

Baby \_\_\_\_\_

Birth Date \_\_\_\_\_

Length \_\_\_\_\_ Weight \_\_\_\_\_

## GENERAL INSTRUCTIONS FOR INFANT CARE

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### GUIDELINES FOR HEALTH EVALUATION VISITS



### **Richmond Pediatrics**

*Pediatric & Adolescent Medicine*

*... for over 40 years*

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## **BREAST FEEDING**

Nursing is the most convenient and natural way to feed your baby. Most all mothers can nurse their babies successfully if they are willing to give it a fair trial. Some mothers worry about their baby not getting enough or that their milk is "not strong enough." If you lack confidence about breastfeeding, please don't hesitate to call us. It also helps to talk to women who have nursed successfully, attend a breastfeeding class, or talk to members of the local La Leche League. Books about breastfeeding are listed in **Suggested Readings** at the back of this book.

When you nurse an infant in the first 72 hours after delivery, the baby is getting small amounts of a yellowish substance called colostrum. Colostrum is the perfect nutrition for the newborn and contains antibodies to protect the baby from infection. The stimulus which results in milk production after the first few days is a nursing baby; so do not give up at this point for fear the baby is not receiving adequate nutrition. Most breast-fed babies are hungry during the early phase of nursing, but try not to use supplemental milk formula as this decreases your milk supply.

Before nursing the baby, wash your hands with soap and water. You should be relaxed and comfortable, either in an armchair or lying on your side. Cradle the baby's head in your arm so that the body faces you and bring the baby close enough so you don't have to lean or bend. When nursing, guide the nipple into the baby's mouth. A baby is correctly positioned at the breast when his gums are on top of the areola, the dark area around the nipples. If the baby latches on only to the nipple, and starts "chewing," the nipple will become sore and cracked. If the breast is engorged and too firm for the baby to latch on, hand express a little milk before nursing. Hand expression is performed by surrounding the nipple with your thumb and index finger, then pressing back until you can feel your ribs under the breast, and then squeezing gently down towards the nipple. At first you will only get a few drops of milk but later on the milk will come out in a stream.

Sometimes you may need to encourage your baby to nurse. Gently stroke her cheek or pinch her toes - she will then turn her head to hunt for the nipple. Each feeding should start with five to ten minutes on one breast, followed by burping and a shift to the other breast for ten or more minutes. If your baby seems sleepy after the first side, change her diaper or play with her to wake her up before switching. Let nipples dry in air after feeding before putting your bra flaps up.

As long as nursing is comfortable and you are getting a minimum of needed rest, there is no need to restrict your nursing time. In the daytime, you may need to wake the baby for feedings at least every 2 to 3 hours. This will encourage a longer stretch of sleep at night.

### **If you encounter difficulty with breast-feeding please call your pediatrician.**

Infants swallow some air during both breast and bottle feedings and it is usually necessary to "burp" or "bubble" your baby during and after each feeding. This is done by holding her upright with her head over your shoulder and patting her lightly on the back. An alternate method is holding her in a sitting position and gently pressing on her upper abdomen as you pat her back.

A baby who is breast-feeding usually needs no other liquids. Your baby's diapers will indicate whether she is getting enough to eat (For disposable diapers, you may want to place a piece of tissue inside so you can tell how often the baby voids in the first week). During the first weeks, she should wet six to eight times a day. If your baby goes more than eight hours without a wet diaper, call your pediatrician for assistance.

If you must be absent at a feeding time or if you are very tired and need a rest, use a relief bottle-feeding once a day for one or two nights. After one month, such occasional bottle feedings will be useful and will cause no difficulty.

To minimize breast soreness, check or vary the baby's position, and massage your breast during feeding. Begin nursing on the side least sore, limiting feeding to 15 minutes on the sore side. This usually means feeding the baby more often. Release the baby's suction hold carefully before taking the baby off

the breast, by putting your finger in the corner of her mouth. Expose your breasts to air after each feeding. If your nipples become cracked or tender, use dry heat to relieve the pain. Some women use a hair dryer on low heat. After nursing, express a little milk from your breasts and let it dry on the nipples to help with healing. Finally, steeped black tea bags placed on the nipples have been found to help relieve soreness, and for some women lanolin cream speeds up healing of the skin. Breast-feeding should become more pleasant with every day that passes after breast milk has come in. Please call your doctor for help if you are experiencing unrelenting pain.

Many breast-fed babies have what is called a frequency day -about the tenth day of life during which they may want to feed every two hours and have a soft bowel movement with each feeding. This is not diarrhea and does not mean your milk is failing, but is merely a phase that will soon pass.

Mothers also worry about what THEY consume with regard to potential adverse affects on the baby. Most infants seem oblivious to maternal dietary idiosyncrasies but if your baby seems unreasonably fussy, the most commonly implicated items are more than 12 ounces per day of cow's milk, as well as caffeine (coffee, soda, chocolate, etc.). Use alcohol and nicotine with moderation (no more than one glass of wine or beer at a time), and avoid feeding the baby less than two hours after a drink or cigarette. Most medications are compatible with breast-feeding, however it is wise to discuss all pills and supplements you take with a physician.

## **FORMULA**

We recommend formulas with iron for all infants. There is a "Ready-to-Use", more expensive variety, and a powdered type made with 1 measure of formula for each 2 ounces of water. Never add more or less water to the formula than is directed. It is not necessary to warm the formula--room temperature is fine. Boiling of the water or sterilization of the bottle is not necessary. We aim for cleanliness, not sterility. Some families choose to use a home filtration device for their drinking water. Do not place prepared bottles in a microwave because uneven heating of the liquid can cause burns. Hold your baby close and never prop the bottle when feeding. Never allow your infant to sleep with a bottle so you can help prevent baby bottle tooth decay.

Begin with 2 ounces in a bottle and gradually increase the volume as your baby's appetite dictates. The amount taken may vary considerably from one feeding to another but even when she is older should never exceed 32 ounces (1 quart) per day. She knows when she is full. Watch for signs that she has had enough--she may turn her head away, fall asleep, or get fussy. Always throw away any formula left in the bottle since it becomes contaminated once your baby has sucked through the nipple.

## **FEEDING SCHEDULE**

It is better to feed your baby when she becomes hungry rather than adhere to a rigid schedule of feeding. Signals of a hungry baby will include crying or fussiness, turning her head to the side with mouth open (rooting), or trying to suck on nearby objects. Newborns need approximately 8 feedings in a 24-hour period and may need some stimulation-unwrapping, tickling toes, etc- in order to become alert enough to feed effectively. Most babies tend to set their own schedules and this may vary from 2 to 5 hour intervals between "meals." Smaller infants generally will eat more often than larger babies because of their smaller stomachs. As your baby grows she will take a larger quantity and eat less often. Try not to let her "snack" (i.e. fall asleep before finishing and then wanting more one hour later). Infants will eat better if they become fully awake for 10 to 15 minutes before starting a feeding. Until a prolonged nighttime sleep pattern is established, try not to let her sleep longer than about 3 hours during the day.

