



**MERCY CARE**

*HOPE IN HEALING*



# Integrated Pediatric Care Clinic

# Welcome to Mercy Care!



## Mercy Care's Integrated Pediatric Clinic

At our Integrated Pediatric Clinic, you have found a care team that is here for all your child's needs as they grow. You have partnered with a dedicated team of providers that work together to support your child's physical, emotional, and behavioral development. We believe every child has the right to reach their full potential and understand that providing resources early in life leads to the brightest future possible. We are honored to be a part of you and your child's journey and are with you every step of the way.

The information in this booklet was modified for Mercy Care from: Caring For Your Baby © 2015 by Dr. John Thomas and Children's Care Pediatrics.

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## Welcome!

We wish to congratulate you on your new addition to your family. Nothing is more important than you and your child's wellness. We thank you for trusting us as your healthcare provider. This booklet is your resource for any questions and concerns that you may have, and we hope this information will be a helpful tool in your role as a new parent.

-Your Pediatric Care Team at Mercy Care

## Clinic Hours & Contact Information

### Chamblee Clinic

**Clinic Number: 678-843-8600**

**Clinic Address: 5134 Peachtree Rd, Chamblee GA 30341**

**Pediatric Clinic Hours: Monday, Tuesday, Thursday & Friday – 8:00AM-5:00PM**

**Wednesday – 8:00AM-7:00PM**

### City of Refuge Clinic

**Clinic Number: 678-843-8600**

**Clinic Address: 1300 Joseph E. Boone Blvd NW**

**Pediatric Clinic Hours: Monday-Friday – 7:30AM-4:30PM**

## After Hours

Please call our Access Center at 678-843-8600 if you have questions or would like to speak with a provider about an urgent medical question related to your child. You may use this line if you are worried that you need to go to the Emergency Room overnight with a question that cannot wait until the morning. Otherwise, you may come in for an urgent visit during our normal business hours.

## Emergencies

If you are experiencing an emergency, please call 911 or visit your nearest emergency room.

## MyChart

Our clinic uses MyChart as a convenient way to access your child's healthcare information and communicate with your child's Care Team anytime from your computer or mobile device. You can use MyChart to review records and bloodwork as well as to message your care team with non-urgent questions. To sign up for MyChart, please let the front desk or provider team know at your next visit.

## Your Integrated Pediatric Care Team

Mercy Care takes a team-based approach to pediatric services. We focus on the growth of the whole child, which means that you will work with multiple providers who are experts in the different parts of your child's development. We do not just focus on giving your child vaccines. We also want to equip you as a family with the best resources for your child to grow well and succeed.

In addition to your pediatric provider, you and your child will be offered a range of services to support your child's social and emotional development. We also want to give you the support you need to thrive. This includes helping with school enrollment, accessing food resources, offering parenting support, connecting you with library resources, and connecting you to resources in your community.

## Pediatric Care

Your child's pediatric provider and their staff will be providing medical exams, vaccinations and any other services related to your child's wellness and physical healthcare needs. A psychiatrist is also available to support any needs related to testing or medication management that may arise as your child develops.

## Behavioral Health

We strongly believe that behavioral and social development are as important as making sure your child is physically healthy as they grow. Your child's care team includes a behavioral specialist, parenting peer specialist and case manager to help support their learning, emotional and social needs. They provide education about communication, social skills and how you as a parent can encourage healthy behaviors. They will provide parenting classes and other services which may include therapy, group

parenting classes and parent training sessions. Adult Behavioral Health Specialists are also available to work with you on any individual goals or support you may need related to your own mental and emotional well-being.

### Community Supports

The world and people around your child are very important factors in their development and growth. Your care team includes a Community Health Worker that can assist with any household needs, which may include connecting you to resources in your community related to housing, food, schooling, social supports, and working with you to gain skills and knowledge relevant to the well-being of your family.



## General Newborn Care

This section highlights general guidelines for basic newborn care.

## Postpartum Self-Care

Being responsible for a newborn is a life changing experience. Thinking about your own well-being is important to make sure you have the capacity to care for your baby's needs, too. The postpartum period is a time of many changes for you physically, mentally and emotionally. Every pregnancy and postpartum period are different for each child. Even mothers with older children may experience new complications or emotions. Caring for an infant can be rewarding but can also come with challenges. By monitoring your own well-being, you are ensuring that you are equipped to be the engaged and supportive parent you desire to be.

