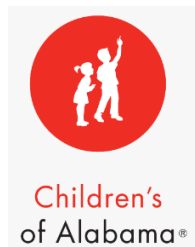


Mayfair Medical Group

YOUR NEW BABY



Children are the center of our lives.
www.childrensal.org/mayfair-medical-group

Dear New Parents,

Please call our office before you are discharged from the hospital or immediately after arriving home to make your newborn's first checkup appointment. We usually will need to see your baby 1-3 days after leaving the hospital and blood testing may be indicated. If your baby becomes more yellow after discharge from the nursery, especially with any early discharge, please call our office.

Also, please be certain your new baby has been added to your insurance policy and have this information with you at the first office visit.

Office hours by appointment as follows:

Regular office hours for Monday- Friday
8:00 AM – 1:00 PM and 2:00 PM – 5:00 PM

Extended Hours for sick visits are:
Saturday 8:00 AM - 12:00 PM

Our answering service number is 205-930-4263

The Children's Hospital of Alabama number is 205-638-9100

The Poison Control number is 800-222-1222

**Mayfair Medical Group
3401 Independence Drive
Birmingham, AL 35209**

205-870-1273

Christina B. Fettig, MD

Stacey S. Gilbert, MD

Judith Habeeb, MD

Kristin F. Mizerany, MD

Nathanial T Owens, MD

Elizabeth G. Peters, MD

Jamie L Powell, MD

Gretel L. Russell, MD



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At last, the waiting and anticipation are over, and your newest family member is here! The birth of your baby (especially if it is your first) will probably bring about dramatic changes in your life. You now have a dependent being to care for, nourish and love- quite a responsibility!

This booklet contains recommendations for new parents and their infants. Of course, these instructions are flexible, and you and your physician may wish to adapt them to your own baby's needs. Although friends and relatives can be a great help to you during these first few weeks, do not rely on their well-meaning but occasionally inaccurate advice. Your pediatrician will be happy to give you guidance and answer your questions when you return for the baby's visits.

Phone Calls and Illness

Between visits there will probably be times when you have questions, need advice, or need to report that your baby is ill. Please do not hesitate to call but call during office hours unless the situation appears to be urgent. Our pediatric nurses will return your call as soon as possible and can usually answer any questions you might have regarding feeding problems, general information, or minor illnesses.

Before calling the doctor to report illness, please take your baby's temperature and have your pharmacist's phone number on hand. Truly acute problems or emergencies may require an after-hours call through our answering service. Please call the office or answering service before coming.

Signs of Illness to Report in Infants Under 3 months old:

- Fever of 100.4 degrees or high rectally (Always take an infant's temperature rectally, not under the arm)
- Projectile vomiting (not just spitting up)
- Excessive crying
- Refusal to take food several times in a row
- Diarrhea (discussed later)
- Any unusual or long-lasting rashes

WHAT YOUR NEW BABY IS LIKE

Your baby is a wonderful, but a strange being. Parents often worry about certain normal characteristics in the appearance or behavior of their babies. The following notes are to tell you a little about what your new baby is like.

- An infant's skin may show peeling, cracking, scaling or have whiteheads (called "milia") which are perfectly normal. A moisturizing lotion such as Johnson's baby lotion or Keri lotion, in small amounts, may be applied to dry areas.
- The ears may show many variations in size and shape because the cartilage has not quite had time to become stiff and firm.
- The head size is large compared to the rest of the body, and it may even look lopsided (called "molding") for several days. This is normal, and after the first few days, will round out. Forceps marks or bruises may be seen on the face but will usually fade in a week or so.
- The feet and legs, like the head, are frequently molded by their pre-birth position. Bowing of the legs is common and quite normal.
- Snorting and sneezing are common during the first few weeks of life and rarely indicate a cold or allergies.
- Enlarged breasts in infants (both boys and girls) occur frequently. The breasts are often very hard and sometimes secrete "milk", which is caused by the presence of hormones that are received from the mother during pregnancy. Do not massage them or apply any medication. They will decrease in size over time.
- Irregular breathing is normal in the infant. The breathing may appear to come from the abdomen rather than the chest.
- Jerky movements or shivering of the arms and legs are seen frequently, especially when the infant is asleep. This is normal and should not be confused with seizure activity. The baby may appear to startle easily, which is also a normal newborn reflex.

