Caring for Your Baby

Suggestions for Infant Care and Office Policies

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Introduction

Congratulations on the birth of your baby! Having an infant is an exciting, rewarding, and sometimes frustrating endeavor. Remember that all new parents are going through the same joys and challenges as you, yet this baby is your baby and will thrive best if you provide love, care, comfort, attention, and proper feeding techniques. You will know your baby best; therefore, trust yourself and do not always take seriously the well-intended advice of friends or family.

Children's Medical Group is a group practice of board-certified pediatricians, certified nurse practitioners, and licensed physician assistants. We specialize in the care of infants, children and adolescents. Our practice was established in the Atlanta area in 1947. Our goal is to provide high quality comprehensive care in maintaining the physical and mental health of your children.

The instructions in this booklet will help you meet the needs common to newborn babies and will give you helpful hints on how to keep your baby healthy and happy. Please refer to it throughout your child's infancy.

Your baby received a thorough physical examination following delivery and will be watched while in the nursery. Unless you were told otherwise, your child is healthy. Your baby deserves to be kept that way with regular checkups and immunizations. During checkups, we will be discussing such matters as development, growth, diet and safety.

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Getting To Know Your Baby

As a new parent, you may feel a little unsure of yourself in the beginning. As long as your baby is well-loved, well-fed, warm and comfortable, he won't mind if you are less than an expert at first. The most valuable thing that parents can do for their children is to enjoy and love them. As the baby's parent, you will come to know him best.

Your baby will do some things all healthy babies do just because they are babies: sneeze, yawn, burp, have hiccups, pass gas, cough, grunt, groan, turn red, and cry. They may occasionally look cross-eyed.

Sneezing is the only way a baby can clear the nose and is not necessarily a sign of illness. Hiccups are little spasms of the diaphragm muscle. They are usually not bothersome to your baby. Coughing is a baby's way of clearing the throat. The baby may also have momentary tremors or jerking motions of the arms and legs or quivering of the mouth. These are normal.

Your baby may have several fussy periods a day. Crying is your baby's way of communicating. It does not hurt your baby. It will take time, but you will gradually learn to know what your baby means. We will say more about this later.

The majority of babies do not sleep all the time between feedings. Some infants are awake for several hours. If your child has such a period, use the time to put him on his tummy and play with him and entertain him. Around 4 months your baby may be sleeping 8 hour stretches at night.

Because your baby has had little time to build up resistance to infection, try to limit visitors during the first 6 to 8 weeks at home. All visitors should be free of contagious illness, wash their hands, and consider wearing a mask before holding the baby.

Infant Comfort

Room Temperature

Babies are most comfortable in a moderate temperature range (about 68 to 72 degrees) in the winter and temperatures in the mid 70's in the summer. Do not overdress. The hands and feet tend to be cooler than a baby's torso as a rule so make sure the neck and trunk feel comfortable to touch. Windows may be opened, providing the room temperature does not fall below about 65 degrees. Especially in the winter, dry air can be irritating to the baby's air passages. You may wish to use a cool mist humidifier with plain water to humidify the room. Humidifiers should be cleaned regularly.

Sleeping

You may expect your baby to do a lot of sleeping (*12 to 20 hours a day*). The American Academy of Pediatrics has recommended that infants sleep on their backs (*supine*) to reduce the risk of sudden unexplained infant death (SUID). Some daily wakeful time lying on the stomach provides exercise and a chance to work on head control, mobility, and other developmental skills. Offer tummy time a few times a day, starting with a few minutes each time for a goal of about 30 to 60 minutes total over the course of 24 hours by 4 months of age. Try to avoid excessive time on the back by carrying your baby sometimes and changing the way she lies in the crib when sleeping. This will avoid the development of a misshapen head. Bedsharing may increase the risk of falls or sudden infant death and is not recommended in the first year.

Crib

The mattress should be firm and flat. The crib should be bare - use a tight-fitting sheet and avoid pillows, stuffed animals, or soft/fluffy blankets. The crib should be an approved model with slats spaced closely so that the baby cannot get the head between them.

Never put toys or other objects in the crib that your baby could swallow or become entangled in. You may swaddle your baby in a blanket for the first few weeks but remove swaddle when baby begins to show signs of rolling (around 2 months).

Crib bumpers are discouraged as they pose potential hazards: young infants may move into positions that cause bumpers to obstruct airways; older infants and toddlers may stand on bumpers resulting in entrapment or a fall from the crib.

Clothing

Babies typically do not require any more clothing than an adult, so never over-dress or over-cover. Dress your baby according to the temperature. Clothing should be loose-fitting, lightweight, and soft-textured. Sleepwear should be snug-fitting or flame-retardant.

Outdoors

A fairly good rule to follow is to take your baby out whenever the weather is pleasant. A knit hat can help keep your baby warm in cold weather. Avoid direct exposure to sunlight and apply sunscreen to areas of skin that cannot be covered with clothing. Sunscreen may be used as early as infancy in children who cannot be kept out of the sun. Cover skin with clothing or drape a mosquito net over children in strollers. Insect repellents containing DEET or picaridin may be used for babies and pregnant or lactating women, but oil of lemon eucalyptus should be avoided for children under 3 years of age.

General Baby Care

In this section we will jump right into the heart of the matter, starting at the top and work our way down the baby's body, catching all noteworthy parts.

Bath

Babies do not need daily baths - every few days is fine. The room in which you bathe your baby should be warm and draft-free. Keep bathing supplies together and within easy reach, using only mild non-medicated soap and shampoo, unless otherwise instructed. Do not immerse your baby until the umbilical cord stump has fallen off and, if applicable, the circumcision has healed. Until then, use a washcloth while baby lies on a towel and "sponge-bathe."

Eyes

Use a clean cotton ball moistened with warm water. Gently bathe the eye from the nose toward the outside corner. Let us know if you notice the baby's eyes draining or matting beyond the first several days of life. It is common for small blood vessels on the surface of the eyeball to rupture during birth. This clears in a few weeks without treatment.

Nose And Ears

Cleanse the outer areas only with a moist cloth or cotton ball. Do not attempt to cleanse the inside of either nose or ears with a cotton swab.

Stuffy Nose

This is common in infancy and is due to normal mucus. Babies breathe through their noses for the first few months. Sometimes the breathing sounds noisy or snorty or there may be a rumbling noise in the upper chest from mucus in the throat. The gentle use of a nasal aspirator and a cool mist vaporizer may be helpful. Saline nose drops before aspiration can help loosen crusty mucus. A stuffy nose may last several weeks.

Mouth

Even before your baby has teeth, you can get in the habit of cleaning the mouth, gums and tongue once a day with a small, damp washcloth. Please watch for white, cheesy patches on the tongue, inside lips, or inner cheeks that cannot be wiped off; this might represent oral thrush (a fungal, or yeast, infection).

Head
Shampooing once or twice a week with baby shampoo is all that is needed. If you note patches of dry scaly areas on the scalp (cradle cap), try Selsun Blue® or a special cradle cap shampoo 1 to 2 times per week, brushing the scalp with a soft tooth brush. Cradle cap is only a cosmetic issue. You may choose to ignore it.

Nails
Trim as needed with nail clippers, preferably when baby is asleep, to avoid resistance. You may also file nails with an emery board.

Breasts
A baby's breasts (any gender) may become enlarged and may even secrete thin milk. This is normal. Do not squeeze or manipulate this swelling at any time. Lumps may also be present and usually resolve within about 6 months but can last for 2 to 3 years in some children.

Skin
An infant's skin resembles that of an adolescent and is prone to a number of harmless spots and assorted rashes. Many infants have some degree of acne because of blocked pores. The only cure for infantile acne is time and patience and the avoidance of oils on the face.