### Recognizing Postpartum Depression

Having a baby causes a flood of thoughts, emotions and physical changes. Sometimes those feelings are positive, but very commonly this period can cause a new mother to feel negative or scary emotions. Many mothers may feel shocked or ashamed when they find themselves feeling depressed or having a hard time connecting with their baby.

For most, these types of feelings are not something we feel comfortable talking about. But whether you have welcomed your first child or have older children, postpartum depression is a very common disorder that can affect any new mother, and it is not something to be ashamed of. Postpartum depression is actually very common and is due to the changing hormones and emotions in your body after delivering a child. You might be experiencing postpartum depression if you are experiencing any of the following symptoms:

- Sadness, anxiety or feelings of emptiness that won't go away
- Difficulty sleeping- wanting to sleep too much or too little
- Feeling tired or having a loss of energy
- Difficulty connecting emotionally with your baby
- Pulling away from family and friends
- Thoughts of harming yourself or your baby
- Thoughts of death or thinking your baby would be better off without you
- Difficulty concentrating, remembering, or making decisions
- Negative thoughts about yourself such as feeling like you are not a good mother
- Feelings of guilt, worthlessness, or helplessness
- Inability to feel happiness or other positive emotions

If you are experiencing any of these symptoms, **you are not alone.**

- Contact 988 for immediate mental health support if you need immediate support.
- If you believe you are a danger to yourself or your child or are overwhelmed with any of the above symptoms, contact 911 or your nearest emergency room.
- Talk to your Mercy Care team, who can schedule you with a Behavioral Health provider who can assist you and help you address these symptoms so you can start feeling better.

Postpartum depression is difficult to talk about, but it can be a very common part of new motherhood for many new mothers, regardless of life circumstances. You are an important part of your child's life and deserve the same level of care and support as they do.

### Caring for all Areas of Your Life

Having a baby can change many factors in your life, including your household routines, financial situation, and intimate relationships. It is common for other life stressors to feel harder to manage when caring for an infant. Members of your pediatric care team are available to assist you if you find yourself struggling with anything related to your home environment or your ability to provide resources to yourself or your child. Part of a parent's responsibility is to provide a safe and secure home, and sometimes this isn't possible. It is ok to ask for help and there are many resources within your community that Mercy Care can assist you in finding.

### Umbilical Cord Care

Part of the umbilical cord will stay attached to your baby and will fall off usually between 1 to 4 weeks. When the cord is separating, it's normal for your baby to have a little yellow drainage or a small amount of blood for a few days. Follow these tips while this natural separation process occurs:

- It's important to keep the umbilical cord dry.
- Exposing the cord to air will help with the drying process.
- Fold the front of your baby's diaper down so it does not cover the cord and gets wet with urine.
- Only give your baby sponge baths until the cord falls off.
- It's important for the cord to fall off on its own. Even if it's hanging on by a thread, do not pull off the cord.

### Jaundice

Jaundice is a common condition in newborns. It is a yellow discoloration in a newborn baby's skin and eyes caused by excess bilirubin in the blood. Bilirubin is produced by

the normal breakdown of red blood cells. Often, treatment is not necessary, and in cases where treatment is needed usually a light therapy is used. If you notice that your baby is getting more yellow, please consult with your pediatric provider to ensure that this is normal.

## Bowel Movements & Constipation

Your baby's first bowel movements will be a thick black or dark-green substance called meconium. Meconium filled your baby's intestines before birth. Once all meconium has passed, the stools will turn to a yellow-green color. Breastfed babies will have stools that resemble light mustard with seedlike particles and a consistency ranging from very soft to runny. Formula-fed babies usually have bowel movements less frequently. Stool is more solid and can be a variety of colors including tan, green or yellow. Some babies will have 8 stools a day and some may only have a bowel movement every 4 days. This is not a cause for concern.

If your baby is not making wet diapers (urinating 4 times over 24 hours) or not having messy diapers (stools) once a day in the first few days of life, it may be a sign that your baby is not eating well so please call the office right away.

Many parents are concerned their baby is constipated when they turn red and appear to be straining while passing stool. There is no cause for concern if the stool is normal, your baby has an appetite, and the stool is not hard. Call our office if your baby is not producing stool, not eating or appears to be uncomfortable when attempting to have a bowel movement.