JAUNDICE

Most babies develop a yellowish skin tone during the first week of life. This color comes from the body substance called bilirubin. Bilirubin is normally processed by the liver and eliminated in the urine and stool. In many newborns, the body cannot remove bilirubin as fast as it is produced. The result is jaundice, a yellowing of the skin that occurs in 50 to 70% of all newborns.

Jaundice is only a symptom, not a disease. A small blood sample to check the bilirubin level (usually taken from the baby's heel) may be needed to determine what therapy- if any- is needed.

In most cases, jaundice is mild and needs no treatment. In some cases, putting the baby under special lights called "bililights" will help the body remove the bilirubin. The baby may have to stay in the hospital for an extra day or two for the bililight therapy, or in most circumstances, bililight therapy may be set up in your home. Parents should remember that almost all jaundice in newborns is harmless and temporary.

Jaundice may increase over the first few days and usually vanishes by the 10th day of life. If jaundice occurs or seems to worsen after your baby leaves the hospital, call you pediatrician to see if your baby needs further evaluation.

INFANT FEEDING

Feeding is one of your baby's first pleasant experiences. The baby's first love for his mother arises primarily from the contact of the feeding situation. For the first few days, your baby may be too sleepy to nurse or take their bottle well. Even a normal delivery is strenuous for most babies, and they "sleep it off" for a few days. Many seem to have their "days and nights mixed up" and will sleep most of the day and stay awake at night.

The normal baby's appetite may vary widely unless you are otherwise told by your pediatrician. Generally, one should seldom feed the child more frequently than every two hours or less frequently than every four hours during the daytime. Your baby does not to be awakened at night for feeding. Variation in the amount taken per feeding is to be expected. For the first few weeks, do not worry about a feeding schedule: offer feeding when the baby is hungry. By the end of the first month, most infants want milk every three to four hours, and by six to eight weeks may drop a middle of the night feeding. Babies do not to be fed every time they cry! Those who cry consistently may not be receiving enough milk or may have some discomfort other than hunger such as soiled diapers, too much clothing, colic, swallowed air ("gas"), uncomfortably hot or cold temperature or illness.

Breast Milk vs. Formula

Extensive research has shown that breast milk is better than commercial formula because it provides both nutritional and immunological advantages. We therefore strongly encourage all mothers to consider any of the several formulas available if a mother's anatomy, personal preferences, or the pressures of her daily life prevent her from breast-feeding.

Breast Feeding

Nursing from the breast is very rewarding, but you may have some difficulty at first. Do not get discouraged; with time and patience, you and your baby will adjust to each other and will look forward to and enjoy feeding time. Your baby will be out to breast during the first day of life, but it is not until the third or fourth day that milk appears. Until then, a substitute called colostrum is secreted which will provide adequate nutrition for your newborn. After the first few days, gradually work up to nursing periods of ten to twelve minutes at each breast, with a total nursing period of 20 to 30 minutes. A baby nursing vigorously will empty your breast and receive adequate milk in this length of time. Longer nursing periods may tire both you and your infant.

Factors that help breast-feeding include establishing and maintaining a state of good health, proper balance of rest and exercise, freedom from worry, early and sufficient treatment of any disease, and adequate nutrition. The first two weeks after delivery are the crucial time for the establishment of breast-feeding. Supplemental formula should not be given before the end of the first two weeks, for infants often find it easier to get milk from a bottle than from a breast. After this time, an occasional bottle of formula may be substituted for one of the breast-feedings to permit greater freedom of activity (i.e., an occasional night out).

