

Family Medicine Department

Hours

Monday through Friday, 8 a.m. to 5 p.m.

To provide the best care possible, all patients are seen by appointment. Please make, change or cancel appointments as far in advance as possible. If your child is ill and you feel that he or she needs to be seen the day that you are calling, please let the receptionist know.

The following services are available without an office visit with a physician. However, please call your physician's office before you come so that we can schedule an appointment and your waiting time is less.

- Immunizations
- Lab tests ordered by your physician

Emergencies

Call 911, or go to the emergency room. For urgent questions, you may call (920) 496-4700 24 hours a day, seven days a week. The receptionist will take a message, and your call will be returned as soon as possible. Prevea has a physician on call 24 hours a day.

Please tell the receptionist your name, telephone number and a brief description of the situation. If your child has any special health concerns — such as cystic fibrosis, prematurity, leukemia, etc. — please share that information with the receptionist as well.



Non-urgent Concerns

If possible, please call (920) 457-4858 between 8 a.m. and 5 p.m., Monday through Friday, and give the following information to the receptionist:

- Child's name
- Child's age
- Parent's name
- Telephone number
- Brief description of the illness or problem – fever, injury, cold, etc.

During regular office hours, a nurse or physician will return your call as priority dictates. A nurse working under the supervision of your pediatrician will return most telephone calls. She will help you evaluate your child's illness and will recommend either home-care or an office visit. She also will answer your routine questions on childhood illnesses.

Routine Calls

For prescription refills, well-baby advice, behavior problems, lab results, etc., please call before 5 p.m., Monday through Friday.

Prevea Health Center

1411 N. Taylor Drive, Sheboygan
(920) 457-4858

Prevea Plymouth Health Center

825 Walton Drive, Plymouth
(920) 892-4322



Well-baby Exams

Hospital re-check: two to four days after birth

- 1 month old
- 2 months old
- 4 months old
- 6 months old
- 9 months old
- 12 months old
- 15 months old
- 18 months old
- 24 months old
- 30 months old

Sports Exams

If your child plans to participate in organized sports through school or a recreation program, a complete physical exam is required within two years of participation. Because the Wisconsin Interscholastic Athletic Association (WIAA) recognizes exams that are completed after April 1 for two years, parents should schedule an appointment for their child's first year of participation after that date. If an exam is completed before April 1, it is only valid for one year. The AAP recommends yearly physical exams starting at 3 years old.

If you know that your child will be playing a sport during the next school year, set up an appointment before the end of the current school year because physician schedules fill up quickly during the summer months. Remember to bring your child's immunization records to each physical so that necessary immunizations may be given at that time.

Immunizations

Immunizations have reduced many diseases to very low levels in the United States. They can help protect children from many serious diseases, and without immunizations, many preventable diseases would still be widespread today, leading to serious illnesses, disability and even death. If your child has not been immunized and is exposed to a disease germ, your child's body may not be strong enough to fight the disease.

Immunizations also help stop the spread of diseases to people who cannot be vaccinated or to those who do not respond to vaccines. Recommended immunizations change as new immunizations are developed. New vaccines may be developed, and shortages may occur. Ask your child's physician if you are interested in a child and adolescent immunization schedule.

Note: Routine child vaccines do not have thimerosal. One type of influenza vaccine contains a very small amount of thimerosal. Additional information is available from your health care provider.



Congratulations on the birth of your new baby! Soon you will be on your own with your baby for the first time. We will attempt to answer as many of your questions as possible, and anticipate some of your future concerns. As other questions arise, feel free to contact us.

Babies are Unique

Your baby is an individual from birth; his or her style will be unique. Your baby's pattern will be unlike any other baby. Your parenting skills will evolve as you get to know your child. With varying degree, all babies sneeze, yawn, belch, spit up, have hiccups, pass gas, cough and cry.

Sneezing is the only way a baby can clear the nose of mucus, lint or milk curds. Coughing is a baby's way of clearing the throat. Spitting up formula or occasional vomiting is normal and should not be of concern to a healthy baby. Hiccups occur generally after feedings and will start and stop spontaneously. Crying is a baby's way of communicating his or her needs and moods. Through crying he or she says, "I'm hungry," "I'm wet," "I'm cold," "I'm thirsty," "I'm too hot," "I want to change position," "I'm uncomfortable," "I'm bored," "I'm tired," or "I want physical contact." You may gradually learn your baby's cries, but by a process of elimination you can generally determine the reason for his or her crying. Most babies will cry for some time each day and will not do themselves any physical harm. You cannot spoil an infant by responding to his or her needs, but that does not mean the infant will never cry.

At Feeding Time

Feeding is one of the baby's first pleasant experiences. At feeding time, the baby receives nourishment from his food and his parents' love. Food, correctly taken, helps your child grow. Parents' love, generously given, helps your child feel secure. Let feeding time be an enjoyable time for both you and your baby. Choose a chair that is comfortable for you. Your baby should be warm and dry, so that he or she is comfortable, too. Hold your baby in

your lap, with the head slightly raised and resting in the bend of your elbow. Whether you are breast-feeding or bottle-feeding, hold your baby comfortably close to your body.

Breast-feeding

Breast milk supplies all of the nutrients for normal growth and gives your baby protection against many childhood problems, such as ear infections. Babies may be solely breast-fed for six months.

Mothers who breast-feed their infants will experience normal engorgement (over-fullness) of their breasts as the milk starts to come in. Engorgement is caused by increased blood supply to the breasts, as well as additional milk production. If your breasts get too full, you may need to express some breast milk, sometimes up to one ounce, so your baby can get a better grasp on the nipple. Using cool compresses may be helpful, as well as shorter, more frequent nursings. As engorgement diminishes, the breasts will seem flatter because the swelling will go away. This does not mean the milk supply has been lost.

Supplemental bottle-feeding is discouraged during the first 2 weeks so that you establish good maternal milk supply and nursing skills. Because breast milk does not contain enough vitamin D, supplements are necessary. A supplement of vitamin D will be recommended and should be continued throughout breast-feeding. Mothers also should continue to take prenatal vitamins and iron supplements if she took them during pregnancy.

Bottle-feeding

Sterilization of bottles is not necessary, unless you have well water. Bottles should be washed in hot, soapy water, rinsed and air-dried, or washed in a dishwasher. The container used to mix formula must be cleaned the same way. Bottles may be filled at the same time of mixing or as needed from the mixing container. Formula should be refrigerated, but when you feed your baby, the formula may be warmed slightly for the first few months. Do not microwave bottles — microwaving may cause hot spots that increase the risk of mouth burns. The best way to warm a bottle is to run warm water over it. Some parents prefer to mix a bottle with warm water before feeding. Formula may be given cool or cold.

For more information on breast-feeding and bottle-feeding, see the Feeding Your Baby tab in the mother section of this binder, given to you during your pregnancy.

A Schedule with Flexibility

Feeding schedules work best if the set hours are flexible and the baby is allowed to eat when he or she becomes hungry — for example, any time between three and four hours after the last feeding. Newborn babies usually need to be fed about every three hours. If your baby occasionally wakes up and cries less than two and a half hours after feeding, the amount of formula given may be insufficient.

How Much Formula

The amount of formula your baby takes will vary. Babies have a right not to be hungry sometimes, and you cannot make a baby want to eat. Most babies feed for 15 or 20 minutes. You may find that sometimes your baby will take all of a bottle and sometimes he or she will not — do not worry, this is normal. As your baby grows and gains weight, he or she will need more formula. Your doctor will recommend solid food when your baby is about 4 to 6 months old. Babies differ in dietary habits.

Don't make any changes in your baby's diet without talking to your physician. Our recommendations are based on experience, nutritional knowledge and awareness of your baby's needs. Never change the dilution of the baby's formula unless directed by your physician.



Water

Water generally is not needed during the first few months. Non-well water may be used without boiling. Well water should be checked yearly for bacteria, nitrates and fluoride level through the State Laboratory of Hygiene or a local water testing company.

Umbilical Cord Care

Keep the top of your baby's diaper below the cord. It is not necessary to clean the umbilical cord with alcohol or hydrogen peroxide. Call your physician's office if there is redness around the cord, a foul odor or a pimply rash. It is normal for the cord to drain or spot blood, especially a few days prior to coming off and up to a week after.

Stools

The consistency of stools is more important than the number or color. If stools are bloody-red, chalky-white or road-tar black, you should notify your physician's office. Each baby's pattern varies and is normal as long as the stool is soft. Therefore, it is okay for the baby to not have a bowel movement more than once every one to three days. Most babies appear to strain when having a bowel movement — they grunt, cry or become red-faced. This does not mean that they are constipated. Constipated stools are very hard and formed; they appear as little rocks that roll right off of the baby's diaper.