## Hiccups

It's very common for babies to get hiccups. This usually bothers parents more than your child. If your child gets the hiccups during feeding, change his position or try to burp him. Stop feeding until the hiccups are gone. If the hiccups have not gone away within 5 to 10 minutes, try feeding again. This will often help them go away. Feeding your baby before he gets very hungry can often help prevent hiccups during a feeding.

## Eye Drainage

During the newborn period, eye drainage can occur, most likely due to a blocked tear duct. In newborns, tears are produced on the outside corner of the eye and then move towards the nose to drain. Since a baby's tear duct is very small, it can easily

be clogged due to mucus, causing the eye to drain. If this happens, massage the inner corner of the eye and gently wipe the mucus away with a cloth or cotton ball. If drainage continues or the eye becomes red, please call our office.

## Colic & Crying

Babies cry for many reasons – they are hungry, wet, too hot, too cold, tired, sick, want attention, etc. You will notice the difference between the cries and soon will learn that different cries have different meanings. Crying is their only way of communicating at this early age. Don't worry about giving your baby too much attention – when he is young, pick him up and cuddle him when he is crying.

If you are feeling overwhelmed by your crying baby:

- Take some time away from your baby. This is a normal feeling. Ask a family member or friend to come watch your baby so you can step out for a walk.
- If he is fed, burped and changed, place him in his crib for 10 to 15 minutes and step out of the room.
- **Remember to NEVER shake your baby.** Many babies become fussy but if you find that your baby is crying for more than 3 hours a day for more than 3 days a week, they may have something called **colic**. This is a very common problem that typically improves by 3-4 months of age but can be extremely stressful for parents. You can try to comfort the baby by the 5 S's: **swaddle, sway/swing, suck, shush, and side lying.**

## Female Genitalia

Due to the mother's hormones, your baby's vagina and vulva may have some reactions which are very normal. The labia may be red and swollen, lasting just the first month. She may also have a whitish vaginal discharge or occasionally a bloody discharge. The discharge is a result of hormones present at birth, it will resolve over 1 month.

## Male Genitalia

### Uncircumcised Penis

In the first few months of life, you should clean your son's penis with soap and warm water like the rest of his body. Do not try to pull back the skin as it is connected by tissue to the head of the penis. Retracting the foreskin is not necessary.

## Circumcised Penis

If you choose to have your son circumcised, it is most often done on the second or third day after birth. To care for your son after the circumcision

- Place a piece of gauze with petroleum jelly over the penis at every diaper change before putting on a clean diaper
- Clean the area with warm soapy water if any stool gets on the penis.
- You may see some redness and/or yellow secretion at the tip of the penis. This is very normal. The area should heal within a week of the procedure.

## Teeth

Babies often begin teething between 3 to 6 months. Common signs for teething are drooling, chewing on objects and crankiness. To help soothe the pain, use a teething ring or Orajel®. Do not put the teething ring in the freezer.

You can also give your baby over-the-counter medications such as TYLENOL®.

Age	Recommended Dental Care
< 1 Year	Wipe your baby's teeth and gums with a wet cloth to remove any food.
1-2 Years	Use a soft infant toothbrush with water or infant toothpaste. It is best to brush after breakfast and before bedtime. Limit the amount of juice your child drinks to help prevent tooth problems.
2-3 Years	Your toddler should brush twice a day with a child-sized soft toothbrush and toothpaste. Encourage your child to brush on his own, but you should brush them again when he is done to make sure he got a good cleaning. Take your child to the dentist for a cleaning at least once a year.
> 3 Years	Your child should continue brushing twice a day and should have two cleanings a year from the dentist.

# Feeding

New parents often struggle with making the decision to breastfeed or formula feed. It is important to remember that no matter what decision works best for you and your baby, **FED is best**. Always talk to your pediatric provider about any concerns related to feeding or if you need support in deciding what works for you.

## Breastfeeding

Breastfeeding does not always come easy, but if it is your goal to breastfeed your child, we are here to support you. Be patient and confident that you can breastfeed your baby. It is often uncomfortable for the first few weeks until you and your baby learn to latch properly. During the first few weeks, your baby will be fed 8 to 12 times a day. If you're having trouble getting your baby alert to latch on, undress him down to a diaper and place him against your bare chest. You will begin to notice when your baby wants to eat – watch for rooting, licking and sucking. If you wait for your child to cry, you may have a harder time getting a good latch. Typically, your baby will nurse 10 to 15 minutes on each side.