Your diet during the time you are nursing is important for both you and your baby and should be watched carefully. A liberal amount of meat, cheese, fish, and milk is desirable. Both fresh fruit and vegetables should be taken once a day. There is no objection to the occasional small amount of alcoholic beverage. Large amounts of coffee, tea or cola drinks may make the baby wide awake as the caffeine is transmitted in the milk. **Smoking and vaping are strongly discouraged!**

Small amounts of particular foods in the mother's diet seldom have an influence on the breast-fed infant. Occasionally, however, maternal ingestion of larger quantities of certain berries, tomatoes, onions, garlic, chocolate, spices, and condiments may cause gastric distress or loose stools in the infant. If maternal constipation occurs, it can usually be controlled by natural methods such as increasing your intake of fruits, vegetables, and liquids.

Most drugs are safe for use while nursing, but it is best to check before taking them. All breast-fed infants should be supplemented with vitamin D starting at two months. It also would be wise to continue prenatal vitamins prescribed by your obstetrician. If your nipples become sore or cracked, expose them to the air for 15 to 20 minutes several times a day. Application of small amounts of A&D ointment will help prevent cracking, it is important to you and your infant that you DO NOT discontinue breast-feeding.

Expressed or pumped breast milk may be refrigerated for three to five days or for up to 2 weeks in a freezer compartment located inside the refrigerator.

Breast-feeding is a wonderful and satisfying experience for you and your baby, but you must feel comfortable and secure in order to make it successful. Your emotional and physical condition are important. You often need support and help from others. We are here to inform and support you, so please call if you have any questions.

Bottle Feeding

We encourage formulas that are supplemented with DHA and ARA which are the fatty acids found in breast milk. There are several ways to buy formula, one of which is the ready-to-feed variety that is sterile and ready to pour and feed right from the can without diluting. This, of course, is the most convenient form but costs more than the concentrated liquid or the powder forms, which are really the same when appropriately diluted and mixed. (Unless you use well water and are not on a municipal water supply, sterilizing water to make formula is not necessary.) Fresh bottles can be safely refrigerated for 48 hours. Formula in the bottle may be re-warmed once for the next feeding.

The size of the hole in the nipple is important. Too small a hole causes the baby to suck harder and tires the baby. A large hole (milk runs out in a stream when inverted) will cause choking, gagging, and sucking in excess air. The proper size hole will allow milk to drip out without shaking. Formula should be warmed to about skin temperature before feeding. Do not prop the bottle! This practice can be dangerous to your infant, causing choking and increased risk of middle ear infection; it also deprives the baby of a feeling of security that the baby receives from being cuddled during feedings.

Bottles and nipples do not need to be sterilized. They should be washed with warm soapy water and rinsed thoroughly. You may use your dishwasher to wash bottles. We advise against the use of a microwave oven to heat bottles because the milk continues to heat after removal from the oven and severe burns of the baby's mouth and throat may result. Most babies will take formula at room temperature.

Hiccupping is normal. Burp your baby they have nursed or taken the bottle. Some babies need to be burped more often than others to prevent accumulation of air. Burping the newborn after one or two ounces of formula, or between breasts is helpful.

An overfed baby is not a healthy baby. Obesity beginning in infancy may last throughout life, causing both physical as well as emotional problems. Breast-fed babies do not tend to overfeed as much as bottle-fed babies. A baby is not necessarily hungry just because they are sucking or putting hands in their mouth. The sucking need is tremendous during the first year of life. Sucking to an infant serves as a source of comfort. Pacifiers may be helpful, as may be offering water at intervals. (Pacifiers should be kept washed and rinsed frequently)

COMMON PROBLEMS

CONGESTION

Most babies become congested from normal mucous secretions, and this may interfere with eating (babies must breathe through their nose and suck at the same time) as well as cause them to cough, sneeze, gag, spit up and maybe even vomit. Medicines are generally contraindicated but if the nose is plugged, salt water drops placed in the nostrils will clean the nasal passages (salt water drops: ¼ tsp. table salt dissolved in 8oz. warm water). Use enough to make the baby cough or sneeze; usually two or three drops in each side will suffice. This may be repeated before each feeding as well as before naps or bedtime. A cool mist humidifier may help keep the secretions runny. (Humidifier should be emptied and rinsed daily and cleaned weekly by filling with warm water and one cup of Clorox and allowed to run with the spout blocked for at least an hour, preferably outdoors, emptied and rinsed thoroughly with clean water.)

