

Volume

1

ACI AND SEVEN HILLS PEDIATRICS

The Practice of the New Millennium

The Baby Book

ACI & SEVEN HILLS PEDIATRICS

The Baby Book

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SMART PARENTING: BRINGING OUT THE BEST OUT OF YOUR CHILD REVEALED

By: *Joseph C. Nacion, M.D*

Medical Director

ACI PEDIATRICS / SEVEN HILLS PEDIATRICS

I am constantly asked by parents, employees even classmates from medical school why I took pediatrics. Early on, I never thought I would land up in this field. Medical students have grand images of being a famous heart surgeon or any surgeon for that matter. I thought so too when I finished an entire residency in surgery and practiced. I was able to say -“was there, did that”. Like anything else in life, your destiny will seek you. Some earlier, some later on, but it always it does. And when that time comes all one has to do is embrace it. Finding my destiny as a pediatrician, I find myself enjoying and loving it! As I look back at my former profession, one that I started and finished, I reflect on how well it served me and how it made me what I am today. Lest not discount the talents and skills that I have acquired both in and out of the operating room that I brought along with me.

What makes pediatrics a very interesting field? We can sum it up with a few words: “practicing parenting skills”, I am a parent, and with this I find it very gratifying both at home and at work. Here you have a group of individuals who from their inception are different. They are constantly changing in all aspects- weight, height, looks, personality, likes, wants and in the doctor’s point of view in terms of anatomy, physiology and ways to take care of them that makes them a special group of human beings. As a matter of fact, I tell our parents constantly to equate them as “aliens” and not small adults, but sooner or later they will. Ever evolving, by understanding this concept, it actually sets the parents emotions free and makes them more understanding and compassionate. It can be at times stressful so it is perfectly normal for a parent too to take a breather or take a vacation from their children, to recapitulate, re-organize and to go back to the business of being a parent. As a pediatrician I’m constantly a different parent with every child. Each child is different. Imagine trying to win over a different child 60-70 times a day. It is being a parent 60-70 a day too. Is it stressful? I enjoy the diversity and sense of achievement of being able to do so. *“It is so gratifying to go home at the end of the day and feel that I have made a difference in a child’s life”*. It is as simple as that.



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The business of being a parent is rewarding if you are able to fully exercise it. Realize that you are dealing with a child who is by himself a separate entity from yourself. The only thing that links you to him or her is that blood relationship. Aside from that, he or she is no different from the man or woman in the street who possesses their own character, personality and destiny. As parents, our duty is to learn of that individual and to maximize all the potentials that he or she could be. In the final end, they, our children will determine their own destiny. Equate the parent as a “special guide” or a “special angel” for children. This is an important job because “smart parenting” will make or break our children. The “smart parent” should be innovative and patient. What our children will be tomorrow is what we impart to them today, the education we invest in and what the experiences we allow them to have both good and bad.

Finally, remember that life is finite. However, if there is one treasure that will withstand the test of time is the legacy of our children of being the best that they can be and carrying the thought of their parents in their hearts and imparting that thought, that feeling to their children and their children's children.

I am a pediatrician. I am a parent. I am a father. This book is dedicated to my son Joseph Patrick Nacion who I love and made me a pediatrician.

YOUR BABY PORTION

BY DR. JOE

Valuable advice for new parents from Joseph Nacion, M.D.

Congratulations on your new baby! I am sure the excitement is coupled with mixed feelings. As you plan ahead your baby's future, you consider providing your child with the best possible healthcare, nutrition, home environment education, friends, and the list of tasks continues. Accomplishing such tasks imposes anxiety on new parents. Oftentimes this anxiety is mixed with a sense of change in life-style and a new life with the child. These are healthy feelings associated with parenthood. It is the start of an ever evolving learning experience for parents with a growing child, summed up as your child's growth and development.

Here are quick parent tips:

1. Post partum blues are normal. It is not exclusive to the female. It is also found in males. It is especially felt on the first day of life of the baby and as soon as the parent steps out of the hospital.
2. Your new born child is not a small adult. Though he does have the same structures as you, their physiology in many ways is different. Their structures are smaller, immature and weaker. However as the baby goes through development, they sooner or later will attain the adult physiology. The differences are:
 - a. Their heart rate and breathing are faster,
 - b. They normally are slightly yellow- "neonatal or physiologic jaundice" (look up the latter part of this booklet on its proper care or when it is abnormal),
 - c. They normally spit up part of their food (look up the latter part of this booklet on its proper care or when it is abnormal),

Being developmentally immature, your babies needs has to met by the parent- nutrition, clothing, cleaning and bathing, care, etc.

Important Information for the New Born Period:

1. Give sponge baths until the umbilical cord falls off and stops weeping. This is usually at two to three weeks of age. Tub bathing may begin then. Generally, this is at four weeks. It is not necessary to bath your baby every day. Once every two days is all right unless necessary.
 2. Breast feeding is usually done approximately every two hours and formula feeding is every three hours. We are breast feeding advocates. However the mother should accommodate to what is available. It is all right to mix feed with breast feeding taking the main role.
 3. Rubbing alcohol with cotton tips or cotton balls are used daily to keep the navel are clean until there is no more oozing or drainage.
 4. Juices, water and any form of solid are not given during this period.
 5. Apply moisturizer in the creases to avoid excessive dryness in these areas.
 6. Do not apply alcohol or Vaseline but before applying baby lotion, consult your pediatrician. In the initial few days of life of your baby, this is not applied to allow the dead skin to fall off easily.
 7. Learn the personality of your baby. Your baby does not have the power of speech. Thus by knowing your baby, the parent knows when something is wrong.
 8. Have a thermometer handy. Fever before three months of age is 100.8 °F and after three months 101 °F.
 9. Learn to differentiate the different cries of your baby.
 10. Upon discharge from the hospital, call for an appointment within two to three days. Please emphasize you have a newborn as you are given priority. If a problem develops or there is any concern before your first appointment, please call us or better still arrange for an immediate sick visit so we can see your baby immediately.
 11. If any problem develops with your baby, please feel free to call or discuss it with us. If you do not receive a response within a few hours, please call back.
 12. We believe in your instincts. Anytime you are not comfortable and suspect something is wrong with your baby or your baby is vomiting, has fever, feeding poorly, irritable or listless, jaundiced, please call for an appointment as soon as possible.
 13. In any event that your baby needs emergency care, do not bring your baby to the clinic. **Call 911 or rush to the nearest emergency room.** These facilities are better equipped. **HAVE THE IMPORTANT TELEPHONE NUMBERS POSTED IN A VISIBLE AREA NEAR YOUR TELEPHONE.**
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14. If you have had other children, the most important advice I can give you is to consider yourself a new parent. Do not compare your baby with your other children or other children. You are inviting disaster. Let your past experience be your guide. Your new member of the family will surely be different and his/her needs may be different. Be open to this. This is your new adventure.

GENERAL INFORMATION

Finding the right connection in raising your child

The following information is intended as a guide in the care of your young infant. They are general principles. As you will discover, each infant is different and though there are basic principles in the care of an infant. Each infant is different and their care has to be individualized. The fun there is to discover which works. But remember, you are dealing with a developing human being. What may apply today may not apply tomorrow. Be prepared to change your techniques every so often. Being an “effective parent” means finding the right connection with your child in raising him or her.



In general, one can say that common sense is the most important factor in the care of an infant. The baby is a complete human being and will respond to the same treatment. Patience is a key factor in dealing with your baby. Remember, your baby cannot take care of their basic needs unlike other animals. They are totally dependent on their caregiver, “you”. Place yourself in your baby’s situation when you are trying to work out a problem. You will be able to find the answer to the complete satisfaction to both your baby and yourself.