## **SOLID FOODS**

Most infants' appetites will be satisfied by breast milk or formula alone for the first 4-6 months. In fact, from a purely nutritional standpoint the baby does not need the extra calories from solids until 6 months of age. An appropriate time to consider offering solids is 4-6 months of life. Infants often will show readiness for solid foods when they can sit with little support and can use the tongue to move food to the back of the mouth. DO NOT feed solids by nipple in a bottle; use a spoon with the food placed on the middle of the tongue. Most families try rice cereal or vegetables first, to be followed by a variety of vegetables and fruits. The basic rule is to only give one new food each week to observe for adverse reactions. Consider delaying introduction of the following foods until about 1 year of age because of their propensity to cause food allergies-peanut butter, eggs, cows milk, citrus fruits, and honey.

## **FRUIT JUICES**

Your baby will receive adequate nutrition and vitamins from his breast milk or formula. Fruit juices are not necessary as a source of nutrition, vitamins, or fluid volume. Many babies may show allergic reactions to juices if given too early and it is suggested to defer giving juices until at least 6 months of age (or even longer). To decrease caloric intake, juices should usually be diluted at least 1:1 with water.

Fruit juice should never be offered in a bottle and should be limited to 6 ounces per day until age 6 years. Children should eat the fresh fruits themselves so as to get the most benefits from vitamins and fiber, and also to minimize tooth decay. Fruit drinks have almost no nutritional value and should be avoided.

## **UMBILICAL CORD CARE**

The umbilical cord is initially a white-gray, Jell-o-like structure. It cannot feel pain. The manner in which the cord is cut does not affect the final appearance of the navel. You may want to dry the cord with cotton balls or q-tips and a small amount of rubbing alcohol, several times daily. Fold the diaper below the navel so that it is exposed to air for drying. Many cords will become a bit "goopy" with a small amount of yellow or bloody discharge over the first two weeks. In general, a little discharge is not concerning as the cord withers. Continue drying and cleaning the area after the cord falls off (usually at 2 to 3 weeks of life) or until the umbilicus has completely stopped draining. Drying the cord with a hair dryer set on "cool" also works well. Small umbilical hernias are common and "binders" or taping are unnecessary. Call for an appointment if there is redness around the umbilicus or profuse drainage.

## **FINGERNAILS**

Infants often have long nails when they are born. Although paper thin, they can still cause facial scratches. Using baby nail clippers is a safe method. A sleeping baby will make the process much easier.

## **CARE OF THE PENIS**

The uncircumcised penis is quite easy to keep clean. You will be shown how to do this during your office visits. When the child is old enough, you will teach him daily care. The foreskin should not be forcibly retracted, as this could lead to pain, scarring, and infection. The circumcised penis is initially bright red for the first few days after the procedure. After the gauze dressing is removed, apply a light coating of Vaseline with each diaper change until the reddened area is healed. If your son has had a plastic bell device used for the circumcision, the plastic will fall off in 5 to 10 days. Over the first week, the head of the penis will develop a dried, pus-like yellow/white substance that does not wash off. Within 2 weeks, the penis appears normal. Subsequent care

will be demonstrated in the office.

## **CARE OF THE VAGINA**

Your baby girl may have a whitish or clear discharge from her vagina. Less frequently, though not abnormal, this may be blood-tinged. This clear discharge may last up to two weeks, but any bleeding should only last 2-3 days. The vaginal area can be cleaned with cotton balls or a washcloth and warm water. If any stool gets between the labia or the folds this, too, may be cleaned in a similar manner. Always be careful to wipe ONCE from the front to the back to avoid spreading bacteria from the rectal area to the vagina. It may appear that the baby's genitals are large and out of proportion for her size but this is normal and due to maternal hormones. The swelling will resolve in 2-4 weeks.

## **BATHING AND SKIN CARE**

In order to maintain healthy skin it is essential to keep your baby as dry as possible and free of irritating substances. Stool left in contact with the skin can be quite irritating. Sponge baths should be given until the umbilicus (belly button) is well healed. Thereafter, you may partially immerse your baby in warm water for his bath. A "daily bath" is not a necessity. Use a soft washcloth and a mild soap for bathing, preferably one that has no perfumes added. A baby shampoo should be used that is not stinging to the eyes. Bathe the entire body including the scalp and face. Do not be afraid to wash over the "soft spot." The diaper area should be cleaned with each diaper change with either a wet washcloth or a baby wipe. Your baby's skin is naturally supplied with the necessary moisturizers and generally, oils, creams, lotions, and ointments are unnecessary. If the skin becomes red, dry, or irritated a small amount of cream may be applied (for example: Nivea, Vaseline, Eucerin, Aquaphor, etc.). Some skin rashes are due to overdressing. If a new rash appears, check to see if your infant is overheated from too many clothes. It is best to avoid wool garments that may come in contact with the skin.

## **EYES**

To prevent blindness, an antibacterial ointment is applied to all babies' eyes during the first hour of life. This may irritate the eyes resulting in puffy eyelids and mild drainage during the first week of life. Occasionally a tear duct will obstruct and result in excessive tearing and yellow (pus) drainage, often involving only one eye. Please make an appointment if the tissue around the eyes is red or if the drainage is profuse or yellow. During the first 4 months of life, as your baby attempts to focus his vision, the eyes may periodically and transiently cross. This is normal. Should only one eye wander, please call for an appointment.

## **JAUNDICE**

ALL newborn babies develop jaundice (a yellow-orange color of the skin or eyes) during the first week of life as the chemical bilirubin accumulates in the blood. Bilirubin is a natural breakdown product of red blood cells as they are recycled. Normal newborns have relatively immature livers that process the bilirubin inefficiently and thus the levels rise. Bilirubin is excreted in the urine and stool so frequent feedings are important for its return to normal levels. Natural light (a sunny window) will hasten its excretion when shining directly on his skin. Normally, your baby will remain mildly "yellow" for a short time after going home (several days or even longer in the breast fed infant). If, when observed in natural light, he appears to be increasingly deeper yellow in color, call our office for an appointment and to arrange a blood test at the hospital. Occasionally, the degree of jaundice, measured by the blood bilirubin level, is sufficiently elevated to require the use of special "photo therapy" lights. This is usually done in the home for 24 to 72 hours.

