

OWNERS' MANUAL

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ROUTINE VISIT SCHEDULE:

2-3 DAYS AFTER D/C	ROUTINE – ALL PATIENTS
ONE MONTH	ROUTINE – ALL PATIENTS
TWO MONTHS	PEDIARIX, HIB, PREVNAR, ROTARIX
FOUR MONTHS	PEDIARIX, HIB, PREVNAR, ROTARIX
SIX MONTHS	PEDIARIX, HIB, PREVNAR (MUST BE AFTER 6 MONTH BIRTHDAY)
NINE MONTHS	ROUTINE
TWELVE MONTHS	PREVNAR, VARIVAX, LEAD, CBC (MUST BE AFTER 1ST BIRTHDAY)
FIFTEEN MONTHS	HIB, MMR, HEP A
EIGHTEEN MONTHS	DTAP, MCHAT TEST
TWENTY-FOUR MONTHS	HEP A, CBC, LEAD, MCHAT TEST
THIRTY MONTH	ROUTINE
THREE YEARS	VISION SCREENING
FOUR YEARS	KINRIX (MUST BE AFTER 4TH BIRTHDAY), HEARING AND VISION
FIVE YEARS	MMR, VARIVAX, HEARING, VISION
SIX YEARS	ROUTINE – VISION, HEARING
SEVEN YEARS	ROUTINE – VISION
EIGHT YEARS	ROUTINE – VISION, HEARING
NINE YEARS	ROUTINE – VISION
TEN YEARS	VISION, HEARING
ELEVEN YEARS	BOOSTRIX, MENACTRA, VISION
TWELVE YEARS	VISION
THIRTEEN YEARS	VISION
FOURTEEN YEARS	CERVARIX (FEMALES ONLY), ROUTINE, VISION
FIFTEEN – TWENTY THREE YEARS	ROUTINE ANNUALLY, VISION (FIFTEEN – EIGHTEEN YEARS), DTAP IF DT GIVEN > 2 YEARS
AGO	

*Enjoy this new member of your family.
Time, patience and love bring many rewards!*

Dear Parents,

Congratulations. Whether you are a parent for the first time or are experienced, your baby is the greatest gift you will ever receive. You will experience many feelings from excitement and joy to confusion and of being overwhelmed.

But most importantly, you will develop a bond that is intensely personal and which will last a lifetime.

We, the physicians and staff of the Somerset Pediatric Group are honored that you have chosen us to help you care for your child. It is our desire to help you care for your baby and ease your burden in times of need.

But, first things first. The following pages are offered as a guide to make your first days and weeks easier. Certainly we welcome your questions.

It is time to begin.

