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Welcome

Congratulations on the birth of your baby!

Baby Name:

Date of Birth:

Birth Weight:

Discharge Weight:

Length:

Head:

Welcome to the NorthShore Pediatric Group. The days after the birth of a new baby are wonderful and exciting times for you and your entire family. Yet in the midst of this excitement, there are some important things to learn about caring for your baby. We are so happy that you have chosen us to share in this very special time, and to help you and your baby get off to a good start together.

We try to review the important areas of baby care with each family, but it is challenging to communicate everything during your brief hospital stay. This Pediatric Folder is intended to help you remember some of the important aspects of newborn and toddler care. We invite you to keep this information handy as a trusted resource, so that you can refer to it frequently. This folder includes helpful answers and tips for topics including well-child visits, immunizations, breastfeeding, changing and feeding your baby, safe sleep, responding to crying, tummy positions while awake, warning signs of illness, as well as convenient ways to interact with NorthShore via our online resources and much more.

NorthShore plans well-child visits with you and your baby frequently in the early months to administer vaccines and monitor your baby's progress. Your first well-baby visit will be when your baby is between one and five days old. The second visit

will be when your baby is two weeks old. The third visit will be when your baby is one month old, and then visits are scheduled for two, four and six months old. The following sections detail well-child visits and childhood immunizations with specific schedules to serve as a reminder.

We also encourage you to log on to northshoreconnect.org and create a *NorthShoreConnect* account. This allows you to conveniently schedule appointments, view test results, receive automated email and text notifications, renew prescriptions, message your care team, use family access to manage a loved one's health, pay medical bills and view balances, and review medical records. Later in this folder you will find frequently asked questions and answers about *NorthShoreConnect*.

The most important thing to remember is that we are available to help you with your baby whenever you need us. Our office nurses can answer many of your questions via *NorthShoreConnect* and telephone. You can also speak with a doctor when his or her schedule allows, or during an office visit. We are available after hours if you feel you have an emergency that cannot wait until the office opens.

Congratulations again, and best wishes for you and your new baby.



Guide to Caring for Your Baby

Well-Child Visits





Well-Child Visits Guide

During the early months, your Pediatrician will see your baby frequently to administer vaccines and monitor your child's progress. The following is a helpful guide of when your child should be seen by their Pediatrician for well-child visits. Feel free to use this chart to write down appointments for easy reference.

Visit	Date Scheduled
Newborn Visit <i>(should be scheduled a few days after coming home from hospital)</i>	
2 week Well-Child Visit	
1 month Well-Child Visit	
2 month Well-Child Visit (vaccines start in office)	
4 month Well-Child Visit	
6 month Well-Child Visit	
9 month Well-Child Visit	
12 month Well-Child Visit	
15 month Well-Child Visit	
18 month Well-Child Visit	
24 month Well-Child Visit	

Once your child turns two years old, they will see the Pediatrician every year for well-child visits, unless they are sick or you wish to see your Pediatrician for any other reason in between the well-child visits.



Well-Child Visits Guide

What can you and your baby expect during well-child visits?

These office visits are often referred to as a “preventive medicine service”. The comprehensive nature of these visits is meant to promote wellness and disease prevention and includes age and gender appropriate:

- Medical history and examination
- Immunizations
- Laboratory/diagnostic procedures
- Counseling
- Risk factor reduction intervention(s)

If during a well-child visit, a new or pre-existing problem is addressed, requiring a physician to perform additional work that is above and beyond the scope of the preventive medicine service, an additional office visit or tests that are problem-oriented may be billed*. Your insurance company may assess a co-pay or other out-of-pocket fees for these added services.

** If you have further coverage questions, we highly recommended that you contact your insurance carrier **prior** to your office visit to ensure adequate coverage for all services, including physicals, lab work and immunizations. Your insurance may require specific time intervals between services.*



Childhood Immunizations

Over the course of your child's first two years, they will receive a number of immunizations.

NorthShore strongly encourages compliance with the CDC vaccine schedule. Therefore we encourage that all vaccines are completed by your child's second birthday. Please feel free to reach out to our office and we will help you schedule accordingly.

The chart below lists the immunizations that NorthShore and the CDC recommend and support.

Further immunizations are recommended as your child enters school and adolescence.

Age	Immunization
Birth	Hep B #1
2 Months	<ul style="list-style-type: none"> • DTaP, Hib, IPV #1 • Hep B #2 • Pneumococcal #1 • Rotavirus #1
4 Months	<ul style="list-style-type: none"> • DTaP, Hib, IPV #2 • Pneumococcal #2 • Rotavirus #2
6 Months	<ul style="list-style-type: none"> • DTaP, Hib, IPV #3 • Hep B #3 • Pneumococcal #3 • Rotavirus #3
12 Months	<ul style="list-style-type: none"> • Measles, Mumps, and Rubella #1 • Varicella #1 • Hep A #1
15 Months	<ul style="list-style-type: none"> • DTaP, Hib #4 • Pneumococcal #4
18 Months	<ul style="list-style-type: none"> • Hep A #2

Age	Immunization
4 Years	<ul style="list-style-type: none"> • DTaP #5 • IPV #4 • Measles, Mumps, and Rubella #2 • Varicella #2
10 Years	<ul style="list-style-type: none"> • Tdap Booster
11 Years	<ul style="list-style-type: none"> • Meningococcal #1
11-12 Years	<ul style="list-style-type: none"> • HPV Series 1,2
15+ Years	<ul style="list-style-type: none"> • HPV Series 1,2,3
16 Years	<ul style="list-style-type: none"> • Meningococcal #2
6 Months and up	<ul style="list-style-type: none"> • Annual Flu Vaccine

Household members and caregivers should also be vaccinated for Pertussis “Whooping Cough” and Influenza for the safety of the child.