SPITTING UP

Most babies spit up after some feedings. Baby spit-ups are rarely harmful or painful. This common problem may be helped by holding the infant up on a shoulder for several “burps” during and at the end of feeding. You may also try placing the infant in an infant seat in a semi-upright position for 20 to 30 minutes after feeding.

COLIC

A common definition for colic is an infant crying for at least 3 hours per day for at least 3 days per week for 3 consecutive weeks. Colic is characterized by unexplained, intermittent crying that occurs one or two times a day in a child who is well-fed, healthy and has no recent sicknesses. It often begins by two or three weeks of age and resolves by three months. Sometimes other factors such as excess air-swallowing, overfeeding, gastro-esophageal reflux, and intestinal allergy to cow’s milk need to be ruled out.

Approximately twenty percent of normal babies in Western cultures have colic. The exact cause of colic is unknown, but it seems to happen in babies with high-maintenance temperaments. It does not result from bad parenting so don’t blame yourself. Colic usually is not due to excessive gas.

Colic has no quick and easy treatment. These babies seem to do better if you hold and soothe them whenever they cry without a reason. Often a soothing gentle activity is the best way to allow the infant to relax, settle down and get to sleep. Consider rocking or cuddling with your baby, placing them in a front pack/pouch, or using a wind-up swing or vibrating chair.

Please call us if your baby is extremely uncomfortable with colic despite your best efforts, so that we can work with you. However, remember that “tincture of time” may be the best treatment since these symptoms usually seem to worsen for several weeks, but are almost always gone by 3-4 months of age.

CONSTIPATION

The consistency, not the frequency, of the bowel movement is the real indication of constipation. It is important to remember that many infants normally will not have a bowel movement every day. A child is considered constipated if the stool is hard and dry and not easily passed. Some straining with stools is normal for infants. Bottle-fed infants tend to be constipated more than breast-fed infants. However, breast-fed babies will occasionally go several days between bowel movements. Dark Karo syrup (1 teaspoon to 4 ounces of formulas or water), regular prune juice (diluted one to one with water) or strained prunes can be used for the problem. Do not give your baby laxatives, enemas, or suppositories unless the doctor prescribes them. Please call us if your baby is very uncomfortable, if you notice blood in the stool, or if the stools become white or clay colored.

DIARRHEA

Diarrhea in an infant is characterized by a marked change in frequency and wateriness of stools, which often become green in color and explosive in nature. Note that breast-fed infants may normally have loose or semi-solid stools as often as every feeding. Diarrhea can be caused by several things, among which are dietary change, milk intolerance, and infection. It can often be controlled by putting the infant on an appropriate clear liquid such as Pedialyte for 6-12 hours. As your infant gets older, infectious diarrhea is a more frequent symptom but still can usually be managed with diet modification. You should call if your infant’s diarrhea contains blood or if their activity level or urinary frequency is markedly decreased.

SKIN CARE

The dry peeling skin of the newborn will improve in a few days without treatment. You may also see fine hair covering the body, but this will disappear. The color of the baby's skin may be slightly yellow, which is normal, or they may have blue hands and feet from immature blood circulation; this should cause no alarm. Most babies have small reddish or white bumps over the body, especially the nose and cheeks, during the first month.

BATHING

Your baby should be bathed every day or two using a mild soap (Dove or baby soap). Avoid bubble baths or other additives. Sponge baths should be used until the cord falls off and the navel heals. Have all your bath supplies at hand before beginning; never turn your back while the baby is in the tub or on the bathing table, and never leave them alone. Be sure to dry the baby thoroughly. Water temperature should be warm, but not hot, and the room should not be drafty. Wash hair and scalp often with soap or baby shampoo, scrubbing the scalp vigorously with a soft brush or cloth to remove scales and prevent cradle cap. There is really no need to use lotion unless the baby's skin is extremely dry. We do not recommend routinely using oil on the scalp or baby powder.