Do not worry about trivial matters. If you do, your baby will not be an enjoyment to you, but a constant source of worry. On the other hand, I advise you to be consistent when you take care of your baby especially with routines in caring for your baby. Your baby will recognize these changes. They know they are cared and loved when you have routines which are consistent. However, as your baby gets older, you may have to modify your routines because of changing baby needs.

Your baby’s health is better safeguarded by having periodic examinations (please refer to the “Well-Baby” article). Every parent wants their children to attain the best possible physical and mental health during infancy and childhood. (An important side note at this point. I cannot but over emphasize that not all health insurance plans allows for this. Familiarize yourself with your insurance plan. It may necessitate that you may have to pay off-pocket to allow the maximum care of your baby/child.)

General Thoughts Regarding Feeding

1. **WE ARE BREAST FEEDING ADVOCATES.** However, when it is not available or not enough to sustain the nutrition of the infant, it is therefore permissible to use formula. Our philosophy in the proper nutrition of the child is to “accommodate” with the child’s health in mind. It is “all right” to mix feed with breast milk taking the lead. We do not intend to malnourish the infant. However, if mother’s amount of breast milk is sufficient, it is not necessary to supplement with formula.

In this era when mothers also need to work, some employers allow infants to be brought to work but if this is not the case, breast milk can be pumped and stored and given on schedule. Some mothers go ahead and give formula for its convenience. Ultimately, it is the parent who decides. As your pediatrician we will accommodate your wishes and monitor the growth of your child and still continue our suggestions.

2. Duration of feeding usually does not exceed 20 minutes with formula and 30 minutes with breast milk. All along this time, the baby has to be actively feeding. The bottle or the breast should not be used as a pacifier. If the child falls asleep and feeding is not yet through, stimulate the baby to feed. There are many way to do this. Consult your pediatrician. If not, the child will be on the hour feeding, stressing the parent since they will not be able to take care of other concerns.
3. Burp (bubble) the baby every two ounces of milk; lean the baby forward, and pat or rub his back moderately. This also can be accomplished by holding the baby upright on your lap or by holding the baby in a sitting position on your lap, supporting his head and chest wit your hand.
4. After feeding, put the baby down and leave him/her alone for five minutes. If the baby burps and is still hungry, it is permissible to feed more and this time.
5. It is no cause for alarm if the baby fails to drain his bottles; an infant’s appetite may well vary from one feeding to the next, just like an adult’s. If the bottle is emptied, this may be a sign of growth and the amount of formula may be increased.
6. Solid food in most cases does not significantly contribute to the infant’s nutrition during the first six months of life. We generally start solids at four months of age but the purpose of which is to train the baby to chew, to prime the gut of the baby and lastly, to determine the foods that the infant tolerates or has reactions to. Please do not start solids without first consulting your pediatrician. The energy from solids takes an important role at six months of age.

“Demand Feeding” which means feeding your baby only when hungry. It is recommended for breast fed infants. In this way the infant’s appetite and the mother’s milk production have a chance to equalize. Generally this is done every two hours. Again, formula feeding is every generally every three hours. However at about three months of age, the baby’s are allowed to go on longer hours of not eating and sleeping, as long as they meet their caloric/nutritional requirements per day. Their appetites at this time tend to vary like an adult.

Breast fed infant's are more irritable during than usual for the first month or two. As soon as the baby and breast adjust themselves and this irritability will pass. New mothers will soon learn to differentiate the "hungry" cry from other cries. It is suggested to use alternate breast every ten to fifteen minutes.

If it is possible, lie down and relax for a few minutes before nursing your baby. Tense, tired muscles make the breast harder to empty and so often the mother's tired mood is transferred to the baby. This happens most frequently at the late afternoon feeding. It should be a pleasant and bonding experience.

The position of the mother is a simple thing, but errors are frequently made. Assume a comfortable position in a chair with the pillow in your back. Your arms should be supported either by your upraised knee or arm of the chair. Sometimes a footstool is of value. Hold the baby in a semi-upright position in the bend of your arm. All parts of the arm should be supported in order that the muscular relaxation is complete. Support the breast with your fingers, keeping away from the baby's nose so that they can breathe properly.

During the nursing period, the baby should not be allowed to sleep or to play but should be "actively feeding" and burped every five minutes. Keep him awake by strokes in the feet, or pressing on the lower jaw upward, or patting the buttocks gently. At times a cool wash cloth placed on the baby's forehead will wake them up and keep them alert during the process of feeding. After the baby has finished feeding, they are leaned slightly forward and patted on the back to aid in expelling swallowed air. Burping is also done at this point.

CARING FOR YOUR NEW BABY

This chapter discusses techniques and provides explanations to each one.

From bathing and feeding through to care of the nails this chapter will show you the proper ways of taking care of your new baby. Discussed in this chapter are: feeding techniques, use of pacifiers, baby's sleep, bathing your baby, care for the ears and mouth, trimming nails.

Feeding Techniques

Warm the bottle to room temperature ahead of time when feeding the baby. Test the temperature by shaking a few drops on the sides of your wrist. It should feel warm but not hot. Another way to test the temperature of the milk is to hold the lower portion of the bottle against the sides of your wrist or dropping a few drops on your forearm. It is important to shake the bottle several seconds before testing.

In feeding the baby, there are two ways in which the baby may be held. They may be held either in your lap with their head resting in the curve of your arm. Or may be held in an upright position. Cross your knees to support their back and hold their head with your fingers.

Keep the neck of the bottle full of milk.

Burp the baby at least once during feeding and again after feeding.

Formula

Basically, the initial formula given to newborns is cow based. There are many brands and it is your preference. There are also soy and predigested formulas. Before using these, please consult your pediatrician.

Wash all utensils to be used. Use the bottle brush to scrub the bottles, nipples, nipple covers and other accessories in hot, soapy water. Rinse well in hot, clear water and let drain. Do not wipe. There is no need for sterilizing equipment, as used decades ago.

Proportion of formula

Carefully follow the instructions as provided by the manufacturer of the formula. We generally suggest you stick with either powder or concentrate and to a particular brand. If special formulas are used, your pediatrician will give you detailed instructions.

Water

Water is generally not given. Breast milk and formula at adequate amounts for age should fulfill the daily fluid requirements of your baby. Remember water can fill the baby but has no nutritive value. Juices on the hand are not given because it is like giving sugar water. It is not a complete food for infants and can be the culprit for the weight gain of the infant. Like water, it too can be filling and the infant may take a liking more for juices rather than milk.

Nipples

The holes in the nipples should be large enough to permit the milk to drop about as fast as it can without running in a stream. Use a red-hot needle to enlarge the holes, if necessary.

If you have trouble with nipples clogging during feeding, in spite of enlarged holes in the nipples, nipples with the cross-cuts may be purchased. If these are not available, a cross cutter may be used on the new nipples. If the cutter is not available, new nipples may be handled as follows. Pinch the nipple close to the tip between the thumb and the finger. With the points of a very sharp scissors cut a very tiny slit. The opening should be no larger than 1/8 of an inch

lengthwise. When you squeeze the nipple slightly after making the first cut, you should be able to see light through the opening. Now turn the nipple and make another cut exactly like the first one, forming a cross. The second cut should form a small opening when the nipple is squeezed, just as the first one did.

The Pacifier

This is almost universal equipment for babies. We however early on would like you to teach your baby to discover their hands or fingers. When baby is crying, serve them their hand/fingers so they will discover it and learn to pacify themselves. You may not need a pacifier. We believe this is healthier. On the other hand, you, the parent is spared the trip of putting a pacifier into the baby's mouth when they cry or are fussy.