Guide to Caring for Your Baby

Breastfeeding





Breastfeeding, Bottle-Feeding, Pumping and Burping

Regardless of whether you chose to breastfeed or bottle-feed, your baby will need to learn how to suck and swallow. Your baby was born with extra stores of fluid and calories to protect him or her while in this learning phase. We expect babies to lose up to ten percent of their birth weight before they start to gain weight. This process usually takes about three-to-four days. Most newborns will only take a half-ounce at each feeding on the first day. By the third or fourth day, most babies will be taking two-to-three ounces every two-to-four hours. Once feeding is well established, most babies gain about five-to-seven ounces in weight per week.

Breastfeeding:

Breastfeeding contains all of the nutrients required for your infant's optimal health, passes along immunities from the mother and helps cement the bond between mother and child. Your child should be warm and dry at the start of the feeding. Hold your child on your lap with his or her head slightly raised and resting in the bend of your elbow. Guide your nipple to the baby's mouth. This can often be assisted by stroking the baby's cheek nearest to the breast. The baby will then turn his or her head to search for the nipple. Initially your baby may need to nurse from both sides. Fifteen minutes is usually enough to completely empty the breast. As your milk supply grows, you may not need to feed the baby from both breasts at each feeding. Talk to your doctor about supplementing with Vitamin D.

Bottle-Feeding:

Bottle-feeding may be a preferable alternative depending on the needs of you and your infant. You may choose bottle feeding if any of your medication or possible health issues could put your baby at risk, or if your schedule demands would make breastfeeding challenging. The choice of a specific formula often depends on your infant and his or her reaction to each particular formula type or brand. We strongly recommend iron-fortified formulas. For families with a history of food

intolerances or allergies, alternative soy-based formulas can be used.

To remove manufacturers' contaminants, you should sterilize bottles, pacifiers and nipples before first use by boiling for five-to-ten minutes. There are many different types and sizes of nipples and bottles available for purchase; nipple holes should allow milk to drip as rapidly as possible without forming a stream. If nipple holes are too small, the baby may tire of sucking before getting all of the formula he or she needs. If nipple holes are too large, the baby will get too much formula too fast.

Steps for Formula-Feeding:

- Use formula before its expiration date.
- Use refrigerated, opened, ready-to-feed and prepared formula within 24 hours.
- Don't leave bottles of formula out of the refrigerator for more than one hour.
- Throw away the formula left in the bottle after a feeding because germs from the baby's saliva will grow in the formula.
- Refrigerated formula does not have to be warmed up for your baby, but most infants prefer it at least room temperature.
- To warm formula, run warm tap water over the bottle for several minutes or warm it in a pan of hot water or a bottle warmer. Do not use a microwave to heat up the bottle.
- Shake the bottle after heating and ALWAYS check the temperature of the formula before feeding your baby by shaking a few drops of the warmed formula onto the inside of your wrist.

When bottle-feeding your baby, position the bottle so that the nipple and the bottle neck are always filled with formula. This helps your baby get formula without swallowing excessive air. With the strong natural sucking of infants, the nipple may collapse. Take the nipple out of your baby's mouth occasionally to allow the nipple to refill with formula. This gives the younger infants a rest while feeding. Never prop a bottle and leave your baby to feed.



Breastfeeding, Bottle-Feeding, Pumping and Burping

Combining Breast and Bottle-Feeding:

Many women are able to combine breastfeeding and bottle-feeding. If you plan to use both methods to feed your baby, we encourage you to breastfeed first and start bottle-feeding later. You and your baby need the first several weeks to establish good milk production and nursing techniques. There are some medical situations that require early bottle-feeding, but we urge mothers to exclusively breastfeed and then introduce bottle-feedings of expressed milk or formula if needed at a later date.

Pumping:

Many mothers begin pumping while they are still in the hospital. If a baby is unable to breastfeed, pumping provides the needed stimulation to establish a mother's milk supply. Mothers should pump eight-to-ten times per day or every two-to-three hours to stimulate milk production if the baby is not nursing. If your baby is feeding well, pumping is not needed.

Burping:

Burping helps your baby bring up swallowed air during feeding. Even with the best breastfeeding or bottle-feeding techniques, babies will swallow some air. This can be brought up by holding your baby over your shoulder and patting or rubbing the back very gently until he or she brings up the air. Air swallowed when feeding does not cause your child to pass excessive gas. Burping may also be done on your lap by gently rubbing his or her back while sitting, leaning slightly forward in your lap with a hand on his or her stomach and chest. Feeding does not always need to be interrupted to burp. You should attempt to burp your baby after each feeding but sometimes he or she may not burp because they do not have any air to burp up.



NorthShore Breastfeeding Resource Center

It's perfectly normal for new mothers to have many questions about the breastfeeding experience. Feel free to ask your Obstetrician or your baby's Pediatrician when you have any issues or concerns. For even more detailed expert help, take advantage of the NorthShore Breastfeeding Resource Center, staffed by Lactation Consultants and other specialists who offer a variety of consultations, services, classes and breastfeeding aids.

