Child and Adolescent Clinic

presents

Preparing and Caring for Your Newborn

Congratulations
on the birth of your baby!

What an exciting time it is for you and your new family. For the past nine months your baby has been growing inside of you. Now your baby is here, and you and your partner may be feeling a bit overwhelmed and asking…

"Now what do we do?"

That very first time you hold your baby and look into his eyes is a moment you and your partner will never forget. It is an incredibly personal experience. No two people will react the same.

You will find that you have so much to learn over the next few weeks. Your life has just changed beyond measure. Remember, this is a time of transition and growth. It is true, you will have many questions. Trust yourself. You will naturally learn about your baby, as your baby will learn about you.

The purpose of this publication is to provide general information and guidance for new parents. As with any new parent, there is a sense of awe and amazement at the birth of a new baby. But with that excitement is also a sense of anxiety and an element of fear. Please know that these feelings are common and normal. You are not alone! Our hope is that the following information will help to answer many of your questions and reduce the anxieties you may be feeling.

Enjoy this wonderful journey of parenthood!

Welcome to
The Child and Adolescent Clinic

Thank you for choosing The Child and Adolescent Clinic for your child's medical care. We count it a privilege to provide specialty care to every child! We have prepared this short guide to help you get to know us better, and learn how our clinic serves the needs of all our patients.

Raising a child from a new baby to a responsible adult is hard work! We are glad to partner with you in this adventure, and hope that you will feel comfortable coming to us with any concerns that come up along the way.

Well Child Visits are so important! We follow the nationally recognized schedule for Well Child Visits, and at each visit from birth to age 18, we will assess and discuss with you your child's growth, health, behavior, and needs. We have adopted parent handouts from the American Academy of Pediatrics and other trusted sources that will help you through each stage of your child's life. This binder will give you a place to keep them all together, if you wish.

Many of our families find the information about specific topics on our website **www.CandAC.com** to be very helpful. Our home page has links to trusted resources, such as HealthyChildren.org, Parent Resources, and a Symptom Checker tool that can help you decide whether your child needs to see us. Our Services page has links to many topics, or you may find what you are looking for by clicking on "Ask Dr. Sue". We also offer access to your child's medical record through our Patient Portal, and hope that you will find it to be a useful way to interact with our staff and participate in your child's care.

Child and Adolescent Clinic

PEDIATRICIANS - Doctors who treat only babies, children, and adolescents

ANNE METTE SMEENK, MD, FAAP (Longview Office)
MD Degree – University of North Dakota
Pediatric Residency – Boston Floating Hospital for Infants and Children
Fellowship in Developmental Pediatrics – Oregon Health Sciences University
Fellow – American Academy of Pediatrics (FAAP)
Board Certified – American Board of Pediatrics

KENNETH WU, MD, FAAP (Longview Office)
MD Degree – New Jersey Medical School
Pediatric Residency – Oregon Health Sciences University
Fellow – American Academy of Pediatrics (FAAP)
Board Certified – American Board of Pediatrics

REBECCA HUTFILZ, MD, FAAP (Longview Office)
MD Degree – Pennsylvania State College of Medicine
Pediatric Residency – Naval Medical Center of San Diego
Fellow – American Academy of Pediatrics (FAAP)
Board Certified – American Board of Pediatrics

TSERING LHEWA, MD, FAAP (Vancouver Office)
MD Degree – University of Washington School of Medicine
Pediatric Residency – Oregon Health Sciences University
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WESLEY HENRICKSEN, MD, MPH (Longview Office)
MD Degree – Emory University School of Medicine
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Masters of Public Health – Emory University
Fellow – American Academy of Pediatrics (FAAP)
Board Certified – American Board of Pediatrics

AMRITA STARK, MD (Vancouver Office)
MD Degree – Ross University School of Medicine
Pediatric Residency – Case Western Rainbow Babies and Children's Hospital
Fellow – American Academy of Pediatrics (FAAP)
Board Certified – American Board of Pediatrics

JENNIFER CHU-SMITH, MD (Vancouver Office)
MD Degree – Drexel University College of Medicine
Pediatric Residency – University of California, Davis
Fellow – American Academy of Pediatrics (FAAP)
Board Certified – American Board of Pediatrics

ANNETTE VILLE, MD (Longview & Vancouver Office)
MD Degree – University of Florida
Pediatric Residency – University of Texas
Fellow – American Academy of Pediatrics (FAAP)
Board Certified – American Board of Pediatrics

Child and Adolescent Clinic
PEDIATRIC NURSE PRACTITIONERS
Nurse Practitioners who treat only babies, children and adolescents

ROBIN WULFF, RN, MN, CPNP-PC
Bachelor of Science Nursing – University of Phoenix
Master of Nursing – Seton Hall University
Certified – Pediatric Nurses Certification Board
Member - National Association of Pediatric Nurse Associates and Practitioners

Child and Adolescent Clinic - Your Child's Medical Home

As the years go by, we hope that all our patients and their families will think of the Child and Adolescent Clinic as their medical home, a central resource for all of your child's health care needs. The American Academy of Pediatrics defines a Medical Home as a clinic that provides care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective.

We, the pediatricians and pediatric nurse practitioners, promise not only to care for your child during an acute illness, but also to see them through problems of development, behavior, and learning. And for those children who get rare and serious diseases, we will work closely with pediatric subspecialists who practice at the large pediatric hospitals in Portland, Seattle, Tacoma, or Olympia. Our ultimate desire is to give the best, most up-to-date, evidence-based care for your children, our patients, at the Child and Adolescent Clinic.

Connecting with our office is easy! Our receptionists are available to answer the phone starting at 7:30am on weekdays, 8am on Saturdays and Sundays. When you call, you will get our automated answering line. Press "1" to schedule an appointment.

Both the Longview and Salmon Creek offices are open for patient care from 8:30am to 5:00pm, Monday through Friday. Urgent Care is available by appointment in both offices Monday through Friday evenings from 5:00-7:30pm. Our Longview office is open on Saturdays and Sundays from 9:00am – 12:00pm. We will see your sick child the same day, if needed.

If you have questions about your child's condition during clinic hours, just give us a call; we have Advice Staff standing by. If they are on the phone with other families, you will be able to leave a voicemail message. All calls left during business hours are returned on the same day.

If questions come up outside of our clinic hours, please call our clinic's **After-Hours Advice Line** at (360) 577-1200. They can help you decide if you should take your child to the Emergency Department, or if the condition can wait until the pediatrician can see your child the next day. They can also give advice for home care, if appropriate, according to the guidelines our pediatricians have recommended.

When making an appointment, our receptionists and staff may not understand the native **languages** of our non-English speaking families. The person calling should tell the receptionist if a translator will be needed and the language required so that an interpreter can help with the phone call and be scheduled for the child's visit.

