

## Welcome to Fresno Children's Medical Group

The Doctors and staff of Fresno Children's Medical Group would like to take this opportunity to congratulate you on the birth of your baby. We are very pleased that you have selected us to provide medical care for your baby. We look forward to being a part of your child's life. We hope this booklet provides useful information for the care of your newborn. If you have any questions or concerns regarding your baby, please call us during our regular office hours.

## Things to Do for an Important Start in Your Baby's Care

Please call our office while you are still in the hospital to set up your baby's first few appointments at (559) 438-2300.

**Baby's First Visit:** If you have had a vaginal delivery, your newborn's first exam will be between 48 to 72 hours from discharge. If you had a C-section delivery, your newborn's first exam will be between 7-10 days from birth. This is due to your newborn having had multiple exams during the hospital stay.

**Well Infant Care** –When your baby is coming in for a check up, we at Fresno Children's Medical Group refer to these as Well Exams. Recommendations for your infant's first year will follow this basic pattern:

All infants will be seen at: 1 week of age, 1 month, 2 months, 4 months, 6 months, 9 months and 12 months. Infants with special needs may require more frequent visits. This decision will be made by your child's Pediatrician.

Appointment #1 Date: \_\_\_\_\_ Time: \_\_\_\_\_ Dr. \_\_\_\_\_

Appointment #2 Date: \_\_\_\_\_ Time: \_\_\_\_\_ Dr. \_\_\_\_\_

Appointment #3 Date: \_\_\_\_\_ Time: \_\_\_\_\_ Dr. \_\_\_\_\_

Appointment #4 Date: \_\_\_\_\_ Time: \_\_\_\_\_ Dr. \_\_\_\_\_

**Insurance:** Please remember to call your medical insurance Member Services to add your baby to your policy as quickly as possible. If you have HMO insurance, you will also need to add one of our physicians

as your baby's primary care physician. Please keep in mind most insurance companies will only pay for your newborns healthcare if added within the first 30 days of life. Call your insurance company and become familiar with your insurance and coverage for your baby. Ask your insurance company's Member Services the following:

How much is my co-payment? Well Exams \$ \_\_\_\_\_

Sick Exams \$ \_\_\_\_\_

Does my insurance cover Well Exams? \_\_\_\_\_

Does my insurance cover immunizations? \_\_\_\_\_

What percentage is my coverage? \_\_\_\_\_

What is my deductible? \_\_\_\_\_

Bring your medical insurance card with you at the time of your visit. It is also helpful if you arrive 15 minutes early to your first visit to complete necessary paperwork.

The following is good information to write down to remember prior to your hospital discharge:

Birth Weight \_\_\_\_\_ Hospital Discharge Weight \_\_\_\_\_

Birth Head Circumference \_\_\_\_\_ Birth Length \_\_\_\_\_

Apgar Score \_\_\_\_\_ at one minute \_\_\_\_\_ at 5 minute

## First Few days of Life

What your baby needs most is your love and attention.

**Breast-Feeding:** Breast-feeding is the ideal and preferred method of feeding. In the beginning, your baby will receive colostrum, a thin, clear to yellow liquid. However, in three to four days your milk production will increase and breast-feeding will get easier. Start breast-feeding for a few minutes (5 min. or so) on each side during the first few days, and then gradually increase the time. Be sure to alternate sides, beginning on the left breast one feeding and on the right the next. Generally, feed the baby when he's hungry. Rarely a supplement may be needed for breast-fed babies, the less the better. If a problem arises with breast-feeding after leaving the hospital, you may call us or contact the breast-feeding clinic at the hospital where your baby was born.

**Formula Feeding:** If you are formula feeding, always feed your baby in your arms with his head slightly elevated. This will decrease the

chance of choking and gagging. It will also prevent formula from entering your baby's nose. Consider using bottles that allow less air to enter your baby's stomach. This will decrease problems related to gas. For the first few days, he may eat a small amount, on the average, 2 to 3 ounces each feeding. He will drink enough to satisfy his appetite. Do not use low-iron formula.