About the Resource Center:

- NorthShore University HealthSystem's lactation consultants are all registered nurses and international board-certified Lactation Consultants with experience counseling, teaching and problem-solving with mothers.
- We support and promote breastfeeding while respecting each mother's personal breastfeeding goals.
- We educate each mother with the most current information to make informed choices about breastfeeding her baby.
- We promote confidence in a mother's nursing ability.
- In helping the mother breastfeed, we use scientific, evidence-based principles.
- We are sensitive to each mother's cultural influences and their effects on breastfeeding practices.
- We assist and support each mother throughout her breastfeeding experience.

Services:

- Prenatal breastfeeding classes: visit our online calendar at northshore.org/apps/calendar to enroll and select 'Childbirth/Parenting' or call **(847) 570-5020**
- Outpatient consultations/services, including assessment of maternal and infant anatomy, evaluation of breastfeeding problems and more
- Special attention to our intensive care babies and their families
- Assistance with breastfeeding multiples and other special situations
- In-hospital consultations
- Retail Shop
- Breastfeeding aids
- Pump rental and sales—instruction and support
- Consultations for mothers returning to work

For More Information:

To make an appointment with a Lactation Consultant or to learn more about the Breastfeeding Resource Centers' line of quality breastfeeding products, call **(847) 570-2268** for NorthShore Evanston Hospital or **(847) 480-3702** for NorthShore Highland Park Hospital.



Guide to Caring for Your Baby

Newborn Care





Changing Your Baby

You want to keep your baby clean, healthy and comfortable. There are a lot of “basics” to learn with a newborn, from what type of diapers to choose to what is a normal bowel movement; from how to bundle up your bundle of joy to the best ways to clean your infant’s skin and delicate areas. There are many important details and techniques for even these “basics” of baby care. Read through these next few pages and keep them as a resource to refer back to whenever you need a bit of a refresher.

Diapers and Bowel Movements:

One of your questions may be, what type of diapers should you choose? These days, the quality of disposable diapers makes them generally interchangeable with cloth diapers. Although many infants develop diaper rash, this is rarely from disposable diapers.

Other questions may be about whether your baby’s bowel movements are considered normal. Newborn babies may move their bowels each time they are fed, or have one-to-two bowel movements daily. Occasionally, a normal baby may wait 48 hours. Unless the stool is hard, this is normal. If the stools are very watery or full of mucus, phone us.

Babies’ first bowel movements are tarry and almost black. This material is called meconium and it lined your baby’s intestines before he or she was born. As food starts to move through the intestines, the bowel movements change to a lighter green or yellow and become much looser and even watery. They tend to be frequent, often after every feeding.

This alarms some parents because it is different from our stools but it is normal for babies. Some straining with passage of stools is normal. After the first transition to feeding, bowel patterns may vary from many bowel movements per day to one every three-to-four days.

Changing your baby’s diaper frequently, and cleaning and drying the area, are the best ways to prevent diaper rash. Change your baby’s diaper after each bowel movement or when wet. Be sure to thoroughly clean your baby’s diaper area from front to back and dry thoroughly. The skin under the diaper should be protected from irritation by prompt changing and using a layer of diaper ointment or barrier cream over the areas most heavily soiled if reddened.

Clothing:

Babies can go outside at any age but they must be dressed appropriately. Your baby will need as much clothing as you would need plus one layer. Hats and hoods are very helpful for newborns because their heads are so large relative to their body size. Be careful to keep your baby’s skin protected from direct sun in the summer. In the cold weather, babies need to be dressed as if they were going to be out all day, even for short trips. In addition, carrying your baby close to you (i.e. inside your overcoat) can help him or her stay warm.



Bathing Your Baby

If you wash your baby's face and clean the diaper area thoroughly, a bath two or three times a week is sufficient. Remember to do a sponge bath until the umbilical cord has fallen off and healed, and for boys that the circumcision is healed as well. When bathing your baby a few things to keep in mind include:

- Bathe your baby in a warm area with no drafts.
- Gather all of your supplies and have them within your reach, including the tub or basin, washcloth, mild baby soap, towel, clean diaper and clothes.
- Water temperature should feel warm, not hot, on your elbow or wrist.
- Use a dampened washcloth, without soap, to wash the face.
- Pay special attention to the creases of the skin, behind the ears and around the neck.
- Shampoo your baby's hair and rinse thoroughly.
- Lotions, oils and powders are not necessary.

Umbilical Cord Care:

Generally, no special care is required for the umbilical cord. The top of your baby's diaper should be folded to keep moisture away from the cord stump. After the cord falls off, you may note a drop of blood in the area as it heals over. This is normal. The cord usually falls off by 10 days old.

Genital Care:

Girls: Newborns are still under the influence of their mother's adult hormones. A baby girl's labia appears slightly red and engorged. There is usually some vaginal discharge and occasionally a blood-tinged discharge. Cleansing of the area should be gentle.

Uncircumcised Boys: The tip, or glans, of the penis is covered by a fold of skin called the foreskin. In newborns and young boys, the foreskin is adherent to the glans and is not retractable. The foreskin loosens and becomes retractable no later than puberty. The only care required is gentle retraction as far as is easily and comfortably done, and wiping away the white "smegma" which is naturally produced under the foreskin.

Circumcised Boys: Circumcision is the surgical removal of the foreskin from over the glans of the penis. This exposes the glans and that area will be raw for several days. Most Obstetricians recommend wrapping the penis in gauze soaked with sterile Vaseline for the first five days to protect it while the skin heals. Contact your Pediatrician if you notice swelling or bleeding.