## Breast & Nipple Care and Milk Production

It is normal to produce less milk than your new baby needs during the first week of life. To tell your body that it needs to produce more milk, your nipple needs to be stimulated by the suck of the baby. To do this, always start breastfeeding every time you feed your newborn, even if you are supplementing with formula.

Nipple irritation and pain is common when breastfeeding and usually gets better over time. Care for your nipples by using lotion such as lanolin to protect the nipples after feeding. It is usually okay to breastfeed even when you have cracks or some blood on your nipples. Make sure that you dry your nipples with a clean cloth after breastfeeding and apply lotion right away to protect them.

Swelling of your breasts is common as well. If your breasts are very swollen and feel painful, it may be a sign that you need to drain more milk. You can do this by using a breast pump or expressing the milk by hand and storing the milk in the freezer or refrigerator (instructions below). If you need help getting a breast pump, please reach out to us.

If you notice significant redness in addition to swelling in your breast and it feels hot, it may be a sign of an infection. **Please contact your pediatric provider for an exam and to discuss if you need treatment.**

### Breastmilk Storage Tips

	Freshly Expressed Breastmilk	Thawed Breastmilk (Previously Frozen)
Room Temperature	6-8 Hours up to 77°F	Do Not Store
Insulated Cooler Bag with Frozen Ice Packs	24 Hours at 5-39°F	Do Not Store
Refrigerator	5 Days at 32-39°F	24 hours
Self-Contained Refrigerator or Freezer Unit	3-6 Months at 0°F	Never Refreeze Thawed Milk
Deep Freezer	6-12 Months at -4°F	Never Refreeze Thawed Milk

- Wash your hands before expressing or handling any milk.
- Store your breastmilk in screw-cap bottles or bags specifically designed for breastmilk.
- Freeze your milk if you do not plan to use it within 24 hours. Store it in the back where it is the coldest and away from the door, but do not put it against the wall of the freezer.
- Label all your breastmilk with the date and time it was expressed and use your oldest milk first. If giving it to a caregiver, clearly label it with your child's name.
- Freeze milk in 2 to 5 oz portions to reduce the amount of waste.
- Do not add fresh milk to already frozen milk.
- Thaw your milk in the refrigerator or by placing it in a warm bowl of water.
- If your baby does not finish all his milk during a feeding, do not save that milk for a future feeding – discard it.

### Feeding Time

Feeding time is your baby's favorite time. Both you and your baby can enjoy the closeness that feeding time brings. Make sure your baby is dry and warm before starting feeding. Babies should be fed every 3 to 4 hours during the day, but at night allow your baby to sleep as long as he wants.

### Sterilization

Sterilizing your bottles is not always necessary. A dishwasher or hot soapy water washing will work just fine. The same goes for any other feeding supplies, including nipple shields and breast pump parts.

## Burping

Babies often get fussy when they swallow a lot of air. Both breastfed and bottle-fed babies will swallow air during feedings, but it is more common in bottle-fed babies. If your baby begins to fuss while feeding, it's best to stop feeding and burp him. When feeding, you should burp frequently to decrease the amount of air he takes in.

A breastfed baby should be burped between breasts and a bottle-fed baby should be burped every 2 to 3 ounces. Burping after feeding and holding your baby upright for 20-30 minutes after feeding can help with spit up and reflux symptoms.

## Formula Feeding

**Every baby is different, and their feeding routines are unique.** Over time you will figure out your baby's schedule and needs. After the first few days of life, a formula-fed baby may take about 2 to 3 ounces every three to four hours for the first few weeks. By the end of the first month, some babies will be up to 4 ounces a feeding. Between 2 to 4 months, some babies will be eating enough that they no longer need feeding in the middle of the night. At 6 months of age, he will be eating four to five times a day at 6 to 8 ounces per feeding. Your baby will reach a maximum of 7 to 8 ounces per feeding. He should not drink more than 32 ounces of formula in a 24- hour period.

## Spitting Up

Spitting up is very common with infants. This most often occurs when your baby eats more than his stomach can handle, or he burps or drools. Some babies spit up more than others. The good news is they usually outgrow it by the time they can sit up. Spitting up can be messy, but don't be concerned. It is very normal and almost never is a danger to your child.