The important things to remember about infant skin care are:

1. Only bathe 1 to 3 times a week to avoid drying out the skin.
2. Avoid further blocking pores by rubbing the baby with assorted creams, lotions, or ointments. If, however, the skin is extremely dry, scaly, or cracked, a mild lubricant such as Aquaphor, Lubriderm or Eucerin may be used.
3. Use plain water on the face.

Navel Care
Many parents have questions about the umbilical cord. The answer here is to get it dried up as quickly as possible. To do this:

- Keep the umbilical stump open to air.
- Fold the diaper down in front, below the level of the umbilical cord, to prevent urine from wetting the cord or use special newborn diapers.
- Do not use rubbing alcohol as it has not been shown to be of much benefit.
- Sometimes, after the cord falls off, there may be a few drops of blood, but this is not cause for worry. Complete healing has taken place when the cord base looks like skin, usually 2-4 weeks.
- Report to us any inflammation (redness or swelling) of the surrounding skin, pus from the cord, or any excessive bleeding.

Circumcision/Penis

Following a close second to the cord, circumcisions also may raise some concerns in parents. Like the cord, the answer is to allow it to dry up and to induce proper healing as soon as possible.

During circumcision, the foreskin is pulled beyond the end of the penis and trimmed off. If your baby boy is circumcised using a Plastibell, the Plastibell will generally fall off in about 5 to 7 days. In any case, the remaining skin then falls back behind the end of the penis leaving the end (glans, or head of the penis) exposed.

If instructed to do so at the hospital, place Vaseline-coated gauze over the raw area until healing takes place in 5-7 days. It is normal for the penis to appear red and swollen and for there to be some small yellow areas (healing tissue) on the glans as it heals.

Throughout infancy extra skin may creep over the corona. Gently pull this tissue back with each diaper change. Smegma, a white cheese-like substance, often collects at the corona. Wipe it away gently.

If you do not choose to circumcise your baby, the foreskin will remain over the head of the penis during infancy and early childhood. Do not force the foreskin back over the head of the penis. Simply clean the penis along with the rest of the body.

Vulva

Little attention is needed here except for routine cleanliness. For the first few weeks you may notice a mucus-like discharge coming from the vagina; occasionally, a blood-tinged secretion may be present. This is normal. In cleaning a girl with a baby wipe or cotton ball and water, always wipe the vagina from front to back.

Bottom

Be sure to change dirty and wet diapers as soon as possible. Wash the diaper area thoroughly, paying particular attention to the creases. Be gentle and wipe (not scrub) the bottom. Disposable wipes are acceptable, but warm water, mild soap, and a soft cloth are fine too. Pat dry with a clean soft cloth or air dry before replacing the diaper.

If irritated, a mild diaper ointment (Vaseline®, A&D® or Desitin®) may be used for several days. In addition, it will benefit your baby to leave your baby's bottom exposed to air as often as possible. If there is no improvement, or if blisters or pustules appear, an office visit may be necessary.

Miscellaneous

In this section we have compiled a group of answers to frequently asked questions not already covered in the above sections.

Soft Lumps On The Head

There are sometimes collections of blood under the skin of the scalp caused by pressure during the birth process. Their technical name is cephalohematoma. Although they may make the baby's head look unusual, they usually go away within several weeks. Special attention is rarely required.

Fontanelles

This is the medical term for the soft spots. There are 2 fontanelles - one on the very top of the head and one on the back of the head. These allow for brain growth before the skull bones fuse together. They vary in size from infant to infant and close by about 18 months of age. They may pulsate and are safe to touch gently.

Feet

One or both feet may turn in or out. This is usually due to positioning in the uterus, can persist for several months, and is self-correcting. Please let us know if you are concerned that they are not improving.

Burping

Burping helps to remove swallowed air. To accomplish this try one of these positions:

1. holding your baby upright with their head over your shoulder;
2. sitting upright on your lap leaning slightly forward, or
3. lying prone (face down) across your lap.

Then apply a few pats on the back. If you fail to produce a burp within a few minutes, then you can stop trying because baby may not need to burp. You may want to burp once during a feeding and again when feeding is completed.

Jaundice

Jaundice is a condition of yellow-orange skin. It is due to an increased amount of bilirubin in the bloodstream and may cause problems in some babies. Please watch for signs of your baby's skin or eyes becoming yellow and call us if noticed. Jaundice is a common condition in newborn babies and can be treated with a special blue light (called phototherapy, usually from a bili "blanket") if needed. Phototherapy may be set up at your home in many instances, avoiding hospitalization.

Crying

Crying is an important way for your baby to communicate with you. Many newborns cry approximately an hour during each day, and six-week-olds may cry around three hours in a day. Fortunately most babies settle in by about three months. The crying may be randomly distributed through the day, but it is often in the morning and early evening. Your baby may be saying, "I'm wet, hungry, too hot or cold, out of sorts, bored, lonely, or overstimulated." Remember that your baby is not hungry every time he cries.

If your baby is often fussy, a number of maneuvers may soothe your baby. Many fussy babies benefit from being walked in a stroller or carrier. Sometimes a vibrating noise such as a vacuum cleaner or clothes dryer may help. Other times a baby swing or soft lullabies may soothe your baby.

Occasionally, your baby may be overstimulated and/or you may be feeling tense. If all effort fails to calm your baby, it is okay to put your baby in the crib, close the door, and relax with deep breaths for 5 to 10 minutes. If your baby is still fussy, start all over. Please call if your baby is crying nonstop and is inconsolable despite your attempts.

Crying is normal and one may expect a temporary increase in crying in the first several weeks of life. However, colic is a condition characterized by persistent crying for 3 or more hours per day for 3 or more days per week during a period of at least 3 weeks. If your baby exceeds this, you may wish to call our office. It is a puzzling but harmless condition. Although its source is often unclear, parental anxiety may certainly worsen it. Therefore, try to make yourself relax and take ample time to feed, burp, and soothe your baby. Try to get help from friends, family members, babysitters, or night nurses if possible. If you are thinking about changing formulas or eliminating a breastfeeding mom's foods, please call first as this may be unrelated to your baby's crying.

Spitting Up

Babies do spit up normally, especially during burping. Babies may also spit up when they are laid on the stomach or after they have been active. If your infant spits up often, you may wish to burp him more often or feed more slowly. Although spitting up is an inconvenience, it seldom is a serious problem in a child who is growing and developing normally. Patience and acceptance on your part usually handles this problem. If the vomiting is projectile, or if the vomitus is green in color, please call our office.

Birthmarks

These are extremely common. The faint, red blotches on the eyelids, on the forehead, or on the back of the neck are termed "nevus simplex" ("stork bites") and slowly fade away. No treatment is required. Please let us know if you have concerns about other birthmarks.

Heat Rash ("Prickly Heat")

Small, red pimply bumps occur commonly in summer and winter months and can develop over the neck, chest, upper back and in the skin creases. These are due to the baby sweating and the sweat drying on the skin. Avoid too warm a room and too heavy clothing, and treat by keeping the baby cool and dry. Do not cover the baby with ointment or oil as this will clog the skin pores, worsening the rash.

Stools

The first few stools your infant passes will be black and tarry; subsequently, the baby may have a yellow-green bowel movement after each feeding or may have 1 stool a day. Some babies may go 3-4 days without a stool and be normal. Your baby may strain, turn red, pull up her knees, grunt, and cry when she has a stool, but unless the stool is consistently hard and pellet-like, this is perfectly normal. Breast-fed babies may have more frequent loose stools than formula-fed infants. The stool of a breast-fed baby is usually yellow in color and mustard with seeds in consistency. The stool of the formula baby is firmer and may have a yellow-green or tan color. As more foods are added to an infant's diet the stools may take on a different color. Never use enemas, laxatives, or suppositories unless we recommend them.

Urine

On average your infant will void 6-8 times per day. If breast-fed, your newborn may urinate only 3-4 times a day until about 4-5 days old.