Breast-fed babies, 4 to 6 weeks old, may begin to skip several days before having a bowel movement. Also, breast milk changes as the needs of the baby change. At 4- to 6-months old, a baby's body absorbs almost all of the nutrients and there is a decrease in waste products. It is normal for babies to skip more than five days of bowel movements. Call your physician's office if your baby is:

- Not feeding well.
- Vomiting.
- Passing hard pellet-like bowel movements.

Sleeping

Babies will require varying amount of sleep. Some need as much as 20 out of 24 hours, and others need as few as 12 to 14 hours. Most babies will have an active or fussy period during the day, usually in the evening. Conversely, they also have a period of sleep when they will sleep longer than their customary four hours.

Do not cover your baby with heavy blankets or tight clothing. Some sleep more peacefully if relatively unencumbered, while others enjoy swaddling. Remember, if you are comfortable with a given amount of clothing, your baby will be comfortable with the same amount of clothing or blankets.

Parents and caregivers should place healthy infants only on their backs when putting them to sleep. This is because recent studies have shown an increased incidence of Sudden Infant Death Syndrome (SIDS) in infants who sleep on their stomachs. The side position is no longer recommended because of the risks that infants can roll over onto their stomachs, even with a wedged cushion next to them.

You may offer a pacifier at naptime and bedtime, which reduces the risk of crib death, to a bottle-fed baby that is at least 2 weeks old or a breast-fed baby that is at least 1 month old. If your baby refuses a pacifier or the pacifier drops out of your baby's mouth while he or she is sleeping, do not force it. Keep the following in mind:

- Infants should not sleep in their parents' beds due to suffocation and risk of SIDS.
- Placing a child asleep on his or her back has the lowest risk and is the preferred sleeping position.
- Wedges or cushions in the crib are not recommended. Avoid stuffed animals and toys.
- Do not put your infant to sleep on soft surfaces during the first year of life. Soft surfaces include such things as infant bean bags, water beds, sheep skins, lamb skins, stuffed toys or pillows. These could cover your child's airway. This recommendation is for healthy infants. Some infants with certain medical conditions or malformations may need to sleep in different positions. Talk to your physician about which sleeping position is best for your child.

- Other risk factors for SIDS include prenatal smoking and smoking in the presence of infants. It is important to have no cigarette smoke in your baby's environment, including in the basement, in the house and in the car.

Tummy Time

Your baby should be on his or her tummy while awake and not being held.

Signs of Illness

The doctor must be called for:

- Fever of 100.4 degrees or above in the first 2 months.
- Persistent crying for several hours.
- Refusal to eat several meals in a row.
- Persistent vomiting, not just spitting up.
- Excessive sleepiness.
- "Ill-looking" baby.

Diaper Rashes

Most babies are bothered by diaper rash at some time.

- Common preparations, such as Desitin, A&D or Vaseline, may be used to protect your baby's skin.
- Frequent diaper changing prevents most diaper rash.
- Leaving your baby's diaper off for 10 minutes following a diaper change is helpful in clearing rashes.
- Use warm water and a washcloth, instead of commercial baby wipes, to cleanse your baby's diaper area if rash is a problem.
- Do not use baby powder due to concerns about babies inhaling the powder.

General

Trust yourself and your own judgment as far as your baby is concerned. After all, you know your baby better than anyone. Don't be afraid to take your baby outdoors when the weather is nice. Be careful to avoid direct sun, because a baby's sensitive skin can burn easily.

Characteristics of Newborn Babies

Appearance

Even after your physician assures you that your newborn is “normal,” you may think he or she looks different than other babies you have seen. Be patient. Certain characteristics of newborns are temporary, and your baby will begin to look “normal” by 1 to 2 weeks of age.

The following list describes some common physical characteristics of newborn babies. Most are temporary; a few are congenital defects that are harmless but permanent. Call your physician’s office if you have questions about your baby’s appearance that this list does not explain.

Fontanel. This “soft spot” is found in the top front part of a baby’s 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 your baby is between 9 and 12 months.

Molding of the head. Molding refers to a baby’s long, narrow, cone-shaped head that results from passage through a tight birth canal. This compression can temporarily hide the fontanel, and the baby’s head will return to a normal shape in a few days.

Caput. This swelling on top of a baby’s 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.

Cephalohematoma. This is a lump on a baby’s head — usually confined to one side — that occurs when blood collects on the outer surface of the skull under the skin. It is caused by friction between the infant’s skull and the mother’s pelvic bones during birth. It first appears on the second day of life and may grow larger for up to five days. It doesn’t disappear completely until the baby is 2 or 3 months of age.

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



Folded ears. The ears of newborns are commonly soft and floppy. Sometimes the edge of one is folded over. The baby’s ear will assume its normal shape as the cartilage becomes firmer during the first few weeks of life.

Ear pits. About one percent 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 waters continuously, he or 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 percent of blocked tear ducts open by the time the child is 12 months old.

Swollen eyelids. Your baby’s eyes may be puffy because of pressure on the face during delivery — this irritation should clear in about three days.

Hemorrhage on the eye. Some babies have a flame-shaped hemorrhage on the white of their 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. The permanent color of your baby’s eyes, usually blue, green, gray, brown or some variation of these colors, is often uncertain until 6 months of age. Children who will have dark eyes often change to the permanent eye color by 2 months of age. Children who will have light-colored eyes usually change by 5 or 6 months of age.

Flattened nose. Your baby's 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 a baby's upper lip from constant friction during bottle- or breast-feeding. It will disappear when your child begins cup feedings. If the baby sucks his thumb or wrist, a callus may develop there, too.

Tongue-tie. A newborn baby's tongue normally has a short, tight band on the underside that connects it to the floor of the mouth. This band usually stretches with time, movement and growth. Tongue-tied, 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 usually doesn't 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 the roof of a baby's mouth. These cysts result from blockage of normal mucous glands, and disappear after one to two months.

Teeth. The presence of a tooth at birth is rare. About 10 percent are extra teeth without a root structure. The other 90 percent 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 female hormones from the mother across the placenta during pregnancy. It generally persists for four to six months, but may last longer in female babies and if you breast-feed your baby. 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 your physician 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.
- Vaginal discharge. A clear or white discharge may flow from a baby's 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 recur once it stops.

Male genitals:

- Hydrocele. The scrotum 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, and may take 6 to 12 months to completely disappear. It is harmless but should be checked during regular doctor visits. If the swelling changes size frequently, a hernia also may be present; you should call your physician during regular hours for an appointment.
- Undescended testicle. The testicle is not in the scrotum in about four percent of full-term newborn boys. Many of these testicles gradually descend into the normal position during the following months. In 1-year-old boys, only 0.7 percent of all testicles are undescended and need to be brought down surgically.
- Tight foreskin. Most uncircumcised infant boys have a tight foreskin that doesn't allow you to see the head of the penis. This is normal and the foreskin should not be retracted. The foreskin separates from the head of the penis naturally by teenage years.
- 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. A baby's 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 and 12 months of age.

Long second toe. The second toe is longer than the great toe as a result of heredity in some ethnic groups, especially those that originated around the Mediterranean Sea.

“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.

Tight hips. The physician will spread your child’s legs apart to make sure the hips are not too tight. Outward bending of the upper legs until the knees touch the surface that the baby is lying on is called 90 degrees of spread. Less than 50 percent of normal newborn hips can spread this far. As long as the upper legs can bend outward to 60 degrees and both hips are equally flexible, they are fine. The most common cause of a tight hip is partial dislocation.

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 also will notice that his or her legs are bowed and the feet are pigeon-toed. Both of these curves are normal and usually will straighten out after your child has been walking for 6 to 12 months.

Behavior

Newborn babies commonly exhibit behaviors that concern parents, but they are not signs of illness. Most are harmless reflexes caused by an immature nervous system and disappear in two to three months. They include:

- Chin trembling.
- Lower lip quivering.
- Frequent yawning.
- Hiccups.
- Passing gas.
- Noises caused by breathing or movement during sleep.
- Sneezing.
- 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 or her breathing rate is less than 60 breaths per minute, pauses between breaths last less than six seconds, and he or she doesn’t turn blue. Occasionally, infants take rapid, progressively deeper breaths to completely expand their lungs.
- Trembling or jitteriness of arms and legs during crying. Jitters are common in young infants, and parents sometimes worry that their baby is having a convulsion. Convulsions are rare, however. During convulsions, babies also make jerking movements, blink their eyes, suck rhythmically with their mouths, and don’t cry. If your baby is trembling and not crying, give him something to suck on. If the trembling doesn’t stop during sucking, call your physician’s office immediately because the child may be having a convulsion.