**Stools:** Ordinarily, infant stools are soft and yellow, and vary from 0 to 10 per day. Breast milk has very little waste; therefore after 4 weeks of age your infant may only have one stool every 7-10 days. If the stool is soft, does not cause fussiness and your infant is urinating and growing appropriately, do not treat it as constipation. Constipated stools are hard and marble-like. Hard stools can be corrected by adding 1 – 2 tablespoons dark Karo syrup to the formula. Diluted infant prune or apple juice may be tried in place of Karo syrup. If constipation persists, a glycerin suppository may be used.

**Colic:** This is a term applied to more continuous crying and discomfort. It usually follows feedings and is not relieved by further feeding. If crying persists in spite of being held and made comfortable, put him down and let him cry awhile. This crying is not dangerous for him and he will probably go to sleep in 15 to 20 minutes.

**Cord Care:** Clean the cord once or twice a day with alcohol. After the cord falls off continue to wipe the navel with alcohol until it is dry and clean. The cord usually falls off within two weeks, but occasionally not until six weeks. It is normal to have occasional small bleeding, but call us if there is active bleeding, odor, swelling, pus drainage, or redness.

**Bathing:** Sponge bathe your baby with plain warm water and use a mild unscented soap sparingly. Keep the navel dry until the cord is off and the navel is healed. At the time, tub baths may be given every 3 – 5 days. Daily is okay, but not necessary. Only clean the outside of the ear canal. Removal of wax is not necessary.

**Clothing:** Dress the baby comfortably; usually a diaper and shirt are sufficient. The same room temperature that is comfortable for you is comfortable for your baby. Plastic pants, while convenient for going

out, should be used with caution, as they aggravate diaper rashes by keeping in the moisture and warmth and not allowing the diaper area to breathe.

**Fever:** We should be notified about any fever (temp. above 100 F rectally), which occurs in the first 2 months of life.

**Jaundice:** Most newborns will develop mild jaundice (yellowish skin) in the first few days of life. If your baby's skin (or whites of eyes) is mildly yellow, then you can expose your baby to sunlight to make jaundice go away faster. This can be accomplished by exposing your baby's skin to indirect sunlight frequently during daytime. Direct sunlight will cause sunburn. If the jaundice is quite noticeable, please call us. We need to perform a blood test to determine whether the jaundice needs to be treated aggressively.

**Sleeping:** Babies vary a great deal in their sleeping requirements. Do not worry if he sleeps less than you think he should. We recommend infants sleep on their backs or sides. Most babies have wakeful fussy periods, lasting several hours and occurring at the same time of day (or night). Being held usually relieves them. This is not unusual and will gradually improve. You can gradually guide your baby's sleeping pattern to coincide with your own by stimulating, feeding, and playing with him more often during the day and less at night. As the weeks and months pass, he will learn the difference between day and night and gradually learn to sleep longer intervals at night while being more awake and doing most of his feeding during the day.

**Circumcision:** Baby boys are born with a covering over the end of the penis. A circumcision is a procedure to remove the skin, leaving the end of the penis uncovered. The procedure takes about 15 minutes to perform. Newborn babies can feel pain, so most doctors use local anesthesia. In our practice, we do circumcisions on the baby's one-week visit. Decision to circumcise or not can be very difficult. The American Academy of Pediatrics does not recommend that circumcisions be performed routinely. There is controversy whether circumcision is to be recommended or not. For now, it's your decision. A handout on the benefit and risk of circumcision can be found in our office.

**Visitors:** Visitors should be kept at a minimum during the first few months and their handling of the baby discouraged. Avoid persons with colds or other contagious illnesses.

## 2. Characteristics of Newborns

Even after your pediatrician assures you that your new baby is normal, you may find that he looks a bit odd. He does not have the perfect body you have seen in baby books. Be patient. Most newborns look slightly peculiar to their parents. Fortunately the peculiarities are temporary. Your baby will begin to look "normal" by 1 to 2 weeks of age.