It's important to know the difference between spitting up and vomiting. When your child vomits, it will be forceful and cause discomfort. If your baby vomits frequently, you should contact our office. Spitting up can occur no matter what you do, but below are a few tips to help manage spit up:

- Feed your baby in a calm and quiet environment.
- Avoid interruptions, sudden noises, bright lights, and other distractions during feedings.
- Burp a bottlefed baby at least every 3 to 5 minutes during feedings.
- Do not feed your baby while he is laying down.
- Hold your baby upright for 20 to 30 minutes after each feeding.
- Do not play or move your baby around a lot right after feeding.
- Try to feed your baby before he gets frantically hungry.

When bottle feeding, make sure the hole in the nipple is the correct size. If it is too large, the formula will flow too fast, and if it is too small your baby will get frustrated and gulp for air. To see if you have the right size, invert the bottle and then stop. A few drops should come out.

## Bathing & Skin Care

Babies have naturally sensitive skin that requires special attention and care. Establishing a normal bathing and grooming routine will help your baby stay healthy and learn to enjoy the time spent with you and establish healthy habits that they will learn as they grow. Diaper rash, cradle cap and other rashes can be common and can be addressed as described in the sections below.

### Bathing

After your baby is born, you will sponge bathe him only with a warm, damp washcloth until the umbilical cord has fallen off. A regular bath can be given once the umbilical cord has fallen off and in the case of circumcised boys, the circumcision has healed. A baby should have a bath every day. Applying a baby unscented cream after a bath can help prevent dry skin.

Before bathing your child, it's important to make sure you have everything you need so you can attend to your baby without interruption. If you forgot something, the phone rings or someone is at the door, take your baby with you or ignore it – **NEVER leave your baby unattended in the tub, even for a second.**

## Diaper Rash

Diaper rashes are very common in babies and are due to the skin's exposure to urine, bowel movements or sweat. When your baby has a diaper rash, wash his diaper area after each change with warm water. Soaps and baby wipes can cause irritation. It's important to try and keep the area as dry as possible. This includes keeping him out of a diaper as much as possible. After changing his dirty diaper, lay him on a towel allowing the diaper area to breathe. Also, use a diaper ointment containing zinc oxide, such as Desitin or A&D ointment, with each diaper change.

## Cradle Cap

Cradle cap causes thick and crusty, white or yellow scales on your baby's scalp. Some children only have a small patch, whereas others may have scales all over their head. Cradle cap can even occur on the eyebrows, eyelids, ears, crease of the nose, back of the neck, diaper area, or armpits. Cradle cap usually resolves itself in a few months. To help clear it up, you can wash your baby's hair with a mild soap – helping to loosen up the scales. For severe conditions, make an appointment to have your baby seen.

## Milia & Baby Acne

Milia are little white bumps on the nose, chin or cheeks. Most babies are born with it. It is caused by trapped skin flakes near the surface of the skin. Baby acne is more defined and appears as red or white bumps on the baby's face. Baby acne develops within the first month of life due to hormonal changes. Both milia and baby acne will clear up on their own. All you should do is wash your baby's face with water and a mild soap daily, avoid lotions and oils, and never pinch or scrub the bumps.

## Nail Care

Your baby's fingernails and toenails are very soft; however, they grow very quickly. To prevent your baby from scratching his face and eyes, they should be filed or trimmed. If you clip your baby's nails, it's important to cut them straight across so you don't cut the skin which can cause an infection. It may be easier to trim your baby's nails while he is sleeping. The first 3 weeks the nails may be soft and difficult to trim so it may be easier to file them. They may have to be filed every 1-2 days.

# Sleeping

When your baby is sleeping, their brain and body work hard. Sleep is an important time for a baby. Their brains are using this time to build new skills and quickly develop, and their bodies are rapidly growing and changing while they are resting. The following guidelines are recommended to give your baby plenty of time to rest as they grow.

## Infant Sleeping

Babies do not have regular sleep cycles until at least 6 months of age. As babies get older, they need less sleep. Every baby is different and has different needs for sleeping. Always put your baby on his back to sleep to reduce the risk of sudden infant death syndrome (SIDS). SIDS is the leading cause of death for infants between the ages of 1 and 12 months.