Safety

You will want to do everything possible to assure a safe environment for your baby. Beginning with the first car trip home from the hospital, you should always use a properly installed car seat whenever you take the baby for rides. These car seats should be used from birth until the child is over 4 years old and weighs at least 40 pounds. The car seat should be placed rear-facing as long as possible, until the child is at least 2 years of age or until the child reaches the highest weight or height allowed by the car safety seat's manufacturer – whichever is later. There are simple ways to assure your baby's continual safety at home:

1. Never leave baby alone on a couch, bed, table or other high place where she could roll off. Even babies in seats or carriers can fall as they kick and rock.
2. Keep the crib free of clutter to prevent entanglement. Avoid loose sheeting, pillows, and large or floppy toys that might cover the face and obstruct breathing.
3. Keep small objects like buttons and pins away from baby's reach so she is not able to pick them up and swallow them.
4. Always test the bath water before baby's bath to be sure it is not too hot. Never leave baby alone in the tub; ignore telephones and door bells until after the bath.

5. Don't hold baby while cooking. Hot food could splatter on the baby, or she could touch the hot pans. Be careful of hot coffee, tea, and cigarettes.
6. Follow carefully the exact dosage of any medications prescribed.
7. See that your young child never plays with the toilet; keep the seat cover down and the bathroom door shut. Toilet locks can be useful.
8. All medicine, plants, and cleaning agents should be put up and away.
9. Use flame-resistant or snug-fitting sleepwear.
10. Install safety gates at the top and bottom of stairs.
11. Use proper safety belts in high chairs, strollers, and other infant seats.
12. Cap unused electrical outlets.
13. Do not use walkers. They are unsafe and may delay learning to walk.

Smoking

If anyone in the household smokes, please remember not to smoke in the same house or car as the baby. Avoid bringing baby in a room or car where there has been smoking, as studies have shown that babies who live in households where there is smoking have a much higher likelihood of upper respiratory infections, colds, asthma, ear infections, SIDS, and have a higher rate of hospitalizations than babies living with non-smoking families.

Newborn Screening

The state of Georgia requires that all babies between 24 hours and 7 days of age be tested for phenylketonuria (PKU) and other rare but treatable hereditary diseases. The diseases detected by the metabolic screening are treatable if detected at an early age.

The test is done by taking a blood sample from the baby prior to discharge from the nursery. At the first checkup this test may be repeated if your baby was premature or was first tested at less than 24 hours old.

If you are breastfeeding or taking any medication, please tell the lab technician. The test results will be sent to our office by the state lab, and you will be informed if an abnormality is detected.

Feeding Time

Feeding is one of your baby's first pleasant experiences. The baby's first love for her parents arises primarily from the feeding situation. At feeding time, the baby gets nourishment both from her food and from the security that comes from a parent's loving care. Help nurture your baby by making this a pleasant time for both of you.

Choose a comfortable chair that will help you be calm and relaxed at feeding time. Your baby should be warm and dry so that she is also comfortable. Hold your baby in your lap, with her head slightly raised and resting in the bend of your elbow. Whether breast-feeding or bottle-feeding, hold your baby comfortably close. Eye contact and talking to your infant are very important.

Feeding schedules are usually most satisfactory if the baby is allowed to eat when she becomes hungry. In newborns, this is usually every 2 to 4 hours. Each child is different, so be flexible and don't feel that a precise time schedule is necessary. The amount of formula or the length of time your baby is at the breast will vary. Babies have a right not to be hungry sometimes and you can't make a baby want to eat. You should not need to spend more than 30-40 minutes trying to feed your baby.

Breast-feeding Vs. Formula-feeding

The choice of whether to breast-feed or formula-feed is up to you. Obviously, human breast milk was made for human babies. Infant formulas are generally made from cow's milk and have been modified to be very similar to human milk. Most mothers decide about the issue of breast-feeding or formula-feeding with their partners. We are happy to help counsel you about this decision, and, no matter what the decision, we will try to support you in maintaining the best possible care of your infant. We recommend breast-feeding and/or using formula for the first 12 months of life.

Breast-feeding

Nursing should begin shortly after birth and continue as long as comfortable and practical for both mother and the infant. The use of both breasts for each feeding is recommended when possible. Guide the nipple into the baby's mouth with your fingers. Sometimes you may need to encourage the baby to nurse by gently stroking the cheek with the nipple. The baby will usually turn his head to hunt for it.

It usually takes several days for the breast milk to come in adequately. During this time you are actually feeding the baby colostrum, which is small in quantity but rich in factors to help the baby fight infection. The amount of milk produced will increase steadily over the next 1-2 weeks and will be directly related to the vigor and frequency of feedings. A balanced calcium-rich diet and plenty of fluids are important to the mother's breast milk supply. Your breast milk provides adequate vitamins (except vitamin D), protein and calories for your infant. The AAP has recommended that breast milk fed infants receive vitamin D supplements soon after birth. The daily recommended amount of vitamin D (400 IU) is contained in 32 oz. of infant formula or one dropperful (1.0 ml) of vitamin D drops. After 6 months, rice cereal and meats provide additional iron, and city tap water provides fluoride.

The milk flow will be greater if both breasts are nursed by a hungry infant. It is best to begin the next feeding at the breast where the last feeding was completed. Some mothers place an extra breast pad in the bra or wear a bracelet on the wrist of the side last nursed. If your baby does not nurse all the milk available in the breast, you may express the excess milk manually and store it. Generally, a baby's entire feeding time should not exceed 30 to 40 minutes (i.e. about 20 minutes maximum on each breast; an approximate minimum goal might be 15-20 minutes on the 1st breast and at least 5 minutes on the 2nd breast).

Preparation and Positioning

When preparing for nursing your infant, you should first wash your hands. It is not necessary to wash nipples unless you have some ointment or emollient that is not safe for ingestion. Lanolin or A&D ointment need not be wiped off. Soap should not be used on the nipples as it may promote drying and cracking.

Cradle your infant in your arms facing you at a 45 degree angle with one of your hands on the buttocks. A pillow under the arm supporting your baby's head can help. If you cannot be upright, you may lie on your side with your baby beside you. A pillow behind your back gives extra support. If you have abdominal discomfort, a "football hold" may be an alternative. Many women need to try several positions to get comfortable, particularly just after delivery.

To get your baby on the breast, tickle the lower lip with the nipple. As the baby's mouth opens wide, push the infant toward the breast. If the baby persists in turning the head the opposite way, tickle the cheek nearest the breast utilizing the rooting reflex to get the infant to turn her head. Once the breast is in the baby's mouth, be sure she has taken part of the areola behind the nipple. If your infant takes only the nipple, she will chew on it, which is a major cause of nipple soreness. Also, be sure your baby's lower lip is out and not curled in and the tongue is under the nipple.

When offering the breast, supporting it with your fingers may help. This may be more helpful in women who have larger breasts. In getting your baby off the breast, put finger in the corner of her mouth to break the suction before pulling your breast away.

Milk Supply

Many mothers wonder whether their baby is getting enough milk. There are several indicators of well-being in an infant. First of all, you should listen to the baby swallowing during a feeding and look for rhythmic jaw movement. Your baby will show signs of relaxation during feeding. Counting wet diapers is very helpful. Your baby may have 3-4 wet diapers per 24 hours before your milk "comes in." After your milk comes in, the number of wet diapers should double to 6-8 per day usually by day five. Next, the baby should gain weight and appear to be filling out. We will be checking for appropriate weight gain. Eight to 12 feedings a day is normal in the beginning and is an indication of a sufficient milk supply. There are growth spurts around 2, 6 and 12 weeks, at which time your infant will demand to be fed more often.

After the first 8 weeks of nursing, the law of supply and demand is fairly well established, and you may notice a decrease in the size of your breasts. This may worry you and cause fear that you are losing your milk supply. The breast is sill producing an adequate supply of milk, but is more efficient, and can begin to resemble its prepregnancy size.

