circumcision, medical information needs to be considered in the context of the family's religious, ethical, and cultural beliefs and practices. Don't hesitate to ask questions of your child's physician as you make this decision.

If your baby boy has been circumcised your doctor will give you specific care instructions depending on the type of circumcision performed.

## **Uncircumcised Baby Boys**

Clean the outside of the uncircumcised penis as you would any other part of the baby's body. The foreskin of the uncircumcised penis is normally attached to the tip of the penis in layers of tissue. As the baby grows, the skin will eventually separate and allow the foreskin to slide back naturally. You should never try to force the skin back as this could cause bleeding and possible infections. In some boys, the skin retracts by one year of age; in others, full foreskin retraction may occur as late as adolescence. As long as your baby can urinate normally, you should not be too concerned about whether the foreskin retracts yet.

## **Care of Diaper Area**

Change your baby's diaper as soon as possible after each bowel movement or urination and keep baby's bottom as dry as possible. If your baby's diaper area gets sore and red easily, rinse all urine off with water at each diaper change, pat dry and apply a barrier diaper ointment or cream.

## **The Home Environment**

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### **Room Temperature**

Room temperature should be kept fairly stable. After the first few days, your infant's temperature control is just as effective as your own, so you may keep the room as cool or as warm as you like. If it is warm in your house and you're walking around in light clothing, then all your infant needs is a diaper and a shirt. If you would be uncomfortable, then your baby probably would be also. It is normal for babies' hands and feet to feel slightly cool and be splotchy colored. If you are concerned about your baby's temperature, take his temperature with a thermometer rectally (see Signs of Illness on the next page).

## Friends and Relatives

Friends and relatives will want to hold and hug your baby. Anyone who is ill, even with minor illnesses, should stay away from your newborn. Have each person wash their hands before holding the baby. Don't take your baby shopping or around large groups of people for at least the first two months. You may blame this policy on your baby's doctor to avoid hurt feelings.

## Smoking

If you or another family member is a smoker, one of the best ways to protect your newborn's health is to quit smoking. Smoking in the household increases the number of your baby's respiratory illnesses and ear infections, your baby's chance of dying from SIDS (crib death), and may even increase your baby's long-term cancer risk. We encourage you to discuss smoking cessation with your family practice doctor or call the Texas Tobacco Quit Line 1-800-QUIT-NOW or 1-800-784-8669.

## Signs of Illness in a Newborn

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Sometimes, it is difficult to tell when a newborn is really ill. THE FOLLOWING SIGNS AND SYMPTOMS SHOULD BE REPORTED AS SOON AS POSSIBLE IN AN INFANT LESS THAN 3 MONTHS OF AGE:

- A rectal temperature of 100.4°F (38.0°C) or higher
- Vomiting (not just spitting up) or refusal to feed
- Listlessness

## Fluoride

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Fluoride supplementation starting at 6 months of age until about age 13 years reduces cavities by about half. Austin and many surrounding communities have the proper amount of fluoride added to city water. However, if you live in San Marcos or you drink well water, you should discuss this with your doctor.

# Sudden Infant Death Syndrome (SIDS)

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SIDS is the leading cause of death in infants older than one month of age. SIDS is most common in babies 2-3 months of age and is less common after six months of age. **Highlights from the American Academy of Pediatrics recommendations:**