## Sleep Chart

Age	Nighttime Sleep (Hours)	Daytime Sleep (Hours)	No. of Naps	Total Sleep (Hours)
1 month	8	8	(Varies)	16
3 months	10	5	3	15
6 months	11	3.25	2	14.25
9 months	11	3	2	14
12months	11.25	2.5	2	13.75
18months	11.25	2.25	1	13.5
2 years	11	2	1	13
3 years	10.5	1.5	1	12

## Crib Safety

When choosing a crib, be sure that it meets current safety guidelines. Antique or used cribs may not meet current safety guidelines and may pose a safety risk to your child. Be sure to follow these guidelines to ensure your baby's sleep environment is safe and does not pose a risk for suffocation, strangulation or entrapment.

- Never use a crib with drop rails
- Do not use crib bumpers as they pose a suffocation risk- they could also pose as a falling hazard as your baby gets older
- Your baby's crib should be completely empty- no blankets, pillows, toys or bottles

## Safe Sleeping Guidelines

### Swaddling

Research shows that swaddling your baby will help keep him calm and sleep longer because swaddling mimics the warm coziness of his mother's womb. It is important that when swaddling, you do it properly so it is snug around your baby and will never come loose – but not too tight. Also, only swaddle your baby when it is time to sleep because a swaddled baby will often sleep longer and not wake as easily. To reduce the risk of SIDS, your baby should always be put on his back to sleep. Stop swaddling your baby after 2 months of age, or once he begins to start trying to roll over.

### How to Swaddle

Spread the blanket flat, with one corner folded down.

- Lay your baby face-up on the blanket, placing his head at the edge of the folded corner.
- Straighten his left arm and wrap the left corner of the blanket over his body and tuck it between his right arm and the right side of his body.
- Fold the bottom point of the blanket up, leaving room for his feet to move freely.
- Tuck the right arm down and fold the right corner of the blanket over his body and under his left side.
- Make sure his hips can move and that the blanket is not too tight. You should be able to get at least two or three fingers between the baby's chest of the swaddle.

## Steps to Swaddle a Baby



## Illness

Infants unfortunately are not immune to getting sick. It can be challenging caring for an infant who is not feeling well, and at times it can be a scary experience. Below are general guidelines for caring for common ailments that occur in infancy and childhood. If you are ever concerned about your child's safety or the severity of their symptoms, don't hesitate to contact your pediatric provider.

### Cold & Cough

A common cold is a very common illness in children. Most children will average 8 to 10 colds in their first two years of life. If your child has older siblings or is in daycare, he

may have more. Colds easily pass between children who are in close contact with each other. The cold will most likely start with a clear runny nose, then turning into a yellow or greenish discharge. Other symptoms include sneezing, low fever, decrease in appetite, fussiness and mild cough. A typical cold will resolve itself in 7 days. If the symptoms worsen or your child is under the age of 3 months, call our office for an appointment.

There are a few at home treatments you can give your child to help treat a cold:

- **Nasal Drops** – If your child has thick mucus, use saline nasal drops to help clear the nostril. Also use a nasal suction to help clear the mucus.
- **Fluids** – Your child should drink plenty of fluids. Even if your child doesn't have an appetite, continue to offer a drink.
- **Sit up** – Have your baby sit in an infant chair or swing while awake to help keep the nose clear. Laying down flat can also fill up the nose more.
- **TYLENOL®** – If your child has a fever and is irritable, TYLENOL® may be appropriate. Consult with your doctor.

## Ear Infections

Ear infections usually begin with a viral infection such as a cold. An ear infection is caused by fluid or mucus build-up in the middle ear. Symptoms to look for include ear pain, tugging or pulling at the ear, difficulty sleeping, unusual crying, irritability, loss of balance, fever over 100°F, drainage from the ear, loss of appetite, etc.

## Croup

Croup causes a swelling of the voice box (larynx) and windpipe (trachea). Due to the swelling, the airway below the vocal cords becomes narrow and makes breathing difficult and noisy. Croup is most commonly due to an infection. It most often affects children between the ages of 3 months and 5 years. It can occur at any time but is most common in the fall and winter. The cough sounds like the bark of a seal.

If your child develops croup in the middle of the night, go into the bathroom and shut the door. Run the shower on the hottest setting and let the room steam up. This should help with his breathing within 15 to 20 minutes. The steam almost always works but if it does not, take him outside into the cool air. If your child is not improving, go to the nearest emergency room or call 911. If your child has croup, call our office in the morning for an appointment for evaluation.