Spitting up

Most babies spit up some of the milk after some of their feedings. The milk seems to overflow from the baby's mouth. It is often curdled because of the normal action of the stomach juice. It is messy and it may cause you to worry. There are especially three occasions that it becomes a source of concern: when the vomiting is projectile or the baby is not gaining weight or is manifesting respiratory symptoms or the foregoing in combination. Rely on your instincts as a parent and for any concern contact us immediately.

Several tricks can reduce the amount of spitting up, but none works all the time:

1. Feed the baby smaller amounts and slightly more often.
2. Burp the baby carefully and more frequently.
3. Have a quiet time after each feeding instead of a playtime.
4. Position the baby in an infant seat with his head a few inches above his stomach for fifteen (15) minutes after each feeding.
5. At times thickening the formula helps however only do this after consulting us. We generally do not recommend this.

Baby Sleep

The amount of sleep varies for each individual infant. No two babies have the same waking hours. Do not worry about the sleeping periods. Generally, your baby will receive the amount of rest he/she needs if left alone. A play period in the late afternoon is beneficial, at which time the infant may be allowed to kick and play with the least amount of wrapping or undressed. Be sure the room temperature is adequate.

The baby wakes up several times a night to feed. This will become less frequent as the baby gets older and their nervous system matures.

Most babies actually awaken several times a night. They usually get back to sleep on their own.

Baby's Bath

During the first few weeks at home, the baby can be sponged with water heated to body temperature. We generally prefer that you use moisturizer unscented soap. Do not use oil or baby powder. By the time they are four weeks old they are ready for the tub. By this time, the umbilicus is dry and a circumcision if done is fully healed too.

Ease him to his tub of water gently. Talk smoothly and go slowly if your baby seems frightened. Always keep hold of the nape of his neck with your left hand and do all the washing with your right, unless you have a tub with an elevated pad that holds the baby's head higher than the toes. Wash his face with a soft wash cloth on which there is no soap. Then soap your baby swiftly with your own well lathered on the chest, stomach, arms, legs, paying particular attention to the groin. Rinse thoroughly then soap the head. Be sure to run soapy fingers under the lobes of the ears to keep them clean. Then rinse well with clear water and then turn your baby over their face, but keep one hand under his chin to be sure that his head does not suddenly flop down in to the soapy water. After being well washed, throw the bath towel over the left shoulder. Lift him from the bath with both your hands holding him firmly under the armpits and lay your baby gently over your shoulder. Wrap the towel around your baby and carry him to the dressing table. While being muffled to his chin in the bath towel, rub his head dry and wipe your baby's face with a soft towel. Wipe out each nostril with a cotton swab. Wash the hair and scalp with baby shampoo two times weekly.

Room Temperature

Temperature of the baby's room is quite important during the first two years. There is such a drastic change in the temperature between day and night that the newly formed membranes in the baby's nose or throat cannot adjust themselves to this variation. Consequently as a general rule, the nursery should not be below 68° F or above 75°F. Do not over dress or under dress baby. The body surface on an infant is generally larger than an adult and is susceptible to changes in temperature.

Care of the ears and the mouth

Never insert a cotton tip (Q-tip) or any other material into the ears. Just remove the ear wax as it is found outside the ear canal. If the baby accumulates excessive ear wax inside the ear canal, visit your pediatrician. Your pediatrician is trained to remove ear wax. In the extreme of cases, it may be necessary to do an ear wash. This is one of the services we can offer your baby/child.

Acquire a thin wash cloth. Wrap this around your index finger and wet it. Use it to clean all sides of the mouth and tongue. Do it gingerly. Any materials that do not come out by gentle wiping are not forced out. Consult your pediatrician when this occurs. Do this once a day. This is done regularly to differentiate curd milk from thrush. The former is scrapable while the latter is not and needs medication. This necessitates a visit to the pediatrician.

Care of the nails

Cut the baby's fingernails and toenails as often as necessary. They should be kept slightly rounded and short in order to prevent the baby from themselves.

PARENT GUIDES

This chapter deals with the rigors and joys of parenthood.

Every year of your child's life will be a learning process. When you finally thought that you have mastered the parenting business, you will disprove yourself. You have an ever changing individual. What you may have learned yesterday, you may have to unlearn today. Life of being a parent to a growing child is a dynamic process. It is a day to day learning process which is not exclusive to parents but your pediatrician as well. So we both have to adjust. It will not stop. Realize this from the start and you have solved 50% of your problems and become a more effective parent.

A Sound Advise to Parents



It is important at this point to mention that at times both parents should spend some time away from their baby and have time for themselves. Parenting is a big job but it is normal to have also some time off, to have time for yourselves, refocus and re-energize. We suggest you do this when needed and on a regular basis because you become more effective parents. You get your second wind to keep on going. Remember parenting is not an overnight affair. There is always someone out there, a relative, a friend or even the grandparent who would take your baby in.

They understand and would gladly help. They were there too once probably.

Ten Suggestions for New Dads

You're a new dad? Here are a few tips from some real experts: other dads.

1. When the going gets tough, take a break. There will be moments when the world conspires to make you mad: when you haven't slept, the baby is crying, the phone is ringing, the milk is boiling over, and your partner is cranky. Turn off the stove, go outside, and take as many deep breaths as you need before re-entering the fray.
2. Make time with your family a priority. When you look back on your life years from now, you won't regret not having worked longer hours. What you might regret is not having spent more time with your kids. Time spent playing on the floor or watching your baby sleep is time well spent. Enjoy this great excuse to hang around and "do nothing."
3. Play a lot. Nothing is better than fun for dissipating tension and for forging trust and good relationships with babies.
4. Take advantage of your baby's portability. Don't be afraid to take your baby out with you. Stimulation is good for kids, and babies make great adventure companions. Besides, you'll get lots of attention, too.
5. Be extra patient, supportive, and communicative with your partner. Giving birth can be traumatic, and hormones continue to ebb and flow after childbirth. If there is ever a time to be understanding of your baby's mom, and available to her, too, this is the time.
6. Try not to schedule too many things in one day. Everything takes longer with a baby involved.
7. If you have a medical question about your baby, call your pediatrician, but don't panic. Babies are sturdier than they look.
8. Talk to other new fathers about your experience and theirs. Mothers' groups abound, and women love them. You don't need to call it a men's group, and you don't have to hug. Call it your "guys' night out".
9. Take care of yourself. Keep an eye on your driving, your diet, and your risk-taking. Your baby needs you for a long time. Being a healthy and happy dad is one of the greatest gifts you can give to your kids.
10. Follow your instincts and intuition. Listen to the advice of others, read about parenting, consult the experts, but consider yourself the authority on your child. No one will know your baby as well as you and your partner do.

Let Your Child Appetite be your Guide



The Parents concern begins on the first day of life. Their earliest worry is that they are not feeding their newborn enough. From that day on, parent's fret about their child's appetite (i.e. they are not getting enough, when to start solids) or that the food they are eating is causing allergies, hyperactivity, or obesity. The list is so enormous and what makes things worst is when they compare their baby with other babies, whether their own or others. This preoccupation with eating has caused the family meal to become a battleground over what to eat, when to eat, and how much to eat.

It is no surprise that eating disorders are on the rise amongst children. Obesity in the six to eleven year old age group has doubled. Obsession with slimness is causing children as young as nine years old to go on diets. Today's young children have developed a distorted relationship with food, in part reflecting their parent's attitudes about food and eating. It is partly the parent's fault.

So why do parents worry about their child's eating even though a well-child checkup shows the youngster to be growing normally?