## **SPITTING UP (Gastro-esophageal Reflux)**

Many infants regurgitate or "spit up" part of their feedings during the first few months. The spit up is effortless and contains a mouthful or two of stomach contents. Spitting up is usually harmless unless it involves large volumes that interfere with normal weight gain. Most infants will continue to gain weight even though spitting up some of their feeding. If you believe your baby is regurgitating more than normal, please call the office. Tips to help decrease spitting up are listed below:

1. Burp your infant two or three times when he pauses during a feeding and after each feeding.
2. Consider feeding him more often while giving smaller volumes with each feeding.
3. Keep your infant in an upright position for 30 minutes after each feeding.
4. Avoid direct pressure on his abdomen.
5. Avoid jostling or rough handling after feeding.
6. If using bottles, try using a slower flowing nipple.

## **BOWEL MOVEMENTS**

Some infants will have a stool after every feeding and some will have only one every few days. Breast fed babies may occasionally go several days without a stool and this is no cause for concern. Normal stools may be yellow, brown, or green and may vary in consistency from soft and mushy to well formed. Occasionally, small streaks of blood may be noted in the stools during the first 2 or 3 months. If your baby should develop diarrhea (frequent watery stools that soak into the diaper) please notify the office.

In infants, constipation is defined by the consistency of the stool not the frequency of stooling. If your baby has small pellet-like stools, he is constipated. Constipation is exceedingly rare in breast fed babies; among formula fed babies it is more common with soy products. All babies will strain with stooling due to the need to dilate the rectum. If your baby does have these pellet-like stools, you may give him dark Karo syrup (usually mixed one teaspoon per each 4 oz. bottle). If, after three days, the constipation is not improved you may try Maltsupex (available without prescription).

For constipation in infants on solid foods, first try discontinuing all bananas, applesauce, pears, and rice cereal. Adding prunes or prune juice, increasing bran or fiber products, and ensuring he has drunk adequate liquids often are helpful dietary changes. Please do not use suppositories, laxatives, or other stool softeners without calling our office.

## **DIAPER RASH AND DIAPER CARE**

The most common cause of diaper rash is wet diapers or stool in contact with the skin for a long period of time. There is no substitute for frequent diaper changes. Diaper wraps or plastic pants may be used, but be sure to check frequently for wet diapers. You should check your baby at night before you retire and change her if she is wet, even if she is asleep. The newer disposable diapers are very efficient at absorbing secretions, but should still be changed frequently, especially if there is stool present.

Rash treatment strategies:

1. Change diapers immediately after urination or stooling.
2. Let her go without a diaper to expose her skin to the air. You may use a hairdryer on low as well.
3. Use plain water instead of soaps or diaper wipes to clean her bottom.
4. Use a good barrier ointment-Vaseline, Desitin, zinc oxide, etc.

If the rash is severe or unresponsive to treatment your baby should be examined for other possible causes.

## **COLIC**

Colic (fussing at length for no apparent reason) is common during the first few months of life. Babies with sensitive temperaments tend to have more colicky episodes. The cause of colic is not completely understood but it sometimes is related to abdominal gas or food intolerance. It is not a result of parenting skills, so don't blame yourself. First, see if your baby has any unmet needs - hungry? tired? gassy? wet diaper? Almost any intervention is worth a try; be creative. For example: snuggle your baby tightly in a front pack, try a car ride, turn on some music, or place your baby next to a running clothes dryer. If nothing works after one hour, wrap her in a blanket and put her in her bed. Try to develop a routine for daily colicky events and expect recurrences for 2-3 months. Caring for a colicky baby can be exhausting and exasperating; make sure that all primary caregivers get daily breaks. Recognize if you are reaching your limit of patience, particularly if you are fearful that you may strike or otherwise injure your infant during crying episodes. If crying persists, the office should be called for advice.

## **INFANT BEHAVIOR**

Each infant is a completely different individual. Some are quiet, relaxed and seldom fussy. Others are sensitive, irritable, and demanding. Many infants have a fussy period each day during the first few months, commonly during the late afternoon or early evening. Crying represents a baby's attempt to communicate and does no harm to her, either physically or psychologically. Responding to your baby's cries will help her bond with you and be comforted.

## **SIBLING RIVALRY**

The older child (depending upon age) often feels threatened when a new baby comes home. Frequently, there is a regression in behavior (baby talk, wanting to breast or bottle feed, loss of toileting skills, acting out, etc.). He may be jealous and hostile. If your child behaves aggressively toward your newborn, intervene quickly with a "time out." Permit him to interact as much (or as little) with his new sibling as appropriate. Give him some responsibility in helping to care for his new sibling. When visitors come over (or a working parent comes home) be sure they FIRST pay attention to the older sibling and ask the sibling if he would like to "show" them his new sister, etc. Additionally, it is very important to spend daily one-on-one time with him, or even arrange a special outing only for him. Tell him what you are doing: "Your baby sister is sleeping and I'd like to play with you now." Do this the same time each day. If he demands attention while you are occupied (i.e. with breast feeding), matter-of-factly tell him it is sister's turn AND his turn will be right after lunch, "just like yesterday." With patience and understanding he will grow to enjoy his new sibling.

## **FRESH AIR**

Take your baby outside. Grocery store trips, errands, or restaurants are just fine. Try to avoid long periods of time in large groups of people, (i.e.-an indoor basketball game, a birthday party) especially in the first two months.

## **VISITORS**

Newborn infants are susceptible to colds and other infections. While friends and relatives are welcome to visit your new baby upon arrival at home, please have everyone wash their hands before handling her. Anyone with ongoing infectious illnesses should avoid close contact. Let your common sense prevail. Encourage friends and family to help relieve you of household tasks. When visitors come over, ask them to bring a meal.

## **"NORMALCY" IN INFANCY"**

1. All newborn babies have an immature nervous system that is responsible for the so-called startle

reflex. Sudden jarring and occasionally, even loud noises will result in a sudden outward jerking of the arms.

2. Because of an immature circulatory system, many babies are apt to develop a mottled, blotchy appearance when undressed.
3. It is normal for many newborn babies to have very irregular respirations.
4. Crossing of the eyes is common, especially after a few weeks, when your baby is gazing at any object a few inches away. Let us know if one eye persistently deviates to one side.
5. Due to the presence of various hormones passed into the baby from the mother, many full term babies show transient swelling of breast tissue and genitals. Female newborns often show a whitish, sometimes blood tinged, vaginal discharge.
6. Other normal manifestations may include frequent sneezing, coughing, hiccups, and quivering of the chin when crying.
7. Boys' foreskins may be tight. Don't retract the foreskin; it will retract over time with normal erections.
8. Eye color is often difficult to determine fully until 6 months of age. Until that time you may notice a gradual change in its color.