Adapted from Schmitt, B.D.: Your Child’s Health, New York, NY, Bantam Books, Inc.

Choosing Equipment for Your New Baby

Before birth, most parents prepare a special room or part of a room for the new baby — buying clothing, equipment for sleeping, feeding and bathing, and changing supplies. This preparation is called nesting behavior. The most common mistake parents make when on a limited budget is buying items they don't need, or buying unnecessarily expensive versions of essential equipment. You may be able to borrow some equipment from friends or relatives. You won't need some of the equipment listed below until your baby is 6 months to 1 year of age, so you don't need to buy it before the baby is born.

Essential Equipment

Car Safety Seat

A child restraint seat is essential for transporting your baby in a car. Car seats are required by law in all 50 states. Car seats must conform to federal safety standards. Consumer magazines also publish ratings of the various brands.

Crib

Make sure that your baby's crib is safe. Federal safety standards require that all cribs built after 1974 have spaces between the crib bars no wider than $2\frac{3}{8}$ inches. This prevents the baby from getting his or her head or body stuck between the bars. If you have an older crib, be sure to check the distance between the bars, which should be approximately the width of three fingers. Also, check for any loose or broken bars.

The mattress should fit snugly against the sides of the crib so that there is no gap for your baby's head to get caught in. It also should have a waterproof cover. Bumper pads are unnecessary because infants rarely strike their heads on the bars. They also have the disadvantages of keeping the baby from seeing out of the crib and providing something to climb on when the baby gets older.

Bathtub

Small plastic bathtubs with sponge linings are available. A large plastic dish-pan also will suffice. You can buy a molded sponge lining separately. You also can bathe your baby in the kitchen sink, if you are careful to prevent him or her from falling against hard edges and avoid turning on the hot water to prevent risk of burning. Most children can be bathed in a standard bathtub by 1 year of age.



Bottles and Nipples

If you are feeding your baby formula, you will need about ten 8-ounce bottles and nipples. If you prepare more than one bottle at a time, you will need a 1-quart measuring cup and a funnel for mixing each batch of formula. Recent information indicates that glass bottles may be safer than plastic bottles because of concerns about chemicals in plastic leaching into the formula.

Diapers: Disposable vs. Reusable

Disposable diapers are the most popular, but some controversy surrounds their use because of environmental issues with manufacturing and disposing of them. The rate of diaper rash is about the same with disposable and cloth diapers. Modern cloth diapers come with Velcro straps, if you're concerned about using safety pins. The main advantage of disposable diapers is that they are very convenient — freeing the family to travel easily and day care centers to operate efficiently. Diapers made with super absorbent gel have the added advantage of not letting urine leak out. The main disadvantage of disposable diapers is that they cost more than cloth diapers.

Why not take advantage of both options? You can use cloth diapers when you are home and disposable diapers when you are traveling or as a backup anytime you are out of the house. Use disposables when your child has diarrhea because they prevent leakage of watery stools. Some parents also prefer disposable diapers at night because they are leakproof.

Pacifier

A pacifier is useful in soothing many babies. To prevent choking, the pacifier's shield — the wide part below the nipple — should be at least 1½ inches in diameter, and the pacifier should be one single piece. Some newer pacifiers are made of silicone, instead of rubber, which lasts longer because it doesn't dry out. Some babies accept orthodontic-shaped pacifiers, others do not. The regular type usually causes no problems.

Nasal Suction Bulb

A suction bulb is essential to help remove sticky or dried nasal secretions that are making it difficult for a young baby to breathe. Suction bulbs with blunt tips are more effective than the ones with long tapered tips, which are used to irrigate the ears. The best ones have a small clear plastic tip, a mucous trap, which can be removed from the rubber bulb for cleaning.

Thermometer

A rectal thermometer is necessary to take your baby's temperature if he or she becomes sick. Digital thermometers display temperature readings in numbers on a small screen, usually in 30 seconds or less, and beep when they are finished taking the temperature.

Humidifier

A cool-mist humidifier is helpful for treating coughs, croup, stuffy noses and dry skin. Do not buy a hot-steam vaporizer because it can cause burns, especially in young children. Humidifiers should be cleaned daily as directed by manufacturer directions.

Diaper and Bottle Bag

For traveling outside the home with your baby, you will need an all-purpose shoulder bag to carry the supplies required for feedings and diaper changes.

Safety Devices

Once your child is crawling, you will need devices such as safety plugs for electric outlets, safety locks for cabinet doors, bathtub spout protectors, and plastic corner guards for sharp table edges.

Gates

Gates are essential if your house has stairways, from which you must protect your baby. Gates also may be used in rooms without doors to keep your child with you and



out of the rest of the house. All gates should be climb resistant. The strongest gates are spring loaded.

High Chair

During the first six months of age, you can hold your baby while feeding. Once your baby can sit unsupported and eat solid foods, a high chair is needed. The most important feature to look for is a wide base that prevents the chair from tipping. A safety strap is also critical. The tray needs to have a good safety latch and adjustable positions to allow for your baby's growth. Plastic or metal chairs are easier to clean than wooden ones.

Small, portable high chairs that attach directly to the tabletop are gaining in popularity. They are convenient and reasonably priced. High chairs with a special clamp that keeps the child from pushing the chair off the tabletop with his or her feet have a good safety record.

Food Grinder

When the time comes for your baby to make the transition from baby foods to table foods, a food grinder takes the work out of mashing table foods. It's as effective as a blender, easier to clean and less expensive. Food processors, however, have the advantage of allowing you to make larger quantities faster than a grinder.

Training Cup

By the time your child is 1 year old, he will want to hold his own cup. Buy a spill-proof cup with a weighted base, double handles, a lid and a spout.

Helpful Equipment

You may find the following items very helpful, but they are not essential.

Changing Table

You'll need to change your baby's diapers 10 to 15 times a day. Although you can use a bed for this purpose, changing your child on a surface that doesn't require you to bend over will help prevent back strain. An old dining table or buffet may work as well as a special changing table.

Automatic Swing

Most babies find swings entertaining, but they are especially helpful for crying babies. They come in windup-spring, pendulum-driven and battery-powered models. The latter two have quieter mechanisms. A sturdy base and crossbars are important safety features.

Front Pack or Carrier

Front packs are great for new babies. They give your child a sense of physical contact and warmth, and they allow you freedom to use your hands. Buy one with a head support. Front packs are useful for babies up to about 5 or 6 months old. After that, carrying a baby in front can give you a backache.

Backpack

Backpacks are useful for carrying babies older than 5 or 6 months who have good head support. They are inexpensive and can be taken just about anywhere. The inner seat usually can be adjustable to different levels.

Stroller

Another way to transport a baby who has outgrown the front pack is in a baby stroller. The most convenient ones are the folding umbrella type. A safety belt is important to keep your baby from standing and falling.

Infant Seat

An infant seat is a good place to keep a young baby who is not eating or sleeping. Infants prefer to sit up so they can see what is going on around them. Buy a seat with a safety strap. Once babies are 3 or 4 months old, they usually can tip the infant seat, so discontinue using it. Never substitute an infant seat for a car seat. Always place the infant seat on the floor.

Playpen

A playpen is a handy and safe place to leave your baby when you need uninterrupted time to do something such as cooking or laundry. Babies like playpens because

the slatted or mesh sides afford a good view of the environment. Playpens can be used both indoors and outdoors. As with cribs, the slats should be less than $2\frac{3}{4}$ inches apart. Playpens with sides made of fine-weave netting are also acceptable, although older infants can sometimes climb out of them. Introduce your baby to the playpen before 4 months old in order to build up positive associations with it. It is very difficult to get a baby to accept a playpen after he or she has learned to crawl. You may want to put some favorite toys in the playpen, however, do not string objects on a cord across the playpen because your baby could become entangled in them and strangle.

Unnecessary Equipment

Some baby equipment is probably not worth the investment, although there is nothing wrong with buying it if you disagree. You can bathe your baby without a bathinette. Nursery monitors or intercoms will not prevent crib death and may interfere with the baby's learning self-comforting behavior. Your child does not need shoes until she has to walk outdoors.

You can determine whether your baby is eating enough without using a baby scale. You can warm formula without a bottle warmer, and you do not need an infant feeder — a bottle with a nipple on one end and a piston on the other that is used to feed young babies strained foods. Babies don't need any food except formula or breast milk until at least 4 months old at which time spoon-feeding works fine, therefore, infant feeders are unnecessary and can lead to forced feedings.

