

## CONGRATULATIONS!

Welcome to Raleigh Pediatrics. We are happy that you have chosen our practice as your child's medical home. Choosing Raleigh Pediatrics provides a strong foundation for the growth and development of your child. We look forward to working with you and your family.

We are convinced there is no single best approach to parenting. Your baby is an individual from the day he is born. Since no two children are alike, your effectiveness as a parent depends considerably on your insight and ability to respond appropriately to the individual needs of your child. These pages contain general principles and instructions which you may adapt to your baby. As your baby's pediatrician, it is our goal to protect your baby's health by assisting you in recognizing his needs. Our aim is to recognize problems early, and to prevent them by regular well child checkups, during which all aspects of health, growth, and development will be evaluated.

### **Patient Centered Medical Home**

Raleigh Pediatrics has received recognition as a Patient Centered Medical Home. This recognition is awarded by National Committee for Quality Assurance (NCQA) to practices that pass a rigorous and comprehensive review. We have demonstrated that our practice offers the highest level of care by using the most current guidelines and protocols. The physicians and staff at Raleigh Pediatrics strive to maintain open lines of communication and work as a team with our patients and their families in order to provide excellent pediatric care in a comforting environment.

### **WEBSITE**

[www.raleighpediatrics.com](http://www.raleighpediatrics.com)

In 2013 we redesigned our website to include a number of new features that we feel are helpful to our patients to have at a moment's notice such as a dosing calculator for the fever-reducing medications acetaminophen and ibuprofen. We encourage all families to check our website frequently. It provides medical information, office updates, and physician information, a listing of our well exam schedule and immunizations, links to important websites, and special notices that may relate to your child. Many patient forms may be completed and printed from our website to bring to your appointments, or submit them directly through our secure Patient Portal.

## OFFICE INFORMATION

### OFFICE HOURS

(Patients may be seen in either office)

**Raleigh Office (919-872-0250) Garner Office (919-779-6423)**

Monday through Friday 8:00 am-5:15 pm  
(Closed between 12:55 pm - 1:45 pm daily for lunch)

Evening hours Monday through Friday 5:15 pm-6:00 pm  
(Extended hours for sick visits only)

Saturday and Sunday 8:00 am-11:30 am  
(For **urgent** problems by appointment only)

- For same day sick appointments please call as early in the day as possible.
- Office hours may be subject to change as needed.
- Please call our main office numbers to verify office hours during holidays and inclement weather conditions.

### NEWBORN WELL EXAM

Our area hospitals are staffed by newborn specialists who can offer excellent care to your baby while you are in the hospital. The newborn specialist will instruct you when to schedule an appointment in our office for the Initial Newborn Well Exam. This visit should usually occur 24-48 hours after discharge from the hospital. Please call our office to schedule this important first visit **prior** to leaving the hospital.

### CALLING OUR OFFICE

Raleigh Pediatrics utilizes an automated telephone answering system and we have attempted to make it as user friendly as possible. We are open from 8:00 am until 5:15 pm Monday through Friday to see your child for well exams as well as sick visits. You may also leave a message for the clinical staff if there are questions regarding your child.

## NEWBORN FEEDING

Feeding is one of the baby's first pleasurable experiences. There are two sources to supply nutrition to infants. One is breastfeeding; the other is bottle feeding with formula. We feel that mother's milk is the optimal source of nutrition and urge you to consider breastfeeding. There are, however, many good reasons that parents may choose to use formula. Standard infant formulas supply all of your baby's nutritional needs.

Feeding time should be enjoyable for you and your baby. Whether you breast or bottle feed, please hold your baby close. We suggest using a flexible, on-demand feeding schedule initially. This means feeding your baby whenever he is hungry, usually every 2 to 3 hours. Your baby's feeding schedule will slowly evolve. During the first two to three days after birth, many babies prefer to sleep rather than eat. During this time, you may need to wake your newborn to feed. Newborns may lose up to 10% of their birth weight during this time. Our physicians will follow your baby's feeding and weight loss closely after discharge.

Babies swallow air during feedings. Give your baby a chance to burp half way through his feeding and at the end of the feeding. Hold him upright on your shoulder and pat or rub him gently on the back. Most babies spit up some milk after feedings. These 'wet burps' are more of a mess than a serious problem.