Common Problems

One of the most common early problems is a ***sleepy baby*** who will not nurse well. It is normal for your newborn to enter a state of perpetual dozing, beginning at 4 to 8 hours of age and lasting 4 to 5 days. During this time, your infant may show little or no interest in eating. Some solutions to this dilemma include unswaddling and unclothing your baby down to the diaper, putting her skin to skin with mother and nursing. Also you may try tickling your baby's feet. Vigorous burping or jostling may help. Sponge-bathing a sleepy baby sometimes is effective. If all fails, and your baby insists on sleeping, don't worry. If baby is sleeping through 2 consecutive feeding periods, however, please call.

Another early problem may be **engorgement**, which occurs for the first time at 3 to 5 days after delivery as milk comes in. Hot or cold packs and frequent nursing plus a well-fitting bra can provide relief. The discomfort

will pass in a few days. If your breasts are engorged, you may want to apply a warm compress and then hand-express some milk by holding your breast near your ribcage and gently pressing outward toward the nipple. Frequent nursing can also help relieve the engorgement.

Leaking may be common at first, and a new mother may wish to use a breast pad. Pads with a plastic liner are not recommended as they trap moisture and promote irritation of the nipples. A cut-up cloth, towel, or handkerchief may work as well as any breast pad.

Sore nipples are a common complaint. This may often result from nipple chewing. In this case, check the positioning of your infant while nursing and be sure she is getting on the breast correctly. Any nipple engorgement should be relieved before nursing by brief expression. Holding your baby off in order to rest sore nipples may only make your baby more hungry so she attacks the nipple. Lanolin may soothe sore nipples.

At times, you may notice a ***tender lump*** in your breast. This is usually a clogged milk duct and should be treated by warm compresses and frequent nursing to empty the breast. Often, massage and hand expression are helpful. If the area of tenderness becomes warm and red, mastitis may be developing and antibiotics may be prescribed by your obstetrician. Nursing, with emphasis on emptying the breast, should be encouraged.

Inverted nipples do not prevent successful nursing. An inverted nipple may be diagnosed by squeezing the areola between the thumb and forefinger. If the nipple goes in, it is inverted. This is best discovered prenatally. You may want to wear a breast shell in your bra. This will allow the nipple to be pushed out. During nursing, your baby will often pull the nipple out.

Weight Loss - Babies lose weight their first few days of life but usually regain the weight to their birth weight by 2 weeks.

Weaning

There is no specified time to wean the infant. Most babies will begin to take solids by 4 to 6 months and will naturally decrease their frequency of nursing by 9 to 12 months. This doesn't mean nursing needs to stop. Nursing may continue as long as you and your baby are happy with it.

Formula-Feeding

There are several standard formulas on the market. Vitamins and iron have been added to the formula and some contain other ingredients such as probiotics and essential fatty acids.

Sterilize the bottle and nipple before the first use. Wash the bottle and nipple after use in the dishwasher or by hand using hot, soapy water. Atlanta tap water contains optimal, safe amounts of fluoride (about 0.7 ppm). Fluoride is recommended in children 6 months and older. Using bottled water without added fluoride prior to age 6 months is acceptable. It is not necessary to boil water used for mixing formula.

Formula, like any milk, will spoil if left out of the refrigerator too long. It is best to mix it up as you need it or leave the formula in the refrigerator until feeding time and then if desired warm it up to room temperature or slightly warmer by running hot tap water over the bottle; microwaving is highly discouraged. It is best not to use formula after it has been in the refrigerator for more than 24 hours. The first day, your baby may drink only 1⁄2 to 1 ounce per feeding. Gradually, she will build up and by 2 months, 4 to 6 ounces per feeding is standard. Propping up the bottle should not be done. It is much safer to hold your baby while feeding.

As with breast-fed babies, feedings should occur every 2 to 4 hours until the baby is sleeping through the night. Once your baby is sleeping longer stretches at night, feeding every 2 to 4 hours will continue during the day but decrease to every 6 to 8 hours at night. Human milk and formulas, which are modified to simulate human milk, are very nutritious and are adequate alone for the first 4-6 months.

Introduction of Solid Foods

The American Academy of Pediatrics recommends introducing solid foods around 4 to 6 months of age. At that time, infants usually outgrow what can be provided by breast milk or formula alone and can indicate whether or not they want food. They can control their heads and mouths to accept a spoon readily. Waiting 4 to 6 months to introduce solids may also help decrease your child's risk of later problems with obesity or allergies.

Schedule

Begin at 4-6 months of age by introducing a taste of mashed banana or avocado or a tablespoon of a single grain cereal mixed with an ounce or so of breast milk or formula once or twice a day (morning and evening). Once the infant has been taking that well for 1 or 2 weeks, you may add other foods. It may be helpful to introduce only one food at a time and wait at least 3-4 days in between each new food. This allows you to see if the baby has a reaction to any food.

In the past, it was recommended to start cereals first, then vegetables, fruits and then meats. However, breastfed babies may benefit from an earlier introduction of iron found in meat. You may introduce foods in any order. It is not necessary to offer juice unless your provider advises it. As your baby begins to tolerate several different pureed foods, you may introduce items such as eggs, yogurt, cheese, fish, peanut butter, and small, soft finger foods. If your baby has eczema or an egg allergy or if there is a family history of allergies, please let us know so we can discuss the safe introduction of peanut products. Please avoid giving whole milk or honey until your child reaches 1 year of age.

Your baby will begin by taking small quantities, often just a tablespoon at a time. This will steadily increase. Often by 9 months of age, he/she may indicate the need for a third meal also. You needn't force this, but just adapt to the baby's desires, just as you did when you began to breast-feed or bottle-feed.

Starting at 6 to 9 months of age, introduce a sippy cup filled with breast milk or formula. Once your baby gets used to the sippy cup or straw cup, you can also try water in it. It will take some practice, but a good goal is to stop the bottle soon after the first birthday.

Common Medical Ailments

Signs Of Illness

Signs of illness which should be reported in infants under 3 months of age:

1. Fever with rectal temperature of 100.4 degrees or over
2. Vomiting repeatedly - not just spitting up - or refusing food several times in a row
3. Unusual lethargy
4. Unusual body rash (not just prickly heat)
5. Labored breathing (not simply congested nose)
6. Fewer than 6-8 wet diapers for 24 hours (or if breast-fed and less than 5 days old, fewer than 3-4 wet diapers per 24 hours)
7. Inconsolable crying for 1½ - 2 hours

Fever

A fever in an infant less than 3 months of age may be a cause for concern, and our office should be notified immediately.

In an older infant, rectal temperatures of 103 to 104 degrees are common in ordinary childhood illnesses and are not a reason for great concern. Most of the time fever tells us that some type of infection has started. In many cases, the fever is gone in a day or so. This is usually a short-lived viral infection. Most high fevers seem to occur at night.