EYES

A newborn's eyes are not fully developed at birth, and they may appear glassy. It may be a few weeks before focusing and following are apparent. There may be small amounts of tear overflow, discharge, or matting, which can be wiped off with a soft washcloth. If the eyes develop a more profuse discharge or the eyelids become red and swollen, please call us.

NOSE AND EARS

If the baby has a runny or congested nose, use the bulb syringe supplied by the hospital to suction it out. Other cleaning of the nose is not needed. When cleaning the ears, wash only the outside with a damp cloth. Do not use cotton swabs or any other device to clean inside the ears.

NAILS

The baby's nails will grow rapidly and will need to be trimmed or filed frequently. Trimming must be done with great care and caution, as the underlying tissue may be joined to the nail much further out than in older individuals. A suitable time to trim or file is when the baby is asleep.

UMBILICAL CORD

The umbilical cord often causes more concern for new parents than anything else about the baby, but it should not. The cord will fall off a couple of weeks after birth. Care during that time include keeping it dry. It should not be covered, so turn the diaper down below the cord. The navel may bleed slightly as the cord begins to separate (a few spots of blood on the diaper); but if it should bleed excessively, have any foul-smelling discharge, or the skin around the navel becomes red, let us know. After a few weeks, you may notice a bulging of the skin at the navel that may represent a small hernia; this is normal and will regress without treatment. Binders and tapes serve no purpose.

CARE OF GENITALIA

GIRLS: The genitalia of infant girls may have some protrusion and swelling which is perfectly normal. Clean the genitalia gently with soap and water, wiping from front to back and rinse well. There is usually a thick white substance between the labia which is normal and does not need to be removed. Occasionally, there is some transient discharge or bleeding from the vagina caused by the mother's hormones. This is also normal and should not cause alarm.

BOYS: A common concern of parents of newborn boys is the decision of elective circumcision. Circumcision is the surgical removal of the foreskin of the penis and is often performed in early infancy. It has potential medical benefits and advantages as well as disadvantages and risks which you should be aware of before the procedure is done. If the baby is not circumcised, we will instruct you on how to care for the foreskin. If he is circumcised, care consists of keeping the penis clean and using Vaseline or A&D ointment after each washed until healed (about one week).

COMMON SKIN CONDITIONS

CADLE CAP

Patches of scaly, greasy looking crust on the baby's head constitute cradle cap or seborrhea and is caused by a heavy secretion of oil from glands in the scalp. It can usually be cleared by thoroughly scrubbing the scalp with a soft brush or washcloth when bathing the baby. Do not be afraid to scrub across the baby's "soft spot". Repeated vigorous cleansing is often necessary.

THRUSH

Thrush is a yeast infection that causes the tongue, inside of cheeks and roof of mouth to be more or less covered with white patches. These resemble milk curds but do not rub off easily. The infection may make the baby's mouth sore enough to cause discomfort with feeding. Call if you think your baby has thrush, and we may prescribe medication for it.

CHAFING

The skin "rash" is seen where there are opposing surfaces such as folds of the neck or groin. Wash frequently with plain water, blot dry and apply baby lotion. Loosen clothing and diapers.

RASHES

Slight rashes of the face, neck and head are often normal and temporary. If a rash persists over a week and appears to be getting worse, let us know if the baby acts ill with the rash, we need to know.

DIAPER RASH

This is a general term that applies to several kinds of rashes in the diaper area. If the area is just reddened, it may be due to chemical irritation from stools or urine. Change diapers more frequently and apply a protective cream (A&D, Desitin, etc.) If the rash is fine and peppery, it may be caused by irritation from residual detergent, or chemicals used in washing diapers. After each change, wash the area well and apply cream or Vaseline. If the rash is bright red with blisters, or it does not respond to the treatment described above, it may be a yeast infection and needs prescribed medication. Call us if you suspect this to be the case. Disposable diapers may cause a diaper rash in some infants. If you use disposable diapers and your baby develops a rash, stop using them and see if that helps.