## **CAR SAFETY RULES FOR CHILDREN**

Please help keep your child safe in each car ride. Car crashes are the most serious threat to a child's life. Seat belts made for adults can do severe harm to children who weigh less than 80 pounds.

1. Infants until age 1 year and over 20 pounds use a rear-facing infant car seat. For babies heavier than 20 pounds but less than one-year-old use a rear-facing toddler seat.
2. Children over 1 year old between 20 and 40 pounds use a forward-facing car seat with a harness (A). Most kids need a harnessed car seat until age 4 or 5. Your child has outgrown the harness when shoulders are above the top harness slots or the ears reach a level above top of seat.
3. Children weighing 40 pounds to 80 pounds ride in a booster seat (B). A booster seat adjusts the adult seat belt to keep your child safe in a crash. When your child weighs 80 pounds and is about 4'9" tall the adult seat belt alone will be safe.
4. Never put the shoulder belt behind a child's back or arm, never have two children share a belt, and never use pillows or books as boosters.
5. To get a discount coupon for a booster seat, or for help with finding the right seat for your child, please call (425) 828-8975 or 1-800-BUCKLUP. The website is [www.boosterseat.org](http://www.boosterseat.org).

## **GENERAL SAFETY**

1. **Ingestions:** Always be aware of the potential environmental poisons both inside and outside the house. Syrup of Ipecac is a medicine that will induce vomiting in cases of accidental ingestions. Ipecac should always be available at home but never used without calling The Poison Control Center first. Their phone number is (206) 526-2121.
1. **Hot Water:** Most home hot water heaters are set too high -at 145. It takes only 3 seconds at this temperature to produce a full thickness burn. Water heaters should be lowered to 120 at which it takes 120 seconds to produce an equal burn (with obviously more time to react). Always wait to place an infant in the tub until the water is filled and checked for appropriate temperature.
2. **Baby Walkers:** Walkers with wheels should never be used. They do nothing for promoting development and cause significant risk for serious injury should they tip over.
3. **Sleep:** Newborns should be placed on their backs to sleep. "Tummy time" is encouraged when your infant can be monitored. Never let your newborn sleep on a waterbed, sheepskin rug, down or

other soft pillows. These beddings put your infant at risk for suffocation. Make sure the space between the mattress and wall or between crib slats is no more than two-fingers width apart.

4. **Pets:** Supervision is imperative when an existing pet first gets comfortable with a newborn in the home. Never leave the pet and newborn alone in a room unsupervised. Provide many leashed introductions of the pet to the newborn before unrestrained access to the newborn is allowed.
5. **Toys:** Below are some characteristics to avoid when selecting toys:
  - Small parts that can break off.
  - Plastic parts that may shatter into sharp pieces.
  - Filling with beads, beans, or small pellets.
  - Any lead-based ingredients.
  - Sharp edges-unfinished metal, splintering wood.
  - Toys with loops or strings longer than 12 inches.

## **IMMUNIZATIONS**

Because parents today rarely see the devastating effects of diseases like polio and whooping cough, they might wonder why immunizing their children is still important. They want to do what's best for their family and their community, but they may have questions. Is immunization necessary? Are vaccines really safe? The following information helps answer these questions.

- Childhood immunizations are the safest and most effective way to keep children from getting very sick.
- In the last 50 years, vaccines have nearly wiped out measles, polio, and some forms of meningitis.
- Vaccines strengthen the immune system by helping the body to recognize and fight some viruses and bacteria. Vaccines work well even in the smallest infant - who faces the most serious risk from the infectious disease.
- Infants are more vulnerable to infectious disease than older children because their immune systems cannot easily fight off bacteria or viruses. The effects of disease are more serious in infants than in older children. That is why it is so important to protect infants with immunizations.
- A child is much more likely to suffer permanent harm from the actual infection than to have a health problem from an immunization. Serious vaccine side effects are very rare.
- Immunizations are extremely safe due to advanced medical research and ongoing review by doctors. National databases constantly monitor potential problems with vaccines.
- Vaccines not only protect the child who receives the immunization but they also protect every one of us from these terrible diseases. As we vaccinate more children, we increase protection for people who haven't received all their vaccinations.

**Immunizations are one of the most important ways parents can protect their children against serious diseases. Children should have 80 percent of their immunizations by age two.**

### Immunization Facts

- Many vaccine-preventable diseases have no cure or treatment.
- A disease may not currently be present in a community, but disease outbreaks occur in communities that are not protected, or through international travel.
- Among unimmunized populations of the world, 600,000 children die each year from Pertussis (whooping cough). In 1999, King County had 461 Pertussis cases –the highest level in 30 years.
- 55,000 cases of measles and 130 deaths were reported during the 1989-1991 measles epidemic in the U.S. Failure to vaccinate children against measles by 18 months of age was a major cause of the epidemic.
- Immunizations save money. The infections cost 16 times more in medical expenses than what vaccines cost. This does not include costs to families, such as lost days of work, school and childcare.

## Immunization Websites

[www.cdc.gov/nip](http://www.cdc.gov/nip)

[www.immunizationinfo.org](http://www.immunizationinfo.org)

[www.immunize.org](http://www.immunize.org)

[www.aap.org](http://www.aap.org)

[www.doh.wa.gov/cfh/immunize](http://www.doh.wa.gov/cfh/immunize)

- CDC National Immunization Program
- National Network for Immunization Information
- Immunization Action Coalition
- American Academy of Pediatrics
- WA State Department of Health

## **SIGNS OF ILLNESS**

During the first few weeks of life you should be alert for changes in your baby's daily routine and/or physical findings. The following are reasons for potential concern during the first few weeks. Please contact our office if any of the following occur.

- Fever over 100.3 F (rectal), or 38 C.
- Projectile vomiting (not just "spitting up").
- Inability to eat for more than 8 hours.
- Listlessness.
- Increasing jaundice.
- Green or yellow eye drainage.
- Rapid or labored respirations.
- Marked jitteriness.
- No urine in 12 hours.
- Any unusual rash (even in the diaper area).