APPEARANCE: THERE ARE MANY MARKS AND BUMPS TO BE SEEN ON NEWBORNS. AMONG THE MOST COMMON MARKS ARE PATCHES OF TINY BLOOD VESSELS WHICH APPEAR AS A RED STAIN SEEN IN SUCH PLACES AS UNDER THE HAIR AT THE NAPE OF THE NECK, ON THE FOREHEAD BETWEEN THE EYES, ON THE EYELIDS OR SOMETIMES ON THE NOSE NEAR THE NOSTRILS. COMMONLY CALLED A "STORK BITE" IN THE BACK AND "ANGEL'S KISS" IN THE FRONT, THEY ARE TECHNICALLY KNOWN AS A SALMON PATCH, AN OIGNEVUS FLAMMEUS. THEY ALWAYS FADE, NEVER GROW ANY LARGER AND NEVER CAUSE ANY PROBLEMS. THE INFANTS, PARTICULARLY PREMATURE INFANTS, DEVELOP ONE OR MORE BRIGHT RED, OFTEN RAISED, HEMANGIOMAS ON MOST ANY PART OF THE BODY. THESE "STRAWBERRY" HEMANGIOMAS MAY SOMETIMES BE SPOTTED AT BIRTH AS A SMALL WHITE AREA. THESE BECOME RED AND RAISED A FEW WEEKS LATER. THE STRAWBERRY GROWS LARGER FOR APPROXIMATELY SIX MONTHS, THEN REGRESSES VERY SLOWLY AND IS USUALLY GONE OR FADED TO AN INSIGNIFICANT LITTLE MARK BY AGE FIVE YEARS. MOST ARE LEFT TO NATURE. TREATMENT IS APPROPRIATE ONLY FOR A FEW THAT ARE UNUSUALLY LARGE OR STRATEGICALLY LOCATED. A BLUE NEVUS OR MONGOLIAN SPOT IS A DARK PATCH MOST COMMONLY SEEN ON THE BUTTOCKS AND LOWER BACK, OCCASIONALLY ON THE SHOULDERS. THESE ALSO FADE OR VANISH ENTIRELY BUT MAY TAKE YEARS TO DO SO. THE ELONGATION OF THE SKULL, RELATED TO LABOR, WILL BE VISIBLY IMPROVED IN ONLY A FEW DAYS AND WILL DISAPPEAR ENTIRELY IN A FEW WEEKS. A CEPHALOHEMATOMA IS A SWELLING UNDER THE SCALP AND OUTSIDE THE BONES WHICH USUALLY DOES NOT HAVE ANY MEDICAL SIGNIFICANCE OR ANY IMPLICATIONS FOR THE BABY. THE SWELLING FIRST HARDENS AROUND THE EDGES AND IS THEN ABSORBED OVER A PERIOD OF MONTHS AS THE HEAD GROWS LARGER.

NURSING: BREAST FEEDING

IS NOTHING NEW TO THE WORLD. IT HASN'T REALLY CHANGED IN ALL THESE YEARS. YET NOT ALL MOTHERS NOR INFANTS HIT IT OFF IMMEDIATELY. ONLY SMALL AMOUNTS OF COLOSTRUM ARE PRODUCED IN THE FIRST TWO TO THREE DAYS. IT IS NATURE'S WONDERFUL DESIGN THAT THE INFANT IS NOT BORN HUNGRY AND THAT HIS OR HER APPETITE ALSO

DEVELOPS IN APPROXIMATELY THREE TO FOUR DAYS. IT IS COMMON FOR BABIES TO BE VERY SLEEPY IN THOSE FIRST DAYS AND TO APPROACH EATING WITH VARYING INTEREST. SOME REALLY LOOK SICK TO THEIR STOMACH, SOME JUST GAG AND SOME THROW UP MUCUS. THE BABY WHO IS AGGRESSIVE AND HAS AN IMMEDIATE INTEREST IN EATING CAN CAUSE SORE NIPPLES, THE "PROCRUSTINATORS", "EXCITED INEFFECTIVE" AND "RESTER" ALL MAKES MOTHERS WORRY THAT IT WILL NEVER WORK. THIS JUDGMENT IS PREMATURE IN EACH CASE. A LITTLE PATIENCE AND EFFORT WILL USUALLY CONQUER ALL. WE WILL CONTINUE TO OFFER THE BREAST FEEDING MOTHER ENCOURAGEMENT, SUPPORT AND EXPERT ADVICE BY TELEPHONE OR IN THE OFFICE. YOU MAY CALL DURING OFFICE HOURS FOR OUR HELP AT THIS TIME. MOTTO: BE PATIENT, BE CALM, BE COMMITTED! THERE ARE ALSO SPECIAL SUPPORT GROUPS AVAILABLE.

FORMULA: THE MANY WELL-KNOWN INFANT FORMULAS ARE EQUALLY NOURISHING AND HEALTHY FOR THE AVERAGE BABY. THEY COME AS READY TO FEED, CONCENTRATE AND IN POWDER FORM. ALL FORMULAS CONTAIN IRON. TAP WATER IN MANY COMMUNITIES SUPPLIES THE BABIES WITH FLUORIDE FOR HEALTHIER TEETH. THERE IS NO NEED TO BOIL THE WATER IF IT COMES FROM A RELIABLE SOURCE. WE HAVE NO FAVORITE. ONCE YOU ARE HOME, YOU ARE CERTAINLY FREE TO CHOOSE ANY ONE OF THE STANDARD FORMULAS.