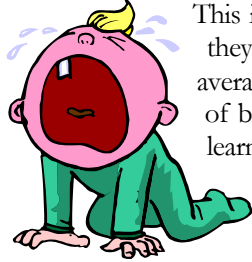
- 1) One reason is that adults frequently eat for the wrong reasons. How many times do we eat because of boredom, depression, happiness, to be socially polite, because it is simply "time to eat", or because our mother made us her famous fudge and we will hurt her feelings if we don't eat it? All too often we eat for reasons that have nothing to do with hunger. It is therefore little wonder that many parents pass along mixed signals about eating to their children. It is the parents fault thus to correct this is to correct the parents first.
- 2) Children eat when they are hungry, and they are hungry when they are growing. The hungry newborn definitely knows this! When you double your weight in the first five to six months and triple it in the first year, you need a lot of calories! Parents become accustomed to their child's great appetite, but then the growth rate abruptly slows. Between 1 and 5 years of age most children normally gain only 2 to 3 pounds per year. Because they're not growing as fast, they need fewer calories.
- 3) Children have a remarkable inborn mechanism that lets them know how much food and which types of food they need for normal growth and development. The aim is to let their "natural appetite" come to the surface and not to make the child eat when they are not hungry. Do not force feed a child. Children regulate their calories from day to day. Many times the child's lack of appetite turns out to be a control issue. Don't make it so as parents but rather, make it an enjoyable moment. Think of it as a family gathering. If food and eating has become is a control issue, the child will sometimes not eat just to gain some control over their lives or worst control the parents. This is especially true during the toddler years when a child learns to say "no" and during adolescence when the youngster wants to develop into a separate, independent person. Food should not be used as a power struggle between child and

parent during these times. This is important because it also during mealtime that the family gets together.

- 4) Parents should never be resentful that the child does not want to eat any of the delicious food that took hours to prepare. It's not that your youngster does not like your cooking- it's just they were not hungry at the time! Teach your child to separate their love for you from their food selections. At times mothers consider it insulting when a child expresses their own opinion of their food preferences or is fed up of a type of food mother has been preparing. I know this first hand when my son told his mom that he was tired of the same sandwiches that she was preparing for his school lunch. I smiled when my wife reacted. I told her that is a healthy expression.
- 5) Today's parents should know that their children will not "starve to death" as long as they receive a quality diet. When children are left to their own, they self-regulate and grow up to be normal-weight adults. Pressing them to eat can lead to eating disorders. Either the child will eat just to avoid confrontation with their parents and become obese, or not eat, even when they are hungry, and grow up to be anorexic.

Remember that kids eat as much as they need for normal growth and daily energy. Forced feedings interfere with the pleasures of eating and may actually cause food avoidance. To the child, it is almost a game. The more pressure put on them (by offering punishments or rewards) the more resistance they put. It may seem contrary to the way we were raised by our parents, but urging children to eat is not only unnecessary but may even be harmful. This is where you pediatrician comes in. The pediatrician should show you during your child's regular well visits the growth chart and show you whether your child is on track or not. To assure you as the parents that your child's growth is all right or measures has to be undertaken if not so.

The Crying Baby



This is inevitable part of infancy. It is baby's means of communicating since they do not have the power of speech. Studies have shown that they cry an average of two hours per day during the first two months. In the early weeks of birth, this may seem particularly difficult to handle because you are still learning the personality/behaviors of your baby and learning to differentiate the cries. It is a way baby's signal hunger, a wet diaper, a need to sleep, a desire for stimulation or a way of releasing tension.

Whatever you do in approaching this issue, stay relaxed. Remember, this is normal. A baby that does not cry at all is abnormal and this has to be investigated. Remain as calm as possible. Your frustration or your tenseness can be sensed by your baby and become more agitated. If you feel that your efforts to calm baby are not successful, please do not hesitate to contact us.

Some babies need a chance to settle themselves down by crying for fifteen minutes or longer. In this case, leave your baby alone. Just be readily available if it is not so.

Hunger

All babies cry when they are hungry. As you become familiar with your baby, you will be able to distinguish a hunger cry. If you just feed your baby, it is not a good idea to feed the baby again unless the amount you gave is not enough. Trust your baby's appetite. As they get older of course, they need more nourishment.

Diaper

Any type may be tried first. There are the disposable and the cotton form. If you are probably environmental conscious, you may opt for the cotton diapers. But generally, most parents go for the disposables which are readily available, easier to dispose and convenient.

Strict diaper care can prevent diaper rash. Changing the diaper as frequently as need will avert this because moisture provided by urine and stools and heat provided by the diapers are the main ingredients to the development of diaper rash and fungal infection. The dictum of "no diaper, no diaper rash" is no misnomer but it cannot be done away with. It is easier to prevent than to cure.

Soiled diapers should be unfastened and the diapers buttocks wiped with clean with a soft wet washcloth using water alone. We prefer this method to the diaper wipes. Before placing another diaper, allow the area to dry well as much as possible.

If the stools have scalded the skin, apply zinc oxide ointment on generously and apply the diaper. We have however our own Dr. Joe's Butt paste that certain pharmacies reformulate for us if this is necessary to allow for faster healing. For faster healing, leave the diaper out as much as possible. This can be a messy affair but this is an old remedy that works. Aerating the area

will allow faster healing. It is advisable to break the elastic area on the diaper that binds around the thighs to allow air to get into the diaper.

Colic

Many babies are fussy during particular times of the day and you will notice a pattern. This is often in the late afternoon or in the evening. Sometimes abdominal distension or pulling up of the legs suggests that the crying is caused by abdominal pain. Whatever the case, colic is upsetting but is normal and not serious. It is usually outgrown by two to three months of age. Again trust your instincts and if there is any concern, do not hesitate to contact us.

Other General Information

- 1) Digestive disturbances, colic and skin eruptions are very common in infants. Discuss your concerns with your pediatrician so they can help you differentiate abnormal from normal.
- 2) Hiccoughing is a normal act in all babies and is due to the regurgitation of milk and/or food to the lower part of the esophagus (swallowing tube). Do not be distressed. When not associated to feeding, this is a way the baby help expand his lungs.
- 3) Occasional or mild sneezing and coughing is not abnormal. Remember, your baby is not able to blow their nose or clear their throat. This is nature's way of removing those mucus and saliva. Remember, the baby produces more saliva than the usual and this is the reason why they drool at times. Their structures are small so a small amount of mucus or saliva can easily clog their passages. Keeping these passages free of mucus (the nostrils) and the mouth free from a lot of saliva will help. Remember, babies are nose breathers. If their nostrils are blocked, they will have a hard time sucking because they will have difficult time breathing simultaneously through their nose.
- 4) All babies spit or vomit to a certain degree as mentioned earlier. If it becomes excessive, do not hesitate to contact us.
- 5) Stools: The number of stools can vary from one every three days to six times daily, as long as the consistency is satisfactory and the belly of your baby is not enlargement. From time to time the consistency and the color you babies stools will be different. These changes depend on the baby's physiologic needs. This is normal. Breast-fed babies are expected to move the bowels more frequently with a pasty and wet characteristic. Compared to bottle fed infants, they stool less frequently and the stools are more formed. Many babies strain with a normal stool. The grimace may get you worried. Some babies move their bowels while feeding. This too is normal. Abnormal stools are hard, liquid, white coloration and/or may contain blood. If you encounter this stool type please do not hesitate to contact us.
- 6) Many babies develop a "fussy period" late in the afternoon or late in the evening. You will notice this pattern. During this time your baby does not want to be fed, comforted or have their diaper changed. It usually stops between two to three months. During this time, just be aware of this pattern. No amount of comforting will be of help. Just be available if it is more than just fussiness.
- 7) Remember, your baby does not differentiate between night and day and at times may be awake more at night than in the day time. There is no exact science to reversing this. Suggestions are to cut the length of awaking of hours of the baby during the day, but not the frequency during the day time. Hopefully, they will catch up at night. Another is being sure than before sleep the baby is dry and has a fresh set of comfortable cloths. Other suggestions are giving your baby a bath before bedtime or having a cool mist humidifier.