THE BABY'S ENVIRONMENT

SLEEP POSITION

Current research shows an association between sudden infant death syndrome (SIDS) and sleeping in the prone position. For many years, parents have been advised to place infants prone (on the stomach) for sleep to lower the risk of choking if they should vomit or spit up. We now recommend that a normal infant be placed on its back when put down to sleep.

ROOM TEMPERATURE AND HUMIDITY

The temperature of your house should be comfortable for you. There should be good ventilation but keep you baby out of drafts. A comfortable temperature for the baby's room would be 68 to 72 degrees. Don't bundle up your baby. Cold or blue hands and feet are due to immature circulation of blood to the extremities and do not indicate a need for extra cover. With heat on and windows closed, rooms become very dry. An excellent investment is a cool mist humidifier to use in the baby room.

CLOTHING

During the first few weeks, a diaper and a shirt, gown or sleeper and a light cotton blanket are sufficient in the house. Wash any new clothing before the baby wears it.

SMOKING

Smoking by ANYONE in the home with your baby is strongly discouraged! Numerous studies show that children of smokers have more colds, infections, SIDS, hospitalization, and may not grow as well as other children. It is also felt that smoking contributes to colic. If you, a relative, or visitors must smoke, **GO OUTSIDE!** It is also important to wear a smoking jacket that you take off when you go inside to be with the baby. Even the particles of smoke on your clothes can irritate your child.

OUTDOORS

You may take your infant outside whenever the weather is pleasant. It is advisable to avoid crowds of strangers and particularly children during these outings as they increase the chance of your baby getting an infection or illness.

TRAVEL

Beginning with your trip home from the hospital, any time your baby travels in a car, they **MUST** be secured properly in a car seat! Children's Hospital will be glad to help you install your car seat. Call 800-504-9768 for more information or to set up an appointment at Children's Hospital South. For automobile travel, the best place for your baby is in the middle of the backseat in a sturdy, approved, well-padded infant seat. Alabama enforced a mandatory child restraint or car seat law for children under five years of age. If it is absolutely necessary, the baby may travel after he is one week old. If you plan to fly when your baby is less than two weeks old, check with your airline; not all airlines allow young infants on board.

VISITORS

Limit visitors to the absolute minimum the first two weeks at home. This time belongs to you and your baby. Thereafter especially for the first six weeks, the fewer visitors the better, Remember- all the neighbor's children have colds unless proven otherwise and they should be kept away from the baby as much as possible.

SAFETY

Perhaps the biggest threat to your baby's life and health is physical injury. Never leave your baby unsupervised. They can wiggle, squirm, and move about more than you expect. Keep long-haired, fuzzy toys and those with removable parts away from your baby. They could easily pull off hair or a small doll's eye and swallow or choke on it. Likewise, be sure there are no loose buttons or snaps on their clothing. Please heed the following guidelines for infant cribs:

- Cribs should have slats not more than $2 \frac{3}{8}$ inches apart.
- The wood should be free of splinters and cracks and have lead-free paint.
- The end panels should be made of a material that will not splinter.
- There should be no crossbars on the sides.
- The sides, when lowered, should be 4 inches above the mattress.
- The sides should be operated with a locking, hand-operated latch that is secure from accidental release.
- The mattress should be the same size as the crib so there are no gaps to catch arms or legs. The minimum rail height should be 22 inches from the top of the railing to the mattress at the lowest level.
- The furniture should meet the standards of the Consumer Products Safety Commission.

SAFETY TIPS

- Read manufacturer's instructions for use
- Never leave crib rails down when a baby is in the crib
- Bumper pads pose a safety risk to your child – PLEASE DO NOT USE THEM
- Begin to lower the crib mattress before the baby can sit unassisted. Have it at its lowest point before the baby can stand
- No hanging crib toys should be within reach. Do not leave large toys in the crib. The baby may use them as steps to climb out
- Use netting or safe extenders on top of cribs for babies who try to climb out
- Remove the child from the crib when 35 inches tall.