MINERALS: FLUORIDE HELPS PREVENT CAVITIES. BREAST FED BABIES DO NOT GET THE BENEFIT OF THE FLUORIDE THAT THEIR MOTHERS DRINK. PLEASE CHECK WITH YOUR PUBLIC WATER COMPANY TO SEE IF YOUR WATER CONTAINS FLUORIDE. BREAST MILK'S ONLY OTHER IMPERFECTION IS AN UNRELIABLE OR INADEQUATE AMOUNT OF SOME VITAMINS. PLEASE PURCHASE OVER-THE-COUNTER ACD VITAMIN DROPS. AT SIX MONTHS OF AGE, THOSE BABIES WHO ARE ENTIRELY OR PREDOMINATELY BREAST FED WILL RECEIVE PRESCRIPTION VITAMIN DROPS WITH FLUORIDE SUPPLEMENT. FORMULA FED BABIES HAVE ALL THEIR VITAMINS IN THE FORMULA AND ONLY NEED A FLUORIDE SUPPLEMENT IF IT IS NOT IN THE WATER. WE RECOMMEND THAT ALL INFANTS REMAIN ON BREAST AND/OR FORMULA UNTIL ONE YEAR OF AGE. ALL INFANTS NEED IRON. IT IS ESSENTIAL FOR NORMAL GROWTH AND THE AVOIDANCE OF ANEMIA. BREAST MILK AND IRON FORTIFIED FORMULAS BOTH DO AN EQUALLY GOOD JOB SUPPLYING THOSE NEEDS FOR THE FIRST SIX MONTHS. AFTER THAT AGE ADDITIONAL FOOD SOURCES OF IRON ARE ALSO NEEDED.

BURPING: BURPING IS A VERY OVER RATED ITEM. THE ONLY REASON WE LIMIT THE BOTTLE FEEDER IN THE FIRST THREE DAYS IS THAT OVEREATING USUALLY ENDS UP WITH VOMITING. SO AFTER A FEW DAYS, WHEN THE SORE NIPPLE PHASE PASSES, BOTH BREAST AND BOTTLE BABIES CAN BE TRUSTED TO STOP WHEN THEY ARE FULL AND NEED TO BURP. IF YOU POP THE NIPPLE OUT OF THE INFANT'S MOUTH EVERY FIVE MINUTES OR AFTER EVERY OUNCE, YOU WILL SOON HAVE A FRUSTRATED, DISCOURAGED EATER. DURING AND AFTER BREASTFEEDING OR BOTTLE FEEDING, BURP YOUR BABY. BURPING HELPS REMOVE SWALLOWED AIR. TO BURP, HOLD THE BABY SO HE OR SHE CAN LOOK OVER YOUR SHOULDER. BE SURE TO SUPPORT THE BABY'S HEAD AND BACK. ANOTHER WAY IS TO LAY THE BABY ACROSS YOUR LAP ON HIS OR HER STOMACH, OR YOU CAN SIT THE BABY ON YOUR LAP, LEANING SLIGHTLY FORWARD WITH YOUR HAND SUPPORTING THE CHEST. GENTLY PAT THE BABY'S BACK UNTIL YOU HEAR A BURP. SOMETIMES A BABY WILL NOT BE ABLE TO BURP, SO DON'T TRY TO FORCE A BURP. DON'T BE ALARMED IF YOUR BABY SPITS UP A FEW DROPS WHEN BEING BURPED.