Your Primary Care Clinician Preference is our priority! If at all possible, we want you to see your pediatrician or pediatric nurse practitioner for all your child's care. Your PCP will coordinate your child's healthcare across all settings, including the medical office, hospital, clinics, labs and testing facilities, and other places where you receive

healthcare. When you make an appointment in our office, please tell the receptionist which clinician usually sees your child. If there are no available appointments at a time that is right for you, another of our pediatricians or pediatric nurse practitioners will see your child.

Your **Care Team** appointment starts at the Reception Desk. Our staff will help you check in, assure information for you and your child is up-to-date, and help you with any paperwork. There will often be a parent questionnaire if your child is having a Well Child Visit. These surveys give your clinician a good picture of your child's health and development. Next, a Certified Medical Assistant will help you and your child to an exam room to measure your child and gather vital statistics the doctor will need. After your visit with the doctor or pediatric nurse practitioner, be sure to check out with the Receptionist to make any follow up appointments your clinician has recommended.

We want to hear how your child is doing at home, at school, and at play. Write down and bring your main questions and concerns. Bring in a list of any current medications, recent test results, and other clinicians and specialists your child sees and their contact information. Also, anytime your child visits the Emergency Department or is admitted to the hospital, please share that information with us!

We will connect you with our local community based resources, such as schools, parent support and education groups, mental health providers, and dental services to help you and your family. We coordinate pediatric care between Child and Adolescent Clinic and other pediatric sub-specialist clinics from our helpful **Referral Department**.

Internet connection is a wonderful convenience that allows you to access your child's medical record through our secure online **Patient Portal**. Our receptionists can help you open an account in two easy steps. The portal allows you to review a summary of your child's doctor visit as soon as it is available, usually within 3 business days. From the patient portal, you can also view and print immunization records, request a medication refill, request an appointment, request referrals, or view test results.

We are here for you! Remember, we are a central resource for all of your child's health care needs. Think of us first. We can help!

Child and Adolescent Clinic – Your newborn

PEDIATRIC CARE IN THE NEWBORN PERIOD

To ensure that your child receives the highest quality care, you must inform your obstetrician that you have chosen the pediatricians at Child and Adolescent Clinic to care for your newborn child. This should also be expressed to the obstetric nurses and unit secretary immediately upon your arrival to the labor rooms at St. John Medical Center. With this information, your labor nurse will be prepared for any unexpected situations. If there are complications during the childbirth process, one of us will be asked to attend the delivery by your obstetrician.

We encourage you to choose one of the clinic's pediatricians to be the primary caregiver for your child or children. However, that physician may not be available at the time of your baby's delivery. Every day, one of our pediatricians cares for all newborns in the hospital, allowing them to be available for any emergency care that suddenly arises. At the time of your discharge, however, you may schedule your follow-up office visits with the pediatrician of your original choice.

FEEDING YOUR BABY

Breast milk is the best food for your newborn. We will help you be successful at this very important task of breastfeeding your child for the first year of life. We have a dedicated lactation consultant available to ensure that you and your baby get off to a good start nursing. While scientists continue to unravel the nutritious secrets of breast milk, and formula manufacturers are continually improving their products to try to match it, there are no substitutes for human milk! Your milk was specifically designed for your child. Not only is it the most nutritious product for your baby, it will also help protect against infections.

Because many medications and herbs pass easily into breast milk, it is important that your pediatrician know about any of these you are taking. If you drink alcohol or use other substances, your baby will also be affected. Please discuss this with your pediatrician.

Your baby should nurse at least 8-12 times in 24 hours, usually every 2-3 hours, 10-30 minutes on one or both sides. In the first few days of life, your newborn may not awaken and feed vigorously. If she doesn't awaken to nurse, place baby with diaper only, "skin to skin," on mom's chest to hug and hold. Continue touching and stroking face, back, and feet to encourage baby to wake up.

Your baby will have an increasing number of wet diapers the first week. Look for one wet diaper per day of age up to 6 days of age and by day 6 they should have 6-10 wet diapers per day. Stools or soiled diapers should be at least 3-4 a day. They will change colors from black and sticky at birth to green at day 2-3, then yellow and seedy by day 5. If your baby is not having this number of wet or soiled diapers, please call to discuss this with the lactation consultant or your pediatrician.

If you are unable to breastfeed or choose not to breastfeed your baby, iron-fortified formula is the recommended substitute for the entire first year. Let us help you if you suspect your baby is not doing well with her initial formula, rather than changing formulas randomly.

NEWBORN CIRCUMCISION

Most men in the world are not circumcised. Should you choose not to circumcise your child, he will not be the only uncircumcised young man in gym class because, currently, a significant number of families choose not to circumcise their newborn sons. If you decide to have your newborn circumcised, that decision must be made promptly in order for the circumcision to be performed safely. Our current guideline is that baby boys undergoing circumcision in our office should be less than one month of age and under ten pounds.

The physicians at Child and Adolescent Clinic are trained and very skilled in the surgical procedure of circumcisions. All pediatricians at Child and Adolescent Clinic will minimize the pain and discomfort by using a local anesthetic. Should you choose to circumcise your son, the procedure will be discussed in great detail with you prior to the procedure. You will be asked by the nursing staff to sign a circumcision surgical consent form. There are risks associated with the circumcision procedure. Rarely, severe injury or scarring can occur.

Since circumcision is not a medically necessary procedure, not all insurance companies provide coverage for this surgery. In this case, you will need to pay the fee when you schedule the procedure.

NO SMOKING

We care about your baby and we care about your health. If there ever was a time to consider stopping smoking, this is the time. Smoking can affect your baby's growth and nervous system. This can be seen as poor feeding, poor sleeping, and irritability in the newborn. There is no doubt that smoking is not healthy for adults and there is now no doubt that secondhand smoke is not healthy for children or adults. Secondhand smoke increases the risk for all sorts of infections, including meningitis, and is a predisposing factor for asthma as well! Do not be afraid to enforce the "No smoking" rule inside your house or car. Everyone will benefit. If you are still smoking you can call the free Washington State tobacco quit line, 1-877-270-STOP, and they will provide you with stop smoking information and a smoking cessation program.

KEEPING BABY SAFE AND WELL

- Obtain an infant car seat and place it in the center passenger position in the back seat, reclining and facing backwards. (Never place an infant seat in the front passenger seat because a rapidly inflating front seat airbag is very dangerous for small children.)
- Make sure your crib or bassinet is safely assembled.
- Install smoke detectors in your home if they aren't already present.