Breast feeding is the most natural, least expensive and most convenient way to feed your baby. Breast milk also provides some protection against infection. Normal breast milk may vary in color between women; some women may have thick, yellow milk, while others have thin, bluish-white milk. Colostrum, the breast milk secreted in the first few days after birth, is a yellow color and is full of immunoglobulins for your baby. Both breasts should be used at each feeding; start the next feeding on the breast where the last feeding ended. Breast feed for ten to fifteen minutes on each side so that the baby gets the rich hind milk that comes out of the breast later in the feeding. Mothers should have a normal, well balanced diet while breastfeeding. Many drugs are excreted in the breast milk; check with us prior to taking any medications. Alcohol should be avoided.

### **Formula**

If you choose to formula feed your baby, we recommend using one of the standard infant formulas with iron. Please be sure to follow the instructions on the formula for reconstitution (mixing). Bottles and nipples should be washed either by hand or in the dishwasher; extreme sterilization methods of the past are no longer necessary. City water does not need to be boiled prior to use. Well water should be boiled for 5 minutes to kill any bacteria (or use bottled water). This is only necessary for the first 2 months of the infant's life. Formula may be fed at room temperature or warmed by placing the filled bottle in a pan of warm water for a few minutes. Test the formula by shaking a few drops on your wrist. Do not microwave formula; this can cause 'hot spots' that can burn your baby.

### **Solid Foods**

Your baby will receive proper nutrition through breast feeding and/or formula feeding and will not need solids until 4-6 months of age. Adding solids prior to 4 months will not help your baby sleep through the night. Though rice cereal may be recommended by your doctor earlier for a number of reasons.

## IMMUNIZATIONS

Immunizations are the cornerstone of pediatric medicine and have changed the landscape of medicine in the 20th century. Raleigh Pediatrics follows the recommendations of the American Academy of Pediatrics and the Centers for Disease Control. We feel very strongly that immunizations are one of the most important medical services we can offer your child. We welcome the opportunity to discuss any questions or concerns you may have; however, if after thorough education, immunizations are refused; your physician will ask you to find a provider with an alternative philosophy.

Please visit the Immunizations Resource page on this website to see our Vaccine Policy and links to important vaccine information.

<http://www.raleighpediatrics.com/immunizations/>

## NEWBORN CHARACTERISTICS AND CARE

### Head

A newborn's head may be bruised, elongated and misshapen during the first few days from being pushed through the birth canal. The head will begin to look better within a few days; however, it may take several weeks before it becomes completely round and the bruises disappear. Occasionally, a cephalohematoma (swollen area on top of the head) may also develop from pressure received during the birthing process. It is fluid filled and will also disappear over the first few weeks.

### Eyes

Newborns usually keep their eyes closed most of the time. They may also be puffy and have a little yellow discharge for the first few days. This can be removed by using a warm wash cloth and gently wiping from the inner to the outer corner of the affected eye.

### Breasts

Both male and female newborns may have some swelling under the nipples. This is a result of maternal hormones and will disappear over a few weeks. Occasionally, some milky discharge may occur. This is normal. Simply wipe any discharge away.

### Genital Areas

- Vaginal Discharge: It is common for baby girls to have a thick creamy or bloody vaginal discharge for the first two to three weeks of life. This is the result of maternal hormones and is not a reason for concern. You can remove the discharge by wiping gently from front to back with a diaper wipe or warm damp wash cloth.
- Penis: If your son has not been circumcised, no special care is required. The skin cannot be pulled back until the child is older. No attempts to force it back should be made. If your son was circumcised, the end of the penis will look red and swollen for a few days. It can be cleaned by squeezing soapy water over the area, then rinsing and drying well. You may be given some lubricated gauze at the hospital that can be applied as the old gauze becomes soiled or after bathing. Some obstetricians place a ring on the end of the penis which should fall off after four to ten days. Once this occurs, gently retract the foreskin and wash away any white secretions that may have accumulated.