The list that follows describes some common physical characteristics of newborn babies. Most are temporary; a few are congenital defects that are harmless but permanent.

**Fontanel:** This "soft spot" is found in the top front part of the skull. It is diamond shaped and covered by a thick, fibrous layer of tissue. It usually pulsates with each beat of the heart. It is safe to touch this area. The purpose of the fontanel is to allow rapid growth of the brain. It normally closes over with bone when the baby is between 9 to 12 months of age.

**Molding of the Head:** Molding refers to the long, narrow, cone-shaped head that results from passage through a tight birth canal. This compression can temporarily hide the fontanel. The head returns to a normal shape in a few days.

**Caput:** This swelling on top of the head or throughout the scalp is caused by fluid that is squeezed into the scalp during birth. Caput is present at birth and clears in a few days.

**Body Hair (lanugo):** Lanugo is the fine downy hair that is sometimes present on the back and shoulders of newborn babies. It is common in premature infants. It rubs off with normal friction by 2 to 4 weeks of age.

**Folded Ears:** The ears of newborns are commonly soft and floppy. Sometimes the edge of one is folded over. The ear will assume its

normal shape as the cartilage becomes firmer over the first few weeks of life.

**Ear Pits:** About 1% of children have a small pit or dimple in front of the ear, below the temple. This minor congenital defect is not a problem unless it becomes infected.

**Blocked Tear Duct:** If your baby's eye(s) water continuously, she may have a blocked tear duct. This means that the channel that normally carries tears from the eye to the nose is blocked. It is a common condition, and more than 90% of blocked tear ducts open up by the time the child is 12 months of age.

**Swollen Eyelids:** Your baby's eyes may be puffy because of pressure during delivery. They may also be puffy and red if silver nitrate eye drops have been used. This irritation should clear up in about three days.

**Hemorrhage on the Eye:** Some babies have a flame shaped hemorrhage on the white of the eye. It is caused by breaking of blood vessels on the surface of the eye during birth and is harmless. The blood is reabsorbed in two to three weeks.

**Eye Color:** Your baby's eye color may change during the first six months of age. By 6 months, it is likely; you can tell what your baby's permanent eye color would be.

**Flattened Nose:** The nose may be flattened or pushed to one side during birth. It will look normal by 1 week of age.

**Sucking Callus or Blister:** A sucking callus occurs in the center of the upper lip from constant friction at this point during bottle- or breastfeeding. It will disappear when your child begins drinking from a cup. If the baby sucks his thumb or wrist, a callus may develop there too.

**Tongue-Tie:** The tongue in newborns normally has a short, tight band on the under-side that connects it to the floor of the mouth. This band usually stretches with time, movement, and growth. Tongue-tie or

tight-tongue, is a rare condition in which the band keeps the tip of the tongue from protruding beyond the teeth or gum line. Tongue-tie doesn't usually cause any symptoms or interfere with sucking or speech development.

**Epithelial Pearls:** There may be little cysts containing clear fluid or shallow, white ulcers along the gum line or on the roof of the mouth. They result from blockage of normal mucous glands. They disappear after one to two months.

**Teeth:** The presence of a tooth at birth is rare. About 10% are extra teeth without a root structure. The other 90% are prematurely erupted normal teeth. The distinction between the two can be made with an x-ray. Extra teeth must be removed by a dentist because they can fall out unexpectedly and cause choking. Normal teeth need to be removed only if they become loose, because of the danger of choking, or if they cause sores on your baby's tongue.

**Swollen Breasts:** Many babies, both male and female, develop swollen breasts during the first week of life. The swelling is caused by the passage of the female hormones from the mother across the placenta during pregnancy. It generally persists for four to six months but may last longer in breastfed and female babies. Swelling may go down in one breast a month or more before the other breast. Never squeeze the breast because this can cause infection. Be sure to call our office if a swollen breast develops signs of infection such as general redness, red streaks or tenderness.