Don't Buy a Walker

More than 40 percent of children who use walkers have an accident requiring medical attention, such as skull fractures, concussions, dental injuries and lacerations. Some children have even died. Most serious walker injuries result from falling down a stairway. When a crawling child falls down stairs, he or she tumbles and breaks the fall. When a child falls down stairs in a walker, he or she accelerates and crashes at the bottom. Some parents believe walkers help children learn to walk, however, walkers can delay both crawling and walking if they are used more than two hours a day. We recommend not buying a walker.

Adapted from Schmitt, B.D.: Your Child's Health, New York, NY, Bantam Books, Inc.

Notes

Safety

Protecting your child from injury is one of the most important responsibilities you have as a parent.

Safety in a Vehicle

When riding in a vehicle, your child should always be in an appropriate restraint in the back seat, which is the safest place for a child. You should never hold an infant or allow your child to stand on seats while riding because this places your child in great risk of flying forward on impact. Always be concerned about the safety of your child rather than what is convenient. It only takes a minor incident to cause a child serious harm if not properly restrained, and most accidents occur on a warm, sunny day within two miles of your home.



All children 8 years old and younger are required by law to be in an age appropriate car seat or booster seat — generally, in a child safety seat until age 4 and in a booster seat until age 8. For more information, contact the Wisconsin Information Network for Safety at (866) 511-9467 or visit www.BoosterSeat.gov. Up-to-date information on safety is also available from your physician's office.

Northeastern Wisconsin has an active network of certified child passenger safety technicians to help answer car seat questions and help with car seat installations on an appointment basis. If you are uncertain whether a particular car seat is safe for your child, ask your child's physician for information to contact your local community car seat inspection station.

It may take two to four weeks to get an appointment, so call several weeks before you plan on using the car seat.

You also may purchase car seats from the Brown County Health Department for a reasonable cost. If you purchase a new car seat at a retail store, it is recommended that you select a five-point harness seat rather than a tray-shield seat. For information on community car seat inspections please call the Center for Childhood Safety at (920) 448-7135.

Safety at Home

Below are some suggestions for keeping your child safe from the potential dangers at home.

Make sure all potentially harmful items, such as poisons, pills, medicines, tools, kitchen utensils, etc., are out of reach before your child is 6 months old. Check under the sink, on kitchen shelves, in dressers, on bedroom night tables, in the bathroom, basement and garage, on the back porch, etc. Pay particular attention to substances that are not stored in their original containers.

- Use safety locks on all cabinets and drawers that hold potentially harmful items.
- Place protective caps on all electrical outlets.
- Avoid dangling cords connected to electrical appliances, computers, etc.
- Set your hot water thermostat at 120 degrees or lower.
- Put gates on stairways.
- Avoid space heaters.
- Do not use walkers because of the high risk of injury.
- Make sure smoke detectors and carbon monoxide detectors are placed in appropriate locations and are in working order. Test detectors twice a year.
- If you believe that a child has ingested a toxic substance, it is recommended to call the National Poison Control Center at (800) 222-1222.

Toys

Because some toys may pose possible risks to children, it is best to match toys to each child's abilities. A toy that is too advanced or too simple for a child may be misused, which can lead to injury. Manufacturer recommendations serve as a useful tool when selecting toys for your child, and always think big — all toy parts should be larger than a child's mouth to prevent choking and other injuries.

Here are a few purchasing suggestions:

- Before buying a toy, read the instructions. If the toy is appropriate for the child and if the child is old enough, read the instructions to the child to make sure he or she understands the proper use of the toy.
- To avoid risk of serious eye or ear injury, avoid toys that shoot small objects or make loud shrill noises. Parents should hold toys that make noise next to their own ear to determine whether they will be too loud for a child's ears.
- Look for sturdy construction and avoid sharp edges. The eyes, nose and other small parts on soft toys and stuffed animals should be securely fastened on the toy.
- Make sure hobby kits (for example, chemistry sets) are age-appropriate. Provide proper supervision of children when they are using these kits.
- For older children, make sure the tips of arrows and darts are blunt, and made of soft rubber or flexible plastic securely fastened to the shaft.

If you have any questions about purchasing toys for children, your physician can help you decide which toys are safe for newborns, toddlers and teenagers.



The AAP recommends the following toys for specific age groups. These recommendations may be helpful when shopping for toys; however, parents should always watch for mislabeled toys and always provide proper supervision for younger children.

Newborn to 1 year old

Choose eye-catching toys that appeal to your baby's sight, hearing and touch.

- Large blocks of wood or plastic
- Pot and pans
- Rattles
- Soft, washable animals, dolls or balls
- Bright, movable objects that are out of baby's reach
- Busy boards
- Floating bath toys
- Squeeze toys

2 to 5 years old

Toys for this age group usually are experimental and should imitate the activity of parents and older children.

- Books – short stories or action stories
- Blackboard or chalk
- Building blocks
- Crayons, nontoxic finger paints, clay
- Hammer and bench
- Housekeeping toys
- Outdoor toys: sandbox (with a lid), slide, swing, playhouse
- Transportation toys – tricycles, cars, wagons
- CD player – no headphones
- Simple puzzles with large pieces
- Dress up clothes
- Tea party utensils

5 to 9 years old

Toys for this age group should help your child promote skill development and creativity.

- Blunt scissors, sewing sets
- Doctor and nurse kits
- Balls
- Crafts
- Paper dolls
- Roller skates
- Table games
- Card games
- Hand puppets
- Bicycles
- Electric trains
- Jump ropes
- Sports equipment

10 to 14 years old

Hobbies and scientific activities are ideal for this age group.

- Nonviolent or educational computer games
- Sewing, knitting, needlework kits
- Microscopes, telescopes
- Table and board games
- Sports equipment
- Hobby collections

A Guide to Managing Common Childhood Illnesses

Parents can very effectively manage many childhood illnesses at home and can make appropriate decisions if they have the proper information for guidance. This booklet is intended to act as a guide; it contains the advice a physician or nurse would give if you were calling the office. It is necessary to see the doctor only if your child does not improve with your home care.

The following information is divided into general categories, and each section gives you instructions on how to treat your child and what signs and symptoms indicate a need for follow-up care.

Fever

Fever is a sign of an illness; it is not an illness itself. Fever is the body's response to infection, caused by either virus or bacteria. Each body reacts differently to fever, and the height of the temperature does not reflect the severity of the infection. For example, one child may have a fever of 102 degrees and another child a fever of 105 degrees with an illness of similar severity. The average body temperature is 98.6 degrees orally, and 99.6 degrees rectally. Temperature can vary orally, so we consider a fever a rectal temperature higher than 101 degrees.

We don't recommend trying to decide whether a child has a fever by feeling the child's forehead. Skin temperature is not a reliable indicator of actual body temperature. Always confirm fever with a thermometer.

Some children with a fever experience seizures, which are known as febrile seizures. There is no known way to predict or prevent febrile seizures. They are not the result of brain damage, and they do not cause brain complications.

Febrile seizures generally are of short duration. If your child has a febrile seizure, follow these recommendations:

- Leave the child on the floor or in bed.
- Move only if the child is in a dangerous place.
- Position the child on his or her side.
- Do not put anything in the child's mouth.
- If breathing is noisy, pull the child's chin and jaw forward to open the airway.
- After the seizure, call your child's physician or (920) 496-4700 to reach the physician on call. If the seizure persists for more than 5 minutes, call 911.



Treatment for Fever

- Dress the child comfortably cool and remove extra blankets and excessive clothing.
- Give acetaminophen/ibuprofen to lower the body temperature; follow the dosage guide for your child's weight or age. Do not use aspirin without consulting your child's physician.
- Have the child drink extra fluids.
- Although generally not necessary, a warm sponge bath may be helpful if the:
 - Fever is making your child uncomfortable.
 - Child's temperature is 104 degrees or higher.
 - Child is vomiting and is unable to retain medication.
 - Never use alcohol in sponge baths. Discontinue sponge bath if your child develops chills.

Follow-up Care for Fever

Call your child's physician for:

- Fever lasting more than three days with no other symptoms.
- Fever of 100.4 degrees or higher in infants less than 8 weeks of age.
- Signs of illness such as:
 - Pain
 - Rash
 - Lightheadedness, fainting
 - Excessive sleepiness
 - Irritability, especially if you are unable to comfort the child with holding
 - Persistent vomiting
 - Persistent diarrhea: more than eight watery stools per day

Colds

Colds, or upper respiratory infections, are usually caused by a virus. A runny nose or cough that accompanies a cold may last for two weeks, and a fever may last for three to four days. Antibiotics are of no value in treating a viral cold and are only used if a secondary bacterial infection occurs. Treatment is aimed at reducing the symptoms and keeping your child comfortable.