- Check the batteries of your smoke detectors every month, and replace the batteries at least once yearly.
- Test the water temperature setting of your hot water heater, and make sure that it is not set above 120 degrees.
- Do not heat breast milk or formula in the microwave, as your baby's mouth can be burned.
- Install a carbon monoxide detector in the hallway near every sleeping area of your home.
- Do not consume drugs or alcohol, and do not smoke during your pregnancy.
- Wash your hands frequently with soap and water or use hand sanitizer, especially after diaper changes and right before handling your baby. Make sure everyone who handles the baby does the same.
- As pediatricians, we strongly advise following the routine immunization schedule for your baby. We believe that immunizations are truly life-saving. If you have questions or concerns about them please bring them up at any time.

CHANGING FAMILY RELATIONSHIPS

Children bring changes to our families. They increase the workload considerably and greatly increase your responsibilities as well. There will be less spontaneity to your adult relationships. However, with planning and mutual consideration, the end result of raising a healthy, happy child will be more than worth all of these changes!

Plan to help each other. Obviously, fathers cannot breastfeed their children, but there are other ways in which they can help around the house. Mothers may experience some fatigue and "baby blues" (or even the more serious postpartum depression) after the arrival of the baby. Consider asking relatives and friends to provide much needed support and rest for the new mother. If there is any concern that the new mother may be suffering from postpartum depression, she should see her physician urgently.

Don't forget to make the arrival of your newborn a special time for the older siblings as well. Since they will be assuming the role of big brother or big sister, they need to know that this event is happening. Prepare them in a manner appropriate for their age.

WE LOOK FORWARD TO CELEBRATING WITH YOU AS YOUR CHILD GROWS!

Child and Adolescent Clinic Child Nurturing Guide

Breastfeeding support

Because of the many advantages of breastfeeding to both mother and baby, the Child and Adolescent Clinic strongly encourages parents to consider exclusively breastfeeding their babies for at least six months, and continuing up to twelve months with the addition of solids. Although breast milk has been the optimal nourishment for babies for centuries, it temporarily was replaced in the 1950's and 1960's in the United States by formula. As a result many new mothers today have had very little exposure to breastfeeding and don't have mothers or other family members who can help them with breastfeeding. To help fill that void, the Child and Adolescent Clinic has a lactation support program.

Deborah Wesley, an Internationally Certified Lactation Consultant, is available in the clinic four afternoons per week. One of the clinic's pediatric nurse practitioners, Mary Dykes, has also been trained as lactation specialist. Both are available to help you with questions, problems, or concerns. It is best for every breastfeeding mother to meet with one of our lactation support team at least once. Your baby's pediatrician recommends you schedule an appointment with the lactation consultant at your first newborn appointment after being discharged from the hospital. After that first visit, you can talk with either lactation consultant over the phone or visit with her at the clinic.

Breastfeeding your baby is one of the most valuable gifts you will give your child. We want to make it as easy and as rewarding as possible for you.

Please call us (360-577-1771) if you are:

Engorged
Having latch problems
Concerned about baby's weight gain
Considering stopping before 6 months
Having sore nipples
Going back to work
Not getting family support

We want to hear from you!

Deborah Wesley, RN, IBCLC
Internationally Board Certified
Lactation Consultant

Child and Adolescent Clinic - Formula (Bottle) Feeding

Should I use formula?

Breast milk is best for babies, but breastfeeding isn't always possible. You will need to use a baby formula if:

- You decide not to breast-feed.
- You need to stop breastfeeding and your baby is less than 1 year old.
- You need to occasionally supplement breastfeeding with formula (after breast-feeding is well established).

If you want to breastfeed but you think you are not making enough milk, don't stop breastfeeding. Talk to your healthcare provider or lactation nurse. Any bottle feeding, before breastfeeding has been well established, could reduce your supply of breast milk and make it difficult to continue breastfeeding.

What type of formula should I use?

If your child is less than 1 year old, discuss which formula to use with your healthcare provider. Baby formulas are designed to give your baby all known essential nutrients in their proper amounts. Most formulas are made from cow's milk. A few are made from soybeans. Soy formula is used for babies who may be allergic to or have difficulty digesting the type of protein in cow's milk. The American Academy for Pediatrics recommends you use iron-fortified (not low-iron) formula to prevent anemia.

Most formulas are available in three forms: powder, ready-to-serve liquid, and concentrated liquid. Powder and ready-to-serve liquid are best if you are using it to supplement breast milk. You must mix concentrated liquid before using. It forces you to prepare 26 ounces at a time. Powder and concentrated liquid formulas are less expensive per feeding than ready-to-serve formulas.

When can I give my baby regular milk?

Regular, whole cow's milk should not be given to babies before 12 months of age. This is due to increased risks such as iron deficiency anemia and allergies. Skim or low-fat milk should not be given to babies before they are 2 years old because the fat in whole milk is needed for rapid brain growth.

How do I prepare formula?

Mix concentrated liquid formula with water in a ratio of one to one. Mix each level scoop of powdered formula with 2 ounces of water. Never make the formula for your baby more concentrated by adding extra concentrated liquid or extra powder. Never dilute the formula by adding extra water. Careful measuring and mixing ensure that your baby receives the proper mix of formula.

Do I need to boil the water first?

Most city water supplies are quite safe. If you make one bottle at a time, you don't need to use boiled water. When using tap water for preparing formula, use only water from the cold water tap. Let the water run for 2 minutes before you use it. (Old water pipes may contain lead-based solder, and lead dissolves more in warm water or standing water.) Fresh, cold water is safe. After you prepare the formula with the cold water, you can heat the bottle to the right temperature with warm water, but not in the microwave. Ask your healthcare provider if you are not sure whether your water supply is safe for your baby.

If you have well water, you need to boil your water for 10 minutes (plus 1 minute for each 1000 feet of elevation above sea level) or use distilled water until your child is 6 months old.

If you prefer to prepare a batch of formula, you must use boiled or distilled water and closely follow the directions printed on the side of the formula can. This prepared formula should be stored in the refrigerator and must be used within 48 hours.

What temperature does the formula need to be?

In the summertime, many children prefer cold formula. In the wintertime, most prefer warm formula. By trying formula at various temperatures you can probably find out what your child prefers. If you do warm the formula, check the temperature of the formula before you give it to your baby. If it is too hot, it will burn your baby's mouth. Do not warm it in the microwave.

How often should I feed my baby?

Your healthcare provider will tell you when and how often to feed your baby. In general, your baby will probably need:

- 6 to 8 formula feedings per day for the first month
- 5 to 6 formula feedings per day from 1 to 3 months
- 4 to 5 formula feedings per day from 3 to 7 months
- 3 to 4 formula feedings per day from 7 to 12 months

If your baby is not hungry at some feedings, increase the time between feedings.

How much formula should I give my baby?