1. **Back to Sleep: Placing your baby to sleep on his back is the most effective way to prevent SIDS.** Since the “Back to Sleep” campaign began in 1992, the incidence of SIDS has decreased by over 50%. All newborns, full term and premature, should be placed on their backs to sleep as soon as possible after birth. Side sleeping is not safe and not recommended. **Babies who sleep on their backs are less likely to vomit and choke than babies who sleep on their stomachs.** Only once your baby can roll back to belly and belly to back (at 5-6 months of age) is he or she allowed to remain in the sleep position that he or she assumes.
2. **Infants should sleep in a safety-approved crib, portable crib, play yard, or bassinet.** Car seats and other sitting devices are not recommended for routine sleep. Also wedges and positional products that claim to keep your baby on their back are not recommended.
3. **Bumper pads are not recommended.** Bumper pads have been shown to increase the likelihood of suffocation, strangulation from the bumper ties, and becoming entrapped between the mattress and the bumper pads.
4. **Room-sharing WITHOUT bed-sharing is recommended.** Devices promoted to make bed-sharing “safe” are NOT recommended. It is recommended that infants sleep in the parents’ room but on a separate sleep surface. Infants may be brought into the bed for feeding or comfort, but should be returned to their own crib or bassinet when the parent is ready to return to sleep.
5. **Provide separate sleep areas and avoid co-bedding for twin and other multiples.**
6. **Avoid pillows, quilts, comforters, sheepskins, stuffed toys and other soft objects in the infants sleep area.** These items increase the risk of your baby suffocating.
7. **Smoking: Any smoking in a baby’s environment, but especially smoking by an infant’s mother, increases the risk of SIDS.**
8. **Breastfeeding helps protect against SIDS.**
9. **Consider offering a pacifier at bed and nap times. Pacifier use has been found to protect infants from SIDS.** It is recommended that infants be put to sleep with a pacifier, beginning at 1 month of age. It should not be forced if the infant refuses or be reinserted once the infant is asleep.
10. **Do not let your baby get too hot.** Keep the room where your baby sleeps a comfortable temperature. In general dress your baby in no more than one extra layer than what you would wear.

## Tummy Time: Back to Sleep, Tummy to Play

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Now that babies are sleeping on their backs, the incidence of SIDS is going down, but the frequency of head-shape and neck mobility problems is going up. Some experts say that close to 10 percent of all babies now have some flattening on the back or side of the head and/or neck mobility problems due to spending a prolonged amount of time lying on their backs. Having your baby spend time every day lying on her tummy is the best way to prevent or treat these head and neck problems. Tummy time will also help strengthen your baby's neck and back muscles and help develop skills needed for rolling over, sitting and crawling. By two weeks of age, tummy time should be an important part of your baby's daily routine, starting with just a few minutes at a time, 2-3 times a day.

**Here are a few tummy time tips:**

1. Place your baby on a firm but comfortable surface, like a blanket or quilt on the floor. Tummy time must always be supervised. Placing your hand on the baby's bottom may help shift weight from the upper body.
2. If your baby is still unable to lift her head, place a rolled towel or small pillow under the chest and armpits, with her arms out in front.
3. You may need to lie or sit in front of your baby and entertain her so that she learns to enjoy tummy time.
4. Gradually increase tummy time as your baby gets stronger and more comfortable with being on her stomach. Thirty to sixty minutes a day of tummy time will prevent most head flattening and neck mobility problems, although it may take a couple of months to increase tummy time to this duration.



# Well Child Checks and Immunizations Schedule

## Immunization Schedule

The keystone to pediatric care is preventive medicine. During each checkup, your child will receive a complete physical examination, growth measurements, necessary immunizations and/or screening tests appropriate for age. Your provider will also discuss nutrition and development with you. Please feel free to ask questions during these visits. Many parents bring a list.

The ARC well visit and immunization schedule, based on AAP guidelines, is listed over the next few pages.

Key:	
<b>DTaP</b>	Diphtheria, Tetanus, acellular Pertussis
<b>Tdap</b>	Tetanus, diphtheria (reduced amount), acellular pertussis (reduced amount) for ages 11 years and older.
<b>Hib</b>	Hemophilus influenza type b
<b>IPV</b>	Inactivated Polio Vaccine (not a live vaccine)
<b>Hep B</b>	Hepatitis type B
<b>Rotavirus</b>	Rotavirus
<b>MMR</b>	Measles, Mumps, Rubella
<b>Var</b>	Varivax (vaccine for varicella or "chicken pox")
<b>PCV</b>	Pneumococcal Conjugate Vaccine
<b>Hep A</b>	Hepatitis type A
<b>MCV</b>	Meningococcal Conjugate Vaccine
<b>HPV</b>	Human Papilloma Virus
<b>Flu</b>	Influenza
<b>MenB</b>	Meningococcal, strain B Vaccine

## ARC's Immunization and Well Visit Schedule

Some of these vaccines are given in combination forms.