GROWTH AND DEVELOPMENT

No two children, even in the same family, grow and develop at the exact same speed. Remember that there are normal variations on these times; for example, the average age for a child to be able to sit up alone is six to seven months, but anywhere from five to nine months is considered normal. Don't try to compare your child with your friends' or neighbors' child. Your child is unique- there is no other like your child, and they will grow and develop at their own individual pace.

1 MONTH- Main activities are sleeping and eating. Hearing is fully developed; vision is not yet fully focused but is good at near distance and for bright colors and light. Tight grasp reflex developed, loves to suck and can lift head slightly when in prone position.

2 MONTHS- More alert, turns head to voices, responds with smile. Cries become differentiated, varying with reason for crying; may begin to sleep all night

4 MONTHS- Becoming physically more active, turning from side to back. Reaches for objects and brings them to mouth. **BEWARE OF ACCIDENTS!**

6 MONTHS- May begin to crawl and pull up; transfers objects from one hand to another. Begins to vocalize M's, D's, and G's. Stranger anxiety. May begin finger feeding and using a cup.

10 to 12 MONTHS- May stand alone and take steps; exploring and into everything. Can mark with crayons, drinks well from cup unaided

15 MONTHS- Walks alone, with wide gait to steady themselves; creeps up stairs, throws objects, pokes fingers into holes. Becoming independent; wants to feed themselves. Vocalizes and points to desired objects. Should be completely weaned from the bottle.

18 MONTHS- Begins to run; walks sideways and backwards. Climbs stairs and furniture. Scribbles vigorously; may build tower of three blocks; vocabulary increasing (10 words or more). May begin temper tantrums. Begins to select favorite toy or object such as a blanket.

2 YEARS- Can move about with fewer falls; walk up and down stairs, opens door by turning knobs. Good vocabulary using phrases and short sentences. May begin toilet training if child exhibits readiness. Has a great sense of "yours" and "mine".

SUPPLY LIST FOR BABY

In addition to all the usual layette suggestions, here are some things we think you should consider having on hand to care of your baby:

- Thermometer- No glass, but a reputable brand of digital thermometer is probably a wise investment and safer
- Simethicone drops (Mylicon, Phazyme)- for gas pain
- Humidifier- cool mist is safer than steam
- Caring for Your Baby and Young Child: Birth to Age 5 – The American Academy of Pediatrics book for parents

ON-LINE RESOURCES

In today's technological society, we have multiple online resources at our disposal. Be careful, however, to choose only those internet sites that are based on scientific/medical principles and carry valid information. Here are some from which to browse:

aap.org – The American Academy of Pediatrics
cdc.gov – The Center for Disease Control
childrensal.org – The Children's Hospital of Alabama

WELL CHILD CHECKUP AND IMMUNIZATION SCHEDULE

In order to give your child the best possible care and complete their immunizations, we would like to see them at regular intervals. These visits will give you an opportunity to ask questions and us a time to assess your child's growth and development and give you guidance for the weeks and months ahead. Following is our general schedule along with some routine procedures:

2-4 days	Hepatitis B vaccine (if not given in hospital) and labs if directed by the discharging doctor (bilirubin recheck)
1 Month	Repeat PKU (state newborn screen) and Hepatitis B vaccine
2 Month	Pentacel, Prevnar, and Rotavirus vaccine
4 Month	Pentacel, Prevnar, and Rotavirus vaccine
6 Month	Pentacel, Prevnar, Rotavirus, and Hepatitis B vaccine
9 Month	CBC, vision screen, and ASQ questionnaire
12 Month	MMR, Varicella and Prevnar vaccine; lead screen
15 Months	Pentacel and Hepatitis A vaccine
18 Months	ASQ and MCHAT questionnaires
2 Years	Hepatitis A vaccine; CBC and lead screen, ASQ & MCHAT questionnaire
3 Years	Catch up on vaccines if needed
4 Years	Proquad and Quadracel vaccine
5-10 years	Catch up on vaccines if needed
11 Years	Tdap, Menquadfi and HPV vaccine; CBC and Lipid Screen
12-15 Years	Booster for HPV if needed
16 years	Menquadfi and Bexsero vaccine
17 Years	Bexsero vaccine
18 Years	Any vaccine needed for college, TB skin test if needed