Children generally get six to eight colds each year, however, they may get twice as many if they are in child care or attend school. You can expect your child to have colds more frequently December through March, which is considered cold and flu season.

Treatment for Colds

If your child is older than 4 months, you may give acetaminophen for fever; remember to follow the dosage guide for your child's weight or age. Offer extra liquids and don't be concerned if your child eats less solid food.

For babies with a stuffy nose, give saline nose drops (¼ teaspoon of salt in 8 ounces of water) every two to four hours as needed. Use one to two drops in each nostril and aspirate with a bulb syringe.

Cold medicines are not recommended for children younger than 6 years old because of possible adverse reactions and lack of effectiveness. It is not necessary to eliminate your child's cough. Coughing is a protective body response to clear mucus from the respiratory tract.

If your home is dry during the winter months, you may want to use a humidifier. Reminder: hot air or steam vaporizers may cause serious burns, especially in younger children. A cool-mist humidifier is preferable, however, cool-mist humidifiers must be cleaned daily with a water and bleach solution to avoid mold build-up. You may also want to elevate the head end of your child's mattress so that he or she is not lying flat.

Follow-up Care for Colds

Call your child's physician if your child:

- Shows signs of respiratory distress – difficulty breathing such as wheezing, grunting or panting.
- Has a drastic change in disposition – won't eat, drink, play or smile.
- Has a fever of 104 degrees or higher.



- Younger than three months has a fever of 100.5 degrees or higher.
- Has a fever that lasts more than three days after the onset of the cold or returns after the fourth day of symptoms.
- Shows signs of pain such as persistent crying, not sleeping, and refusing to drink.
- Has a persistent cough lasting more than 14 days and does not respond adequately to usual treatment; accompanies a fever that lasts more than four days or makes the child uncomfortable (for example, coughing spasms that result in vomiting).

Earaches

Ear pain may be caused by an accumulation of fluid behind the ear drum and/or infection in the middle ear. The pain associated with an ear infection is most severe when the ear drum is bulging, and the intensity of pain usually decreases after this time. Antibiotics do not relieve the pain initially, although antibiotics may be necessary to clear the infection. It may take 48 to 72 hours of medication for a child's symptoms to improve.

Ear pain is not an emergency; however, your child should be checked in your physician's office. Pain usually improves spontaneously over a 12- to 24-hour period regardless of medication. If you do not see improvement

after 72 hours, call your physician's office. The appearance of your child's ear drum can change rapidly over a few hours. An ear exam can be perfectly normal one day and the following day may show obvious signs of infection.

Treatment of Earaches — to temporarily relieve pain only

- Acetaminophen/ibuprofen for pain.
- External heat. Do not use a heating pad; use a warm water bottle.
- Auralgan ear drops if available and if there is no drainage from your child's ear or if he or she does not have ear tubes. You may call your physician's office if a prescription is needed.
- Office visit to confirm ear infection.
- Keep your child's head elevated.

Strep Throat

Streptococcal infection is an illness that generally lasts three to five days. Strep is only one cause of tonsillitis, which most often is caused by a virus and antibiotics are of no benefit. The following symptoms may indicate a strep infection:

- Fever – temperature of 101 degrees or higher
- Sore throat
- Headache
- Stomachache*
- Vomiting*
- Swollen glands*
- Rash

**These symptoms vary among children.*

Rheumatic fever is a rare complication of strep throat.



There has been a significant decrease in the number of cases reported.

The most common way to diagnose a strep infection is with a throat culture. Any child with the symptoms listed above who is very ill should be seen by a physician. Children with positive strep cultures may have a strep infection that is causing a significant illness. However, some people with positive cultures are not ill or have only mild symptoms. Therefore, the decision to use antibiotics must be based on correlating the patient's symptoms with the culture results. A strep infection is treated with 10 days of oral antibiotics or an injection. If the oral antibiotic is given, it is very important that the medicine be taken for the entire 10 days.

If your child has a negative culture and continues to complain of a sore throat for two or more days, the child should be seen by a physician. If your child has a positive throat culture, we do not recommend that family members without symptoms have cultures, except in special circumstances.

Symptoms generally improve in three to four days with or without treatment. A child may return to school 24 hours after treatment if the child feels well enough and his or her temperature is normal for 24 hours.

Diarrhea

Diarrhea is common in childhood, and stools may vary in number and consistency (for example, loose or runny) without an associated illness.

Diarrhea is self-limited and will clear on its own. We consider diarrhea as six to eight watery stools more than the average number of stools in 24 hours.

Vomiting may accompany diarrhea. We recommend dietary measures to control vomiting, but generally it is not necessary to modify the diet for diarrhea alone. Withholding food may lengthen the time the diarrhea persists and may cause more problems for the intestines. Do not be alarmed if there is undigested food in the stool or if the stool changes color.

Over-the-counter Medication for Diarrhea

It is best to avoid over-the-counter medications to treat diarrhea in children. These medications may cause the symptoms to temporarily subside, but there is great danger of the child continuing to lose fluid and this can



cause serious consequences. Pepto-Bismol should not be used because it contains an aspirin derivative.

Treatment for Diarrhea

- Children 10 months old and younger: breast-feed or formula-feed according to the child's usual schedule. Also offer 2 to 4 ounces of Pedialyte after each bowel movement.
- Children older than 10 months: feed the child a regular diet. Good choices are crackers, noodles, oatmeal, rice cereal, vegetables, bananas, yogurt and meats.
- Call your child's physician's office if bloody stools are accompanied by persistent pain.

Follow-up Care for Diarrhea

Call your child's physician if your child has any of the following symptoms:

- More than 10 watery stools per day.
- Significant pain.
- Persistent vomiting, even on a clear-liquid diet.
- Persistent fever.
- Signs of dehydration:
 - Dry mouth.
 - Decrease in urine – no wet diaper or not urinating for 10 to 12 hours.
 - No tears with crying.
 - Bloody stools.
 - Diarrhea that lasts more than two weeks.

Vomiting

Vomiting is common in childhood and usually responds to dietary measures. Children who are vomiting will usually refuse solid food. If your child vomits only as a result of coughing, dietary changes are not necessary.

Treatment for Vomiting

- Do not give your child anything to eat or drink for two hours after the last time he or she vomited.
- Begin by offering a few tablespoons of clear liquid every 10 to 15 minutes for a couple of hours, and increase as tolerated. Children younger than 10 months old should be offered an electrolyte solution such as Pedialyte. If your child refuses Pedialyte, you may want to offer Gatorade. For children 2 and older, you may offer popsicles.
- Progress to a light diet and then a regular diet as your child tolerates the food.
- Children younger than 10 months old: rice cereal, applesauce, mashed bananas
- Children 10 months and older: toast, crackers, applesauce, bananas, Jell-O

Follow-up Care for Vomiting

Call your child's physician's office if your child:

- Continues to vomit 12 to 24 hours after following dietary treatment.
- Younger than 6 months old, vomits several feedings in a row.
- Has severe abdominal pain.
- Refuses to take liquids for an 8-hour period.

Observe and report the following signs of dehydration:

- Dry mouth.
- No tears.
- No urination for 12 hours.
- Extreme sleepiness.

Chickenpox

Chickenpox is now preventable if your child receives the appropriate vaccine. It is caused by a highly contagious virus and is one of the most common childhood illnesses. From the date when your child is exposed to the virus, it takes about two weeks for a rash to appear.



The rash begins as multiple, small, red bumps that progress to thin-walled water blisters on the body and scalp and then spread to the arms and legs. These sores can continue to erupt for four to five days. Occasionally, some sores occur in your child's mouth, on eyelids or in the genital area. Children often have a mild fever along with the rash.

Chickenpox rarely leaves permanent scars unless the sores become badly infected or the child picks off the scabs. There may be some temporary marks on the skin that may take a few months to fade. Once your child has chickenpox, he is immune for life. Very rarely, a child may develop a second mild case of chickenpox. To prevent infected scars, you should trim your child's fingernails short and wash their hands frequently with antibacterial

soap such as Dial or Safeguard. You also may want young children to wear cotton socks on their hands to prevent them from scratching.