- *Fever is a temperature greater than 100.4 degrees.*
- *Accurate reporting of symptoms and signs is more important than the child's temperature.*
- *Treat fevers calmly.*
- *Acetaminophen may be administered every 4 to 6 hours.*
- *Another anti-fever medication, ibuprofen, may be used if the child is over 6 months of age and 12 pounds. It is given every 6-8 hours.*
- *Sponging head and neck with warm water (not rubbing alcohol) helps to reduce fever by evaporative cooling. Dress the child in light comfortable clothes.*
- *Allow febrile children to sleep without being awakened for medication or taking temperature if they do not seem uncomfortable.*
- *Aspirin should be avoided.*
- *We do not recommend the use of ear thermometers.*

Acetaminophen (Tylenol, etc.) Dosage Table (every 4 to 6 hours)									
Child's weight (pounds)	6-11	12-17	18-23	24-35	36-55	56-83	84-111	112+	lbs
Syrup: 160 mg/5 ml	1.25	2.5	3.75	5	7.5	10	15	20	ml
Chewable 80 mg tablets	--	--	1½	2	3	4	5-6	8	tabs
Chewable 160 mg tablets	--	--	--	1	1½	2	3	4	tabs
Adult 325 mg tablets	--	--	--	--	--	1	1½	2	tabs
Adult 500 mg tablets	--	--	--	--	--	--	1	1	tab

Ibuprofen (Advil, Motrin, etc.) Dosage Table (every 6 to 8 hours; age 6 months and up)									
Child's weight (pounds)	12-17	18-23	24-35	36-47	48-59	60-71	72-95	96+	lbs
Infant Drops 50 mg/1.25 ml	1.25	1.875	2.5	3.75	5	--	--	--	ml
Liquid 100 mg/ 5 ml (tsp)	2.5	3.75	5	7.5	10	12.5	15	20	ml
Chewable 50 mg tablets	--	--	2	3	4	5	6	8	tabs
Junior-strength 100 mg tablets	--	--	--	--	2	2½	3	4	tabs
Adult 200 mg tablets	--	--	--	--	1	1	1½	2	tabs

Medication strengths and directions may change so always be sure to double check dosing information with your pediatrician or pharmacist. 1 tsp. = 5 ml

Diarrhea

If your baby has an increase in frequency of stools and/or the stools become looser in consistency from normal, your baby may have diarrhea. Continue usual breast or formula feeding. Decrease any juice your baby may be taking, and consider giving him some probiotics.

Please call us if blood is present in the stool, stooling frequency exceeds 8-10 times in 24 hours, diarrhea exceeds 3-4 days, urine output decreases, or if a fever or listlessness develops.

Vomiting

This is a common entity in infants and little is known that will immediately cure the problem. The most common significant problem that can develop is dehydration. If your baby has good urine production, tears, and saliva in the mouth, the infant is not dehydrated.

Nothing should be offered by mouth for at least ½ hour after vomiting.

Management should follow these guidelines. Letting the stomach rest is often helpful.

1. If the child is less than 12 months and is breast-fed: overfeeding during illness is the most common cause of vomiting; if the baby has only vomited once or twice, stay with the breast but only nurse on one side each time for 12-24 hours; when you return to both sides limit the time your baby nurses until the vomiting has stopped for 6-8 hours.

2. If the child is less than 12 months old and is formula-fed, give **Pedialyte®** (5ml or 1 tsp.) every 5-10 minutes for 1 to 2 hours; after that time period, advance the amount of liquid to 3 teaspoons every 20 to 30 minutes until 6-8 hours have passed without vomiting. You may double the amount of liquid every 2 hours and change back to formula as tolerated.

Upper Respiratory Infections (URI's)

Definition

- Runny or stuffy nose
- Usually associated with fever and sore throat
- Sometimes associated with a cough, hoarseness, red eyes, and swollen lymph nodes in neck
- Also called colds

Cause

A cold or URI is a viral infection of the nose and throat. Colds are the most common illness your child will have. The number of colds a child will have depends on the age and exposure to other children. A child who attends daycare will have more colds than one kept at home. The cold viruses are spread from one person to another by hand contact, coughing, and sneezing - not by cold air or drafts. Since there are more than 200 cold viruses, most healthy children get at least eight colds each year. Fortunately by 2-3 years of age most children develop some degree of immunity to many of these common infections.

Expected Course

Usually the fever lasts less than 3 days, and all nose and throat symptoms are gone by 1-2 weeks. A cough may last 2 to 3 weeks. The main things to watch for are secondary bacterial infections such as ear infections, yellow drainage from the eyes, sinus pressure or pain (often indicating a sinus infection), or difficulty breathing (may be a sign of pneumonia.)

Home Care

Not much can be done to affect how long a cold lasts. However, we can relieve many of the symptoms. Keep in mind that the treatment for a runny nose is quite different from the treatment for a stuffy nose.

Treatment for a Runny Nose with Profuse Discharge:

Suctioning or Blowing. The best treatment is clearing the nose for a day or two. For younger babies, use a soft rubber suction bulb to remove the secretions gently.

Nasal discharge is the nose's way of eliminating viruses. Medicine is not helpful unless your child has nasal allergies.

Treatment for a Stuffy or Blocked Nose with Dried Mucus:

Warm-water or Saline Nose Drops and Suctioning (Nasal Washes). Most stuffy noses are blocked by dry mucus. You may purchase saline drops over the counter or mix ½ level teaspoon of table salt in 8 ounces of water. Make up a fresh solution every day and keep it in a clean bottle. Use a clean dropper to insert drops. Warm water or saline can also be dripped or splashed in using a wet cotton ball.

- ***For the younger child who cannot blow her nose:*** Place a few drops of warm water or saline in each nostril. If needed, after 1 minute use a soft rubber suction bulb to suck out the loosened mucus gently.
- ***For the child who can blow her nose:*** Use three drops as necessary in each nostril while your child is lying on her back on a bed with the head hanging over the side. Wait 1 minute for the water or saline to soften and loosen the dried mucus. Then have your child blow her nose. This can be repeated several times in a row for complete clearing of the nasal passages.
- ***Errors in using nose drops:*** The main errors are not putting in enough water or saline, not waiting long enough for secretions to loosen up, and not repeating the procedure until the breathing is easy. The front of the nose can look open while the back of the nose is all gummed up with dried mucus. Putting in nose drops without suctioning or blowing the nose afterward is of little value. Finally, too deep, vigorous, or frequent suctioning can worsen nasal swelling and irritation.

Clearing the Nose in Young Infants

A child can't breathe through the mouth and suck on something at the same time. If your child is breast- or bottle-feeding, you may need to clear the nose so she can breathe while sucking. Clearing the nasal passages is also important before putting your child down to sleep.

- ***Antibiotics*** - Antibiotics are useful medicines that can kill bacteria and treat infections such as pneumonia and strep. They do not however, kill viruses - the most common cause of cold symptoms, sore throats, vomiting and diarrhea. Please understand that some symptoms are overrated as indicators of a bacterial infection; for example, yellow nasal discharge is more likely to be a normal part of the recovery from a cold than a clue to a sinus infection. Antibiotics may also cause side effects. Therefore, your CMG provider will be careful and selective when prescribing antibiotics.

Immunizations

Your baby will require by law certain immunizations for protection against childhood diseases. It is very important for your child that all immunizations be kept current.

DTaP - *(Diphtheria, Pertussis, and Tetanus)* - Most infants and children will have little if any reaction after this injection; however, some infants may experience some pain or discomfort beginning 1-2 hours after inoculation and lasting up to 48 hours. Infants can appear irritable, fussy, and at times run a low grade fever. This is perfectly normal and you need not worry. Acetaminophen may be given to these children to decrease symptoms.

IPV - *(Inactivated Polio Vaccine)* - This vaccine is successful in making your child immune to polio and generally causes no reactions.

MMR - *(Measles, Mumps, Rubella)* - This immunization protects against these three illnesses. There is no immediate reaction and many of these children will never have a reaction to the shot. Occasionally, a rash, some joint pain, or fever may develop 7 to 10 days after the immunization. This is short lived and will generally go away quickly.

HIB - *(Haemophilus Influenza B)* - This vaccine helps to protect against diseases caused by the haemophilus bacterium. The HIB diseases which include spinal meningitis and epiglottitis are very serious in nature, but have been virtually eliminated since the introduction of this vaccine in the 1980's.

HBV - *(Hepatitis B Vaccine)* - This vaccine protects your child against the dangerous hepatitis B virus. This virus can damage the liver leading to cirrhosis, liver cancer, and liver failure. There are rarely any side effects to the vaccine.

VZV - *(Varicella Zoster - Chicken Pox and Shingles)* - This vaccine helps to protect your child against chicken pox. This viral illness predisposes children to pneumonia, skin infection, and blood infection. Occasional side effects include a rash within 1 month near site of injection or all over the body and/or fevers around 101-102° developing 1-2 days after the immunization.