## Fever

If your child has a fever, that means he is fighting an infection. It is the body's normal response. There are several types of thermometers. For children under 4 or 5 years of age, you should take their temperature rectally.

Your child has a fever if he has a rectal or oral temperature over 100.4°F. If you cannot check the temperature orally, you should take it rectally. Ear and forehead temperatures can be inaccurate. Make sure your child is drinking plenty of liquids and he is wearing minimal clothing. Bundling him can cause a higher temperature.

If your child has a fever or seems uncomfortable, medication may be necessary. Follow the chart on the next page for medication dosage.

**\*If your child is under 2 months of age and has a fever he should go to the emergency room immediately. Do not give babies under the age of 3 months medication until you speak with your pediatric provider.**

**\*There are a variety of home and natural remedies available that may be a more preferred treatment in your family or discovered online. It is always recommended to speak with your provider about anything you may feed or administer to your baby to ensure that you and your pediatric provider are communicating the benefits and risks of delivering any type of treatment to your child.**

[TYLENOL® \(Acetaminophen\)](#)

Weight (lbs)	Age	Infant's Tylenol Oral Suspension (Acetaminophen 160mg in each 5mL)	Children's Tylenol Oral Suspension (Acetaminophen 160mg)
6-11	0-3 months	1.25 mL	-----
12-17	4-11 months	2.5 mL	-----
18-23	12-23 months	3.75 mL	-----
24-35	2-3 years	5 mL	5mL (1 tsp)

MOTRIN® (Ibuprofen)

Weight (lbs)	Age	Infant's Motrin Oral Suspension (Ibuprofen 100mg in each 5mL)	Children's Motrin Oral Suspension (Ibuprofen 100mg in each 5mL or 1 tsp)
6-11	0-5 months	Do Not Use	-----
12-17	6-11 months	1.25 mL	-----
18-23	12-23 months	1.875 mL	-----
24-35	2-3 years	5mL	5mL (1 tsp)

\*For both TYLENOL and MOTRIN, if possible, use weight to dose; otherwise use age.

## Vaccines

We strongly recommend infants and children receive their vaccines on the following schedule. The vaccines are timed to protect your child when he or she is most vulnerable and when they will be most effective. There are many myths about vaccines that have been consistently proven to be untrue through thousands of medical studies. Vaccines do not cause autism, nor do they overwhelm your child's immune system

when administered on schedule. Minor reactions from vaccines are often a symptom of the vaccine doing its job to strengthen your child’s immune system and are not a cause to be alarmed.

The American Academy of Pediatrics has an excellent website at [www.aap.org](http://www.aap.org) that can answer any questions you have. Vaccines protect your child against life threatening disease. Feel free to ask any of our providers about vaccine questions you have.

### Regular Immunization Schedule

Please note, that while your child is being protected against all these diseases, we use combined vaccines to do less shots at each visit, noted after all the shots being given below.

Age	Vaccines	Total Shots
<u>1 month</u>	<u>None</u>	0
<u>2 months</u>	HEP B #2, DTAP #1, IPV #1, PCV #1, HIB #1, ROTA #1	2
<u>4 months</u>	DTAP #2, IPV #2, PCV #2, HIB #2, ROTA #2	2
<u>6 months</u>	Hep B#3, DTAP #3, PCV #3, HIB #3	2
<u>9 months</u>	<u>None</u>	0
<u>12 months</u>	MMR#1, VAR #1, PCV #4, HEP A#1	4
<u>15 months</u>	HIB#4, DTAP #4	2
<u>18 months</u>	HEP A#2	1
<u>2 years</u>	<u>None</u>	0
<u>3 years</u>	<u>None</u>	0
<u>4 years</u>	MMR #2, VAR #2, DTAP #5, IPV #4	2
<u>5 years</u>	<u>None</u>	0

Annual flu vaccines are recommended. Children will receive 2 doses the first year (1<sup>st</sup> dose after 6 months of age) and then 1 dose each year thereafter.

### Explanation of abbreviated vaccines above:

**IPV:** Polio

**PCV:** Prevnar

**DTAP:** Diphtheria/tetanus/pertussis

**ROTA:** Rotavirus Vaccine - oral

**HIB:** Haemophilus Influenzae B

**VAR:** Chicken Pox

**MMR:** Measles/Mumps/Rubella

**HEPB:** Hepatitis B

**HEPA:** Hepatitis A

This immunization schedule is subject to change.