Newborns usually start with 1 ounce per feeding, but by 7 days they can take 3 ounces. The amount of formula that most babies take per feeding (in ounces) can be calculated by dividing your baby's weight (in pounds) in half. For example, if your baby weighs 8 pounds, your baby will probably drink 4 ounces of formula per feeding. No baby should drink more than 32 ounces of formula a day. If your baby needs more than 32 ounces

and is not overweight, consider starting solid foods. Overfeeding can cause vomiting, diarrhea, or excessive weight gain.

How should I hold the baby during feedings?

Feeding should be a relaxing time — a time for you to provide both food and comfort for your baby. Make sure that both you and the baby are comfortable:

- Your arm supported by a pillow.
- Baby in a semi-upright feeding position supported in the crook of your arm. This position reduces choking and the flow of milk into the middle ear.
- The bottle tilted so that the nipple and the neck of the bottle are always filled with formula. (This prevents your baby from taking in too much air.)

How long should I feed my baby?

Gently remove the bottle from time to time to let your baby rest. A feeding shouldn't take more than 20 minutes. If it does, either you are overfeeding your baby or the nipple is clogged. A clean nipple should drip about 1 drop per second when the bottle of formula is turned upside-down.

Do I need to burp my baby?

Burping is optional. It doesn't decrease crying. Burping helps your baby spit up less. Air in the stomach does not cause pain. If you burp your baby, be sure to wait until your baby reaches a natural pause in the feeding process. Burping two times during feeding and for about a minute is plenty. More burping may be needed if your baby spits up a lot.

How long can I store formula?

Prepared formula should be stored in the refrigerator. It must be used within 48 hours. Prepared formula left at room temperature for more than 1 hour should be thrown away. At the end of each feeding, throw away any formula left in the bottle.

Does my baby need to drink water?

Babies do not need extra water. Even when they have a fever or the weather is hot and dry, formula provides enough water. Giving extra water to babies before 6 months of age can cause a seizure.

Do I need to give my baby vitamins?

No. Baby formulas contain all the vitamins and minerals your baby will need.

Do I need to give my baby fluoride?

From 6 months to 16 years of age, children need fluoride to prevent cavities. If the water supply where you live contains fluoride and your child drinks at least 1 pint of formula made with water each day, this should be enough. Otherwise, fluoride drops or tablets should be given. Formula-fed infants should receive fluoride supplements without vitamins. You can get a prescription for fluoride drops from your child's healthcare provider.

Another way you can help your baby's teeth is by making sure your baby does not sleep with a bottle. Milk, juice, or any sweetened liquid in the mouth can cause severe decay of your baby's first teeth. Liquids tend to pool in the mouth during sleep. The sugar in these liquids is changed to acid by bacteria in the mouth. The acid then etches the tooth enamel and causes decay.

Prevent tooth decay by not using the bottle as a daytime or nighttime pacifier. If you cannot stop the nighttime bottle or replace it with a pacifier, fill the bottle with water.

Adapted from Barton D. Schmitt, MD, author of "My Child Is Sick", American Academy of Pediatrics Books.

Published by RelayHealth.

Last Modified: 5/15/2022
Last Reviewed: 5/14/2022

Child and Adolescent Clinic - How to Feed Your Baby Step by Step

This is a general guide for feeding a baby. Your baby may eat a little more or a little less than this guide suggests.

0 to 4 months

Breast Milk

- Nurse on demand, 5 to 10 minutes per breast.

Formula

Age	# times/day	serving size
0 to 1 Month	6 to 8 times	2 to 4 oz
1 to 2 months	5 to 7 times	3 to 5 oz
2 to 3 months	4 to 6 times	4 to 7 oz
3 to 4 months	4 to 6 times	5 to 8 oz

- Never prop a bottle. Always hold the baby to feed.
- Don't microwave bottles.
- Don't force a large feeding amount. 6 wet diapers is a good sign your baby is getting enough.
- Do not feed honey to a child until 1 year of age.

4 to 6 months

Breast Milk or Formula

4 to 6 times per day, 6 to 8 oz at each feeding

- Don't prop the bottle.
- Use a pacifier if the baby wants to suck.

Grains

Rice cereal 1 to 2 times per day, 1 to 2 tbsp. servings

- Start cereal if baby is taking over 32 oz per day.
- Don't put cereal in a bottle.

6 to 8 months

Breast Milk or Formula

3 to 5 times per day, 6 to 8 oz servings

- Give breast milk or formula before giving solids.

Grains

Rice Cereal 3 to 5 times per day, 2 to 4 tbsp. servings

- Don't heat in microwave.

Fruits & Veggies

Strained fruits and vegetables, 2 to 4 times per day, 2 to 3 tbsp. servings

- Keep solids refrigerated.
- Start one fruit or vegetable at a time.
- Do not give foods in chunks.

8 to 12 months

Breast Milk or Formula

3 to 4 times per day, 6 to 8 oz servings

- Baby can hold a bottle but don't give a bottle in bed.
- Try using a cup.

Grains

Baby cereal, crackers, bread, or dry cereal, 1 to 2 times per day, 2 to 4 tbsp. servings

- Start with soft finger foods.
- Be patient.
- Feed your baby in a high chair.
- Feed only foods that will dissolve in the mouth.

Fruits & Veggies

Strained or mashed fruits or vegetables, 3 to 4 times per day, 3 to 4 tbsp. servings

Fruit juice (not orange) 1 time per day, 4 oz in cup

- Juice does not replace milk.
- Give juice in a cup.

Meat

Strained chicken, beef, or dried beans, 1 to 2 times per day, 3 to 4 tbsp. servings

- Do not give hotdogs or pieces of meat that need chewing.

Age 1+ years

- You may give whole milk instead of formula. Your child may also have citrus juice, honey, and whole eggs after 1 year of age. Never give honey to babies. Honey may cause a serious disease called botulism in children less than 1 year old.
- Continue to have meals in a high chair or at the table.
- DO NOT allow your child to walk around and eat small amounts of food frequently (grazing).
- Do not add peanuts, tree nuts or shellfish to your child's diet until 2 or 3 years of age.
- Give your child snacks at the table. Snacks are important for baby's increasing energy needs.

Other Dairy Foods

- Yogurt, 1/4 to 1/2 cup servings
- Offer cottage cheese, 1 to 2 tbsp. servings

Adapted from Robert Brayden, MD. Professor of Pediatrics, University of Colorado School of Medicine.
Published by RelayHealth.

Last Modified: 1/27/2010

Last Reviewed: 11/29/2010

Child and Adolescent Clinic - Sleep Position for Young Infants

What is the safest sleep position for my baby?