## **DIARRHEA**

Diarrhea is defined with regards to the total number of stools per day as well as their consistency. One or two loose or watery stools per day do NOT constitute diarrhea. In fact, well infants may have 6 to 8 loose stools per day initially. If your child is having 3 to 4 more stools per day than he NORMALLY has, and they are watery, then he is considered to have diarrhea. The greatest concern of diarrhea, particularly in younger children, is dehydration (the excess loss of body water). Signs of adequate hydration are:

1. Put your finger inside the child's mouth; it should be wet upon removal.
2. Tears that flow easily or moist lips.
3. Pinch the skin on his abdomen: when let go, it should be "elastic" and return to normal immediately.
4. Your child should be urinating at least 3 to 4 times/24 hours. If there is concern or question about any of these four signs, please call.

If your child has mild diarrhea but is not dehydrated and does not have a high fever, the diet need not be changed and breast milk or formula can be continued. Do not give a "clear liquid diet" of sweetened fluids alone to an infant because the high sugar content will make diarrhea worse. If your child has a watery stool every hour or two, or is becoming dehydrated, stop all solids for 24 hours. Breast-feeding may be continued, but formula feedings should be stopped. Infants under 12 months are fed commercial electrolyte solutions (Pedialyte, Rehydralyte, etc.). Older children may have other clear fluids (such as Pedialyte, flat soda, Gatorade, clear low-fat broth). After 24 hours, you may restart formula. If your child was eating solids before, restart simple, low-fat foods (such as rice, toast, cereal, chicken, but NO cow's milk products). If the diarrhea is improving, return to a normal diet on the third day, except for fruit juices. The stools may remain loose for several weeks, but the frequency should be greatly reduced. If there is any question about your child's state of hydration, please call for an appointment.

## **VOMITING**

Recurrent vomiting (throwing up) may or may not be associated with fever and diarrhea. Should the vomitus be bloody or deep green (bile), or should your child not be arousable and yet still vomiting, call us immediately. The signs of dehydration are the same as discussed above for diarrhea. The initial treatment of vomiting is also similar except that formula feedings and solids should be stopped in all cases, and that clear fluids should be given MORE SLOWLY than with diarrhea alone. For children under 12 months, start with 1 to 2 TEASPOONS commercial rehydration solution (Pedialyte, Rehydralyte, etc.) and wait 15 to 20 minutes. If this is retained, advance to 1 to 2 oz. fluid, waiting at least 20 minutes between "feedings." For breast fed infants, alternate nursing with clear liquids for 12 to 24 hours. Continue to advance the amount of clear liquids as tolerated, but do not add any other foods until 24 hours after the last vomiting episode. Then return the child to a regular diet, starting with bland foods. A "BRAT" diet is a reasonable starting place (bananas, rice, applesauce, toast). The treatment of children over 12 months is similar except that other clear liquids (as noted for DIARRHEA above) may be used. For uncontrolled vomiting, call the office.

## **FEVER**

The best way to measure fever in an infant is with a rectal thermometer. Place your baby belly-down on a firm surface. Firmly press one hand against the baby's lower back to hold her still. With your other hand insert the lubricated thermometer 1/2 to 1 inch into the anus, and hold it there between your fingers with the hand cupped over the baby's bottom. After two minutes, remove and read the temperature. If your child has been physically active or too warmly clothed, retake the temperature in 30 minutes. A reading over 100.3 F (38 C) may indicate fever.

By itself, fever is not an illness. In fact, it shows that the body is fighting off infection. In the very young infant (less than eight weeks old) a temperature over 100F requires an office visit, since it is hard to tell the difference between mild and serious infections at such an early age. If your child is older than 6 months, is drinking, eating, and sleeping reasonably well, and has occasional playful moments, there is no need to call the office immediately. Treating fever with acetaminophen (Tylenol) or ibuprofen (Advil, Motrin) will often help your child feel better. Taking your child's clothes off, or moistening her head or body are also effective methods to bring down a fever. Even HIGH temperatures (up to 105F) are NOT harmful to children who otherwise look well. A very high fever in a child that also appears ill should be evaluated in a reasonably prompt manner.

## **THE COMMON COLD**

Hundreds of different germs, called viruses, can infect humans and result in that group of symptoms called "the cold." In the Pacific Northwest, the average young child develops 8 to 12 colds per year. Each cold can last upwards of 2 weeks, often to be replaced, especially in the winter months, with another. This phenomenon persists at least until the grade school years. With each new sibling, the symptoms tend to appear earlier than with the previous child, as there are more sources of infection. This is actually good, for it gives the child the opportunity to develop his immunity when he is young. In the early years of life, the child tolerates viral illnesses much better than an adult does. There are NO CURES for the "common cold" except time. Your child's immune system is well equipped to resolve the viral infection. If your child is feeding and sleeping well, no treatment or medication is necessary. For his comfort, elevate the head of his bed or crib and encourage fluid intake. Gentle bulb suctioning of his nose temporarily helps clear secretions. If his nasal secretions are "thick", a cool mist humidifier may assist his breathing. Despite Linus Pauling and years of attention in the lay press, medical research has not substantiated the value of vitamin therapy. If your child is uncomfortable, then a decongestant and/or cough medication can be used. Please call for a recommendation. Antibiotics are not indicated for the "common cold" and do not lessen its duration or improve its course. In our current era of increasingly drug

resistant bacteria, it is important that we only use antibiotics for infections likely to be bacterial in cause.

## **HEAD TRAUMA**

If your child has a head injury, he should be closely observed at home for 24 hours. The following are some of the reasons to call for further advice:

1. Loss of consciousness (unlikely if he cried immediately).
2. Unable to awaken or unusual sleepiness.
3. Convulsions (Seizures).
4. Repeated vomiting (more than 2 to 3 times).
5. Worsening headache.
6. Persistent bleeding or clear fluid exiting from the nose or ears.
7. Unusual behavior.
8. Difficulty with seeing, hearing, speaking, walking, or using arms or legs.

## **TELEPHONE AND EMERGENCIES**

In cases of life-threatening emergencies (seizures, unconsciousness, severe burns, multiple trauma injuries, etc.) we advise calling "911" and/or going to the nearest hospital emergency room. They will contact us. In cases of poisoning or ingestion of questionably harmful substances, call The Poison Control Center at (206) 526- 2121. Ipecac (a medicine that induces vomiting) may be instructed to be given to your child, but do not give it unless instructed to do so by Poison Control. In all other cases of sickness or injury, please feel free to call our office at any time. It is obviously easier and more efficient for the staff to handle problems during regular office hours (Monday through Thursday 8:30 a.m. to 8:00 p.m.; Friday 8:30 a.m. to 5:00 p.m.; and Saturday 8:30 a.m. to noon) but a triage nurse and physician are available on a 24-hour basis through our office phone number.