Use of Bulb Syringe:

The bulb syringe is used to clear mucus or secretions from the mouth and/or nose. Because infants may swallow mucus at the time of delivery, it may be necessary to help them clear this mucus from their mouth during the first few days of life. Always be sure to squeeze the bulb part of the syringe first, then insert into the mouth or nose and gently release the bulb. If using the bulb syringe to clear mucus from the mouth, place the tip of the bulb syringe near the middle of the cheek—be sure to not insert the tip too far because this will cause your baby to gag. When using the bulb syringe, it should be washed daily with warm soapy water and rinsed well.



Sleep Positioning and Patterns

We've all heard the popular expression "to sleep like a baby." Yet it takes attention to detail to make sure that your baby's sleep positions, patterns, and balance between sleep and activity are appropriate, to help your baby sleep, grow and thrive. The following sections include specific recommendations and tips for your baby's best sleep positions and patterns.

In addition to high-quality sleep, we are all concerned that sleep is safe for your baby. Please read the informative, important brochures following this page entitled "Safe Sleep For Your Baby" published by the Eunice Kennedy Shriver National Institute of Child Health & Human Development and also "Safe Sleep For Infants in Childcare" published by SIDS of Illinois.

Sleep Positioning:

Babies should be positioned on their back and the crib or bassinet should have a firm mattress. Protect the mattress with a waterproof cover and fitted baby sheet. Keep soft objects, such as pillows and loose bedding, out of your baby's sleep area. If the room is kept at an even temperature with ventilation in warm weather and the baby is in a warm sleeper when it is cool, your baby will be comfortable.

Sleep Patterns:

Babies do not sleep for long periods at a time. Most babies will wake to feed every two-to-four hours. Some babies tend to have their alert time during the night and their sleep time during the day. Waking your baby after two-to-three hours of sleep during the day and keeping your nighttime feedings very businesslike can help a baby gradually adjust to a normal day and night pattern. It is okay to put your baby back to bed during the night, even if he or she still seems wide awake.

Balancing Sleep with Activity:

Although you would never intentionally want to upset your child, it is easy to overstimulate and irritate your baby. Even when your baby appears awake and interested in looking around, this really could be caused by hyper-alertness and difficulty falling asleep.

Sleeping should be a priority. Sleeping is important for physiologic functions and circadian rhythms. Sleeping is also when brain growth occurs; it helps your baby learn and feed better, and be more content. Do all activities with minimal stimulation and remember that babies never really fall into a deep sleep state when they are being held. They are more likely to be in REM sleep, or a light sleep state. Deep sleep is when the best brain growth and recovery occur. So when your baby is ready to fall asleep, please help them by putting them "back to sleep" in their own bed.

We realize that bonding is so important. Yet, there needs to be a balance between activity and rest to maintain good health. We encourage clustering of activities. This means never wake a sleeping baby, but around the feeding time there will be plenty of time to hold and interact with your baby, and it is a natural time for your baby to be awake and have some activity. This will not interfere with your baby's energy and endurance for feeding.

If you want to talk to your baby, sing to your baby, show your baby your face, touch or stroke your baby, hold your baby's hand, or give the pacifier, be sure your baby is not sleeping and be sure your baby is ready for this. Always pay attention to your baby's reactions to what you are doing and respond appropriately by continuing, limiting or stopping the activity according to your baby's needs.



Safe Sleep for Your Baby

What does a safe sleep environment look like?

Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death



Use a firm sleep surface, such as a mattress in a safety-approved* crib, covered by a fitted sheet.

Do not use pillows, blankets, sheepskins, or crib bumpers anywhere in your baby's sleep area.

Keep soft objects, toys, and loose bedding out of your baby's sleep area.

Do not smoke or let anyone smoke around your baby.



Make sure nothing covers the baby's head.

Always place your baby on his or her back to sleep, for naps and at night.

Dress your baby in light sleep clothing, such as a one-piece sleeper, and do not use a blanket.

Baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.

*For more information on crib safety guidelines, contact the Consumer Product Safety Commission at 1-800-638-2772 or <http://www.cpsc.gov>.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTES OF HEALTH
Eunice Kennedy Shriver National Institute of Child Health and Human Development



Safe Sleep for Infants in Childcare

Did You Know?

SIDS (Sudden Infant Death Syndrome) claims the lives of 6 babies every day in the US. That's nearly 1 baby every 4 hours.

In nearly all 50 states, including Illinois, smoking is not allowed in childcare homes or centers.

It is essential to communicate Safe Sleep strategies with new and expectant parents, and anyone working with infants. Consistency of care – from parent to childcare provider, babysitter and grandparent – is extremely important. It is equally important to be consistent from naptime to nighttime. When babies who routinely sleep on their backs are placed on their tummies for sleep, there is an 18 times increased risk for SIDS. Babies under one year of age should consistently be placed on their backs to sleep for naptime and nighttime.

Safe sleep strategies work! By following the recommendations for SIDS reduction, deaths due to accidental suffocations, overlays and entrapments can be 100% prevented. SIDS deaths have been reduced by 68% in Illinois by using these techniques.

You can make a difference.

To check your licensing standards in Illinois, go to www.state.il.us/dcis. For all other states, go to <http://nrc.uchsc.edu>.

Safe Sleep For Infants in Childcare



There's nothing sweeter than a sleeping baby.