The American Academy of Pediatrics (AAP) recommends that all healthy infants sleep on their backs during the first 6 months of life. Studies have shown sleeping on the back reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden unexplained death of a healthy infant. Thousands of babies die each year from SIDS. Typically, a baby dies from SIDS while sleeping. The AAP started recommending that babies sleep on their backs in 1992. Over 80% of parents now follow this advice and there has been a 50% drop in the rate of SIDS.

What is SIDS?

Sudden Infant Death Syndrome, or SIDS, is the sudden, unexplained death of a baby under age 1. SIDS is the most common cause of death in babies between 1 month and 1 year of age in the United States. Most deaths from SIDS are in babies over 21 days and under 6 months of age.

The causes of SIDS are not known. SIDS happens during sleep. Sleeping face down increases the risk for SIDS. Babies exposed to cigarette smoke also have an increased risk for SIDS.

Why does sleeping on the stomach increase the risk of SIDS?

Laying a baby on his stomach puts pressure on his jaw bone. This causes the airway in the back of the mouth to become narrower. Also, if the baby sleeps on a soft surface, the nose and mouth may sink in so the child breathes from a small pocket of stale air.

If your baby sleeps on his stomach, the risk of SIDS is 5 times greater. Sleeping on the side is an unstable position, has almost the same risk, and should not be used. If you use a child-care center or babysitter, be sure they know how important it is to put your baby on his back to sleep.

Are there other ways I can reduce the risk of SIDS?

You can also reduce the risk of SIDS by:

1) Using a firm mattress (avoid soft bedding). Young infants should never be placed on waterbeds, memory foam beds, sheepskin, soft pillows, bean-filled pillows, or other soft, spongy surfaces. Also make sure that none of these surfaces are placed in the crib. Even if you place your child to sleep on the back, it is possible that your child will roll over during the night.
2) Not letting your baby sleep in your bed during the first 12 months. The mattresses in most adult beds are too soft for babies. Blankets and pillows in your bed also increase the risk. The rate for SIDS for infants is 10 times higher for young babies sleeping in an adult bed compared to a crib. Babies can be brought into bed for comforting or nursing, but should be returned to their crib when you are ready to go back to sleep.

3) Breast-feeding your baby, if possible. Studies show that breast-fed babies have a lower SIDS rate than formula-fed babies do.
4) Have your baby sleep in a crib specifically designed for infants.
5) Do not place soft items (such as pillows and stuffed animals) in your baby's crib.
6) Do not use loose blankets or other covers in your baby's crib. If you do use a blanket, tuck it in so that your baby's face will not be covered. Never allow your sleeping baby's head to be covered with a blanket (or comforter or quilt) in a bed or in a car safety seat.
7) Protecting your infant from exposure to cigarette, cigar, or pipe smoke.
8) Running a fan in your baby's room at night to improve air circulation.
9) Do not overheat your baby's room. The room temperature should be comfortable for an adult wearing light clothing. Your baby should not feel hot to the touch and should never be sweating while asleep.
10) If anyone else takes care of your child, be sure they are aware of the recommendations noted above.

Pacifiers have been linked to a lower risk for SIDS. Breast-fed babies between the ages of 1 month and 1 year should be allowed to use pacifiers during naps and at bedtime. Babies below the age of 1 month who are not breast-fed may also use pacifiers. You do not need to replace a pacifier after your baby has fallen asleep. Do not force your baby to use a pacifier if he or she refuses.

Baby monitors have not been proven to prevent SIDS. There is no association between SIDS and immunizations.

Are there any disadvantages of sleeping on the back?

There are 2 minor disadvantages. When lying on the back, young infants are more likely to have a startle reflex that awakens them. Swaddling your baby in a snug blanket can prevent this. To swaddle your baby, use the 3-step "burrito-wrap" technique. Start with your baby lying on the blanket and the arms at the sides. Then pull the left side of the blanket over the body and tuck. Next, pull the bottom of the blanket up. Then pull the right side over and tuck.

The other disadvantage is that some babies get a flattening of the back of the head. You can prevent this by changing the direction your baby is placed in the crib and having some tummy time every day.

Should I lay my baby on his stomach during playtime?

It is good for your baby to spend some time on his tummy (stomach) when he is awake during the day and you can observe him. The back position is only recommended for bedtime and naps. Letting your baby play on his stomach helps strengthen his shoulder muscles. Changing positions also keeps the back of your baby's head from becoming flattened from laying in the same position all of the time.

For more information:

Sudden Infant Death Syndrome Alliance
800-221-7437
http://www.sidsalliance.org

Adapted from Barton D. Schmitt, MD, author of "My Child Is Sick", American Academy of Pediatrics Books.

Published by RelayHealth.

Last Modified: 5/15/2012

Last Reviewed: 5/14/2012

Child and Adolescent Clinic - Newborn Screening Tests

What are newborn screening tests?

Newborn screening tests are tests given to infants within a few days after birth. These tests check for disorders that could cause serious harm and can only be found by blood tests. The tests are provided by your state's department of health. Different states have different rules about which tests are done.

Newborn screening tests are accurate but they are not perfect. Sometimes they show that a child has a disease that the child does not actually have. This is particularly a concern when the true disease is very, very rare. Therefore all children who test positively for a disease should be tested again. Rarely, the tests do not identify children who actually do have a disease.

What diseases are tested for?

All states in the U.S. test for diseases in these categories:

- Hemoglobin disorders. Tests can detect sickle cell anemia, hemoglobin C, and other blood disorders. A severe shortage of normal red blood cells may cause weakness, shortness of breath, or even heart failure.
- Endocrine disorders. Disorders such as congenital adrenal hyperplasia and hypothyroidism can be detected. Both of these disorders can seriously affect a baby and both are able to be well treated with medicines.
- Cystic fibrosis. This disease affects the lungs and other organs and is helped by early treatment.
- Galactosemia. This condition can cause blindness, mental retardation, and growth problems if not treated.
- Biotinidase deficiency. This condition may lead to seizures, hearing loss, mental retardation, and problems with the immune system.
- Phenylketonuria (PKU). This can cause mental retardation if not treated early.
- Most states also screen for a variety of fatty acid, organic acid and amino acid disorders. Some examples of conditions screened for in all states are:
- Homocystinuria. This causes mental retardation, blood clotting problems, and skeletal problems.
- Maple syrup urine disease. Without treatment, this can cause severe mental retardation.
- Glutaric academia. This condition varies widely in severity and may be helped by a diet that includes medical foods and formulas.

If these rare diseases are diagnosed early, some of them can be effectively treated. Some can be completely cured. Unfortunately some children will not improve very much from early diagnosis.

Hearing tests are also part of newborn screening in 35 states. The newborn needs to be quiet or asleep for this test. The test measures brain waves that result when a sound is made. Reduced hearing is a frequently occurring birth defect. If hearing loss is not treated early, speech, language and learning can be affected.