**Female Genitals: Swollen Labia.** The labia minora may be quite swollen in newborn girls because of the passage of female hormones across the placenta. The swelling will go down in two to four weeks.

**Hymenal tags.** The hymen also may be swollen because of maternal hormones and may have smooth 1/2-inch projections of pink tissue called tags. These tags are harmless. They occur in 10% of newborn girls and slowly shrink over two to four weeks.

**Vaginal Discharge.** A clear or white discharge may flow from the vagina during the latter part of the first week of life as maternal hormones in the baby's blood decline. Occasionally the discharge will

become pink or blood tinged (false menstruation). This normal discharge should not reoccur once it stops.

**Male Genitals: Hydrocele.** The scrotal sac of newborn boys may be filled with clear fluid that has been squeezed into the scrotum during birth. This common, painless collection of fluid is called a hydrocele. A hydrocele may take six to 12 months to clear completely. It is harmless but should be checked during regular visits to the doctor. If the swelling changes size frequently, a hernia may also be present, and you should call our office during regular hours for an appointment.

**Undescended Testicles.** The testicle is not in the scrotum in about 4% of full term newborn boys. Many of these testicles gradually descend into the normal position during the following months. In 1-year-old boy's only 0.7% of all testicles are undescended and needs to be brought down surgically.

**Tight Foreskin.** Most uncircumcised infant boys have tight foreskin that doesn't allow you to see the head of the penis. This is normal and should not be retracted. The foreskin separates from the head of the penis naturally by 5 to 10 years of age.

**Erections.** Erections occur commonly in newborn boys, as they do at all ages. They are usually triggered by a full bladder and demonstrate that the nerves to the penis are normal.

**Feet Turned Up, In Or Out:** Feet may be turned in any direction inside the cramped quarters of the womb. As long as your child's feet are flexible and can be moved easily to a normal position, they are normal. The direction of the feet will straighten between 6 to 12 months of age.

**"Ingrown" Toenails:** Many newborns have soft nails that bend and curve easily. The nails are not truly ingrown, because they don't curve into the flesh or cause irritation.

**Tibial Torsion:** The lower leg bones (tibias) normally curve inward in newborns because the baby was confined to a cross-legged position in the womb. If you stand your baby up, you will also notice that the legs are bowed and the feet are pigeon-toed. Both of these curves are

normal and will usually straighten out after your child has been walking for six to 12 months.

**Behavior:** Some things newborn babies do commonly concern parents, but they are not signs of illness. Most are harmless reflexes caused by an immature nervous system and disappear in two or three months. They include:

- \*Chin trembling
- \*Lower lip quivering
- \*Frequent yawning
- \*Hiccups
- \*Passing gas
- \*Sneezing
- \*Noises caused by breathing or movement during sleep
- \*Spitting up (small amounts) or belching
- \*Startle reflex- a brief stiffening of the body in response to noise or movement (also called the Moro reflex or embrace reflex)
- \*Straining with bowel movements
- \*Throat clearing or gurgling sounds caused by secretions in the throat. These are not cause for concern unless your baby is having difficulty breathing;
- \*Irregular breathing. An irregular breathing pattern is not cause for concern as long as your baby is content, his breathing rate is less than 60 breaths per minute, pauses between breaths last less than 6 seconds, and he doesn't turn blue. Occasionally, infants take rapid, progressively deeper breaths to completely expand the lungs;
- \*Trembling or jitteriness of arms and legs during crying. Jitters are common in young infants. If your baby is trembling and not crying, give her something to suck on. If the trembling does not stop during sucking, call our office.

Questions will come up, many of which are answered for you in a baby care book. We recommend that you keep one of these on hand for use as a reference book; either *'Caring for Your Baby and Young Child'* by the American Academy of Pediatrics, or *'What to Expect the First Year'* by Eisenberg, Marloff, and Hathaway.