At eight to nine months, your baby might wake up at the middle of the night because they miss their parents. They may be comforted by a favorite toy or blanket.



Another suggestion, if your baby starts to cry, wait for several minutes to see if he/she will go back to sleep. The theory there is if you immediately go to your baby to console him/her, this will be a positive feedback to get your attention. If this does not work, go inside the room, your presence felt may settle the baby down. Thereafter, try slight stroking or comforting.

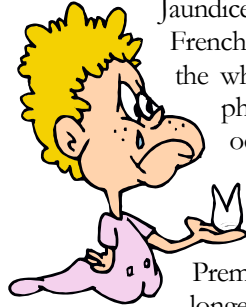
Keep the crib environment as consistent as possible. A night light helps some babies. At times a parents clothing with the parents perfume may help.

All these are benign suggestions.

We do not subscribe to adding cereal to your baby's formula before bedtime. Before doing so, consult us.

Generally, it is about three months of age that your baby starts sleeping more at night. Awaking up once or twice to eat then goes back to sleep again.

Jaundice in the Newborn



Jaundice is a common and usually harmless condition in newborn infants. It is a French word meaning “yellow” where it describes the yellowish appearance of the white of the eyes and the skin of newborn babies. Since it is a natural phenomenon it is called “physiologic” or “normal” jaundice. It usually occurs in the second or third day of the life of the infant. It usually disappears within a week. Doctors estimate that two thirds of full term babies get this.

Premature babies are more likely to get jaundice. It may appear later and last longer in this group of infants, becoming noticeable in the fourth and seventh days of life.

Usually, the physiologic jaundice is mild and disappears without treatment. Sunbathing your baby in the morning sun helps the jaundice go away sooner.

Jaundice is a concern when it appears more severe (usually when the baby’s skin is golden yellow or is practically all over the baby); the jaundice is present at birth or within the first twenty four hours of life. In these situations, treatment may be necessary.

Major Causes of Jaundice

In most babies, this occurs because their liver of newborns is not yet fully matured. This is particularly true for premature and very small newborns.

One function of the liver is to rid the blood of the “bilirubin” (pronounced “Billy Reuben”). It is generally yellow to yellow green in color. All throughout life, new red blood cells are being created and old ones are being destroyed. As the old cells are broken down, an ingredient in the cells called hemoglobin is changed to bilirubin. Until a baby’s liver begins to function fully, this substance tends to build up in the baby’s bloodstream, causing the skin and whites of the eyes to become yellow.

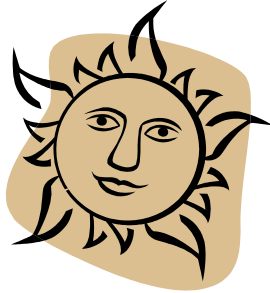
Certain groups of newborns are more prone to this condition. These are newborns of Asian background and breastfed infants. For the later, breast feeding is not stopped but actually encouraged more to aid the jaundice dissipate faster.

Other potentially serious kinds of jaundice:

- 1) There is ABO incompatibility
- 2) When the mother has Rh negative blood and the baby has Rh positive blood

In these two above conditions, the baby’s blood antigens are reacting to the incompatible antigens of the mother which finds its way to the baby’s bloodstream. This reaction of the baby causes the increased destruction of red blood cells ultimately manifesting as jaundice. This usually manifests early.

- 3) When there is a liver problem or an obstruction to the normal excretion of bilirubin.



Sunbathing is not the sunbathing that adults usually do. This is not for a tan. In infants, the light speeds up the removal of bilirubin from the body. Be it from the sun or artificial (bilirubin lights). When we suggest sunbathing, it is done with the morning sun because this is the healthy sun through a glass window, with the baby unclothed. The room has to be about 82° F. Do this for about twenty to thirty minutes a day. Remember, even without the jaundice this can be done because this is a free source of Vitamin D which is used in bone growth. During this period, baby has to be turned. Remember to use the morning sun. The noon and afternoon sun burns.

Other Treatments

In case your pediatrician decides that the jaundice should be managed more. They may decide to send you a “bili light or blanket” that can be used at the conveniences of your home. This is known as “photo therapy” Follow the instructions of the technician who delivers it. It is used for twenty four hours until your pediatrician tells you to stop. A blood draw will be drawn by a local laboratory to monitor the progress of your infant. It may necessitate for you to make a trip to the laboratory.

At times, more careful monitoring is needed or more than one photo therapy equipment is necessary. In this occasion, the infant is hospitalized.

This condition may cause anxiety to you. Please do not hesitate to talk to us to get further information.

Remember:

- Jaundice in newborn babies is common
- In the majority of instances, the condition is normal, harmless and temporary.
- Sunbathing is usually all that is needed.
- Do not stop breastfeeding unless told to do so by your pediatrician. Do not give water or juices to “help” the jaundice go away sooner.
- When treatment is necessary, the methods are safe and effective.

UNDERSTANDING AND BRINGING-UP YOUR CHILD

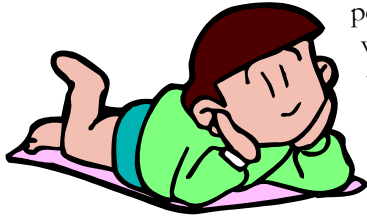
A child is a very complex being. This chapter focuses on the parent to child relationship.

The first few years of life can be a magical time. Your child's mind and body are developing faster than at any other time during their life.

Helping Your Child to Build

One of the traits that a child should have in order to be a whole person is to have “self-esteem”. The evolution of this character starts from the child is born.

Despite the fact that genetically each child is born with a kind of genetic trait called a personality, this personality properly nurtured can develop positively. On the other hand, a personality not guided can become a problem. It becomes a problem when the personality trait is not able to adjust. Early on, the parent too has to realize that the development of a healthy personality starts at home, with the parents. The parent is the first exposure of the child. They become the standard of what is right and wrong. The child will emulate the parent. Thereafter, the child will develop his own but a stable foundation carries on to the child adulthood. The personality should serve the child but not go against them.



Here are some tips:

1. Share your experiences, ideas and future goals with your child.
2. Encourage your child to look within for choices and decisions. At the same time, guide the decision of your child.
3. Listen to the ideas and concern of your child.
4. Be a role model.
5. Try to involve your child in daily decision making process. Ask their opinion. This will give them a sense of belonging and responsibility.
6. Expect positive results in everything that your child does.
7. Accept failures as well as success.
8. Encourage your child to be expressive and utilize their own thinking skills to communicate in a non-threatening manner
9. Make sure you know the friends and the family of the friend of your child.
10. Be there to set trends and values.
11. Finally do not be scared to show your child that you are too are capable of triumphs and failures. The most important is that your child sees you move forward and makes an actual failure a positive stimulus to move forward.

Help your child build SELF-ESTEEM

(a compilation from the positive line)

Share your experience, ideas and future goal with your child.

Encourage your child to look within themselves for choices or decisions.

Love your child unconditionally and accept their shortcomings as part of their being human.

Focus on your child's educational progress and the way they feel about school. Listen to their ideas and concerns. Focus on the positives.

Enter into a partnership with your child's school to ensure the best education for them.

Set good examples for your child adhering to rules and regulations: be a role model.

Try to involve your child in the everyday decision making process; ask for their opinion to give them a sense of responsibility and belonging. Listen to their stories. They have their own story to tell too.