Sick infants and children will always be seen on the same day if you make your concern known to the receptionist. Many problems can be well handled with telephone advice and we (the physicians and assistants) will return your call as soon as possible. Return calls may be delayed until the noon break or dinner hour. There are no charges for nursing consults by phone during our daytime hours. A nominal fee will assessed for after hours nurse triage calls. Occasionally, depending upon specific circumstances, a fee for physician telephone consults will also be charged.

## **OFFICE VISITS**

Your new baby will be seen one to two days after hospital discharge and at two weeks of age for a weight check and the first "well-baby visits". Thereafter, visits at 2, 4, and 6 months are recommended, and then at more lengthy intervals. This schedule may be altered to more or less frequent visits as necessary. During these visits important immunizations will also be given. Please bring this booklet with you for each visit to the office. It is best to call one to two weeks in advance for appointments for regular examinations.

Should your address or telephone number change, please inform us immediately. In an emergency, the only record we have is on your medical chart. If this is incorrect, we have no way to contact you. Please do not wait for your next visit to inform us of a change!

If you are on time for your appointment, we will make every effort to be on time as well. We have a policy that no matter how busy we are, a significantly ill child will be "fit in" to be seen that day. Occasionally this results in delays in our schedule. The MOST common reason for our being late, however, is the late arrival of scheduled patients. Please help us all to keep an orderly patient flow. Scheduled patients who miss their appointment without a prior cancellation will be assessed a "no show" charge.

## **TRANSFER OF MEDICAL RECORDS**

We will be glad to care for your children until they graduate from college. However, because of relocation and various other reasons, families need to change physicians. Should you do so, a request to transfer important records can be made to our receptionist. After your account is closed, we will forward these records to your new physician.

## AGE: 2 WEEKS

Date \_\_\_\_\_ Age \_\_\_\_\_

Weight at discharge from hospital \_\_\_\_\_

Weight \_\_\_\_\_

(Please let us know if your baby has already had the second PKU blood test.)

### INITIAL CHECKLIST

Do you have questions about?

1. The umbilicus
2. The circumcision
3. Diaper rash
4. Feeding schedules
5. Breast soreness
6. Facial rashes
7. Fussiness
8. Sleeping

Babies usually lose 5% of their body weight during the first week and should regain to birth weight by the 14th day. This will indicate a satisfactory milk intake. If you are breast-feeding, consider offering a bottle of expressed milk or iron fortified formula at least once a week, once breast-feeding is "established" and the baby has regained birth weight. This "social bottle" will enable the baby to become familiar with the rubber nipple and offer you the flexibility you may want (or need).

If your baby has colored eye drainage please check with our office.

**AGE: 6 to 8 WEEKS**

Date \_\_\_\_\_ Age \_\_\_\_\_  
Weight \_\_\_\_\_ Length \_\_\_\_\_

**DIET**

- q Breast
- q Formula with iron

**IMMUNIZATIONS: RECORD ON PAGE 1**

There may be a mild reaction to an injection such as soreness at the site of injection or low-grade fever and fussiness during the 48 hours afterwards. You may use acetaminophen (see inside back cover) or ibuprofen as needed after the injection for these side effects.

**DEVELOPMENTAL MILESTONES**

1. Smiles responsively, spontaneously.
2. Lifts head while on stomach.
3. Begins to follow with eyes.
4. Starts vocalizing.

**AGE: 3 to 4 MONTHS**

Date \_\_\_\_\_ Age \_\_\_\_\_  
Weight \_\_\_\_\_ Length \_\_\_\_\_

**DIET**

- q Breast
- q Formula with iron

**IMMUNIZATIONS: RECORD ON PAGE 1**

**SOLID FOODS**

Infants less than 6 months old do well on breast milk or formula alone. No cow's milk should be given prior to 12 months. Other foods are not necessary for growth and early introduction of solids has been associated with skin problems and respiratory infections in children on such diets.

**DEVELOPMENTAL MILESTONES**

1. Begins to focus on people across room. Eyes follow moving objects in full half circle.
2. Turns head to loud or unexpected sounds, responds to whisper behind her back.
3. Initiates social contact, recognizes parent.
4. Attempts to roll over.
5. Reaches for and grasps rattle.
6. Brings hands together.

## AGE: 5 TO 6 MONTHS

Date \_\_\_\_\_ Age \_\_\_\_\_  
Weight \_\_\_\_\_ Length \_\_\_\_\_

### DIET

- q Breast
- q Formula with iron

### IMMUNIZATIONS: RECORD ON PAGE 1

### SOLID FOODS

Most infants will do well on breast milk or formula alone (NOT whole, 2%, or fat-free cow's milk) and do not need the added calories of solid foods. Look for these signs of readiness:

- She can sit up with minimal support.
- She uses her tongue to move food from the front to the back of her mouth. (If she pushes the food out, wait a few days or more and try again.)

When your baby is ready for solids, introduce only one new food every 4 to 5 days so you can easily recognize dislikes or allergic problems. Begin with single grain pre-cooked rice cereal, mixed with breast milk or formula, or with mashed vegetables (squash, carrots, peas, etc.). Avoid adding sugar or salt. High protein and mixed cereals should be deferred until later. Start with small amounts and gradually increase as tolerated. Your baby will eat better and have fewer eating problems in the future if you do not force her to eat now. Learning to eat from a spoon is a gradual process and there is no hurry. Warm the food before serving. Any food left over from the feeding should be discarded. With experience you will soon be able to judge how much solid food to prepare.

When your baby sits independently, and picks up small objects with thumb and pointer finger, it is time to introduce finger foods (dry Cheerios, green peas, teething cracker, bread stick, sliced banana, cooked string bean, etc.) At the same time, start a "sippy" cup with water for your child for practice and to keep her teeth healthy.

Egg whites, plain cow's milk, citrus, and peanut butter are also potentially allergenic, so hold off on these until age one year. Do not offer honey to infants.

### DEVELOPMENTAL MILESTONES

1. Turns head toward sound.
2. Babbles, imitates speech.
3. Bears some weight on legs.
4. Begins to sit.
5. Transfers objects from hand to hand.
6. May begin to feed self with finger foods.
7. Sleeps at least six hours without feeding, puts self to sleep.

## AGE: 8 TO 9 MONTHS

Date \_\_\_\_\_ Age \_\_\_\_\_  
Weight \_\_\_\_\_ Length \_\_\_\_\_

### IMMUNIZATIONS: RECORD ON PAGE 1

#### DIET

As your baby gradually increases his intake of solid foods, breast milk or formula intake may decrease. This is normal. A total formula intake of 16 ounces per day is sufficient if your baby is taking solids well. The major cause of poor eating is excessive formula consumption. Many table foods may be added to the diet, provided they are adequately mashed or ground. Some soft foods may be cut in small pieces and given to your baby to feed himself with his fingers.