<b>First day</b>	Hep B
<b>3-5 days</b>	hospital discharge follow-up at doctor's office
<b>2 weeks</b>	newborn screen (blood test)
<b>2 months</b>	DTaP, Hep B, Hib, IPV, PCV, Rotavirus
<b>4 months</b>	DTaP, Hib, IPV, PCV, Rotavirus
<b>6 months</b>	DTaP, Hep B, Hib***, IPV, PCV, Rotavirus*, (Flu**)
<b>9 months</b>	well child check, (Flu**)
<b>12 months</b>	Anemia test, MMR, Var, Hep A, (Flu**)
<b>15 months</b>	DTaP, Hib, PCV, (Flu**)
<b>18 months</b>	Hep A, (Flu**)
<b>2 years</b>	well child check, (Flu**)
<b>2 ½ years</b>	well child check, (Flu**)
<b>3 years</b>	well child check, (Flu**)
<b>4 years</b>	DTaP, IPV, MMR, Var, (Flu**)
<b>5-10 years</b>	well child check is recommended every year during the grade school years, (Flu**)
<b>11 years</b>	Tdap, MCV, HPV****, (Flu**)
<b>12-15 years</b>	well check annually, catch-up vaccines if needed, (Flu**)
<b>16-18 years</b>	2nd MCV dose given at 16 years old, (Flu**) Meningococcal B vaccine may be recommended between 16-18 years old *****

*\*Depending on manufacturer, a third Rotavirus vaccine might be required.*

*\*\*Flu vaccine is recommended every year for children 6 months and older.*

*\*\*\*Depending on manufacturer, a third Hemophilus influenzae type B vaccine might be required.*

*\*\*\*\*HPV is a series of 2-3 vaccines.*

*\*\*\*\*\*Meningococcal B vaccine is a series of 2-3 shots, depending on manufacturer.*

## ImmTrac

ImmTrac, the Texas Immunization registry, is a free service offered by the Department of State Health Services (DSHS). ImmTrac is a secure and confidential registry available to all Texans. ImmTrac safely consolidates and stores immunization information electronically in one centralized system. ImmTrac will keep an electronic immunization record on your child. Providers authorized to use ImmTrac can see what immunizations your child has already had, even if they were given in another city or county, and ImmTrac provides your physician a valuable record of your child's immunization should you ever lose their immunization record.

Texas law requires written consent for ImmTrac participation and limits access to the Registry to only those individuals who have been authorized by law. **You will be asked to register your baby for ImmTrac as part of birth certificate registration. Please sign up for ImmTrac while in the hospital.**

## Immunizations

Information about each immunization will be provided at the time of your child's appointment. If you would like to read about to each vaccine before the appointment, you may look at the CDC website,

- [cdc.gov/vaccines/parents](https://www.cdc.gov/vaccines/parents)

Other educational websites you may also look at include:

- [AustinRegionalClinic.com](https://www.austinregionalclinic.com)
- [vaccineinformation.org](https://www.vaccineinformation.org)

## Other Recommended Screens at Checkups

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### Newborn Screen

The State of Texas mandates newborn screen tests for over 50 disorders at 2 weeks. Please see page 6 for more details about newborn screening.

### Anemia

12 months of age, 2 years of age for some high risk patients, adolescent females who have menses.

### Lead

As needed for children who are at risk for lead exposure starting at 6 months of age.

### TB (Tuberculosis) Screen

Starting at 12 months, for children at risk of TB exposure.

### Maternal Health Screen

A mother's health is very important for the health of her new baby. We will be screening for maternal depression at some of the checkups in the first 6 months of life.



# Fever

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**Fever means the body temperature is above normal.**

- Your child has a fever if: Rectal temperature is 100.4° F (38° C)
- Oral temperature is over 99.5° F (37.5° C)
- Axillary (armpit) temperature is over 99.0° F (37.2° C)
- Ear (tympanic) temperature is over 100.4° F (38° C) if using rectal setting; 99.5° F (37.5° C) if using oral setting

A rectal thermometer is necessary to take your newborn's temperature. Digital thermometers are easy to read and are preferred by most parents. Tympanic (ear) thermometers are easy to read but are not accurate for your baby.