Homecare for chickenpox includes cool baths. Baking soda added to the water or oatmeal bath products — which are available at the pharmacy without a prescription — may be soothing. You may apply calamine lotion to the sores after bathing your child. If your child's itching becomes severe or interferes with sleep, it may be helpful to give your child a nonprescription antihistamine (Benadryl). You may give your child acetaminophen to treat a fever associated with chickenpox, but do not give aspirin because of its link with Reye's Syndrome.

Children with chickenpox are contagious for one to two days before the rash appears and until all the sores have a crust formed on them, usually about five to seven days after the rash appears. If your child's fever lasts longer than four days or if the rash areas become very red, warm and tender, you should call your physician's office. Call immediately if your child develops repeated vomiting, nervousness, confusion, convulsions, lack of responsiveness, stiff neck or breathing difficulty.

Head Injury

Most head injuries do not result in serious consequences. However, a child who suffers a head injury should be carefully watched for the first two days after the injury, and it is extremely important to recognize complications.

Follow-up Care for Head Injury

Call your child's physician if your child experiences any of the following mild signs or symptoms following a head injury:

- Persistent vomiting – more than three times.
- Headache, if long-lasting or increases in severity.
- Unusual drowsiness, confusion and lack of concentration or irritability. Your child should be awakened every two to three hours for the first 24 hours after a significant head trauma.
- Dizziness, numbness or weakness of arms or legs.
- Visual disturbance.
- Clear fluid or blood coming from the nose or ears.
- Convulsions or seizures.



Go to the emergency room or call 911 if your child experiences any of the following severe or threatening symptoms following a head injury:

- Progressive vomiting.
- Inability to awaken.
- Inequality of pupil size.

Please follow up with your child's physician if symptoms of persistent irritability, confusion and lack of concentration continue one week past the date of injury.

Lacerations, Abrasions, Puncture Wounds

It is extremely important that lacerations, abrasions and puncture wounds are prevented. End tables, coffee tables and fireplace hearths commonly cause these types of injuries, so closer supervision is vital. Also, carpentry projects should be carefully cleaned up before children are allowed to play in the area.

Treatment of Lacerations, Abrasions, Puncture Wounds

- Stop the bleeding by applying direct pressure for 10 minutes.
- Inspect the bleeding site. Wounds of the head and mouth always look worse before the bleeding is controlled.
- Cleanse the area with warm soapy water. If the injury does not require medical treatment, repeat this three times per day.
- Band-Aids or dressing may be used as a protective covering.
- Puncture wounds should remain uncovered.

- Observe for signs of infection, such as:
 - Redness
 - Swelling
 - Red streaks extending from the injury
 - Drainage or pus
- Check immunization record. Your child may need a tetanus booster if:
 - Your child is not up to date on tetanus vaccine.
 - The wound is deep or very dirty and contaminated (for example, stepping on a nail) and it has been more than five years since the most recent tetanus vaccine.

Follow-up Care for Lacerations, Abrasions, Puncture Wounds

Notify your child's physician if:

- Bleeding has not stopped after 10 minutes of direct pressure.
- Skin edges are separated or appear jagged. Suturing, if necessary, needs to be done within 6 hours of the injury.
- Foreign material is present in the wound.
 - The wound seems extensive.
- The wound is sustained near your child's eye.



Burns

There are three categories of burns: first degree, second degree and third degree.

<i>Category</i>	<i>Symptoms</i>	<i>Causes</i>	<i>Treatment</i>
First Degree	<ul style="list-style-type: none">- Mild redness- Mild swelling- No blisters- No break in skin- Mild to moderate stinging sensation	<ul style="list-style-type: none">- Sunburn- Momentary contact with hot liquid or objects	<ul style="list-style-type: none">- Apply cold water immediately- Leave open to air
Second Degree	<ul style="list-style-type: none">- Marked redness or discoloration- Blisters and/or breaks in skin- Swelling that progressively increases- Drainage of clear liquid- Severe discomfort	<ul style="list-style-type: none">- Severe sunburn- Contact with boiling liquids, hot solids, gas or flame	<ul style="list-style-type: none">- Apply clean cloth moistened with cold water or immerse in ice water for the first five minutes- Do not use butter, oil or ointments- Call physician's office or go to the emergency room for large area burn
Third Degree	<ul style="list-style-type: none">- Skin is charred- Tissue is damaged- Mild to moderate discomfort	<ul style="list-style-type: none">- Contact with electricity- Contact with hot liquids, flame or gas	<ul style="list-style-type: none">- Cover with clean cloth moistened with cool tap water- Do not remove charred clothing- Do not cleanse area- Go to the emergency room

Impetigo

Impetigo is a superficial skin infection. It usually is caused by strep bacteria or staph bacteria. Because cuts, insect bites and scrapes occur more frequently during the summer, impetigo is more common during those months. Impetigo also may occur around your child's nose during a cold. These sores usually have a honey-colored crust.

Treatment of Impetigo

- Wash infected area four times a day with antimicrobial soap, such as Dial, to remove crust.
- Leave uncovered unless the child is picking at them, then cover with a Band-Aid and keep the child's fingernails short.
- Call your physician's office to determine if your child needs to be seen or have medicine prescribed.

Nosebleeds

Nosebleeds occur commonly in children, and most often they are caused by dryness of the nasal lining. Nosebleeds also can occur if your child rubs or picks his or her nose.

Treatment of Nosebleeds

- Have your child sit forward to avoid swallowing blood.
- Pinch soft parts of your child's nose together for 10 minutes of constant pressure and instruct your child to breathe through his or her mouth during that time.

Prevention of Nosebleeds

- Apply Vaseline inside both nostrils twice daily.
- Use cool-mist humidifier in your child's room at night.
- Avoid using aspirin.

Follow-up Care for Nosebleeds

Your child needs to be seen by a physician if:

- There is severe trauma to the nose.
- Bleeding has not stopped after applying constant pressure for 20 minutes.
- Skin bruising not caused by an injury accompanies the nosebleed.
- Nosebleeds occur daily despite treatment with Vaseline and humidity for sleep.

Notes

*Please insert “Over-the-Counter Medication Directions”
handout from your child’s doctor. Do you have this?*

Toilet Training



Toilet training can take two weeks to two months to successfully complete. Most children are ready to be toilet trained between 2 and 3 years old. Wait until your child is clearly ready to start toilet training. There are many things you can do to teach your child the necessary skills, beginning at 12 months old:

- Read toilet training books to your child and introduce the vocabulary.
- Allow your child to watch parents and older siblings use the toilet correctly.
- As soon as your child can walk, teach him or her to come to you when in need of a diaper change. Make sure to praise your child for telling you.
- Explain that the urge to go means pee or poop wants to come out and that it needs his or her help. Teach your child to come to you when that urge happens.

It may be time to begin toilet training when your child:

- Understands what pee, poop, dry, wet, clean, messy and potty mean.
- Understands why the potty is there.
- Prefers to be dry and in a clean diaper; likes to be changed.
- Understands the connection between using the potty and dry pants.

- Recognizes/senses the urge to go; jumps up and down, holds genitals, pulls at pants, squats down, grunts, pushes or tells you.
- Can briefly postpone the urge to go.

Tips for successful toilet training:

- Use a positive, loving approach to toilet training. Be supportive when your child has an accident and change him or her as soon as it's convenient.
- Use a potty chair and make sure your child knows it is his or her own special chair.
- Recognize body signals.
- Praise/reward cooperation or success.
- Wait until after your child starts using the toilet to introduce training pants.

Call your child's physician if he or she:

- Won't sit on the potty chair or toilet.
- Holds back bowel movements.
- Is older than 3 years and is not toilet trained during the day.

Adapted from Schmitt, B.D.: Your Child's Health, New York, NY, Bantam Books, Inc.

Toddler/Childhood Behavior

When Your Toddler or Preschooler Won't Eat

Children between ages 1 and 5 generally gain between 4 or 5 pounds each year. It is also normal for children in this age range to not gain any weight for three or four months. Keep in mind, your toddler or preschooler is not growing as fast as when he or she was an infant. Therefore, your child does not need as many calories, and it may seem like he or she has a poor appetite. Children eat as much as they need for growth and energy, so don't force your child to eat — appetite will increase as he or she grows older.

In order to help your child's appetite, try the following strategies:

- Teach your child to feed him or herself as early as possible. Don't feed your child if capable of feeding him or herself.
- Limit milk to 16 ounces per day.
- Limit juice to 4 ounces per day.
- Limit snacks to twice per day.
- Serve smaller portions of food than you think your child will eat.
- Make mealtimes pleasant, and don't extend mealtimes.
- Don't talk about your child's appetite — good or bad.
- Consider giving your child daily vitamins.