How are the tests done?

Your child's healthcare provider makes a tiny poke in the baby's heel to get a small amount of blood to test. Well infants are usually tested just before they go home from the hospital, but not later than 72 hours after birth. Sick or premature infants are tested at 1 week of age, or earlier if a disease is suspected.

If a test suggests your child has a disease, the health department will contact you and your baby's doctor. If the tests do not show any diseases, you will generally not be contacted. Your baby's doctor usually gets copies of the newborn screening test results. Some states provide a second set of newborn screening tests between 1 and 2 weeks of age. This is important if the newborn leaves the hospital less than 24 hours after birth.

Parents may refuse to have their newborn screened because of religious or personal beliefs. Parents who refuse to have the testing done must sign forms stating they refuse the tests.

You can get more information on newborn screening from your healthcare provider or from the state health department.

Written by Robert Brayden, MD, Professor of Pediatrics, University of Colorado School of Medicine.
Published by RelayHealth.

Last Modified: 10/24/2011

Last Reviewed: 10/24/2011

AAP Schedule of Well Child Visits

Parents know they should go to the doctor when their child is sick. But pediatrician visits are just as important for healthy children.

The American Academy of Pediatrics (AAP) developed a set of comprehensive health guidelines for well-child care, known as the "periodicity schedule." It is a schedule of screenings and assessments recommended at each Well Child Visit from infancy through adolescence, and covers all aspects of growth and development.

Schedule of Well-Child Visits:

- The first week visit (3 to 5 days old)
- 1 month old (usually at 2 weeks)
- 2 months old
- 4 months old
- 6 months old
- 9 months old
- 12 months old
- 15 months old
- 18 months old
- 2 years old (24 months)
- 2 ½ years old (30 months)
- 3 years old
- 4 years old
- 5 years old
- 6 years old
- 7 years old
- 8 years old
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old
- 20 years old
- 21 years old

The Benefits of Well-Child Visits:

- **Prevention**. Your child gets scheduled immunizations to prevent illness. You also can ask your pediatrician about nutrition and safety in the home and at school.

- **Tracking growth and development**. See how much your child has grown in the time since your last visit, and talk with your doctor about your child's development. You can discuss your child's milestones, social behaviors and learning.

- **Raising concerns**. Make a list of topics you want to talk about with your child's pediatrician such as development, behavior, sleep, eating or getting along with other family members. Bring your top three to five questions or concerns with you to talk with your pediatrician at the start of the visit.

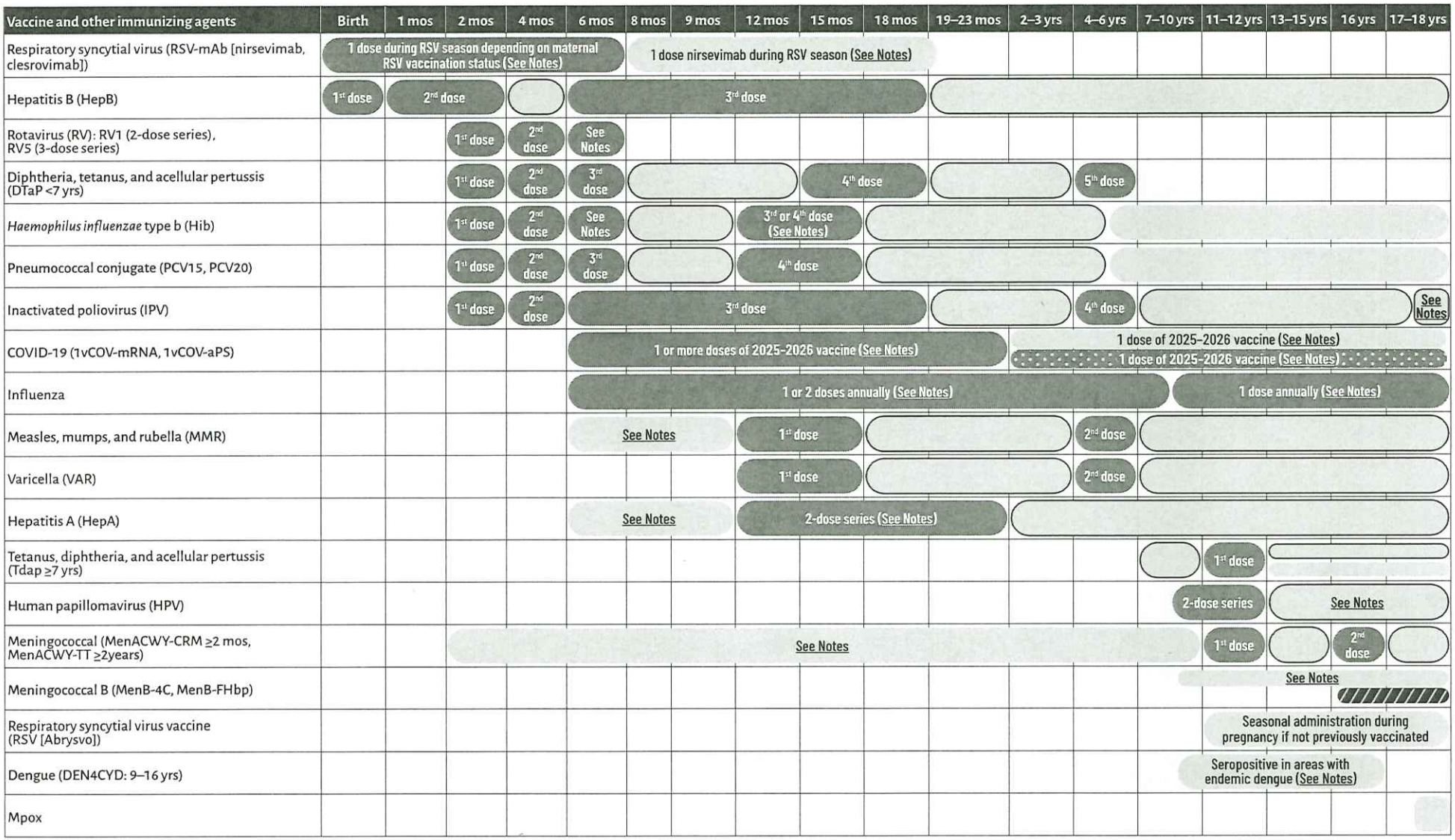
- **Team approach**. Regular visits create strong, trustworthy relationships among pediatrician, parent and child. The AAP recommends well-child visits as a way for pediatricians and parents to serve the needs of children. This team approach helps develop optimal physical, mental and social health of a child.

https://www.healthychildren.org/english/family-life/health-management/pages/well-child-care-a-check-up-for-success.aspx

Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2025

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

These recommendations must be read with the Notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the outlined purple bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).