BREAST OR BOTTLE FED BABIES SHOULD BE FED PRETTY MUCH ON DEMAND AT THE BEGINNING. THE BREAST MILK SUPPLY IS STIMULATED BY SHORT BUT FREQUENT FEEDINGS RATHER THAN LONGER LASTING ONES. LET'S BE PRACTICAL, THE ALTERNATIVE IS A LOT OF CRYING AND THAT DOESN'T DO EITHER THE PARENTS OR THE BABY ANY GOOD. AS THE WEEKS GO BY, MOST OF THE INFANTS BEGIN TO FIND A SCHEDULE OF THEIR OWN. WE WOULD EXPECT THAT BY A MONTH OF AGE ANY FULLTERM INFANT SHOULD BE ON A LOOSE

SCHEDULE IN WHICH HE OR SHE IS BEING FED EVERY THREE TO FIVE HOURS. THIS IS COUNTING FROM THE BEGINNING OF ONE FEEDING TO THE BEGINNING OF THE NEXT. WATER DOES NOT NEED TO BE GIVEN AS PART OF THE DAY'S ROUTINE. UNDER ORDINARY CIRCUMSTANCES THERE IS PLENTY OF WATER IN THE BREAST MILK OR FORMULA.

FEEDING SOLIDS: YEARS AGO INFANTS

WERE FED CEREAL AND OTHER SOLIDS VERY EARLY IN LIFE. INFANTS CANNOT DIGEST STARCHES UNTIL FOUR MONTHS OF AGE. THE COORDINATION OF THE LIPS, TONGUE, AND SWALLOWING MOVEMENTS REACHES THE RIGHT LEVEL FOR HANDLING SOLIDS SOMEWHERE BETWEEN FOUR AND SIX MONTHS OF AGE. BABIES NEED DIFFERENT AMOUNTS OF FOOD TO BE COMPLETELY CONTENT. THE BREAST FEEDING MOTHER DOESN'T KNOW HOW MANY OUNCES HER BABY TAKES, DOES SHE? BUT SHE DOES KNOW THAT THE BABY IS CONTENT AND GROWING WELL. WE SHOULD TREAT THE BOTTLE FED BABIES IN THE SAME WAY. MILK SUPPLIES ALL THE CALORIES AND ALL THE NUTRIENTS THE INFANT NEEDS UNTIL SIX MONTHS OF AGE. A FULL BELLY DOES NOT MAKE BABIES SLEEP THROUGH THE NIGHT AND HUNGER DOES NOT WAKE THEM. WHEN WE SLEEP, OUR HUNGER PAINS SIMPLY DON'T HAPPEN. MILK INTAKE USUALLY REACHES A PEAK AT FOUR MONTHS OF AGE. THE OVERLY HUNGRY AND OVEREATING FOUR OR FIVE MONTH OLD (DEFINED AS NEVER SATISFIED AND WANTING TO EAT ALL THE TIME) MIGHT BE GIVEN SOME CEREAL FOR A FILLER. NOT FOR NOURISHMENT! ORDINARILY WE WILL BEGIN SERIOUS SOLIDS AT SIX MONTHS OF AGE. THERE ARE FAR FEWER BELLY ACHES AND CRANKY NIGHTS FOR BABY AND LESS TROUBLES FOR MOTHERS WITH THIS SENSIBLE "LATE" INTRODUCTION OF SOLIDS.

JAUNDICE: JAUNDICE IN THE NEWBORN IS A COMMON PROBLEM. SOMETIMES IT RESULTS FROM A BLOOD TYPE INCOMPATIBILITY BETWEEN THE MOTHER AND CHILD. MUCH MORE OFTEN, THE NORMAL BABY'S LIVER SIMPLY NEEDS TIME TO START GETTING RID OF THE EXCESS PIGMENT IN THE BLOOD. WITH EARLY HOSPITAL DISCHARGE PLEASE OBSERVE YOUR BABY CAREFULLY. JAUNDICE MAY APPEAR ON THE SECOND OR THIRD DAY AND SHOULD PEAK ON THE FIFTH DAY. GOOD BREAST MILK OR FORMULA (NOT WATER), FREQUENT STOOLS AND DIRECT SUNLIGHT ON THE BABY'S SKIN ARE VERY HELPFUL. IF IN ANY DOUBT PLEASE CALL. THE NEED FOR MORE AGGRESSIVE TREATMENT DEPENDS ON THE CAUSE AND THE AMOUNT OF BILIRUBIN AS MEASURED BY THE LABORATORY. WHEN NECESSARY, THE BABY'S SKIN IS EXPOSED TO PHOTOTHERAPY LIGHTS WHICH HELP TO RID THE BODY OF YELLOW PIGMENT. DARK URINE AND PALE STOOLS ARE A SPECIAL CONCERN.