Call your child's physician if:

- After one month, the above strategies are not improving mealtimes.
- Your child is losing weight or has not gained weight in six months.
- Your child has related symptoms of illness, such as fever, diarrhea.
- Your child gags on or vomits some food.

Discipline: Rules and Consequences

It is important to protect your child from harm and to teach him or her how to cooperate with other people. It is also important to teach your child the difference between right and wrong and to respect the rights of other people.

Tips for setting rules and applying consequences:

- Set rules that are fair and attainable and start with two or three rules. Apply all rules consistently — mean what you say and follow through.
- Correct misbehavior as a clear, concrete rule; state the acceptable or appropriate behavior. Talk to your child the way you want people to talk to you — correct him or her in a kind way. Ignore your child's arguments in the process.



- Make a one-sentence comment about the rule when you punish, and make the punishment brief. Direct punishment against the behavior, not the child.
- Apply consequences immediately, and follow them with love and trust.
- Ignore harmless misbehavior, and refrain from punishing for behavior associated with “no win” situations.
- Create a safe environment at home — restrict access to objects, situations or places that could cause problems.
- Distract your child from misbehavior.



- 3 to 5 years: above techniques and natural consequences, restricting places, logical consequences.
- 5 years to adolescence: above techniques and delay of privileges, “I” messages, negotiation and family meetings. Safe environment and distracting can be removed.
- Adolescence: logical consequences, “I” messages, family meetings.

“Terrible Twos”

Between 18 months and 3 years old, children begin to realize they have the power to refuse other people’s requests. They become more stubborn and less cooperative, and respond negatively to many requests, even pleasant requests. This is a normal phase and normally lasts for one year, when handled appropriately. Keep in mind the tips for setting rules and techniques for discipline, as well as the following:

- Express verbal and nonverbal disapproval, but do not yell or use physical punishment.
- Physically move or escort your child – aka manual guidance.
- Use temporary time-outs/social isolation.
- Use natural consequences. For example, breaking a toy means it isn’t fun to play with it anymore.
- Use logical consequences that relate to the misbehavior. For example, not replacing the toy after it has been broken.
- Delay a privilege until your child finishes a task or desired behavior.
- Reward behavior that is acceptable.
- Use “I” messages, rather than “you.” For example, “I am upset when you do that.”
- As your child get’s older, communicate by negotiating and holding family meetings.
- Use discipline techniques that are age appropriate:
 - 6 months to 3 years: create a safe environment, distracting, ignoring, verbal and nonverbal disapproval, manual guidance, age appropriate time-outs.
- Try to look at the child’s behavior with a sense of humor.
- Don’t punish your child for saying no. Discipline for what your child does, not what he or she says.
- Give your child choices in order to increase sense of freedom and control. When your child feels less controlled, he or she will be more cooperative and more likely to follow the important rules. However, don’t give your child a choice when there isn’t one. Safety rules, like sitting in the car seat, and going to bed are non-negotiable.
- Allow time for transition in between activities. For example, give your child a five minute warning before dinner.
- Eliminate excessive rules and arguments about wearing matching socks or cleaning a plate.
- Avoid responding to your child’s requests with excessive no’s; set a good example of being positive and agreeable.

Temper Tantrums

Even gentle and calm parents have children that will probably throw temper tantrums. Therefore, it is important to teach your child that anger is normal, but that we must channel it appropriately. By 3 years old, children can be taught to verbally express anger.

Recognize when your child controls his or her temper, verbally expresses anger and is cooperative. Be a good model by staying calm and don't spank for tantrums. Don't change your mind because your child throws a tantrum, this will show your child that temper tantrums don't work. Ignore attention seeking temper tantrums, but also recognize disruptive tantrums and consider time outs when necessary. Keep in mind that children tend to have more tantrums when they are tired, hungry or sick.



Preventing Spoiled Children

Parents of spoiled children often give in to temper tantrums and whining, and give their children too much power by not setting limits. Another cause of a spoiled child is too much attention.

In general, attention is good for children, but attention can become harmful if it is excessive, given at the wrong time, or always given right away. Excessive attention interferes with children learning how to do things for themselves and dealing with every day frustrations. Immediate attention and attention given at the wrong time discourages children from learning how to wait. The following guidelines may help prevent spoiled children:

- Remember to set age-appropriate rules for your child, and require cooperation with important rules. Expect some crying, and don't give in to temper tantrums.
- It is always okay to enforce rules.
- Teach your child to respect parents' rights and time together. Also, teach your child to wait and to entertain him or herself.
- Don't negotiate and reason with children before 4 to 5 years old.
- Avoid rescuing your child from life's normal challenges.
- Don't over praise your child.

Adapted from Schmitt, B.D.: Your Child's Health, New York, NY, Bantam Books, Inc.

School/*Education*

Make Reading Fun

- Read to your child, and read in your leisure time; show by example.
- Keep books in your home and provide good lighting for reading. Take trips to the public library and bookstores, or subscribe to newspapers and magazines.
- Establish family reading time where everyone silently reads their own book.
- At bedtime, create routine where your child can either go to sleep or stay up to read.
- Encourage your child to write, and limit TV.



Prevent Problems with Schoolwork

- During preschool years, encourage learning and responsibility.
- Show interest in your child's performance at school.
- Support the school staff and leave schoolwork between your child and the teacher.
- Stay out of homework, and don't give your child an assigned time to complete homework. If your child asks for help, work only on the particular problem.
- When necessary, consider home tutoring; ask for special help if your child has learning problems.

Limit Electronic Media

Electronic media, such as TV, computer and video games, discourages an active lifestyle. They decrease social interaction and interfere with forming social relationships. Electronic media takes away from independent thinking and daydreaming, discourages reading, and interferes with schoolwork. In addition, advertisements encourage material possessions, and violence in electronic media can shape the way a child feels about life and other people.

- Start reading to your child by 6 months old.
- Limit electronic media to no more than 30 minutes per day on school days, and one hour per day on weekends.
- Turn on the TV only for specific programs, encourage educational shows, and teach your child to turn off the TV at the end of a show.
- Turn off electronic media during mealtime, and don't allow electronic media to postpone bedtime.
- Talk about the difference between reality and make-believe. If you allow older children to watch violent shows, talk about the consequences of violence.
- Talk to your child about commercials and the selling techniques involved.
- Set a good example with the shows you watch and how much you watch.
- The AAP does not recommend electronic media for children younger than 3.
- Don't allow electronic media in your child's bedroom.

Adapted from Schmitt, B.D.: Your Child's Health, New York, NY, Bantam Books, Inc.

Eating Disorders

Ten Things a Parent Can Do to Help Prevent Eating Disorders

1. Examine how your beliefs, attitudes and behaviors about your own body and the bodies of others have been shaped by sexism and discrimination against people who are overweight. Then educate your children about the differences in body types and the nature and ugliness of prejudice.
2. Examine your dreams and goals for your children and other loved ones. Are you overemphasizing beauty and body shape, particularly for girls?
3. Avoid labeling foods as good, safe, no fat or low fat, bad, dangerous or fattening. Be a good role model in regard to sensible eating, sensible exercise and self-acceptance. Learn about and discuss with your children:
 - The dangers of trying to alter body shape through dieting.
 - The value of moderate exercise toward stamina and cardiovascular fitness.
 - The importance of eating a variety of foods in well balanced meals consumed at least three times a day.
4. Make a commitment to exercise for the joy of feeling your body move and function effectively, not to purge fat from your body or compensate for calories consumed.
5. Make a commitment not to avoid activities such as swimming and dancing because they call attention to your weight and body shape. Don't wear clothes that are uncomfortable or that you dislike just because they divert attention from weight or body shape.
6. Practice taking people in general, and women in particular, seriously for what they say, feel and do; not for how slender or well "put together" they appear.
7. Make a commitment to help children appreciate and resist how television, magazine and other media distort the true diversity of human body types and imply that a slender body means power, excitement and sexuality.
8. Make a commitment to educate boys about various forms of violence against women, including discrimination against those who are overweight and their responsibilities for preventing it.
9. Encourage your children to be active and to enjoy what their bodies can do and feel like. Do not limit their caloric intake unless requested by a physician because of a medical problem.
10. Do whatever you can to promote the self-esteem and self-respect of your daughters, nieces and sisters in intellectual, athletic and social endeavors. Give boys and girls the same opportunities and encouragement. Be careful not to suggest that females are less important than males by exempting males from housework and childcare, for example. A well-rounded self and solid self-esteem may be the best antidotes to mindless dieting and disordered eating.