Range of recommended ages for all children

Range of recommended ages for catch-up vaccination

Range of recommended ages for certain high-risk groups or populations

Recommended vaccination for those who desire protection

Recommended vaccination based on shared clinical decision-making

Table 2 Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who Are More than 1 Month Behind, United States, 2025

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. **Always use this table in conjunction with Table 1 and the Notes that follow.**

Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Children age 4 months through 6 years					
Hepatitis B	Birth	**4 weeks**	**8 weeks *and* at least 16 weeks after first dose:** minimum age for the final dose is 24 weeks		
Rotavirus	6 weeks: Maximum age for first dose is 14 weeks, 6 days.	**4 weeks**	**4 weeks:** maximum age for final dose is 8 months, 0 days		
Diphtheria, tetanus, and acellular pertussis	6 weeks	**4 weeks**	**4 weeks**	**6 months**	**6 months:** A fifth dose is not necessary if the fourth dose was administered at age 4 years or older ***and*** at least 6 months after dose 3
Haemophilus influenzae type b	6 weeks	**No further doses needed** if first dose was administered at age 15 months or older **4 weeks** if first dose was administered before the 1st birthday **8 weeks (as final dose)** if first dose was administered at age 12 through 14 months	**No further doses needed** if previous dose was administered at age 15 months or older **4 weeks** if current age is younger than 12 months and first dose was administered at younger than age 7 months ***and*** at least 1 previous dose was PRP-T (ActHib, Pentacel, Hiberix), Vaxelis, or unknown **8 weeks and age 12 through 59 months (as final dose)** if current age is younger than 12 months ***and*** first dose was administered at age 7 through 11 months; **OR** if current age is 12 through 59 months ***and*** first dose was administered before the 1st birthday ***and*** second dose was administered at younger than 15 months; **OR** if both doses were PedvaxHIB and were administered before the 1st birthday	**8 weeks (as final dose):** This dose only necessary for children age 12 through 59 months who received 3 doses before the 1st birthday	
Pneumococcal conjugate	6 weeks	**No further doses needed** for healthy children if first dose was administered at age 24 months or older **4 weeks** if first dose was administered before the 1st birthday **8 weeks (as final dose for healthy children)** if first dose was administered at the 1st birthday or after	**No further doses needed** for healthy children if previous dose was administered at age 24 months or older **4 weeks:**if current age is younger than 12 months ***and*** previous dose was administered at <7 months old **8 weeks (as final dose for healthy children)** if previous dose was administered between 7–11 months (wait until at least 12 months old); **OR** if current age is 12 months or older ***and*** at least 1 dose was administered before age 12 months	**8 weeks (as final dose):** This dose is only necessary for children age 12 through 59 months regardless of risk, or age 60 through 71 months with any risk, who received 3 doses before age 12 months	
Inactivated poliovirus	6 weeks	**4 weeks**	**4 weeks** if current age is <4 years **6 months (as final dose)** if current age is 4 years or older	**6 months (minimum age 4 years for final dose)**	
Measles, mumps, and rubella	12 months	**4 weeks**			
Varicella	12 months	**3 months**			
Hepatitis A	12 months	**6 months**			
Meningococcal ACWY	2 months MenACWY-CRM 2 years MenACWY-TT	**8 weeks**	See Notes	See Notes	
Children and adolescents age 7 through 18 years					
Meningococcal ACWY	Not applicable (N/A)	**8 weeks**			
Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis	7 years	**4 weeks**	**4 weeks:** if first dose of DTaP/DT was administered before the 1st birthday **6 months (as final dose):** if first dose of DTaP/DT or Tdap/Td was administered at or after the 1st birthday	**6 months:** if first dose of DTaP/DT was administered before the 1st birthday	
Human papillomavirus	9 years	**Routine dosing intervals are recommended**			
Hepatitis A	N/A	**6 months**			
Hepatitis B	N/A	**4 weeks**	**8 weeks *and* at least 16 weeks after first dose**		
Inactivated poliovirus	N/A	**4 weeks**	**6 months:** A fourth dose is not necessary if the third dose was administered at age 4 years or older ***and*** at least 6 months after the previous dose	A fourth dose of IPV is indicated if all previous doses were administered at <4 years **OR** if the third dose was administered <6 months after the second dose	
Measles, mumps, and rubella	N/A	**4 weeks**			
Varicella	N/A	**3 months** if younger than age 13 years. **4 weeks** if age 13 years or older			
Dengue	9 years	**6 months**	6 months		

Speak Up When You're Down

COULD YOU HAVE POSTPARTUM DEPRESSION (PPD)?

Have you recently been pregnant or had a baby?
Do you feel sad, anxious, or like you can't handle things?
Have you thought about hurting yourself, your baby, or others?

IF YOUR ANSWER IS YES TO ANY OF THESE QUESTIONS, YOU ARE NOT ALONE.

PPD is the number one complication of childbirth.
PPD affects between 8,000 and 16,000 women in Washington State each year.
PPD is REAL. And there is REAL help available for you.

Talking about how you feel is the first step . . .

"Women need to understand that postpartum depression is real and it is common. They need to know they are not alone. Even the most well-educated, mentally balanced woman can experience this painful illness."

MARY IGLESIA
Director of Midwife Education Seattle Midwifery School

PPD WILL NOT LAST FOREVER. IT CAN BE TREATED. Having a baby is a major life change.

PPD can affect any woman who:

- Recently had a baby
- Had a miscarriage
- Ended a pregnancy
- Stopped breastfeeding

Warning signs differ and may appear days, weeks, or even months after a pregnancy or birth. They may include:

- Trouble sleeping, or sleeping too much
- Eating much more or less than normal
- Feeling irritable, angry, nervous, or exhausted
- Lack of interest in baby, friends, and family
- Low or no sex drive
- Feeling guilty, worthless, or hopeless
- Crying a lot
- Feelings of being a bad mother
- Low energy, or trouble concentrating
- Thoughts of hurting the baby, yourself, or others

HELP IS AVAILABLE

If these symptoms last longer than two weeks or make it hard to enjoy life, it is time to seek help. You can recover from PPD with proper treatment. Speak up when you're down!

PPD CAN AFFECT ANYONE

PPD can affect any woman no matter what her age, race, income level, or culture, or how many children she has had. There are no clear answers as to why it happens, but research tells us some things may increase the risk:

- A difficult pregnancy
- A birth that did not go as planned
- Medical problems with you or the baby
- A very fussy baby
- Not getting enough sleep
- Feeling alone
- Loss of freedom
- Sudden change in home or work routines
- Your own or a family history of depression
- A past experience with PPD
- Not enough support from family and friends
- High levels of stress

FAMILY AND FRIENDS

As a family member or friend, you may feel confused or worried by mood changes in a woman who has had a baby or been pregnant. Your support will help, but if symptoms are severe or last longer than two weeks, encourage her to get the help she needs.