1-800-432-SIDS (7437)



For more information please contact SIDS of Illinois, Inc.

710 E. Ogden Avenue
Suite 550
Naperville, IL 60563
Office (630) 305-7300
Fax (630) 305-4773

In Illinois, call toll free –
1-800-432-SIDS (7437)

www.sidsillinois.org

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Safe Sleep for Infants in Childcare

Reduce the Risk of Sleep Related Infant Deaths



As a childcare provider, you have an important job that comes with crucial responsibilities. Remember to take any precautions necessary to ensure the well being of a child in your care.

What you can do:

- Always place baby on back to sleep, alone, in a crib.
- Do not cover baby's head or face when sleeping.
- With parent's permission, offer baby a pacifier at sleep times from 1 month to 1 year of age, but do not force baby to use it.
- Never allow anyone to smoke around baby.
- For sleep, a blanket free crib is best.
- Be sure crib slats are no more than 2 3/8" apart (no wider than a soda can).
- When weather is warmer, dress baby in less.

WARNING! Never place these things in a crib with baby:

- Positioning device that could restrict movement (without doctor's ok)
- Car seats
- Soft bedding
- Bumpers
- Pillows
- Quilts
- Comforters
- Sheepskins
- Stuffed toys
- Laundry
- Pets

Do NOT sleep infants on a sofa, arm chair, soft mattress, in a car seat or swing.

Flippers vs. Rollers

Flippers are infants who cannot roll by themselves from back to tummy and then from tummy to back. Place baby on his or her back to sleep. If this baby flips to his or her tummy during sleep, turn the baby back over onto his/her back.

Rollers are infants who can roll all the way around on their own. Place the baby on his/her back to sleep, but allow the baby to move to and stay in whatever position he/she prefers.

Do not use any type of positioners to keep a baby on his/her back. A safe crib for all babies has only a mattress, fitted sheet and the baby in it.

Tummy Time will help a baby to gain strength and become a roller. It can also help prevent a flat spot on the back of baby's head.



SPECIAL CIRCUMSTANCES –

Childcare providers must obtain written instructions from a baby's doctor before the infant can be placed in any position except the 'back to sleep' position. The doctor must give the provider detailed instructions about the medical condition, how the infant should be positioned, and if any positioning devices should be used.

Tummy Time is Play Time!

Babies need tummy time to make their upper bodies strong. Remember to give babies tummy time every day and make it fun by playing with them.

- Supervise! Never leave baby unattended with young children or with pets while on his/her tummy.
- Always place baby on a clean, safe surface for tummy time.
- Limit the amount of time spent in strollers, swings, car seats and bouncy seats during baby's awake times.
- Vary baby's position at least every 20 minutes throughout the day during play time.

Tips to remember throughout the day:

- When bottle feeding baby, alternate the way you hold baby at each feeding. It's better for you and better for baby.
- Change baby's position in crib every time you place baby to sleep. Example – naptime, baby's feet at foot of crib; next sleep time, baby's feet at head of crib; and so on.
- Carry baby in your arms rather than in a car seat or backpack or sling.





Responding to Crying

You may have read different theories or heard various types of advice from relatives and friends about whether to quickly respond to a baby when he or she is crying or not to react right away.

Fortunately, we have specific recommendations for you on this topic. During the first few months, the best way to handle crying is to respond as promptly as possible.

You cannot spoil a young baby by giving too much attention. If your baby is warm, dry and fed but still crying, try the following consoling techniques:

- Holding your baby close to you and speaking softly to your baby
- Rocking
- Gently patting his or her back
- Swaddling
- Singing or playing soft music
- Walking your baby in your arms or stroller
- Riding in a car
- Rhythmic noise or vibration
- Burping to relieve any trapped gas bubbles
- Skin-to-skin contact

It can be very frustrating when trying to calm a crying baby. Remember that it takes time for both the baby and the parents to get to know each other, so be patient with yourself and your infant.



Calming Strategies for Babies

When your baby needs calming, there are several “sense-able” approaches. You can help simply by using touch, temperature and other ways that help your little one experience his or her environment or feel more comfortable physically and emotionally. Like most things, balance is key. Too much sensory input can upset or startle your baby, while too little could cause him or her to feel anxious. The chart below offers helpful methods for interacting with your baby’s senses to enhance calming, and avoiding too much stimulation or sensitivity.

Sensory Input	Effect on Baby
Body Position	<p>Babies feel secure when they are swaddled or placed in a snug space (like an infant seat). This helps all babies develop a sense of where their body is, which is reassuring.</p> <p>Babies who don’t have a good sense of where they are in space don’t like to have their position changed. They may cry when they are picked up (change from lying down to upright).</p>
Movement	<p>Slow rocking (back and forth) or bouncing (up and down) can be calming. Stroller rides can also be calming.</p> <p>Babies who are sensitive to movement may become upset if they are moved too fast or with changes in speed.</p>
Oral	<p>Sucking is very calming. Babies associate sucking with getting rid of hunger. They are also calmed by the rhythm of sucking on a pacifier or fingers. Sucking is self-calming.</p>
Smell	<p>Baby’s sense of smell is well developed. Familiar smells, especially associated with caregiving, are calming.</p>