Expect positive results from everything that your child does, but accept failure as well as success. Teach your child to accept defeat and to for it to work as a positive motivator to strive better next time.

Encourage your child to be expressive and utilize their thinking skills to communicate in a non-threatening manner. Teach them to communicate effectively.

Make sure you know your child's friends and family. Remember the saying "show me who your friends are and I know who you are". Simply said, a child's environment or surroundings has profound influence in their growth.

CHILD SAFETY

A child is a very complex being. This chapter focuses on the parent to child relationship.

Use this checklist to help ensure that your home is safer for your child. A "full-house survey" is recommended at least every 6 months. Every home is different, and no checklist is complete and appropriate for every child and household.

Your Child's Bedroom

- Is there a safety belt on the changing table to prevent falls?
 - Is the baby powder out of baby's reach during diaper changing? Inhaled powder can injure a baby's lungs. Use cornstarch rather than talcum powder.
 - Are changing supplies within your reach when baby is being changed?
 - Never leave a child unattended on a changing table, even for a moment.
 - Is there a carpet or a nonskid rug beneath the crib and changing table?
 - Are drapery and blind cords out of the baby's reach from the crib and changing table? They can strangle children if they are left loose.
 - Have bumper pads, toys, pillows, and stuffed animals been removed from the crib by the time the baby can pull up to stand? If large enough, these items can be used as a step for climbing out.
 - Have all crib gyms, hanging toys, and decorations been removed from the crib by the time your baby can get up on his hands and knees? Children can get tangled in them and become strangled.
 - Make sure the crib has no elevated corner posts or decorative cutouts in the end panels. Loose clothing can become snagged on these and strangle your baby.
 - Does the mattress in the crib fit snugly, without any gaps, so your child cannot slip in between the crack and the crib side?
 - The slots on the crib should be no more than 2 3/8 inches apart. Widely spaced slots can trap an infant's head.
 - Are all screws, bolts, and hardware, including mattress supports, in place to prevent the crib from collapsing?
 - Make sure there are no plastic bags or other plastic material in or around the crib that might cause suffocation.
 - Check the crib for small parts and pieces that your child could choke on.
 - Make sure the night-light is not near or touching drapes or a bedspread where it could start a fire. Buy only "cool" night-lights that do not get hot.
-

- Is there a smoke detector in or near your child's bedroom?
- Make sure that window guards are securely in place to prevent a child from falling out the window. Never place a crib, playpen, or other children's furniture near a window.
- Are there plug protectors in the unused electrical outlets? These keep children from sticking their fingers or other objects into the holes.
- Make sure a toy box does not have a heavy, hinged lid that can trap your child. (It is safer with no lid at all.)
- To keep the air moist, use a cool mist humidifier (not a vaporizer) to avoid burns. Clean it frequently and empty it when not in use to avoid bacteria and mold from growing in the still water.
- To reduce the risk of SIDS (Sudden Infant Death Syndrome), put your baby to sleep on his/her back in a crib with a firm, flat mattress and no soft bedding underneath him/her.

In Your Bedroom

- Do not keep a firearm anywhere in the house. If you must, lock up the gun and the bullets separately.
- Check that there are no prescription drugs, toiletries, or other poisonous substances accessible to young children.
- If your child has access to your bedroom, make sure drapery or blind cords are well out of reach. Children can get tangled in them and become strangled.
- Is there a working smoke detector in the hallway outside of the bedroom?

The Bathroom

- Is there a nonskid bath mat on the floor to prevent falls?
- Is there a nonskid mat or no-slip strips in the bathtub to prevent falls?
- Are the electrical outlets protected with Ground Fault Circuit Interrupters to decrease the risk of electrical injury?
- Are medications and cosmetics stored in a locked cabinet well out of your child's reach?
- Are hair dryers, curling irons, and other electrical appliances unplugged and stored well out of reach? They can cause burns or electrical injuries.
- Are there child-resistant safety latches on all cabinets containing potentially harmful substances (cosmetics, medications, mouthwash, cleaning supplies)?
- Are there child-resistant caps on all medications, and are all medications stored in their original containers?
- Is the temperature of your hot water heater 120 degrees Fahrenheit or lower to prevent scalding?
- Do you need a doorknob cover to prevent your child from going into the bathroom when you are not there? Teach adults and older children to put the toilet seat cover down and to close the bathroom door when done - to prevent drowning.
- Remember, supervision of young children is essential in the bathroom, especially when they are in the tub - to prevent drowning.

The Kitchen

- Make sure that vitamins or other medications are kept out of your child's reach. Use child-resistant caps.
- Keep sharp knives or other sharp utensils well out of the child's reach (using safety latches or high cabinets).
- See that chairs and step stools are away from counters and the stove, where a child could climb up and get hurt.

- Use the back burners and make sure pot handles on the stove are pointing inward so your child cannot reach up and grab them.
- Make sure automatic dishwasher detergent and other toxic cleaning supplies are stored in their original containers, out of a child's reach, in cabinets with child safety latches.
- Keep the toaster out of your child's reach to prevent burns or electrical injuries.
- Keep electrical appliances unplugged from the wall when not in use, and use plug protectors for wall outlets.
- Are appliance cords tucked away so that they cannot be pulled on?
- Make sure that your child's high chair is sturdy and has a seat belt with a crotch strap.
- Is there a working fire extinguisher in the kitchen? Do all adults and older children know how to use it?

Family Room

- Are edges and corners of tables padded to prevent injuries?
- Are houseplants out of your child's reach? Certain houseplants may be poisonous.
- Are televisions and other heavy items (such as lamps) secured so that they cannot tip over?
- Are there any unnecessary or frayed extension cords? Cords should run behind furniture and not hang down for children to pull on them.
- Is there a barrier around the fireplace or other heat source?
- Are the cords from drapes or blinds kept out of your child's reach to prevent strangulation?
- Are plug protectors in unused electrical outlets?
- Are matches and lighters out of reach?

Miscellaneous items

- Are stairs carpeted and protected with non-accordion gates?
- Are the rooms in your house free from small parts, plastic bags, small toys, and balloons that could pose a choking hazard?
- Do you have a plan of escape from your home in the event of a fire? Have you reviewed and practiced the plan with your family?
- Does the door to the basement have a self-latching lock to prevent your child from falling down the stairs?
- Do not place your child in a baby walker with wheels. They are very dangerous, especially near stairs.
- Are dangerous products stored out of reach (in cabinets with safety latches or locks or on high shelves) and in their original containers in the utility room, basement, and garage?
- If your child has a playpen, does it have small-mesh sides (less than 3 /4 inch mesh) or closely spaced vertical slats (less than 2 3/8 inches)?
- Are the numbers of the Poison Control Center and your pediatrician posted on all phones?
- Do your children know how to call 911 in an emergency?
- Inspect your child's toys for sharp or detachable parts. Repair or throw away broken toys.

The Pool

- Never leave your child alone in or near the pool, even for a moment.
- Do you have a 4-foot fence around all sides of the pool that cannot be climbed by children and that separates the pool from the house?
- Do fence gates self-close and self-latch, with latches higher than your child's reach?
- Does your pool cover completely cover the pool so that your child cannot slip under it?

- Do you keep rescue equipment (such as a shepherd's hook or life preserver) and a telephone by the pool?
- Does everyone who watches your child around a pool know basic lifesaving techniques and CPR?
- Does your child know the rules of water and diving safety?