BELLY BUTTONS: A DARK BLUE PURPLE DYE IS APPLIED TO THE BABY'S CORD AT BIRTH TO PREVENT INFECTION. IT ALSO PROLONGS THE TIME NEEDED FOR THE CORD TO DRY AND FALL OFF. THE USUAL TIME IS THREE WEEKS. A SMALL AMOUNT OF OLD DARK BLOOD MAY SHOW ON THE DIAPER AS THE CORD EDGES SEPARATE FROM THE SKIN. THERE IS NO TRUTH TO THE OLD STORY THAT THE WAY THE CORD HEALS WILL DETERMINE THE SHAPE OF YOUR BABY'S "BELLY BUTTON". WHEN YOU GO HOME, APPLY ALCOHOL TO THE BASE OF THE CORD SEVERAL TIMES A DAY UNTIL IT IS OFF AND FOR APPROXIMATELY TWO DAYS BEYOND. WIPE GENTLY BUT FIRMLY AND DON'T JUST DAB AT IT. IF BLEEDING OR OOZING OF ANY SORT PERSISTS FOR MORE THAN THREE DAYS AFTER THE CORD IS OFF, PLEASE LET US KNOW.

BOY'S GENITALIA: IF THE BOY IS CIRCUMCISED, THE BANDAGE SHOULD BE REMOVED THE NEXT DAY BY THE NURSE OR BY THE PARENTS IF DISCHARGED. SOAK A STUCK BANDAGE WITH WATER. WASH THE AREA GENTLY WITH SOAP AND WATER WHENEVER SOILED AND DURING THE DAILY SPONGE BATH. APPLY VASELINE DIRECTLY ONTO PENIS OR ALONG THE INSIDE OF THE DIAPER UNTIL REDNESS AND SWELLING SUBSIDE AND IT IS HEALED. IT WILL TYPICALLY HEAL IN FIVE TO SEVEN DAYS.

GIRL'S GENITALIA: NEWBORN GIRLS INVARIABLY HAVE A THICK VAGINAL MUCUS DISCHARGE AND OFTEN SHOW VAGINAL BLEEDING WHEN THEY ARE THREE TO FIVE

DAYS OLD. THIS IS DUE TO THE WITHDRAWAL OF MATERNAL ESTROGEN HORMONES. THE LABIA ARE ALSO ENLARGED DUE TO THIS SAME HORMONAL STIMULUS. THE APPEARANCE OF THE GENITALIA WILL CHANGE CONSIDERABLY OVER THE NEXT FEW WEEKS.

BOWEL MOVEMENTS: BOWEL MOVEMENTS VARY A GREAT DEAL BOTH FROM INFANT TO INFANT AND IN THE BEGINNING FROM ONE DAY TO THE NEXT. FIRST COMES MECONIUM, A DARK BROWN BLACK STICKY MATERIAL. THIS IS FOLLOWED BY A TRANSITIONAL STOOL AND FINALLY THE REAL STOOL. THE NUMBER OF STOOLS ALSO VARIES. AMONG BREAST FED INFANTS THE NUMBER CAN BE AS MANY AS 12 PER DAY AT A WEEK OF AGE AND THEN DECLINE TO FOUR TO FIVE DURING THE FOLLOWING WEEKS. SOME PERFECTLY NORMAL BABIES SURPRISINGLY HAVE ONLY ONE OR TWO. THIS SAME PATTERN OCCURS WITH MOST FORMULA FED BABIES BUT THE NUMBERS ARE SMALLER. THE MILK STOOLS OF THE BREAST FED BABY MOST OFTEN RESEMBLE BIRD SEED IN A PUDDLE AND ARE ACCOMPANIED BY MUCH NOISE. THE FORMULA STOOLS VARY FROM TOOTH PASTE TO MUSTARD LIKE CONSISTENCY. STOOL EVERY TWO OR POSSIBLY THREE DAYS COULD BE CONSIDERED NORMAL. THEY SHOULD BE OF SOFT CONSISTENCY AND PASSED AFTER BRIEF STRAINING AND WITHOUT EVIDENCE OF REAL PAIN. STRAINING AND PUSHING FOR LONG PERIODS OF THE DAY SHOULD GET SOME HELP. THIS IS REALLY NOT CONSTIPATION. FOR QUICK RELIEF, A GLYCERIN SUPPOSITORY WILL WORK. CONSTIPATION IS TRUE HARD FORMED STOOL. THIS WILL PROBABLY NEED SOME DIETARY CHANGE. PLEASE CONSULT WITH US IF YOU FEEL YOU HAVE ANY OF THESE PROBLEMS.