# Safety

The safety of infants and children is of the utmost importance to us as your pediatric provider. If you are concerned or have questions about how to monitor your child's safety or need access to parenting resources, infant and child car seats or other ways to ensure your home environment is safe, talk to your pediatric provider and care team for assistance and community resources to assist you.

## Car Seats

It's very important to read the manual of your car seat to make sure it is installed correctly. The seat should be snug to the rear seat and not move more than 1 inch from side to side. Follow the chart below for optimal safety.

Age Group	Type of Seat	General Guidelines
Infants/Toddlers	Rear-facing only seats and rear-facing convertible seats	All infants and toddlers should ride in a Rear-Facing Car Seat until they reach the highest weight or height allowed by their car seat's manufacturer.
Toddlers/Preschoolers	Convertible seats and forward-facing seats with harnesses	All children who have outgrown the rear-facing car seat should use a Forward-Facing Car Seat with a harness for as long as possible, up to the highest weight or height allowed by their car seat manufacturer.
School-Aged Children	Booster Seats	All children who have outgrown the

		forward-facing car seat should use a Booster Seat until the vehicle seat belt fits properly.
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## Car Seat Safety Check Resources

- For more information on child safety seats, visit [www.nhtsa.gov](http://www.nhtsa.gov). A certified child passenger safety technician can check your installation and answer any questions.
- The Georgia Governor’s Office of Highway Safety has free car seat checkpoint locations in every county across the state. To find one near you, visit <https://www.gahighwaysafety.org/child-safety-seat-fitting-locations/>
- You can also learn more about car seat safety and additional safety check locations at [www.seatcheck.org](http://www.seatcheck.org).

## Choking

Choking is a very scary event. Your baby can choke on anything he puts into his mouth. Be aware of any objects around that your baby could possibly put in his mouth. Keep items that are choking hazards away from your child.

These include:

- Coins
- Buttons
- Toys with small parts
- Toys that can fit entirely in a child’s mouth
- Small balls and marbles
- Balloons
- Small hair bows, barrettes, and rubber bands
- Pen or marker caps
- Small button-type batteries
- Refrigerator magnets

Certain foods are more of a choking hazard than others. Be sure to cut your child’s food into pieces no larger than ½ inch. When your child is eating, he should be sitting and not moving around a lot. Keep the following foods away from children

under the age of 4:

- Hot dogs
- Nuts and seeds
- Chunks of meat or cheese
- Whole grapes
- Hard or sticky candy
- Popcorn
- Chunks of peanut butter
- Chunks of raw vegetables
- Chewing gum

It is recommended that all parents take a CPR class to learn how to properly help a child or adult when they are choking.

## Additional Resources

This directory below can connect you to a variety of local resources as well as online resources to help you learn more and find specific resources to support you on your journey as a new parent.

### **Important Numbers**

Poison Control. . . . . **1.800.222.1222**  
Georgia Crisis and Access Hotline . . . . . **800.715.4225**  
Mercy Care After Hours Non-Emergency Line. . . . . **678.843.8600**  
Peer2Peer Warm Line. . . . . **888.945.1414**

### **Parent Education Resources**

#### **Local Resources (English & Espanol)**

Ser Familia parenting workshops. . . . . **678.363.3079**  
Parent to Parent of Georgia. . . . . **<https://www.p2pga.org/>**  
Latin American Association. . . . . **<https://thelaa.org/>**

#### **Online Resources**

American Academy of Pediatrics. . . . . **[www.aap.org](http://www.aap.org)**  
Zero to Three. . . . . **[www.zerotothree.org](http://www.zerotothree.org)**  
Centers for Disease Control. . . . . **[www.cdc.org](http://www.cdc.org)**  
Food Allergy Research & Educations . . . . . **[www.foodallergy.org](http://www.foodallergy.org)**

### **Breastfeeding Support**

Healthy Mothers, Healthy Babies Coalition of Georgia Healthline. . . . . **800.300.9003**  
Cobb & Douglass WIC Program Breastfeeding Support. . . . . **770.514.2389**  
WellStar Health Systems Breastfeeding Classes (Medicaid accepted) . . . . . **770.956.7827**  
Breastfeed Atlanta lactation consultants and milk donation. . . . . **404.454.9715**

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