Sensory Input	Effect on Baby
Sound	<p>Sounds are calming when they are soft and repetitive (like chanting or lullabies). White noise or humming is also calming.</p> <p>Babies who are sensitive to sound will startle or notice any new sounds. Close your eyes and listen to the level of noise in the room.</p>
Temperature	<p>Keeping a neutral temperature is important. Babies may get upset if they are too warm or too cold. Remember, if the room is warm, baby may have on too many clothes. Hats keep in body temperature.</p>
Touch	<p>Babies need to be touched and held.</p> <p>Massage (rhythmic stroking) and firm touching (hugging or swaddling) can be calming.</p> <p>Some babies are sensitive to touch. These babies may become upset if they are stroked (especially on the face or arms) or have their clothing removed for changing or bathing.</p>
Vision	<p>Natural lighting and soft colors are calming. A caregiver’s face can be calming. Things that move in a slow pattern (like mobiles, fish bowls or lava lamps) can also be calming. Some babies who are visually sensitive need to look away from caregivers. They also can become over-whelmed if there are a lot of people moving around.</p>



Tummy Time

As you've been reading in earlier sections, a baby's position while sleeping is very important for quality of sleep and safety. But you must also consider what positions are preferable when your baby is awake. Although placing babies on their back for sleep is very important, it is also important for them to have time on their tummy when awake.

"Tummy time" should start when your baby is first born. Newborns are often quite comfortable prone (lying on their stomach or front) and may open their eyes and lift and turn their heads well. Babies use different muscles when prone and need time to strengthen them to keep good muscle balance for future motor skills.

Children who do not spend enough time in a prone position may develop muscle imbalance in their necks, and flattening of the back or one side of their heads.

Tummy time should be encouraged very frequently when your baby is awake, even if it is only a short time. Some families turn their baby prone after every diaper change in addition to during longer periods of play. Some babies relax and fall asleep when in prone; they should then be turned to their backs.

Although tummy time is important, **we know it is safest that your baby to sleep on his or her back.**



It is very important that tummy time be closely monitored by an adult. Your child must never be left alone in the tummy time position.



When to Contact Your Pediatrician's Office About Your Child

Most people feel hesitant to call a physician especially too frequently, not knowing whether it's truly a worrisome issue and not wanting to bother a busy doctor or office staff. If you're worried or unsure about your baby's symptoms or behavior, please call our office to let us know what's occurring and to receive guidance on what to do next—such as at-home remedies or whether your baby may need an office visit or emergency care.

Here are some guidelines to help you decide when to call your child's pediatrician:

- Your newborn is not wetting at least four diapers and having at least two soft or watery yellow bowel movements per 24 hours by the fourth to fifth day; has fewer wet diapers than usual.
- Fever:
 - Your child has a rectal temperature of 100.4 degrees or higher; if your baby is less than 3 months old, call our office immediately.
 - Has a temperature less than 97.4 degrees that does not improve with an additional blanket and/or warmer room temperatures.
 - Your child is greater than 3 months old and has a fever for more than 2 days.
- You cannot calm or rouse your child.
- Your child sleeps excessively, does not seem as active as usual or is difficult to wake up.
- Your child is consistently too sleepy to feed or consistently refusing to feed, does not feed as well as usual or seem as hungry as usual (examples of this include eating less than usual at two or more feedings in a row, skipping two feedings in a row, or being very sleepy and unable to wake up for feedings).
- Your child cries more than usual and cannot be comforted by your usual means.
- Your child is looking or acting very sick, even without a fever; appears pale, blue or yellow.
- Your child is vomiting or vomits with force all or most of a feeding.
- Your child has irregular, loose or runny stools, or has more stools than usual and they are very watery.
- Your child seems to be working harder to breathe or is breathing faster than usual.
- Your child has foul-smelling drainage, redness or swelling around the umbilical cord.
- Your child has bleeding, swelling or foul smelling drainage from the circumcision site.
- Your child has an unusual rash.
- You are worried that your child is not doing well.

Taking your Baby's Temperature:

If you are concerned that your baby may be becoming sick or feels too warm or cold, you should take a rectal temperature. We recommend using a digital rounded-tip thermometer.

To take a rectal temperature:

- Place a small amount of lubricant such as petroleum jelly on the tip of the thermometer.
- Insert the lubricated tip of the thermometer ½-to-1 inch into the rectal opening.
- Hold the thermometer securely in place until a reading is completed.
- Contact your Pediatrician immediately, if your baby is less than 3 months old and has a rectal temperature of 100.4 degrees or higher.

Please see the Warning Signs of Illness section that follows for further information.



Warning Signs of Illness

There are many symptoms and illnesses to be on the lookout for with a baby, so obviously contact your doctor if anything has changed from your baby's typical appearance and behavior, or if he or she has been exposed to any sickness.

The following are a few major illnesses and conditions that can occur in babies, with brief descriptions of what they are, what to look for in terms of symptoms and when to contact your pediatrician.

Jaundice and Your Newborn:

What is jaundice?

Jaundice is the yellow color seen in the skin of many newborns. It happens when a chemical called bilirubin builds up in the baby's blood. Jaundice can occur in babies of any race or color.

How can I tell if my baby is jaundiced?

The skin of a baby with jaundice usually appears yellow. The best way to see jaundice is in good light, such as daylight or under fluorescent lights.

Jaundice usually appears first in the face and then moves to the chest, abdomen, arms, and legs as the bilirubin level increases. The whites of the eyes may also be yellow.

Jaundice may be harder to see in babies with darker skin color.

When should I call my baby's doctor?