The Yard

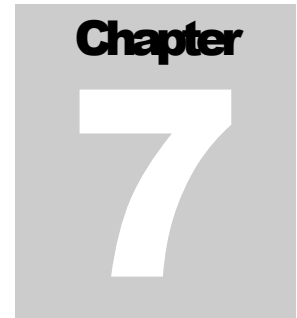
- Do you use a power mower with a control that stops the mower if the handle is let go?
- Never let a child younger than 12 years of age mow the lawn. Make sure your older child wears sturdy shoes (not sandals or sneakers) while mowing the lawn and that objects such as stones and toys are picked up from the lawn before it is mowed.
- Do not allow young children in the yard while you are mowing.
- Teach your child to never pick and eat anything from a plant.
- Be sure you know what is growing in your yard so, if your child accidentally ingests a plant, you can give the proper information to your local Poison Control Center.

The Playground

- Are the swing seats made of something soft, not wood or metal?
- Is the surface under playground equipment energy absorbent, such as rubber, sand, saw-dust (12 inches deep), wood chips, or bark? Is it well maintained? \
- Is your home playground equipment put together correctly and does it sit on a level surface, anchored firmly to the ground?
- Do you check playground equipment for hot metal surfaces such as those on slides, which can cause burns? Does your slide face away from the sun?
- Are all screws and bolts on your playground equipment capped? Do you check for loose nuts and bolts periodically? Be sure there are no projecting bolts, nails, or s-links.
- Do you watch your children when they are using playground equipment - to prevent shoving, pushing, or fighting?

ACI & SEVEN HILLS PEDIATRICS

- Never let a child play on playground equipment with dangling drawstrings on a jacket or shirt.



ACI/SEVEN HILLS PEDIATRICS AND YOUR BABY'S HEALTH

Our commitment to providing your baby the best possible healthcare.

You choose him wisely, memorized his phone number, call him daily if necessary, visit him frequently and discuss with him things that you would only argue about with your mother. He is your pediatrician and he may be a she. In any case, in the first three years of the life of your child, this doctor will examine your baby no less than seventeen times during “well baby checks.”

Well Baby Checkups

How Often and Why By Dr. Joe

Thank you for selecting ACI Pediatrics/Seven Hills Pediatrics, as the provider of care to your children.

Your first visit with us should actually take place before your baby is born. Take advantage of this calm time to get your child's doctor. Explore our philosophy of care. We are involved with the whole family to better care for the whole child. Your pediatrician is your unofficial member of your family.

Immediately after birth and during the first few days of life, your baby will be examined a few times. At the time of birth, the attending physician or nurse will assess the well-being of your new born by assigning an Apgar score. This is a measurement of: the heart rate (above or below 100), muscle tone (limp or active), skin tone (blue vs. pale vs. pink) and response to stimulus. A newborn in excellent condition receives a score from 8 to 10.

After this first assessment, the baby is weighed and measured. The baby is assessed and any birth defects noted. If none of this exists, we are called and we will visit your baby. However if we do not have privileges in the hospital where the baby is born, the hospital will assign one of the staff on call, we can also give suggestions in this case. If this so happens, please for an appointment within two to three days or call us immediately, if there is any problem before your first visit.

The initial assessments of your baby are usually done in the nursery. However some of our doctors like to examine your baby with you and talk to you as they examine the baby. All abnormal findings found- congenital birth defects, trauma during the birthing process and any concerns will be discussed and if needed, will be managed immediately.

After this, you will have regular well baby check-ups. You are instructed to see us after two to three days after your baby is discharged from the hospital, or immediately if there any problem or concern. The rest of the planned schedule was discussed earlier in this pamphlet. This may change from/or time to time to accommodate the needs of the infant and accommodate the schedule of the parents.

During the subsequent examinations, your pediatrician will go over your baby system by system. You also will have to observe your baby and any concerns should be raised with your pediatrician. However, remember what I said at the beginning of this pamphlet, do not think of your infant as a small adult or make yourself the standard of what is normal.

- Are the newborn structures normal or completely formed?
- Is the baby's general condition good?
- Is the baby getting adequate nutrition?
- Is the weight, height, and head circumference adequate?
- Is the baby developmentally appropriate?
- Are there any abnormal reflexes?
- Are physical characteristics and activities normal?

- Are there any congenital abnormalities?

All the babies' senses are checked:

- The eyes: Are they structurally complete and move normally?
- The nose: Are the nasal passages open? Are there any malformations?
- The mouth: Is the palate complete? Do the child angles of the mouth pull back equally?
- The ears: Does the baby started? Are the canals open? Are there any deformities?
- Does the baby have normal reflexes? (The pediatrician will tell you that some reflexes of infants are normal but abnormal in adults and vice-versa. This is the reason why I say at times that newborns are actually “aliens“, because of things about normal to them that are not normal in adults.)
- The pediatrician looks at the head carefully:
 - Are there any dimorphism's or abnormal shapes?
 - Is the anterior fontanel (soft spot) and posterior fontanel open? The former closes usually at eight months and the latter at three months.
 - Is the shape of the head normal?
 - Is there swelling of the head due to the birthing process? Does the swelling cross the midline or not?
- The skin:
 - Birthmarks, skin color- pinkish, yellow, paleness, blue, are checked.
 - Excessive blueness (cyanosis) could indicate a heart of lung problem.
 - Significant yellowness (jaundice) may signify an infection or possible blood group incompatibility
- The chest is checked:
 - The shape of the chest, its bone and musculature is examined. Inspiration and expiration observed. Are there any abnormal breathing patterns or sound heard on breathing?
 - The heart and lungs are listened into with the aid of a stethoscope. Are there any abnormal sounds? Are there any breath sounds? Is there a heart murmur?
- The abdomen:
 - Are the digestive systems, kidney, and bladder in place?
 - Are there any unusual masses? Or openings?
- Neuromuscular:
 - All the extremities are examined for proper location with in the joints and the presence, absence or supernumerary fingers, toes and joints.
 - The lengths are checked and any abnormalities checked?
 - Reflexes, tones, strengths of this system checked
 - Observe the infants posture, movements
- Genito-urinary:
 - The location and presence of the urethra
 - The presence of the testicles
 - Does the baby have normal looking genitals?
 - Are the genitals appropriate to the assigned sex of the baby?

We generally recommend a Baylor Metabolic screen at the second visit of the new born in our clinics. This is entirely optional.

We generally see your baby on a monthly basis for the first six to seven months. At each visit we update the medical history of the infant and give a complete physical exam. The baby is weighed, and the length and head circumference is taken. The fontanelles are checked that they are closing at a normal rate, the senses that they are functioning normally, and the skin color and tone. The lymph nodes are checked and listen to the heart and breath sounds. The legs and arms are checked for length and abnormal shapes. Treatment is then prescribed to what exists. At times a specialist is needed. We shall aid you when this is necessary. Usually we need this to be pre-approved by your medical insurance. During these months, nutritional problems may show themselves.

During your visits, needed immunizations are given.

The first six months of your baby is the era of dependency. Your pediatrician and you will learn to work together so that your baby will grow and flourish. Together, you will map out a plan to optimize the health of your baby- that included hygiene, intellectual and emotional stimulation, training, learning and communication. At this point be patient with your baby. Your baby is dependent on you, the parent for all their needs.

At six to seven months of age. The baby becomes less dependent. This is a period of increased motor activity. This is the time the baby's gain in weight slows down because of their activity. The baby starts developing the socialization process.

During the first year of life we check also your baby's hearing and vision. At eight months of age we do a basic CBC to check for anemia.

Between the first and second year, checkups are given every three months. We will check your toddler's rapid developmental growth: running, jumping, climbing, falling and speech. Also we will assess appearance and behavior with other children and with you.

As the child grows older, we will continually monitor all aspects their growth both physically, mentally and developmentally. Note however, that the best information we get is from the parent. We are a team with you in assuring the best health for your child. As the child gets older, the wellness check-ups are further spaced. This is mentioned in the earlier portion of this pamphlet.