### Skin

- Newborn rash: Most newborns develop one or more skin rashes during the first week of life. Tiny white bumps on the chin are called milia and will disappear. Many babies develop a red blotchy rash on their face and possibly on their upper chest. This is called erythema toxicum and fades by the time the infant is several weeks old. Care for these rashes involves just keeping the area as clean and dry as possible.
- Dry Skin: Often, a newborn's skin will appear dry and peel during the first week. This drying is most noticeable around the hands and feet. A very small amount of lotion may be used if the skin appears to be cracking.
- Cradle cap: Some infants develop greasy, scaling areas on the scalp. They often are most noticeable over the soft spot on top of the baby's head. Using an adult soft

tooth brush along with the soap used to bathe your infant will usually remove the scaling skin.

- **Jaundice:** Nearly 50% of newborns develop jaundice two to four days after birth. The skin and whites of the eyes become yellow. This occurs because newborn's liver is immature and cannot eliminate all the bilirubin that develops from the breakdown of red blood cells. In the majority of cases, this jaundice is temporary and harmless. If your baby does require treatment, there is no cause for alarm, and we will explain the treatment to you in detail.
- **Diaper rash:** All newborns will develop irritations and rashes in the diaper area. Frequent diaper changes, cleaning and drying will usually solve this problem. You may expose the diaper area to room air as well. Occasionally, an over the counter medication such as Desitin Cream or A&D Ointment may be used if the rash does not improve.

### **Legs**

The feet and legs may be turned in as a result of being in a cramped position during pregnancy. They gradually straighten out during the first year of life. The feet and hands may occasionally turn a bluish color. This is normal.

### **Breathing**

A newborn's breathing may be somewhat irregular. This becomes particularly noticeable between three and six weeks of age. Nasal congestion is normal, and we suggest a rubber bulb syringe to help clear mucous from the nose when necessary (if it interferes with sleeping or feeding). Sneezing is the newborn's way of clearing the nose and does not necessarily mean a cold has developed.

### **Sleep**

Newborns spend most of their time sleeping even when you are trying to feed them. They also grunt, grimace, kick, and startle easily during sleep. All of this is normal.

### **Recommended Sleep Positions**

The American Academy of Pediatrics recommends that normal infants be positioned on their back or side for sleep based on careful evaluation of existing data indicating an association between Sudden Infant Death Syndrome (SIDS) and prone sleeping (stomach sleeping) position for infants. No reports show an advantage to placing infants on their stomachs for sleep with regard to SIDS incidence, and there is no data proving, or strongly suggesting, that sleeping on the back is harmful to infants.

### **Crying**

All babies cry. Nothing can be more frustrating to a new parent than not being able to quiet your baby. Some newborns will continue to cry until they wear themselves out. Remind yourself that crying will not harm your baby. Crying may be a sign that your baby may be hungry, uncomfortable from a soiled diaper or just wants attention and needs to be held. You cannot "spoil" your baby by holding and loving him too much.

### **Temperature**

Soon after birth your baby's temperature will adjust to the environment. You should keep the temperature in your home at its usual level and dress your baby accordingly. If you

prefer cooler temperatures and wear an extra layer of clothing, your baby will need one as well.

### **Umbilical Cord**

Keep the diaper turned down below the cord allowing air to get to the area. This will help the cord dry and it should fall off within the first week or so. Do not immerse your baby in water until the cord falls off. You may notice an unpleasant odor, slight yellow or bloody discharge as the cord is getting ready to fall off. This is no cause for alarm. Please contact us if the skin around the cord becomes very red.

### **Elimination**

After the first few days, your baby should start having wet diapers every 3-4 hours. If your baby does not have a wet diaper every 6-8 hours, he/she could be dehydrated. Make sure your baby is feeding frequently and call the office if the number of wet diapers does not increase. Bowel movements will start out as black meconium, and then transition to green/yellow and seedy at 3-5 days of age. Breast fed babies may have more frequent stools that may occur after every feeding. At 4 weeks of age stools may be less frequent and your baby may skip 1-3 days between stools. Babies normally strain and cry when passing stools. The pattern, frequency, and color may also vary day to day.

## SIGNS OF ILLNESS

The newborn infant must be watched and evaluated more carefully if he gets sick the first three months of life. If you notice the following signs, you should contact us:

- If the temperature is 100.4 degrees or higher **rectally**  
(Please take your baby's temperature **before** calling)
- Vomiting (not just "spitting up") for several feedings in a row
- Excessive or inconsolable crying
- Listlessness
- Bowel movements that are looser and more frequent than normal
- Any unusual rash

Do **not** give fever medication to a newborn without talking to our office first.