IMMUNIZATION INFORMATION

Pentacel- DTaP, IPV (polio) and HIB combined vaccine

Prevnar- Pneumococcal vaccine

Proquad- Measles, Mumps, Rubella, and Varicella combined vaccine

Quadracel- DTaP and IPV (polio) combined vaccine

Menquadfi- Meningococcal meningitis vaccine (protects against ACWY groups)

Bexsero- Meningococcal meningitis vaccine (protects against B group)

CBC – Finger stick blood test to check for anemia

Lead Screen – Finger stick blood test to check for lead levels

Lipid Screen- Finger stick blood test to check lipid levels (cholesterol)

Hepatitis B - protects against serious liver diseases

Rotavirus - protects against the most common cause of diarrhea and vomiting in infants and children

Pneumococcal - protects against bacterial meningitis and infections of the blood

DTaP - protects against diphtheria, tetanus (lockjaw), and pertussis (whooping cough)

Hib - protects against Haemophilus influenzae type b (a major cause of spinal meningitis)

Varicella - protects against chickenpox

MMR - protects against measles, mumps, and rubella (German measles)

Hepatitis A - protects against serious liver diseases

Tdap - protects teens and adults from tetanus, diphtheria, and pertussis

Meningococcal - protects against very serious bacterial diseases that affect the blood, brain, and spinal cord

HPV- protects against viruses that cause genital warts or viruses that cause cervical cancer for girls

VACCINE POLICY AT MAYFAIR MEDICAL GROUP



Children's
of Alabama®

MAYFAIR MEDICAL GROUP VACCINE PHILOSOPHY

The physicians and staff of Mayfair Medical Group are committed to the health care and safety of your child. Part of that commitment includes our recommendations for preventative health care, including vaccinations. We recommend that all children and young adults receive the routine vaccines according to the schedule published by the Centers for Disease Control (CDC) and the American Academy of Pediatrics (AAP). Vaccinating children and young adults is one of the most important aspects of the health care we provide to your children. As a parent, choosing to immunize your children is one of the greatest protections you can offer them.

We know of the effectiveness of vaccines to prevent serious illness and to save lives. Additionally, we have confidence in the safety record of vaccines. The recommended vaccines and schedules are the result of years of scientific research and study by our best scientists and physicians. In fact, we anticipate that ongoing research will continue to lead us toward even greater protections for children.

These things being said, we recognize that there has always been and will likely always be controversy surrounding vaccination. The vaccine campaign is truly a victim of its own success. It is precisely because vaccines are so effective at preventing illness that we are able to discuss whether they should be given. Because of vaccines, most parents have never seen a child suffer from polio, tetanus, whooping cough, bacterial meningitis or even chickenpox. Such success can make us complacent about vaccination. But such an attitude, if it becomes widespread, will lead to tragic results.

We are making you aware of these facts, not to scare or coerce you, but to emphasize the importance of vaccinating your child. We recognize that the choice may be an emotional one for some parents. However, we believe that vaccinating children according to the recommended schedule is the right thing to do. Delaying or "breaking up" the vaccine schedule goes against expert recommendations and can put your child at risk for serious illness and disability (or even death) and is against our medical advice. **Finally, if you should absolutely refuse to vaccinate your child despite our recommendations we will ask you to find another health care provider who shares your views.**

As medical professionals, we feel strongly that vaccinating children on schedule with currently available vaccines is a vital aspect of the health care we provide for your family. Thank you for taking the time to read this policy, and please feel free to discuss any questions or concerns you may have about vaccines with any one of us.

Sincerely,

Judith Habeeb, MD
Gretel Russell, MD
Stacey Gilbert, MD
Elizabeth Peters, MD

Kristin Mizerany, MD
Christina Fettig, MD
Jamie Powell, MD
Nathan Owens, MD