Call your doctor if:

- Your baby's skin (on the abdomen, arms or legs) and/or the whites of their eyes, turns yellow
- Your baby is jaundiced and is hard to wake, fussy, or not nursing or taking the formula well

Signs of Dehydration:

Dehydration occurs when the body loses more water than it takes in, which in turn interferes with body function. The following are warning signs of dehydration:

- Dry mouth/tongue—sometimes has a pasty appearance rather than shiny saliva or saliva bubbles (dry lips are not a sign of dehydration).
- No tears.
- Less than three voids/urine outputs daily; children should urinate at least once every eight hours while awake (ideally three times daily).
- Cannot keep any liquids down. This includes continued vomiting even after taking a teaspoon of fluid after letting the tummy rest for 30–45 minutes after the last vomiting episode.

Signs of Working Too Hard to Breathe:

Signs of impaired breathing include:

- Nostrils flaring in and out
- Sucking in between the ribs or collar bones
- Tummy moving in and out more than usual
- Seeming tired just breathing or not being able to talk in full sentences due to having to catch one's breath
- Noisy breathing almost like a high-pitched whistle when breathing in or out

If your child has difficulty breathing which is not relieved by clearing the nasal mucus or going into a steamy bathroom, call your Pediatrician right away.



Guide to Caring for Your Baby

Resources



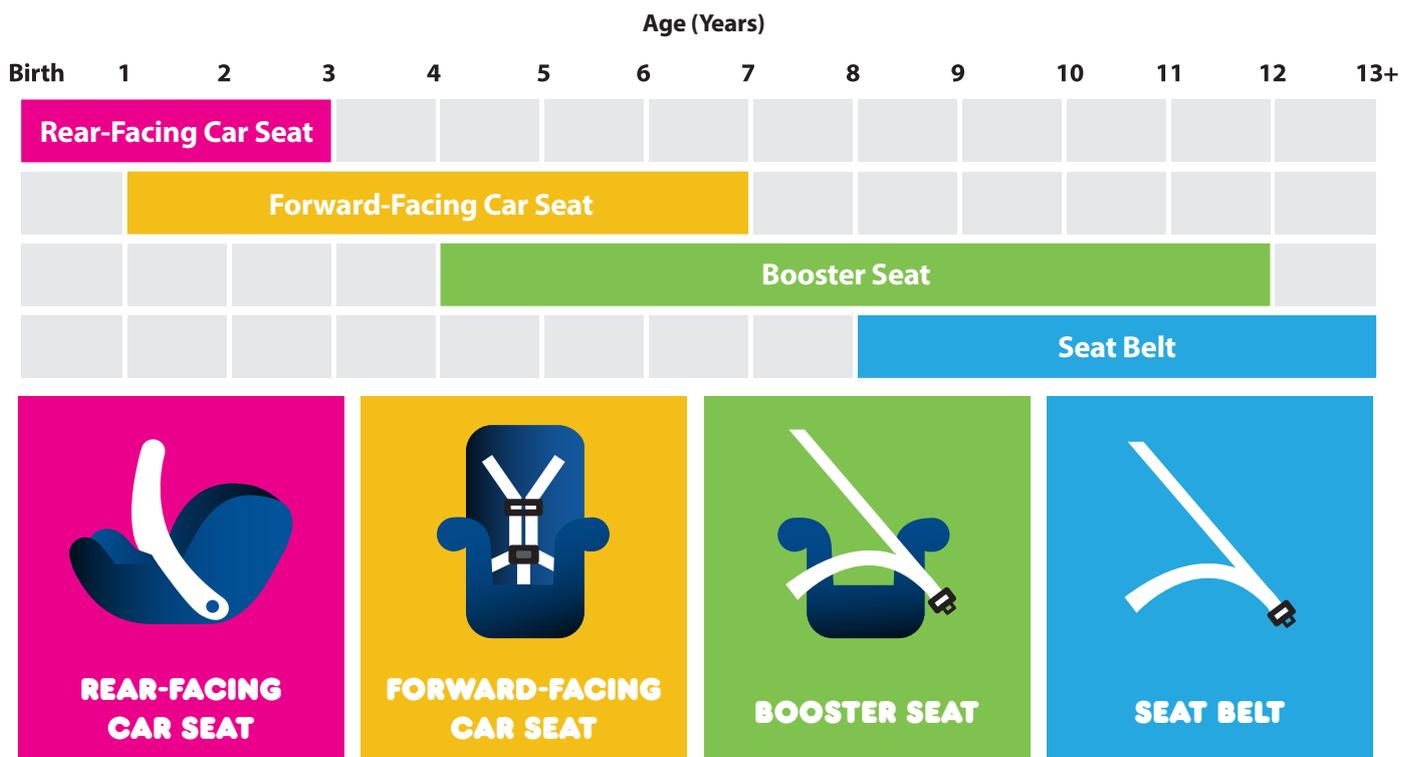


Resources

Use this section as a frequent resource for the very important topics of Car Seat Safety, the Parent'Hood online community for parents, and a detailed Over-the-Counter Medication Reference Guide for more commonly used medications of Acetaminophen, Ibuprofen and Diphenhydramine.

Car Seat Safety:

There are many car seat choices on the market. Use the information below to help you choose the type of car seat that best meets your child's needs.



- Select a car seat based on your child's age and size, choose a seat that fits in your vehicle, and use it every time.
- Always refer to your specific car seat manufacturer's instructions (check height and weight limits) and read the vehicle owner's manual on how to install the car seat using the seat belt or lower anchors and a tether, if available.
- To maximize safety, keep your child in the car seat for as long as possible, as long as the child fits within the manufacturer's height and weight requirements.
- Keep your child in the back seat at least through age 12.