Please make the call yourself if possible. Relaying a message through a third party may lead to misinformation. In order to return your call, we need your child's name, date of birth, a brief description of the problem, and your telephone number. Please have a pen and paper ready when you call. It may be difficult to remember instructions especially if you are upset.

## RECOMMENDED READING AND WEBSITES

- The AAP; Caring for Your Baby and Young Child: Birth to Age 5
- Steven P. Shelov, MD, FAAP, Editor in Chief
- CPR class information: [www.trianglaredcross.org](http://www.trianglaredcross.org)
- Infant/Child Safety Seat information: [www.buckleup.org](http://www.buckleup.org)
- Choosing Quality Daycare: [www.ncchildcare.net](http://www.ncchildcare.net)

For additional sites, please visit our Recommended Links page  
<http://www.raleighpediatrics.com/recommended-links/>

## **APPOINTMENTS**

All patients are seen by appointment only and, if available, parents may request a certain physician to see their child. Patients who arrive without an appointment will be given the next available opening, unless the medical staff determines the problem is urgent and the patient should not wait. Well exams, consultations, sick visits, and follow up appointments are done during regular office hours Monday through Friday. Extended weekday hours are for children who become sick later in the day and weekend hours are for urgent problems that cannot await regular office hours on Monday.

### **Well Exams**

Parents are asked to call in advance to schedule well exams and oftentimes, for infants, this may be done prior to leaving the office from a current exam. Frequently, our time for well examinations is filled two months ahead; therefore, try to anticipate well in advance your need for camp, school, athletic, and other examinations with a deadline. Please refer to our website for the list of recommended well exams.

### **Sick Appointments**

Realizing that you cannot predict when your child may get ill, we have openings available at the start of each workday to see sick children. We encourage you to call as early in the day as possible if your child needs an appointment. Sick visits usually focus on a single problem and tend to be shorter visits.

### **WAITING ROOM**

We request, when possible, that you limit the number of children, friends, and relatives accompanying your child to the office. We understand, of course, that on occasion babysitting or transportation problems may leave you no choice. It should be noted that there have been no studies documenting the need for, or benefit of, separate waiting rooms for well and sick children. Raleigh Pediatrics makes an effort to limit the transmission of illnesses by reducing the amount of time children spend in our waiting room.

### **PAYMENT FOR SERVICES/INSURANCE**

At the end of your child's visit, you will be given an encounter form to take to the cashier. The total charged will be based on services rendered during the appointment. Raleigh Pediatrics is a "fee for service" practice and, as such, payment is required at the end of the visit.

**We accept Visa, MasterCard, Discover, personal checks, and expect payment from the parent accompanying the child to the visit.**

In the case of divorced or separated parents, the parent authorizing treatment for the child will be responsible for the subsequent charges. If a divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

We contract with several insurance companies in the form of PPO's, HMO's, etc., for which we will accept a co-payment and file for services. You must present your insurance card at **each** visit. Please check our website for **complete** information regarding our financial policy.

## TELEPHONE TRIAGE

**During Office Hours:** Clinical staff is available to discuss problems and concerns you have regarding your child. They have been instructed in specific information to give about common pediatric illnesses and will consult with a physician prior to giving advice if there is an unusual problem. We have found it difficult for physicians to receive telephone calls and maintain an appointment schedule without creating long waits for patients in the office. Some problems cannot be evaluated over the telephone and you may be instructed to schedule an appointment. If you remain concerned after receiving advice from our clinical staff, call and schedule an appointment for a physician to see your child.

**After Office Hours:** Whenever possible, we ask that calls requesting medical advice be made when the office is open and our staff has access to your child's medical records. If an urgent problem arises and you cannot wait for the office to open, you may call our answering service. A nurse from the call center at WakeMed will contact you and offer medical advice that has been approved by our physicians. They can contact our on call physician if the need arises. Raleigh Pediatrics is charged for this service, but currently does not pass that charge along to you. We ask that you utilize this service for serious concerns.