TEETHING: BABIES VERY RARELY HAVE TEETH AT BIRTH AND WHEN THEY DO IT IS ALWAYS ONE OR TWO OF THE LOWER FRONT INCISORS. MANY BABIES HAVE SHINY WHITE PEARL OBJECTS ON THE GUMS OR IN THE ROOF OF THE MOUTH, WHICH ARE NOT RELATED TO TEETH. THESE WILL SOON VANISH. REAL TEETHING HAS NOTHING TO DO WITH THE ONSET OF DROOLING OR THUMB SUCKING.

BATHING: WHAT'S DIRTY NEEDS TO BE WASHED WHEN AND WHERE IT'S DIRTY. AN ALLOVER BATH ONCE A DAY OR ON ALTERNATE DAYS IS SUFFICIENT. USE NON-PERFUMED SOAP AND USE IT EVERYWHERE. ALMOST ALL INFANTS DEVELOP A RASH ON THE FACE, WHICH MAY THEN EXTEND FROM THE CHEEKS AND EYEBROWS INTO THE SCALP, BEHIND THE EARS AND ELSEWHERE. THIS USUALLY APPEARS AT THREE OR FOUR WEEKS OF AGE AND IS DUE TO AN EXCESS OILINESS OF THE SKIN AND IS AGAIN, RELATED TO MATERNAL HORMONE STIMULATION PRIOR TO BIRTH. THIS SEBORRHEIC DERMATITIS IS RELATED TO DANDRUFF OF OLDER AGES. THOROUGH WASHING THE SCALP WITH DANDRUFF SHAMPOO IS OFTEN THE MOST EFFECTIVE SOLUTION. WE STRONGLY ADVISE AGAINST THE USE OF ANY BABY OIL AND PREFER THAT POWDERS AND LOTIONS BE USED SPARINGLY. LOTIONS SHOULD ONLY BE USED IF THERE IS EXCESSIVE DRYNESS. THIS IS COMMON WITH POST-MATURE BABIES BUT RARE OTHERWISE. IF YOU USE POWDER MAKE SURE IT IS FOR BABIES AND SHAKE IT SPARINGLY INTO YOUR HAND AND AWAY FROM THE BABY.

EXTREMITIES: MOST NEWBORNS HAVE CROOKED LEGS AND FEET. THEY HAVE JUST GOTTEN UNFOLDED FROM SOME MIGHTY AWKWARD POSITIONS. MOST OF THE CROOKED FEET SEEN AT BIRTH, WHETHER IN OR OUT, UP OR DOWN, WILL RESOLVE WITH TIME AND THE OPPORTUNITY TO STRETCH AND MOVE. WHEN WE FEEL THAT THE FOOT'S POSITION IS LESS THAN ACCEPTABLE WE WILL CERTAINLY ADVISE SOME FORM OF ACTIVE TREATMENT. IT IS QUITE REMARKABLE HOW MUCH APPARENT "DEFORMITY" WILL SPONTANEOUSLY CORRECT WITH TIME.