Courtesy of: EDAP (Eating Disorders Awareness and Preventing), Michael Levine, MD.

Warning Signs of Anorexia

- Dramatic weight loss, often hidden by wearing loose, baggy clothing and multiple layers.
- Preoccupation with weight, food, calories, fat grams and dieting.
- Refusal to eat certain foods, progressing to restriction against whole categories of food—no carbohydrates, becoming a vegetarian, etc.
- Frequent comments about feeling “fat” or overweight despite weight loss.
- Anxiety about gaining weight or being “fat.”
- Denial of hunger.
- Development of food rituals such as eating foods in certain orders, excessive chewing or rearranging food on a plate.
- Consistent excuses to avoid mealtimes or situations involving food.



- Excessive rigid exercising despite weather, fatigue, illness or injury; the need to “burn off” calories consumed.
- Withdrawal from usual friends and activities.
- In general, behaviors and attitudes indicating that weight loss, dieting and control of food are becoming primary concerns.

- Abnormally slow heart rate and low blood pressure.
- Reduction of bone density — osteoporosis — which results in dry, brittle bones.
- Severe dehydration, which can result in kidney failure.
- Muscle loss, fainting, fatigue and overall weakness.
- Dry hair and skin — hair loss is common.
- Growth of a downy layer of hair called lanugo all over the body, including the face; in an effort to keep the body warm.

Warning Signs of Bulimia

- Evidence of binge eating, including disappearance of large amounts of food in short periods of time or the existence of wrappers and containers indicating the consumption of large amounts of food.
- Evidence of purging behaviors, including frequent trips to the bathroom after meals, signs or smells of vomiting, presence of wrappers or packages of laxatives.
- Excessive, rigid exercising despite weather, fatigue, illness or injury; the needs to “burn off” calories consumed.
- Unusual swelling of the cheeks or jaw area.
- Callus on the back of the hands and knuckles from self-induced vomiting.
- Discoloration or staining of the teeth.
- Creating lifestyle schedules or rituals to make time for binge-and-purge sessions.
- Withdrawal from usual friends and activities.
- In general, behaviors and attitudes indicating that weight loss, dieting and control of food are becoming primary concerns.

Adapted from: National Eating Disorders Association, 2002.

If you have worries or concerns, please talk to your child’s physician, school counselor or a trusted adult.

Notes

Suggested Reading

Some of the books listed below are available at the Prevea Pediatrics department or through the Brown County Public Library system.

Parenting

Baby-led Weaning: Helping Your Baby To Love Good Food. Gill Rapley and Tracey Murkett. Vermilion.

Beyond Discipline — Parenting that Last a Lifetime. Edward R. Christophersen, Ph.D. Westport Publishers. *Helpful guidelines to enable children to learn self-calming techniques.*

Caring for Your Baby and Young Child, Birth to Age 5. Steven P. Shelov, M.D. American Academy of Pediatrics, Bantam Books. *Two sections — first is general information on parenting, second is an encyclopedia guideline to recognizing and dealing with health problems.*

The Home Field Advantage: A Dad's Guide to the Power of Role Modeling. Ken Ruetters. Multnomah Publisher. *Written by a former Green Bay Packer football player, as a father to other fathers, about developing relationships with their children.*

How to Talk So Your Children Will Listen and Listen So Your Child Will Talk. Faber and Mazlish, W.W. Norton and Company. *A book on how to speak and listen in an open manner between parents and children of all ages.*

Little People — Guidelines for Common Sense Child Rearing. Edward R. Christophersen, Ph.D. Westport Publishers. *Ensuring that your adorable baby becomes a likeable adult; includes guidelines on toilet training, thumb sucking, baby sitters and grandparent guidelines.*

Love & Limits: Guidance Tools for Creative Parenting. Elizabeth Crary. Available through Parenting Press: (800) 992-6657. *Gives parents many useful ideas for raising secure, cooperative and capable children.*

The Happiest Baby on the Block: The New Way to Calm Crying and Help Your Newborn Baby Sleep Longer. Harvey Karp, M.D. Bantam Books, Inc. Also available on DVD.

What to Expect the First Year. Eisenburg, Murkoff, Hathaway. Workman Publishing. *Month-to-month issues that children and parents face. It begins with a prenatal chapter and includes chapters on adoption and fathering.*

Without Spanking or Spoiling: A Practical Approach to Toddler and Preschool Guidance. Elizabeth Crary. Available through Parenting Press: (800) 992-6657. *Practical advice for disciplining toddlers and preschoolers, in a workbook format.*

Your Child's Health. Barton D. Schmitt, M.D. Bantam Books. *One of the most useful books for parenting. It shows all the possible illnesses a child can get. It is also a good guideline book for parenting.*

School-age and Pre-adolescence

Caring for Your School-Age Child: Age 5-12. Edward Schor, M.D. American Academy of Pediatrics, Bantam Books. *Discusses emotional, physical and behavioral issues that parents of school age children face. Includes nutrition, health concerns, school issues, injury prevention, sports participation and family issues.*

What's Happening to My Body Book for Boys and What's Happening to My Body Book for Girls. Lynda Madaras. New Market Press. *Talks about the changes occurring in a young person's body; reproductive organs, body growth, pimples, changing shape, etc. Comfortable, non-judgmental setting for 9- to 15-year old children.*

Breast-feeding

Bestfeeding: How to Breastfeed Your Baby. Mary Renfrew, Chloe Fisher, Suzanne Arms. Celestial Arts.

Breastfeeding Made Simple. Nancy Mohrbacher, Kathleen Kendall-Tackett. New Harbinger Publications.

The Nursing Mother's Companion. Kathleen Huggins, R.N., M.S. Harvard Common Press. *Rated as the best choice among breast-feeding guides by the International Lactation Consultant Association.*

Working without Weening. Kirsten Berggren. Hale Publishing.

Sibling Rivalry

Loving Each One Best. Nancy Samalin. Bantam Books.

Siblings without Rivalry, How to Help Your Children Live Together So You Can Live Too. Faber and Mazlish. W.W. Norton and Company.

Preparing Toddlers for a New Baby

Arthur's Baby. M. Brown. Little Brown Publishing.

The New Baby. F. Rogers. Putnam & Sons.

We Have a Baby. C. Falwell. Clarion Books.

Will There Be a Lap for Me? D. Corey. A Whitman Co.

Divorced/Blended Families

The Boys and Girls Book About Divorce. Richard A. Gardner, M.D. Bantam Books.

What Children Need to Know When Parents Get Divorced. William L. Coleman. Bethany Horse Publishers.

Death

Following Joey Home. Meg Woodson. Zondervan Publishing Corp. *Diary kept by mother during her son's last hospitalization when he was dying of cystic fibrosis.*

The Tenth Good Thing About Barney. Judith Viorst. Aladdin Paperbacks.

The Two of Them. Alike. Mulberry Books.

When a Pet Dies. Fred Rogers. The Putnam & Grosset Group.

Dealing with Illness

Little Tree — A Story for Children with Serious Medical Problems. Joyce C. Mills, Ph.D. Magination Press.

What About Me — When Brothers and Sisters Get Sick. Allan Peterkin, M.D. Magination Press.

Sleep Problems

Healthy Sleep Habit, Happy Child. Marc Weissbluth, M.D. Ballantine Books.

Help Your Child Sleep through the Night—Infancy to Five. Joan Cuthbertson. Doubleday and Company, Inc.

Solve Your Child's Sleep Problems. Richard Ferber, M.D. Simon and Schuster.

Toilet Training

Once Upon a Potty. Alona Frankel. Avon Books. Also available on DVD.

Toilet Training. Vicky Lansky. Bantam Books.

Special Needs

Children with Cerebral Palsy – A Parent's Guide. Elaine Geralis. Woodbine House.

Eagle Eyes — A Child's Guide to Paying Attention. Jeanne Gehert. Verbal Image Press.

No Easy Answers: The Learning Disabled Child at Home and at School. Sally Smith. Bantam Books.

Preventing Eating Disorders

A Parent's Guide to Childhood Obesity: A Road Map to Health. Sandra Hassink. American Academy of Pediatrics.

Child of Mine: Feeding with Love and Good Sense. Ellen Satter. Bull Publishing.

How to Get Kids to Eat Great and Love It! Christine Wood. KidsEatGreat, Inc.

How to Get Your Kids to Eat...But Not Too Much — From Birth to Adolescence. Ellen Satter. Bull Publishing.

Underage and Overweight: America's Childhood Obesity Crisis — What Every Family Needs to Know. Frances Berg. Hatherleigh Press.

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