"Thank goodness my husband and my doctor both recognized the signs of PPD. I was able to get the treatment I needed so I could feel like myself again."

MONICA LOPEZ
Mother of three, Yakima, WA

If you think you or a loved one may have PPD:

- Call 1-888-404-7763 (WA State residents) to find services near your home
- Visit www.speakup.wa.gov
- Talk about your feelings with your doctor and those you trust
- Ask for help in caring for baby
- Exercise
- Join a PPD support group

Healthy feelings between you and your baby are important for the baby's growth and well-being. Waiting too long to treat PPD can have serious and long-lasting effects on both you and your baby. It can also affect other members of your family. So speak up when you're down to find a treatment that's right for you. Treatment may include counseling, medicine, and support groups.

"I am so grateful for the friend who helped me recognize my PPD. Getting help was the smartest thing I ever did for my baby and for myself."

CHERYL MURFIN BOND
Mother of two, Shoreline, WA

MORE THAN THE "BABY BLUES"

Up to 80 percent of new mothers experience a range of highs and lows during pregnancy or following birth. Usually, these "baby blues" are mild and pass quickly. Joining a support group for new moms or talking with other moms can help you get a handle on normal "baby blues."

Some women, however, experience more than the blues
1 woman in 10 feels depressed during pregnancy
1 woman in 8 experiences postpartum depression after birth
1 woman in 1,000 experiences postpartum psychosis, an illness that can have severe consequences if left untreated

If you or someone you love is in crisis following pregnancy or birth, call 911.

YOU CAN FEEL BETTER!

No matter how bad you feel today, there is hope for a brighter tomorrow.
You can beat the symptoms of PPD.

Treatment can help . . . but you have to speak up when you're down.

Call: 1-888-404-7763

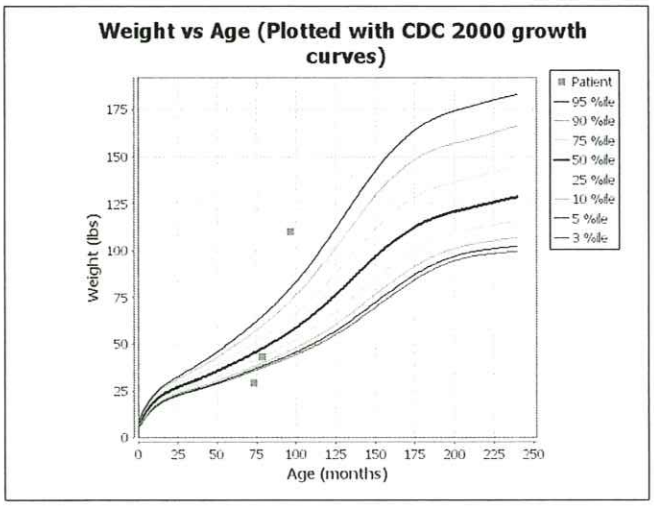
Operated by Postpartum Support International of Washington (PSI of WA)

Washington Council for Prevention of Child Abuse and Neglect
Children's Trust Fund of Washington
www.wcpcan.wa.gov

DSHS 22-1134 (2/06)

What can I do with a Patient Portal account?

I can…



Print my child's Growth Chart or Immunization Records

Check results on lab work

Print a current medication list or request refills

View a summary of my child's last office visit

Request a well child examination, with the pediatrician who takes care of my child

You may send a request for well visits or review visits for previously diagnosed conditions that require periodic reviews, such as ADHD and asthma. If your child is ill and may need to be seen today, please call the office for immediate assistance.

Preferred week: _____
Preferred day of week: _____
Preferred time of day: _____
Preferred clinician: _____

Request a copy of my child's medical records, or a form needed by my child's school

Send a message to the billing department, or referral department, or front desk, and get an answer without picking up the phone.

All I need is internet access and an email address? Sounds great!

STOP BY THE FRONT DESK TO OPEN A PORTAL ACCOUNT

If Your Child Needs Emergency Care – Longview

St. John Medical Center
1615 Delaware Street
Longview, WA 98632
(360) 414-2000

Emergency Department
Staffed by Emergency Room Physicians and Nurse Practitioners
Assisted by Emergency Room Nurses and Medical Assistants

If your child needs to be admitted, St. John's Medical Center can admit children over age 12. Children under age 12 will be diverted to other SW Washington hospitals that are for young children (PeaceHealth SW Washington Medical Center or Legacy Salmon Creek Hospital).

If Your Child Needs Emergency Care – Vancouver

Legacy Salmon Creek Hospital
2211 NE 139th Street
Vancouver, WA 98686
(360) 487-1000

Emergency care for children

In an emergency when every moment counts, an experienced care team that specializes in treating children is important. Children have different needs, illnesses and injuries than adults. We understand the importance of providing child-specific emergency care and partnering with families.

Legacy Salmon Creek Hospital offers:

- Physicians and nurses who specialize in pediatric emergency care
- A dedicated pediatric space within the Emergency Department
- Private rooms and a room fully equipped for critically ill children
- The "Image Gently" approach of lowering radiation dose in the imaging of children
- Access to pediatric inpatient care at Legacy Salmon Creek Medical Center
- Partnership with Randall Children's Hospital at Legacy Emanuel for coordination of sub-specialty care or critical care, including critical care transport
- Patient callback program, following up on pediatric patients 24-48 hours after the visit

Where Should I Go When My Child is Sick or Hurt?

Child and Adolescent Clinic is open 7 days a week, including evenings and weekends. Call us at 360-577-1771 any time for expert advice on what to do and where to take your child for care.

Need medical care and it is okay to wait a day to be seen; call the office

- Fever, child is over 6 months old, fever is less than 103
- Runny nose
- Simple backache
- Sore Throat
- Earache
- Diarrhea
- Rash
- Pulled Muscle
- Cold or Flu
- Poor feeding, new problem for toddlers and older children with no weight concerns

Need medical care same day or when office is closed; call the office or on-call doctor:

- Fever in a child under 6 months old
- Urinary tract infection
- Vomiting for more than six hours
- Need stitches for a cut
- Cough with wheezing
- Poor feeding in an infant, or a child with weight issues
- Minor burns
- Sports injury

Go to the Emergency Department or Call 911:

- Severe Asthma/Allergic reaction
- Severe burns
- Traumatic injury
- Child is turning blue or pale
- Trouble breathing
- Obvious broken bone
- Severe pain
- Uncontrolled bleeding
- Fainting with poor recovery
- Sudden numbness or weakness
- Difficulty speaking
- Hard to wake up

CHILD & ADOLESCENT CLINIC