SNEEZING AND SNORTING: HICCUPS, SNEEZING AND STARTLING ARE NORMAL IN THE NEWBORN INFANT AND ARE CAUSED BY THEIR IMMATURE NEUROLOGIC SYSTEM. DRY SNEEZES AND RATTLY SNORTING NOISES DO NOT MEAN A COLD. IF YOU HEAR IT, YOU DON'T SEE IT AND IF IT DOESN'T BOTHER THE BABY WHEN HE IS EATING OR SLEEPING,

YOU CAN SAFELY IGNORE IT! IT'S JUST A LOT OF NOISE AND IT'S NATURAL.

SLEEP POSITION: THE BEST POSITION? THE TRADITION IN THIS COUNTRY HAS BEEN TO PUT THE BABY ON HIS OR HER STOMACH. STATISTICAL STUDIES FROM SEVERAL COUNTRIES INCLUDING OURS, HAVE SUGGESTED THAT WE CHANGE OUR OLD HABITS. THERE APPEAR TO BE SIGNIFICANTLY FEWER CASES OF SIDS AMONG THOSE WHO SLEEP ON THEIR BACK OR SIDE. NO ONE CONTENDS THAT SIDS WILL BE ENTIRELY SOLVED BY THIS SIMPLE IDEA, BUT THERE APPEARS TO BE A SIGNIFICANT DIFFERENCE. IF LEFT ALONE, MOST BABIES WILL PREFER TO SLEEP WITH THEIR FACE TURNED TO THE RIGHT. PLEASE MAKE SURE THAT YOUR BABY DOES NOT ALWAYS SLEEP IN EXACTLY THE SAME POSITION. THE HEAD AND THE FACE WILL BECOME UNATTRACTIVELY FLATTENED. PUT THE BABY TO SLEEP ON EACH SIDE EQUALLY OFTEN.

CRYING: THE WAKE SLEEP CYCLE IS CONTROLLED IN THE BRAIN AND NOT IN THE STOMACH. ALL CRYING IS NOT HUNGER EITHER, ALTHOUGH AT FIRST, NEITHER YOU NOR YOUR MOTHER NOR YOUR MOTHER-IN-LAW NOR YOUR PEDIATRICIAN CAN TELL DIFFERENCE WITH ANY DEGREE OF RELIABILITY. SOON, HOWEVER, YOU WILL. CRYING IS IN ITSELF HARMLESS. HOW MUCH, NO ONE KNOWS. ON THE OTHER HAND, YOU CANNOT "SPOIL" A BABY IN THEIR FIRST MONTHS BY PICKING THEM UP. IT TAKES UP TO SIX MONTHS BEFORE AN INFANT CAN CATCH ON TO THE POWER OF THE CRY AND HIS ABILITY TO THREATEN YOUR SANITY IF YOU DON'T DO THINGS HIS WAY. CRYING TO SLEEP WHEN ALL IS WELL AND THERE IS NO PAIN OR HUNGER OR OTHER NEED IS ACCEPTABLE AND SOMETIMES NECESSARY.

CLOTHING: AS A GOOD RULE OF THUMB, THE INFANT SHOULD WEAR ONE LAYER OF CLOTHING MORE THAN YOU DO IN ANY GIVEN SITUATION. THEIR HEAT LOSS IS GREATER AND THEIR MUSCULAR ACTIVITY, WHICH GENERATES HEAT, IS LESS. THERE ARE MANY SITUATIONS IN WHICH A HAT IS APPROPRIATE BECAUSE THE BABY'S HEAD REPRESENTS AT LEAST 10% OF HIS BODY SURFACE AND THEREFORE A SUBSTANTIAL AREA FOR HEAT LOSS.