If after reading, your question is not answered, or if you are concerned about an illness in your child, please call us.

**Immunizations:** Your infant will receive immunizations beginning at 1 month of age.

### 3. General Office Policies

**Waiting Time:** To help keep your waiting time to a minimum we suggest that you come in 10 to 15 minutes early to have register you and have your chart processed. Also, please have your co-payment (which is due at the time of service) and your current insurance card ready to present to the receptionist at each visit. This helps us to follow our required processes and your wait down to a minimum.

If you have a sick child that does not have an appointment and you wish to add them on to another siblings scheduled appointment, please inform the receptionist when you first register. We will do our best in seeing unscheduled acutely sick children, but keep in mind that it will cause delays.

**Waiting Rooms:** We have 3 different waiting rooms. All Well Exams enter through the Well Waiting Room. Any patient who is running a fever or is ill will enter through the sick waiting room. Children with a rash are not to enter any waiting room, the parent is to notify the receptionist so they can be taken directly into an exam room.

**WIC Forms:** If you have a WIC form, please fill out your part and give it to the Medical Assistant when you are placed in an exam room.

**Scheduling Appointment:** Please schedule your child's well exam visits ahead of time especially if you prefer to see your primary doctor. Physician requested follow up visits can also be done as you exit out to avoid additional call backs.

Please inform our Schedulers of all of your medical concerns, so they can determine if you have a complex illness and the appropriate schedule time will be assigned for your visit. Your medical provider will inform you how best to set up further follow up visits if needed. There is a \$15 charge for all missed appointments.

Try to call in the morning if possible, especially if we will need to see your child the same day. The office is also open on Saturday, 9 AM to 12 Noon for emergencies. During non-office hours, the hospital emergency room will be used if your child needs to be seen (most often at Children's Hospital Central California).

**Phone Calls:** At Fresno Children's Medical Group, we receive a high volume of phone calls a day. Appointments by phone can only be scheduled between office hours of 8 – 12 p.m. and 2-5 p.m.

From 12 to 2 p.m., your call will be forwarded to our Exchange Service. They will contact us for EMERGENCIES ONLY.

After 5:00 p.m., the Exchange Service takes the calls as they come in. We ask that you please be patient in getting a call back unless you have a life threatening situation for which you should call 911. During the winter months, the doctor on call is still seeing patients past 6:30 p.m. and will do call backs later than usual. Please leave alternate numbers for a later call back. There is a charge to the doctor for each call the Exchange Service picks up no matter the nature of the call. We ask that only **MEDICALLY URGENT OR EMERGENCY CALLS** be made while we are on the Exchange. The doctors strive to return calls as soon as possible but a delay of up to 1 to 2 hours may occur. If you have not received a call back in 2 hours, do call back for we may have a wrong phone number. During weekends, the on call doctor has to do hospital rounds and there usually will be a delay on the call backs.

If you have a blocked number, we ask that you remove the block to help the nurse or doctor calling you back.

**Telephone Advise:** When calling for phone advice, please be as concise and specific of your reason for calling. The nurse will discuss your concerns and provide information to assist in caring for your child, or recommend an appointment. Our nurses also strive to return all the calls that come in during office hours. Messages will be left on phone answering machines when we are not able to personally speak with you. We will not call in an antibiotic over the phone, since we cannot diagnose your child's illness over the phone.

**Refills:** The best method is to call your Pharmacist 48 hours in advance and request your child's refill. Most pharmacists are now faxing the requested information to us and the authorization is quickly returned to them. Please understand that some refills require the authorization of the Primary Care Physician and may have to wait until

that doctor returns. Ordering at the last minute could create complications, so always order early.

**Emergencies:** Please call before you come to the office with an emergency. The call will allow us to prepare for your child's need or if appropriate, refer you elsewhere of the seriousness of the emergency warrants more comprehensive care than what we can provide in the office.