#### DEVELOPMENTAL MILESTONES

1. Stranger anxiety, complains when caregiver leaves room.
2. Sits well without support.
3. Vocalizes one or two meaningful things (mama, dada).
4. Hunts for hidden objects, plays peek-a-boo.
5. Plays pat-a-cake
6. Feeds self with thumb to finger grasp.
7. Pulls self to standing.
8. Gets to sitting.

#### SAFETY

Protect your baby. In the car, your infant needs a rear-facing car seat until age one year, regardless of body weight. As your baby begins creeping, crawling and walking, think about safety precautions at home. Hot liquids, hot foods, and electric cords on irons, toasters, and coffeepots should be kept out of reach. The tablecloth should not hang within reach. When you are busy, put the baby in a safe place near you. Place guards in front of fireplaces and open heaters. Fence off stairs. Easily overturned lamps and sharp furniture are dangerous. Scissors, knives, and breakable objects should be kept out of reach. Get safety plugs for wall sockets. Babies put everything they can into their mouths. Medicines should be put in a locked cabinet after each use and cleaning solutions should be removed from under kitchen sinks and other accessible areas. Be careful in disposing of old medications. It is best to flush discarded drugs down the toilet since many poisonings have resulted from medications retrieved by infants and children from waste containers.

#### SYRUP OF IPECAC

For suspected poisonings and/or ingestions:

1. Ipecac produces vomiting to rid the stomach of a potential poison (e.g. ingested pills, berries, household products, etc.).
2. In case of a suspected poisoning or ingestion, **first call the Northwest Poison Control Center (526-2121) for instructions.**
3. **DO NOT GIVE IPECAC UNLESS INSTRUCTED TO DO SO.**

## AGE: 12 MONTHS

Date \_\_\_\_\_ Age \_\_\_\_\_  
Weight \_\_\_\_\_ Length \_\_\_\_\_

### IMMUNIZATIONS: RECORD ON PAGE 1

#### MILK

Milk should be offered by cup. This is a good time to wean your baby from the bottle. In any case, at this point your infant should never drink while lying down. The sugar content of breast milk, formula, and juice causes severe tooth decay and contributes to developing ear infections, especially if he happens to fall asleep with the nipple in his mouth.

#### SOLID FOODS

Continue three meals daily with the gradual replacement of all baby foods with regular table foods. Meat or fish can be given once daily in small pieces, as long as it is already ground or very soft.

#### VITAMINS AND FLUORIDE

Except in rare instances, the average baby needs no vitamin supplementation. Families drinking well, bottled, or filtered water may need to give fluoride supplements to their children.

#### DEVELOPMENTAL MILESTONES

1. Responds to name, uses mama and dada specifically.
2. Indicates wants without crying.
3. Drinks from cup.
4. Uses spoon with spilling
5. Good "pincer" grasp.
6. Hands object to parent.
7. Looks at books.
8. Starting to walk.

**AGE: 18 MONTHS**

Date \_\_\_\_\_ Age \_\_\_\_\_  
Weight \_\_\_\_\_ Length \_\_\_\_\_

**IMMUNIZATIONS: RECORD ON PAGE 1**

**DEVELOPMENTAL MILESTONES**

1. Identifies named objects.
2. Uses 10 or more single words.
3. Points to pictures, identifies body parts.
4. Understands simple verbal commands (i.e. "please put this in the garbage").
5. Feeds self, uses a spoon well, no longer using bottles.
6. Knows body parts by pointing.
7. Walks up steps
8. Kicks or throws ball.

**COMMENTS**

The 'Terrible Twos' were not invented by your child. The behavioral manifestations of this age are based on the developmental needs and perceptions of the child in conjunction with your response to them. We will be glad to discuss your concerns in the context of this visit or in a consultation appointment.

## AGE: 2 YEARS

Date \_\_\_\_\_ Age \_\_\_\_\_  
Weight \_\_\_\_\_ Length \_\_\_\_\_

### IMMUNIZATIONS: RECORD ON PAGE 1

#### DEVELOPMENTAL MILESTONES

1. Speaks 2 to 3 word phrases.
2. Refers to self by name.
3. Understands 2-part commands.
4. Asks frequent questions.
5. Feeds self well.
6. Helps put on own clothes.
7. Washes hands.
8. Builds blocks 4 to 6 high.
9. Jumps.
10. Throws overhand.

#### SAFETY

Did you know that every month nearly 400 U.S. children under four years die because of accidents? Most of these accidents can be prevented. Often, accidents happen because parents are not aware of what their children can do. Your child is a fast learner, and in "no time at all" that child who could barely walk or climb can now jump, run, ride a tricycle, and use tools. He is at special risk for injuries from car accidents, burns, poisons, and falls. He doesn't understand what is dangerous, and he can't remember "No". Supervise your child closely, especially around water, pets, streets, driveways, and lawnmowers.

- Always remember car safety. Car crashes are the biggest danger to your child's life and health. The crushing forces on your child's brain and body in an accident or a sudden stop even at low speeds are likely to kill or severely injure him. **The only way you can prevent car injuries and deaths is to use a harnessed car seat every time your child is in the car.** Make sure to hold your child's hand in a parking lot or while walking in the street.
- Remember that the kitchen can be a dangerous place. If he is under foot, hot grease and hot foods spilled on him can cause serious burns. Find something safe for him to do during these times of the day. And remember that kitchen appliances and other hot surfaces such as irons are very real dangers to your child long after you have finished using them.
- Keep matches and lighters out of reach.
- You must put a life jacket on your child when he is on a boat or dock.
- Guns in the home are dangerous. Toddlers like to play with guns.

**AGE: 3 YEARS**

Date \_\_\_\_\_ Age \_\_\_\_\_  
Weight \_\_\_\_\_ Length \_\_\_\_\_

**IMMUNIZATIONS: RECORD ON PAGE 1**

**DEVELOPMENTAL MILESTONES**

1. Dresses self with supervision.
2. Separates easily from parents.
3. Draws circles and crosses.
4. Recognizes colors.
5. Gives first and last name.
6. Speech understandable most of the time.
7. Broad jumps.
8. Balances on one foot.
9. Plays tag.
10. Toilet trained except at night.

**AGE: 4 YEARS**

Date \_\_\_\_\_ Age \_\_\_\_\_  
Weight \_\_\_\_\_ Length \_\_\_\_\_

**IMMUNIZATIONS: RECORD ON PAGE 1**

**DEVELOPMENTAL MILESTONES**

1. Dresses and Undresses without supervision.
2. Hops.
3. Draws pictures of people.
4. Curious, asks "why, when, how" questions.
5. Likes playing with other children.