PCV - *Streptococcus pneumoniae (pneumococcus)* has recently been the leading cause of serious bacterial infection in children today. This vaccine has been shown to help prevent meningitis, pneumonia and bloodstream infections due to pneumococcus. It may be of benefit in preventing ear infections.

HAV - This immunization protects your child against Hepatitis A virus. This viral illness causes inflammation of the liver. This vaccine is occasionally associated with local soreness at the site of injection. Georgia now requires this vaccine for school entrance. We recommend that your child receive this vaccine if they are 12 months old or above. Your child should receive a second vaccine 6 months to 12 months later.

ROTAVIRUS Vaccine - This orally administered vaccine protects against vomiting and diarrhea due to rotavirus infection. This type of illness may result in dehydration if the symptoms are severe. The vaccine may cause mild stomach upset or fever but much fewer and milder symptoms than the disease it prevents.

Tdap - This immunization is similar to the DTaP given to young children, but is intended to boost the immunity to each of its components when given to adolescents and adults.

MCV4 - This immunization protects against 4 out of 5 strains of meningococcus, a bacterium known to cause serious bloodstream infection and meningitis. It is currently recommended for use in adolescents but may soon be recommended in younger children as well.

Meningitis B - This immunization protects against the B strain of meningococcus. It is recommended for use in adolescents and is a 2-dose series starting around age 16 or just prior to attending college or the military.

HPV - This immunization protects against 9 strains of human papillomavirus, which can cause cancer in males and females. It is a 2- or 3-dose series starting at age 11 or 12.

Influenza Vaccine - There are many instances in which immunization against influenza is recommended; all children 6 months and up especially children with health impairments such as asthma, diabetes, cardiac disease, immunodeficiency; caregivers and household contacts of infants too young to be immunized. There are two types of vaccines for influenza: killed virus injectable vaccines and live attenuated nasal spray vaccines. Choice of product depends on age and other parameters. Side effects are minimal. If your infant is too young to receive influenza vaccine (less than 6 months) vaccination of household contacts will offer some degree of protection.

Pentacel - This vaccine combines the DTaP, IPV and HIB vaccines into a single injection with no loss of effectiveness or increase in side effects compared to each vaccine given separately. This spares your child 2 shots at each of four different checkup visits.

COVID-19 - This vaccine protects against the SARS-CoV-2 virus, which caused a global pandemic starting in early 2020. As of this printing, the vaccine has been approved to be given at ages 5 years and up. Younger aged children may be eligible soon or now.

Immunization Schedule

Many parents wish to delay or spread out the vaccines that their child needs to receive. This is inadvisable and strongly discouraged by our practice. No evidence exists to support this alteration in the recommended vaccine schedule. Much research has been performed to prove that simultaneous vaccination with multiple vaccines is safe and effective in preparation for the licensure of combination vaccines.

Below is a summary of our ideal vaccination schedule. The schedule though is flexible and subject to modification as AAP (American Academy of Pediatrics) recommendations change periodically.

Age	Protection
1 wk.	HBV if not given in hospital
1 mo.	HBV
2 mos.	Pentacel, PCV, Rotavirus
4 mos.	Pentacel, PCV, Rotavirus
6 mos.	Pentacel, HBV, PCV, Rotavirus
9 mos.	Any vaccine if missed earlier
12 mos.	MMR, VZV, HAV
15 mos.	Pentacel, PCV
18 mos.	HAV
2 yrs.	Any vaccine if missed earlier
2 1/2 yrs.	Any vaccine if missed earlier
3 yrs.	Any vaccine if missed earlier
4-6 yrs.	DTaP, IPV, MMR, VZV, COVID (when eligible)
7-10 yrs.	Any vaccine if missed earlier
11 yrs.	Tdap, MCV4, HPV
12 yrs.	HPV
16 yrs.	MCV4, Meningitis B (with booster at least a month later)
21 yrs.	Tetanus booster (Td or Tdap)
12-21 yrs.	Any vaccine if missed earlier

*The AAP recommends yearly checkups starting at age 3 and yearly seasonal influenza vaccine starting at 6 months of age.

*Parents and other caregivers of newborns are advised to get annual flu vaccine and be up to date on Tdap and COVID vaccines.

Office Visits

Office Policy

We try to see all patients by appointment. Accordingly, we ask that you call in advance so that a specific time can be reserved for you.

If your child is ill, we will make every effort to see him/her.

Occasionally, emergencies in the office may disrupt our schedule. Please do not try to "squeeze in" another child on a sibling's appointment. It is best to make appointments for each child so we can allow enough time for everyone to be seen.

When you call for an appointment, your stated preference for an individual physician (your doctor) will try to be met. Occasionally, the provider of your choice will be off, out of town, or have more patients than she/he can possibly see on a given day. This does not occur frequently, but when it does, please let one of the other providers see your ill child on that visit.

Office hours for Century Center:

8:30 a.m. - noon and 1:30 - 5:00 p.m., Monday through Friday (phone lines open at 7:30 a.m. and lobby stays open through the lunch break)

9:00 a.m. - 11:30 a.m., Saturday (for sick children and newborns only)

Office hours for Johns Creek:

8:30 a.m. - noon and 1:30 - 5:00 p.m., Monday through Friday (phone lines open at 7:30 a.m. and lobby stays open through the lunch break)

9:00 a.m. - 11:30 a.m., Saturday (for sick children and newborns only)

Office hours for Decatur:

8:30 a.m. - noon and 1:30 - 5:00 p.m. (phone lines open at 7:30 a.m. and lobby stays open through the lunch break) (closed on weekends and holidays)

All CMG's patients may be seen at any CMG location.

Please check our web site or Facebook page for holiday closings and other notices.

The 1st well baby check-up is usually within a few days after leaving the hospital. The next scheduled visits are at 1 month, 2 months, 4 months, and 6 months; then 9 months, and 12 months; then at 15 months, 18 months, 24 months and 30 months. Starting with the 3 year examination, we recommend annual physical examinations.

Throughout your child/adolescent's life, he should be regularly examined even though he is well. This will enable us to check growth and development, to discuss his care, to give preventive medical care and nutritional advice, to give routine immunizations, and to check for anemia, lead exposure and cholesterol as appropriate.

Telemedicine visits may be available and recommended for appropriate situations.

Telephone During Office Hours

When you feel you need advice, telephone the office during office hours. Our office is open 6 days a week, and most problems should be able to be discussed during office hours. In order to reduce interruption to patients being examined, the secretary or nurse will convey your message to the doctor. The nurse will handle your call so that the time between your call and response will be minimal. The nurse will relay information approved by your doctor. If you still need to talk to a doctor, we will be glad to return your call as soon as possible, but it may be after the office has closed.

If there is a problem that can wait until your routine checkup, please keep a list of such problems and bring them in.

When calling, please use the following procedure:

1. Be prepared to state your child's name, date of birth, weight, and the problem for which you are calling.
2. If you suspect your child needs to be seen, please call as early in the day as possible. Have a pencil and paper ready to take instructions if you are calling for advice.
3. Telephone requests for prescriptions or refills **must be made only during office hours** in order that your child's medical records may be reviewed. Also, have your pharmacy telephone number available. It is helpful to know the hours your pharmacy is open. **We do not call in prescriptions for antibiotics.**
4. Please keep the phone line free so your call can be returned and make sure your phone will accept caller ID-blocked calls.

If an emergency arises, please call the nurse or answering service and they will contact a provider immediately. In the case of a severe or urgent, dangerous situation call 911. Also, please call before using any after-hours facility unless it is a 911 situation. Call also the following business day and speak to our referrals coordinator to ensure authorization of the visit.

After Office Hours

We have a telephone answering service that receives our calls. This is a paid service that we provide for our patients. A nurse from Children's Healthcare of Atlanta will receive your message and return your call. The nurses are highly experienced and work with physician-developed protocols. Most phone calls are comfortably handled by the nurses. Occasionally the nurse or you may choose to have the doctor on call from our practice paged.