If your infant is less than 3 months old and they have a temperature of 100.4 degrees Fahrenheit or more taken rectally, call our clinic right away. This can be an emergency.

**Do not use aspirin to control your child's fever.** Due to the link between aspirin use during a viral illness and later development of Reye's syndrome (an often fatal neurological condition), aspirin is no longer recommended for children. We also do not recommend ibuprofen to control your child's fever in those less than 6 months old.



# Acetaminophen Dosage for Children up to 35 lbs

Acetaminophen works well to reduce fever and may be given every 4 hours, but you can only give 5 doses per 24 hours. Acetaminophen is available as Infants' Suspension Liquid (160mg/5ml) or Children's Suspension Liquid (160mg/5ml). Five ml is equal to a teaspoon. The only difference between the infants' suspension and the children's suspension is the infant suspension comes with a dosing syringe and the children's suspension comes with a dosing cup.

## Acetaminophen (Tylenol) Dosage Chart

	Infants' Suspension Liquids 160mg/5ml	Children's Suspension Liquid 160mg/5ml
Dosing Device	5 ml syringe	dose cup
Weight	Use only the syringe provided	Use only the dosing cup provided
6-11 lbs	1.25 ml	
12-17 lbs	2.5 ml	½ tsp (2.5 ml)
18-23 lbs	3.75 ml	¾ tsp (3.75 ml)
24-35 lbs	5.0 ml	1 tsp (5 ml)

## Ibuprofen Dosage for Children up to 35 lbs

Ibuprofen is not recommended for infants less than 6 months of age.

Ibuprofen is also available for fever control and is dosed every 6 to 8 hours. Ibuprofen works longer than acetaminophen but can be irritating to your child's stomach if he is not eating well. For children 6 months to 2 years of age ibuprofen is available as Infants' Drops (50mg/1.25ml) or Children's Suspension (100mg/5ml). **Notice that the Infants' Drops and the Children's Suspension are completely different concentrations.** Use the dosing device provided by the manufacturer to make sure that you are giving the correct dose to your baby.

## Ibuprofen (Advil or Motrin) Dosage Chart

Weight	Infants' Concentrated Drops 50mg/1.25ml	Children's Suspension 100mg/5ml
Dosing Device	1.875 ml syringe	Dose Cup
12-17 lbs	1.25 mL	½ tsp (2.5 ml)
18-23 lbs	1.875 mL	¾ tsp (3.75 ml)
24-35 lbs		1 tsp (5 ml)



# AFTER HOURS *care*

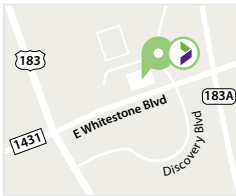
Our doctors are here for you  
nights, weekends and holidays\*

Mon-Fri: 5pm-9pm  
Sat & Sun: 8am-5pm

[ARCCare.com](https://www.arccare.com)

or call any clinic & press "1"

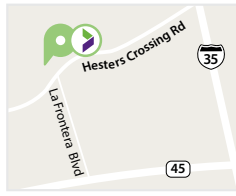
\*Daytime hours also available at after hours locations.



## ARC NOW CLINIC

801 E Whitestone Blvd  
Building B, Suite 101  
Cedar Park, TX 78613

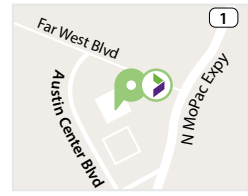
**512-259-3467**



## ARC ROUND ROCK

940 Hesters Crossing Rd  
Round Rock, TX 78681

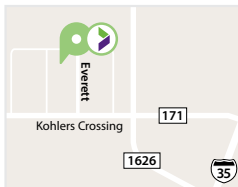
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## ARC FAR WEST

6835 Austin Center Blvd  
Austin, TX 78731

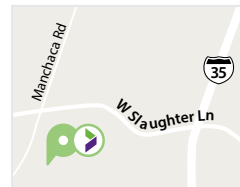
**512-346-6611**



## ARC KYLE PLUM CREEK

4100 Everett, #400  
Kyle, TX 78640

**512-295-1333**



## ARC SOUTHWEST

1807 W Slaughter Ln, #490  
Austin, TX 78748

**512-282-8967**