TEMPERATURE: THOUGH THERE IS NO EXACT RIGHT TEMPERATURE FOR THE HOUSEHOLD, WE WOULD ADVISE 70° IN THE WINTER OR 72° IN THE SUMMER FOR THE FIRST MONTH. WE DON'T HAVE TO GO THROUGH OLD PRACTICE OF DRESSING UP FOR THE NORTH POLE AND OPENING ALL WINDOWS SO THE INFANT CAN GET SOME FRESH AIR ON A WINTER DAY. ON THE OTHER HAND, MOTHERS HAVE BEEN KNOWN TO DEVELOP ACUTE SYMPTOMS OF CABIN FEVER IF CONFINED TOO LONG. THE BABY MAY GO OUT AS SOON AS MOTHER IS FIT ENOUGH AND ABLE TO TAKE A WALK.

TEMPERAMENT: PERHAPS EVERYONE DREAMS OF HAVING AN EASY BABY. ONE WHO SMILES A LOT, CRIES INFREQUENTLY; ONE WHO HAS REGULAR HABITS AND YET IS ADAPTABLE TO CHANGE; ONE WHO IS FRIENDLY AND OUTGOING YET ONE WHO WILL BE SECURE, SELF-SUFFICIENT AND INDEPENDENT. TEMPERAMENTS HOWEVER DIFFER AT BIRTH. VARIOUS FEATURES OF TEMPERAMENT HAVE BEEN ACCURATELY IDENTIFIED AT ONLY A FEW DAYS OF AGE. IT IS UNCOMMON TO HAVE ALL THOSE WONDERFUL ATTRIBUTES WRAPPED UP IN ONE PERSON. SOME REQUIRE MUCH MORE PATIENCE AND HARD PARENTING WORK THAN OTHERS BUT THE REWARD WILL BE JUST AS GREAT IN THE LONG RUN. PERSONALITY AND CHARACTER ARE VERY MUCH A RESULT OF THOSE EFFORTS.

ROUTINE APPOINTMENTS: SCHEDULED WELL BABY EXAMINATIONS WILL USUALLY INCLUDE VISITS AT 2-3 DAY, ONE WEEK AND THEN AT MONTHS 1-2-4-6-9 AND 12 FOR THE FIRST YEAR.

"AFTER HOURS": CALLS SHOULD BE RESERVED FOR ACUTE INJURY OR URGENT ILLNESS, WHICH CANNOT WAIT UNTIL THE NEXT REGULAR OFFICE HOURS. WE HAVE

NURSES TRIAGING AFTER HOUR PHONE CALLS FOR OUR PATIENTS. IN ADDITION, ONE OF OUR PHYSICIANS IS ALWAYS ON CALL WHEN THE OFFICE IS NOT OPEN.

BOOKS FOR PARENTS

AMERICAN ACADEMY Caring for Your Baby and Young Child, 1998
OF PEDIATRIC Your Baby's First Year, 1998, CURRENT EDITION
Guide to Your Child's Sleep, 2000
Guide to Your Child's Nutrition, 2000
Guide to Your Child's Symptoms, 1999
BIRACREE, N & T Buying the Best for Your Baby, KNIGHTSBRIDGE PUBLISHING
BRAZELTON, T.B. Infants and Mothers, NEW YORK, DELACORTE, 1969
Toddlers and Parents, NEW YORK, DELACORTE, 1974
On Becoming a Family, NEW YORK, BANTAM BOOKS, 1981
CAPLAN AND CAPLAN The Second Twelve Months of Life, NEW YORK, BANTAM BOOKS, 1977
CHESS AND THOMAS Your Child is a Person, NEW YORK, VIKING, 1972
FEBER, RICHARD Solve Your Child's Sleep Problem
FAILBERG, S. The Magic Years, NEW YORK, SCRIBNER'S, 1959
LEACH, P. Your Baby and Child, NEW YORK, KNOPF, 1974
MCCALL, R. Infants, NEW YORK, BINTAGE, 1980
SPARLING, J. Learning Games for the First Three Years, NEW YORK, BOOKS, 1979
SPOCK, B. Baby and Childcare, NEW YORK, POCKET BOOKS, 1954

RECOMMENDED FOR BREAST FEEDING

LALECHE LEAGUE INTL. The Womanly Art of Breastfeeding, FRANKLIN, ILL.

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