If your child is very sick, please call our office; **but if the problem is of a minor nature, we would appreciate your calling during weekday office hours.** If your call has not been returned within 60 minutes, please call the answering service again. This is to eliminate the possibility of a wrong number being received by the doctor on call.

In some circumstances you may be advised that your child should be seen in an emergency room. Please be aware if your insurance carrier specifies which facilities you are insured for. Also, if your child does require hospital admission to a pediatric hospital, at EGLESTON HOSPITAL at Emory and at SCOTTISH RITE HOSPITAL, our patients are seen by the staff physicians service with whom we keep in close contact. In the case of an emergency or urgent medical matter, we recommend going to a hospital or urgent care center affiliated with Children's Healthcare of Atlanta or specifically designed for children if possible. Visit choa.org/waittimes for hours, locations, and estimated wait times.

Newborns

Newborns are seen by the neonatologists and their provider staffs at Atlanta area hospitals. They communicate directly with our providers as needed. To schedule an office appointment, please call the first business day after your baby's discharge and request an appointment for the time frame recommended by the neonatology staff. This appointment is usually when the baby is approximately a few days old. We have daily appointments set aside for our unpredictable newborns.

Waiting Room

We request that you limit children, friends, and relatives accompanying you to the office. Please stay on well or sick sides as appropriate.

Cancellation Policy

There may be a charge to any patient who does not cancel a scheduled well child visit. Please notify our office in advance if you cannot make your appointment.

Payment

In general, payment (cash, check, or credit cards) is expected for all medical services at the time they are rendered. Co-payments must be paid at each visit as stated by your plan. Our fees are within the accepted norm of the medical profession and are standard for the area in which we practice. Please speak to one of our billing and insurance coordinators if you have any questions or are unable to pay at the time the services are rendered.

Insurance

We file your claims with the insurance companies for which we are providers. Please check our website or contact our billing department for a current list of plans. If you need to file your own insurance the necessary paperwork will be made available at check-out.

Some companies pay fixed allowances for certain procedures and other pay a percentage of the charge. It is your responsibility to pay any deductible amount, co-insurance, or any other balance not paid for by your insurance company.

Considerations for Home Care

- Petroleum jelly (Vaseline® or Aquaphor®)
- Antibiotic ointment
- Rectal and/or temporal artery thermometer
- Saline (salt water) nose drops
- Bulb syringe or other suction for nasal aspiration
- Acetaminophen drops and/or ibuprofen drops
- Diphenhydramine (Benadryl)
- Hydrocortisone 1% cream
- Zinc oxide®, Desitin® or A & D® diaper ointment or cream
- Baby wash
- Infant glycerine suppositories
- Cool mist humidifier
- Pedialyte® (electrolyte solution)

Recommended Reading

1. *Heading Home With Your Newborn: Birth To Reality,* Laura Jana, M.D., FAAP and Jennifer Shu, M.D., FAAP

2. *Caring for Your Baby and Young Child Birth to Age 5,* by Dr. Tanya Altmann for the American Academy of Pediatrics

3. HealthyChildren.org

Please also refer to the resources page on our web site, www.cmg-pc.com

Conclusion

We feel that parents have the major responsibility for the care of their children. The function of the pediatrician and our staff is to give the parents of all our patients encouragement, support, and help when needed.

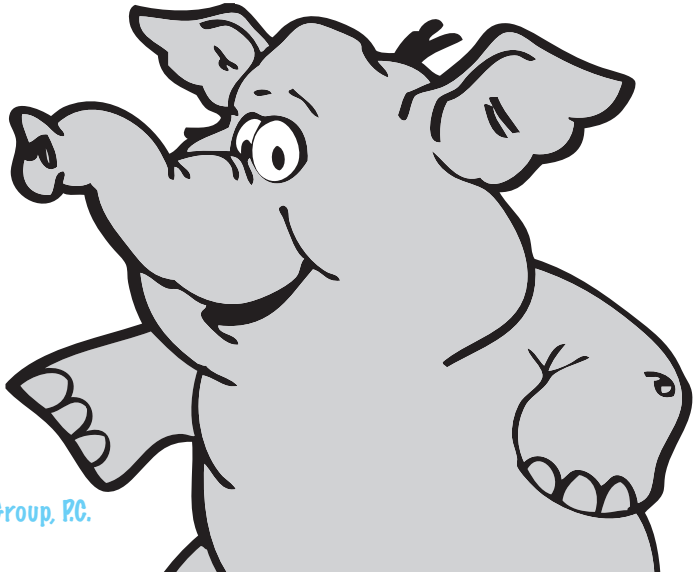
You will realize that there are many approaches to various problems and these will vary from child to child.

Many problems and questions will arise that may be new and puzzling to you. As long as your baby is well loved, well fed, warm and comfortable, she won't mind if you are not an expert.

Remember, loving your child, common sense and the ability to adapt to particular situations are the keystones to successful child rearing.

We hope this booklet has introduced to you the ways we recommend taking care of the most common situations you are likely to encounter. It will be our goal to help see that your infant progresses through childhood with a healthy mental and physical growth to maturity. Throughout this growth feel free to ask us about anything that pertains to your child's well being. We will do our best to give you sound advice based on scientific evidence and our own experience.

Relax and enjoy your baby!



HILDREN LEARN WHAT THEY LIVE

If children live with criticism,
They learn to condemn.

If children live with hostility,
They learn to fight.

If children live with ridicule,
They learn to be shy.

If children live with shame,
They learn to feel guilty.

If children live with tolerance,
They learn to be patient.

If children live with encouragement,
They learn confidence.

If children live with praise,
They learn to appreciate.

If children live with fairness,
They learn justice.

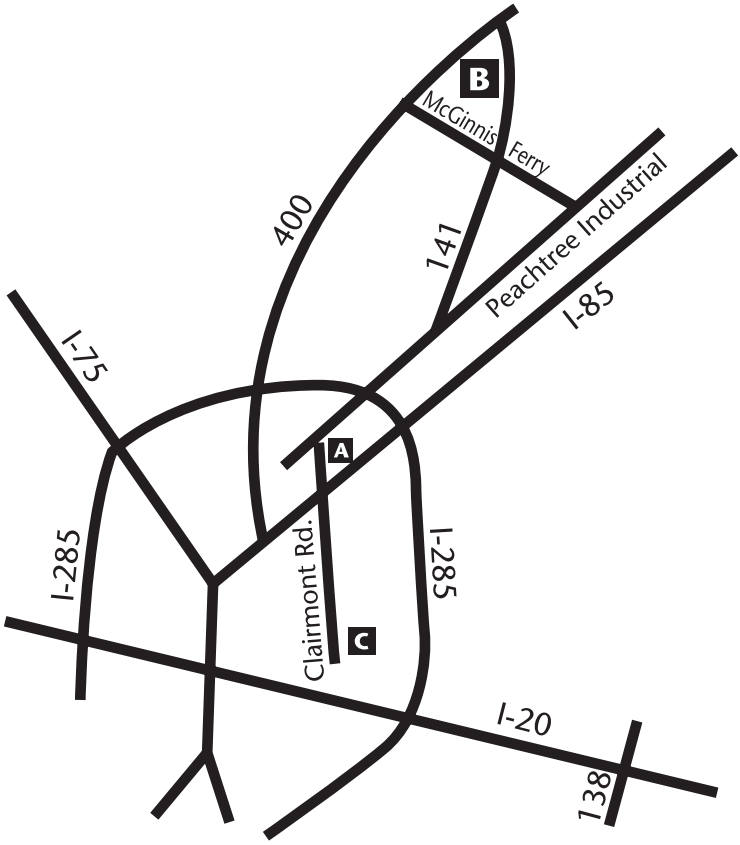
If children live with security,
They learn to have faith.