## AGE: 5 YEARS

Date \_\_\_\_\_ Age \_\_\_\_\_  
Weight \_\_\_\_\_ Length \_\_\_\_\_

Your five-year-old is ready to enter the outside world of school. A comprehensive preparatory examination is a significant part of this giant step. Most public and private schools require this visit but even if not "required" by the schools, we feel this physical is important.

### **IMMUNIZATIONS: RECORD ON PAGE 1**

#### **LABORATORY**

1. Hematocrit
2. Urinalysis
3. Visual exam
4. Hearing evaluation

#### **SAFETY**

The most common causes of serious injuries between age 5 and 9 are:

- Children below 80 pounds not buckled up in car or booster seats
- Children hit by cars and trucks
- Drowning
- Burns and fires
- Falls from bicycles
- Children playing with guns.

Helmets, car seats, life jackets, gunlock boxes, and smoke detectors can save lives. However, children still need the protection of watchful adults.

We feel that subsequent physical examinations should be scheduled at two-year intervals through puberty. Please do not hesitate to call upon us at any time of need.

## **SUGGESTED READINGS**

### **Infancy and Early Childhood**

*Infants and Mothers, Toddlers and Parents, Working and Caring*, T. Berry Brazelton Series

*The Nursing Mothers Companion*, Kathleen Huggins

*Breastfeeding Your Baby*, Sheila Kitzinger

*The Womanly Art of Breastfeeding*, La Leche League Publication

*Your Baby and Child*, Penelope Leach

*Your Child's First Year*, Lee Salk

*Guide to Your Child's Symptoms: The Official, Complete Home Reference, Birth Through Adolescence*, Donald Schiff, editor, American Academy of Pediatrics

*Your Child's Health*, Barton Schmitt, M.D.

*The Baby Book: Everything You Need to Know About Your Baby From Birth to Age Two*, William Sears, M.D. and Martha Sears, R.N.

*Caring for Your Baby and Young Child: Birth to Age 5*, Steven Shelov, M.D., American Academy of Pediatrics

*Pregnancy, Childbirth, and the Newborn: The Complete Guide*, Penny Simkin and Janet Whalley

*Dr. Spock's Baby and Child Care*, Spock and Rotherberg

### **Sleep**

*Guide to Your Child's Sleep: Birth through Adolescence*, George J. Cohen, editor, American Academy of Pediatrics

*Helping Your Child Sleep through the Night*, Joanne Cuthbertson

*Solve Your Child's Sleep Problems*, Richard Ferber, M.D.

*Nighttime Parenting: How to Get Your Baby and Child to Sleep*, William Sears, M.D.

### **Other Topics**

*Guide to Your Child's Nutrition: Making Peace at the Table and Building Healthy Eating Habits for Life*, William Dietz, Editor, American Academy of Pediatrics

*The Strong Willed Child*, James Dobson, Ph.D.

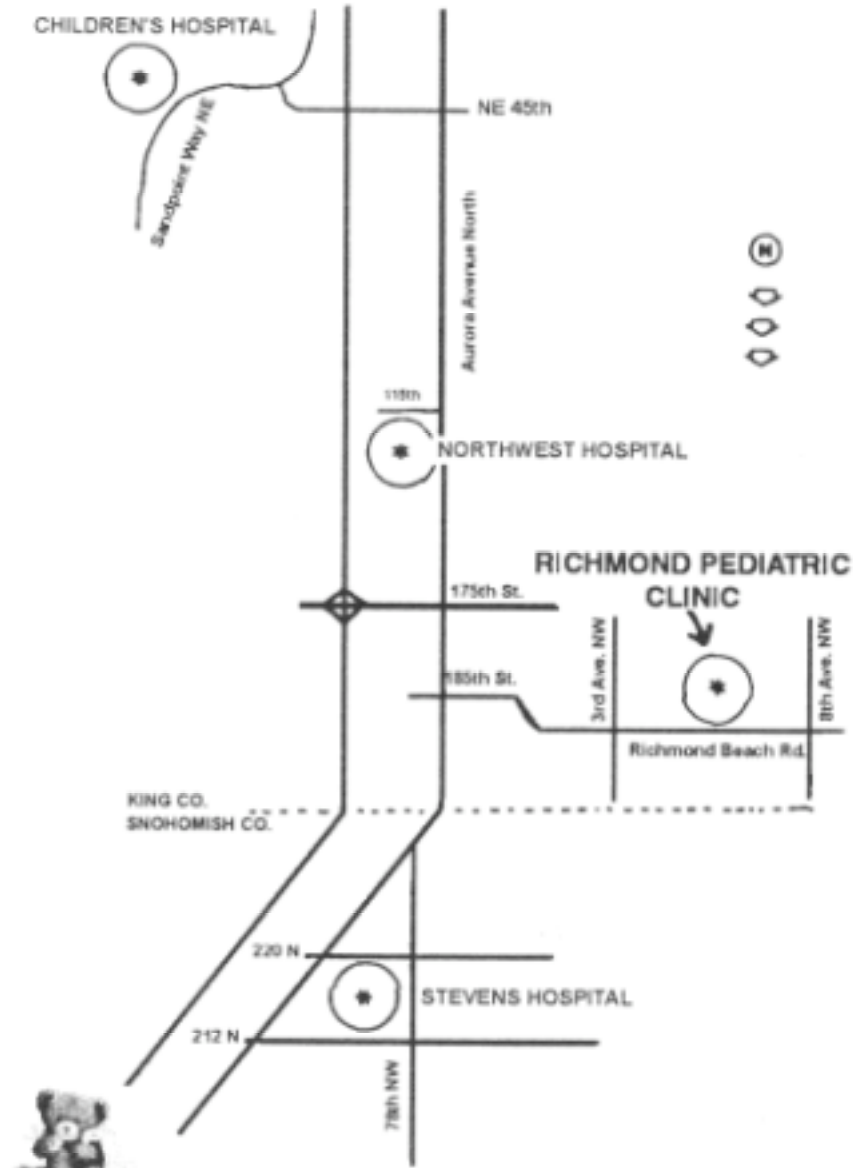
*Dare to Discipline*, James Dobson, Ph.D.

*The Hurried Child: Growing up Too Fast Too Soon*, David Elkind

*How to Talk so Kids Will Listen and Listen so Kids Will Talk*, Adele Faber and Elaine Mazlish

*Siblings Without Rivalry: How to Help Your Children Live Together so You Can Live Too*, Adele Faber and Elaine Mazlish

## LOCAL HEALTH CARE FACILITIES



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