If growth is not developing normally, we routinely perform a growth chart and Denver. These are screening tests. If there is any delay, we will investigate the reason and suggest solutions. May a times, a referral is needed to another Pediatric Specialty. We will assist you in this. Remember again, we may need the consent of your medical insurance to do this.

At two years old, the famous "Terrible Two's" starts. It does not actually start at two years old but as early as eighteen months. You have the child of no fear! They have solidified their physical skills and will be adventurous. There is no such thing as a "no", to them. You will learn

ACI & SEVEN HILLS PEDIATRICS

that feeding them may become a challenge because to them eating is not a priority but playing is. Remember though, they will not starve themselves.

Every year of your child's life will be a learning process. We are there for you- both for their well-being and when sick. When you finally thought that you have mastered the parenting business, you will disprove yourself. You have an ever changing individual. What you may have learned yesterday, you may have to unlearn today. Life of being a parent to a growing child is a dynamic process. It is a day to day learning process which is not exclusive to parents but your pediatrician as well. So we both have to adjust. It will not stop. Realize this from the start and you have solved 50% of your problems and be a more effective parent.

Good Luck!

The Health Supervision Program- “The Well Checkups”

Your child should have regular health supervision visits for the purpose of keeping in check on his/her general health and growth. Our suggested frequency of these visits:

- We generally see your new born baby two to three days after discharge from the hospital. This may vary if the mother had a cesarean section which may be in a week
- First six to seven months- monthly then every two months till age one
- Age one to age two- every three months
- Age two- every four to six months
- Age three- every six months
- Age four- every year this time forward

The scheduling of clinic visits coincides with the vaccination schedules. From time to time, upon the doctor’s discretion, this is modified to fit the needs of the child and the family.

It is emphasized that the parent should be aware of their insurance coverage. Though wellness and preventive care is ideal, your insurance coverage may have limits. Be aware of this. At times, in order to maximize your child’s care, it may need some personal expenditure. Think of it as a worthy investment. It is your child. We will do everything to help you bill your insurance but in the final end, the balances incurred are your responsibility.

Health supervision visits include the following:

1. A frank discussion of your child’s physical and mental health.
2. A discussion where your child is in the growth chart and development.
3. Your observations and concerns on your child should be discussed.
4. A complete examination of your child made by the provider/doctor. Voice your observations and questions.
5. Immunizations given and laboratories done in the clinic or laboratory.
6. Hearing and vision when indicated.
7. A comparison and review of your child’s wellness from the last visit.
8. Instructions concerning your child’s care, diet and recommendations to optimize your child’s growth and development.
9. A discussion of your child’s grade level in school, emotional development, school performance, ability to relate to others/friends and his/her parents and siblings.

Circumcision

This service is offered in the clinic. We do not do this at the hospital. This is generally done before two weeks of age.

About ACI and Seven Hills Pediatrics

We are a family oriented practice. When you and your children join our practice, we become partners in maximizing the health of your children. The future success of children is better when they are healthy. A sound body comes hand in hand with a sound mind. These are key ingredients to success and happiness of the child today, the adult and leaders of tomorrow.

The parents are our partners in maximizing the health of children. We believe in keeping the parent well informed.

ACI Pediatrics has been in the service of providing medical care to the children of Nevada for 2 decades. We pride ourselves as being the mainstay in the valley. Equally we are also called the dynamic practice. We are continuously in search of better ways to render good care and improve ourselves. The parents and children are our guide and strength. Their trust and belief keeps us going and growing.

Our Staff is multicultural and multilingual. We speak Spanish, Chinese and Filipino.

Our Practice is composed of an array of health providers, ranging from doctors, nurse practitioners and physician assistants that are personable and well liked. We are patient and children advocates. The old tradition of personal care and having a family doctor is practiced. Our patients and parents are our friends.

“Our philosophy”

ACI Pediatrics motto is summarized utilizing the "4P's" -phonemics which stands for patient, parent provider (doctor) and partner. That is, in order to maximize the care of our children, it is only when the patient, parent and provider cooperate towards attaining this goal. Partners in maximizing the health of your children.

"Our children are the future"

The future success of our children is better when they are healthy. A sound body comes hand in hand with a sound mind. These are the key ingredients to the success and happiness of the child today, the adult and leaders of tomorrow.

“Our Children is Our Treasure”

If there is one treasure that is priceless, it is our children. All material things that we possess today may pass away but our children, on the other hand continues that continuum to the future through their children and children's children. Where the memory of the parent is passed on and remembered.

ACI & SEVEN HILLS PEDIATRICS

We have four locations in the valley. The choice is yours depending on your preference of doctor or location. All clinics work as a unit. However you are to stick to one clinic for record purposes. You can on occasion use the other clinics for emergencies or sick visits.

Coverage during weekends and after office hours

A strong point of ACI Pediatrics is that on week-ends and holidays, ACI East located at 2545 S. Bruce St. is open to serve all patients of all the clinics. Please call for an appointment at (702) 733-0744. ACI Seven Hills is open on Saturday mornings to serve patients in close proximity.

After office hours, the ACI Parent Advise Line will be available to entertain medical problems. The answering service will transfer your call. This service cannot answer billing questions or schedule an appointment. Please reserve non-emergent medical questions for the normal business hours. A doctor-on-call is available should the need arise for medical problems or admissions.

Compensation for services rendered (patient=insuree, medical insurance plan=insurer)

ACI Pediatrics accepts most insurances and cash pay. It is the responsibility of the insuree (patient) to know the benefits, coverage and limitations of their insurance plan. Each insurance is different. The insuree (patient) is expected to pay off pocket for non-covered benefits.

As a matter of courtesy, ACI Pediatrics will bill the insuree's (patient's) insurance. Ultimately, the bill is the insuree's (patient's) responsibility. It is the policy of the practice to expect payment of services rendered from the insurer in ninety (90) days after which, it is the insuree's (patient's) responsibility. The insuree (patient) is billed and prompt payment is appreciated. Should the insurer (patient's insurance) at a later date pay for the service, the practice will reimburse the patient.

During your clinic visits, expect that your account will be reviewed and balances discussed. You are expected to settle all accounts.

Co-payments are collected on the date of service and are not billed.

Please understand we are proud of our practice. Our effectiveness is only possible if we can sustain ourselves financially.

For billing questions- call (702) 796-5666

ACI & SEVEN HILLS PEDIATRICS

Appointments

We are a full service pediatric practice. We deal with preventive, acute and chronic care. Well appointments are for preventive care. It is extensive and planned in advance. It is advised that you see the same doctor to facilitate familiarity.

Sick visits are for acute and chronic care. It may be the case that the patient may have to see another doctor of the practice. The ACI staff will always try arranging an appointment with your doctor of choice. Walk-in patients are welcome however scheduled patients take precedence over walk-ins. To avoid waiting, call for an appointment.

It is the responsibility of the parent/guardian for the patient to keep an appointment. In the instances that the patient cannot make the appointment, please call to cancel and/or reschedule. After three (3) missed appointments, the practice reserves the right to see the patient on "same day appointments" and charge a fee for missed appointments thereafter. Please understand missed appointments are revenue loosed and another patient who may have used the appointment.

Practice Locations Office hours:

(East/Billing/Main) 2545 S. Bruce St. Suite 8-10, Las Vegas Nevada 89109, (702) 733-0744

(West) 3815 S. Jones St. Ste. 102, Las Vegas NV 89102, (702)362-6608

(7 Hills) 10001 S. Eastern Ave. Suite 106, Henderson NV 891052 (702) 896-6606?

Contact us through email: acipeds@msn.com

Or on the web: <http://www.acipeds.com>

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