If children live with approval,
They learn to like themselves.

If children live with acceptance and friendship,
They learn to find love in the world.

Dorothy Law Nolte

Children's Medical Group - Our 3 Offices



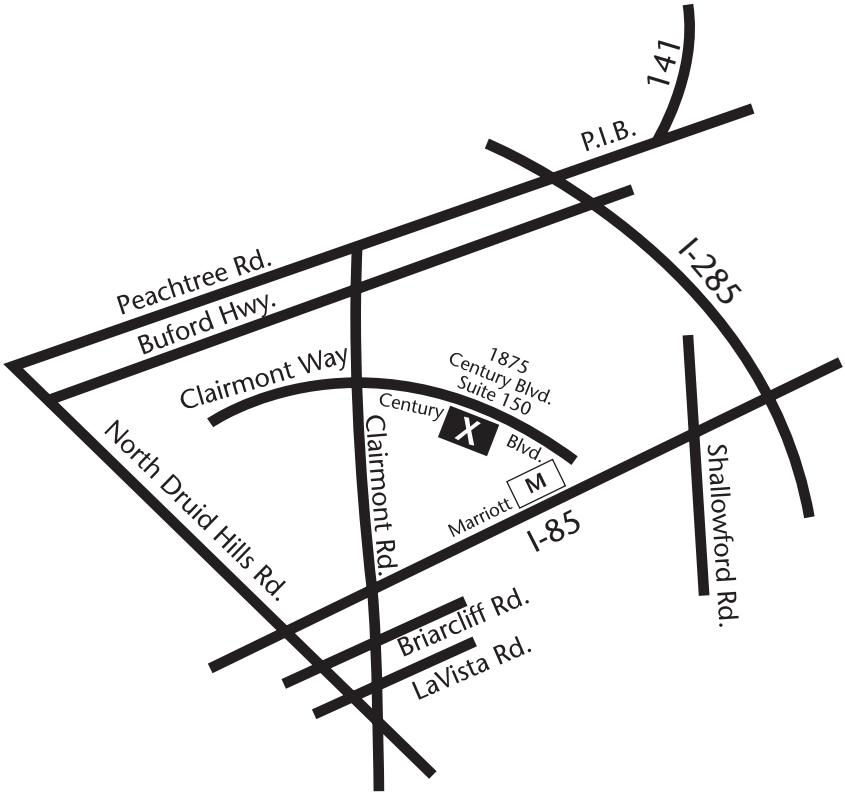
Map A
Century Center at 1875 Century Blvd., Suite 150
Atlanta, Georgia 30345
(404) 633-4595

Map B
Johns Creek at 6918 McGinnis Ferry Rd.
Suwanee, Georgia 30024
(770) 622-5758

Map C
Decatur at 125 Clairemont Ave., Suite 190
Decatur, Georgia 30030
(404) 748-9691

Map A Century Center Office

1875 Century Blvd., Suite 150
Atlanta, Georgia 30345
404-633-4595

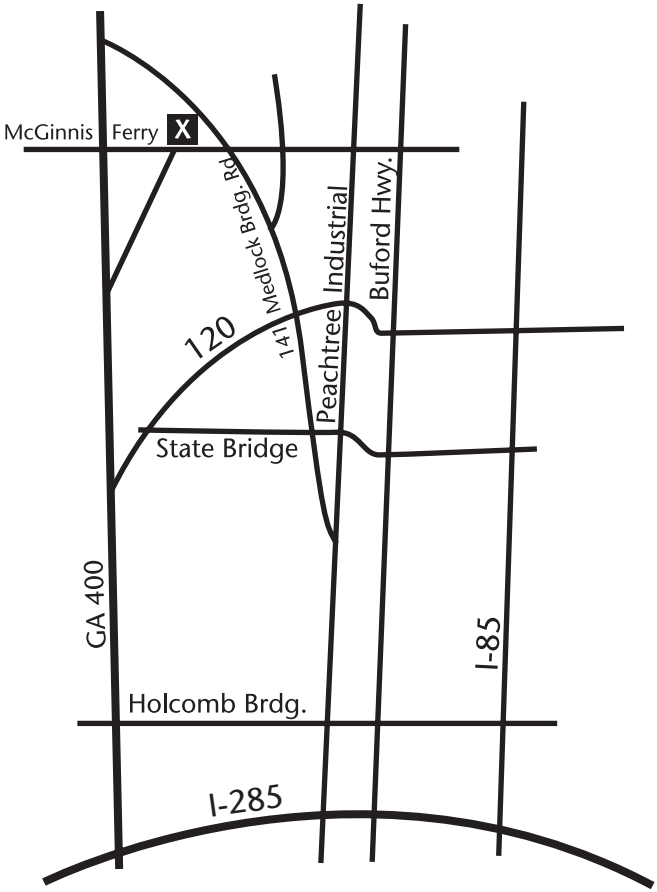


Not To Scale
■ = Office

Map A. Century Center Children's Medical Group is on the 1st floor of **#1875 Century Blvd.** The Building is a 4 story white building with large windows. Parking is in the front facing Century Blvd.

Map B Johns Creek Office

6918 McGinnis Ferry Rd.
Suwanee, Georgia 30024
770-622-5758



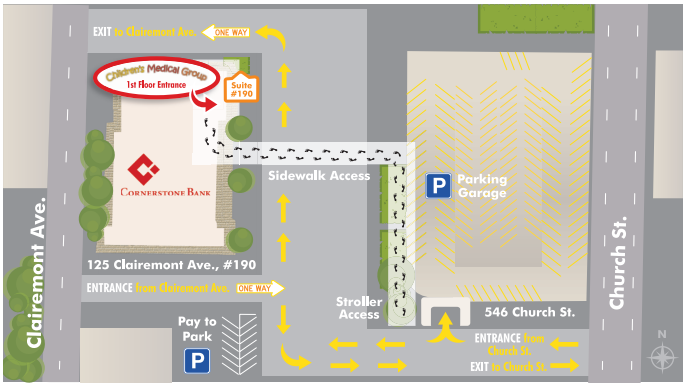
Not To Scale
■ = Office

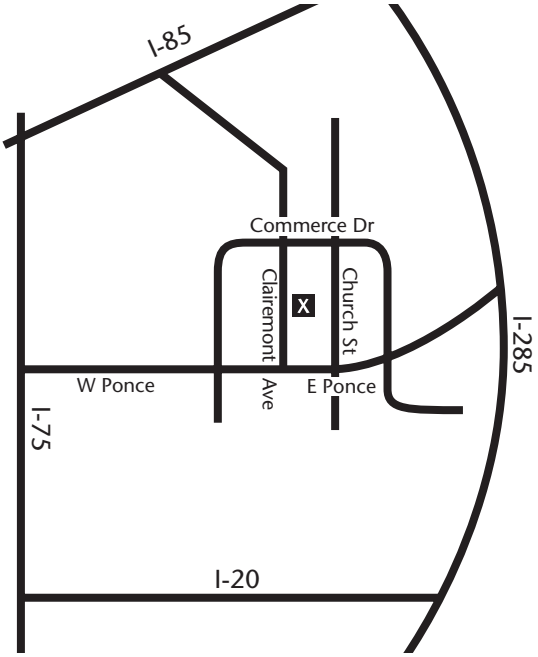
Map B. Johns Creek Children's Medical Group is located at **6918 McGinnis Ferry Rd.**

Map C Decatur Office

125 Clairemont Ave., Suite 190
Decatur, Georgia 30030
404-748-9691

1 hour free parking in deck, $5 for 1-3 hours





Not To Scale
■ = Office

Map C. Decatur Children's Medical Group is located at **125 Clairemont Ave.** The office entrance is outside of the back of the Cornerstone Bank Building, across from the parking deck and shoe repair shop.

For additional information and educational resources please visit our website at:

www.cmg-pc.com