Resources

The Parent'Hood:

Life can be hectic, especially the life of a parent, which is why we hope to provide our community members with a place to find the answers they need. NorthShore's community is an online destination for parents to share their experiences and support each other, as well as connect with our team of medical experts, from Obstetricians to Pediatricians. northshore.org/healthy-you/the-parent-hood-online-community

Over-the-Counter Medication Reference Guides:

- **Dose:**

Find the child's weight in the top row of the dose table. Look below the correct weight for the dose based on the product you have.

- **Measuring Dosage:**

Syringes and droppers are more accurate than teaspoons. If possible, use the syringe or dropper that comes with the medicine. If not, you can get a med syringe at drug stores. If you use a teaspoon, it should be a measuring spoon because regular spoons are not reliable. Keep in mind 1 level teaspoon equals 5 mL and that ½ level teaspoon equals 2.5 mL.

- **Medication Dosages:**

Acetaminophen (Tylenol or another brand)

Do not give before 3 months of age.

Give every 4–6 hours as needed.

Do not give more than 5 doses in 24 hours.

Weight in pounds (lbs.)	Acetaminophen liquid 160mg/5ml
5–6.5 lbs.	40 mg (1.25 ml)
6.5–8 lbs.	48 mg (1.5 ml)
8–10.5 lbs.	64 mg (2 ml)
10.5–13 lbs.	80 mg (2.5 ml)
13–16 lbs.	96 mg (3 ml)
16–20.5 lbs.	120 mg (3.75 ml)
20.5–26 lbs.	160 mg (5 ml)

Weight in pounds (lbs.)	Acetaminophen liquid 160mg/5ml
26–32 lbs.	192 mg (6 ml)
32–41 lbs.	240 mg (7.5 ml)
41–53 lbs.	320 mg (10 ml)
53–65 lbs.	400 mg (12.5 ml)
65–90 lbs.	480 mg (15 ml)
90 lbs. and over	650 mg (20 ml)



Resources

- **Medication Dosages (continued):**

Ibuprofen (Advil, Motrin, or another brand)

Do not give before 6 months of age.

Give every 6 to 8 hours as needed; always with food.

Do not give more than 4 doses in 24 hours.

Weight in pounds (lbs.)	Ibuprofen suspension 100mg/5ml	Weight in pounds (lbs.)	Ibuprofen suspension 100mg/5ml
8–14 lbs.	50 mg (2.5 ml)	72–82.5 lbs.	350 mg (17.5 ml)
14–20 lbs.	75 mg (3.75 ml)	82.5–94 lbs.	400 mg (20 ml)
20–25 lbs.	100 mg (5 ml)	94–105 lbs.	450 mg (22.5 ml)
25–30 lbs.	125 mg (6.25 ml)	105–115 lbs.	500 mg (25 ml)
30–38.5 lbs.	150 mg (7.5 ml)	115–126 lbs.	55 mg (27.5 ml)
38.5–50 lbs.	200 mg (10 ml)	126–154 lbs.	600 mg (30 ml)
50–60 lbs.	250 mg (12.5 ml)	154 lbs. and over	800 mg (40 ml)
60–72 lbs.	300 mg (15 ml)		

Diphenhydramine (Benadryl or another brand)

Call office before giving for the first time if child is under 2 years of age.

Give every 6 hours as needed.

Weight in pounds (lbs.)	Liquid Suspension	Chewable Tablets
11 lb. – 16 lb., 7 oz.	½ tsp or 2.5 ml	X
16 lb., 8 oz. – 21 lb., 15 oz.	¾ tsp or 3.75 ml	X
22 lb. – 26 lb., 7 oz.	1 tsp or 5 ml	1 tablet
27 lb., 8 oz. – 32 lb., 15 oz.	1¼ tsp or 6.25 ml	1 tablet
33 lb. – 37 lb., 7 oz.	1½ tsp or 7.5 ml	1 tablet
38 lb., 8 oz. – 43 lb., 15 oz.	1¾ tsp or 8.75 ml	1 tablet
44 lb. – 54 lb., 15 oz.	2 tsp or 10 ml	2 tablets
55 lb. – 65 lb., 15 oz.	2½ tsp	2 tablets
66 lb. – 76 lb., 15 oz.	3 tsp	2 tablets
77 lb. – 87 lb., 15 oz.	3½ tsp	2 tablets
88 lbs.+	4 tsp	4 tablets



NorthShoreConnect

NorthShoreConnect is an online patient portal that makes your healthcare experience with NorthShore University HealthSystem convenient and easily accessible through your computer and our mobile app.

Once you set up your NorthShoreConnect account, as a member you will be able to:

- Schedule appointments
- View your test results
- Receive automated email and text notifications
- Send messages to your doctor's care team
- Use Family Access to manage your loved ones' health
- Pay your medical bills and view balances
- Review your medical records

If you are a parent, caregiver or legal guardian who needs access to your minor's or an adult's medical record online, you will need to complete the NorthShoreConnect Proxy Access Authorization Form as well as have parental rights, legal guardianship or durable power of attorney for healthcare. The Proxy Access Authorization Form is provided in the pocket on the right. If, for some reason, you do not have a Proxy Access Authorization Form, you can request one at your Pediatrician's office at any time.

Fill out the Proxy Access Authorization Form and bring it to your pediatrician's office during your next visit.

