Cornerstone *Family* Practice Clinics

Well-Child Guide

GMHC

Guttenberg Municipal Hospital & Clinics

An Affiliate of MERCYONE

Well-Child Guide

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Hello Parents!

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We are your health partners at Guttenberg Municipal Hospital & Clinics (GMHC)

I am Hayle Bockenstedt, a nurse practitioner at Cornerstone Family Practice. With support from my colleagues, I put together this booklet to provide helpful and trustworthy information to help you with your child's health. Bringing a new life into this world brings immense joy, but also comes with responsibility for ensuring the health and well-being of your loved one. At GMHC, we are here to support your child's lifelong health journey and support you in terms of navigating the early stages of parenthood.

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Why Choose GMHC for Your Child's Care?

Having a provider close to home means less time spent traveling, more timely access to care when unexpected illness or injury arises, and we are someone you can trust when it comes to coordinating specialty services if needed. GMHC allows for a more personalized approach to treatment. Our care plans are tailored to your families' individual needs, leading to better health outcomes and increased satisfaction.

So please, take what information you need from this booklet to help support your parenting journey. If you have any additional questions, please contact our office. We can't wait to start this lifelong health journey with you!

After delivery, keeping your child's health-care close to home offers many benefits!

About Our Information

All the information presented here comes from UpToDate, one of the most trusted sources of healthcare information. It is written by thousands of physicians, authors, editors and peer reviewers. If you have more questions about UpToDate and where our evidence-based information comes from, please contact our office.

We're here for you and your family—always.

Warm regards,
Hayle Bockenstedt, DNP
Cornerstone Family Practice

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Home from the Hospital

Pacifiers

Nonnutritive sucking (sucking without the intake of nutrients) is a normal part of early development. It is a self-soothing behavior that occurs in 70-90% of infants. Although there are some health risks associated with nonnutritive sucking, the use of a pacifier appears to reduce the risk of sudden infant death syndrome.

Notes:

Children who use a pacifier are less likely to suck on their thumb or other fingers. When compared to pacifier sucking, there is more risk for the thumb or other finger sucking to persist into the child's 4th or 5th year of life. If nonnutritive sucking continues after permanent teeth start to grow, misalignment of teeth can happen. To minimize dental effects, it is recommended to discontinue nonnutritive sucking by two years of age.

Furthermore, nonnutritive sucking habits after age two have been associated with increased risk of ear infections. The sucking motion can cause pressure changes in the middle ear, potentially leading to fluid buildup and increased vulnerability to bacterial infections.

It is recommended to slowly wean a child off the pacifier around age two, start with short periods of time without the pacifier then gradually increase the time between uses. As a general rule, it is harder to wean a child off the pacifier if they have used the pacifier at many differed times throughout the day and night. It may be a good idea to use a pacifier at specific times, such as before sleep. It is generally more difficult to wean an older child, who is unwilling to cooperate. Girls can be more challenging than boys.

Circumcised Penis

When a baby boy is born, the end of the penis is covered with a layer of skin called the foreskin. Circumcision is a procedure that surgically removes this foreskin. No dressing is needed after a circumcision is performed. Typically a barrier cream, such as Vaseline, is applied to reduce risk of adhesions. This may be applied until the skin is healed, or generally for two weeks. Once home, it is important to keep this area clean by gently cleaning with soap and water, patting dry. No other care is necessary. If the incision cannot be visualized due to skin extending down over it, gently retract the skin until the incision can be seen and apply Vaseline.

Uncircumcised Penis

The foreskin is excessive skin that extends beyond and protects the glans (rounded tip of the penis). The foreskin and the glans develop as one tissue, and eventually this fusion begins to separate. The foreskin should never forcibly be retracted on an infant. Care of an infants uncircumcised penis includes washing with water and soap. As the foreskin naturally becomes more retractable, the foreskin and the area underneath it can be cleaned and dried. After bathing, the retracted foreskin should always be pulled down to its normal position covering the glans penis. Uncircumcised boys should be instructed on retraction of the foreskin, regular cleaning and drying of the glans, and returning the foreskin to its normal position since they will be performing their own care as they grow.

Umbilical Care

Your baby's umbilical cord will require care until the "cord" comes loose and falls off. Within 24 hours after delivery the cord begins to dry. Clean the base of the cord daily, with soap and warm water. It is easiest to do this with a Q-tip. If you do a tub bath, try not to submerge the cord in water. After cleaning the umbilical area with water, dry the area with a clean Q-tip. It is recommended to fold the top of the diaper down to keep it away from the cord. A small amount of drainage and bleeding may occur. If the cord has active bleeding, has an odor, or the surrounding skin becomes red please call the clinic.

Jaundice

Jaundice is a term for a yellow-tinged coloring of the skin or mucous membranes (such as the thin inner lining of the eyes and mouth). This is caused by bilirubin; a waste product the body creates when it breaks down old red blood cells. During the first three to five days of life, it is normal for a newborn to have an increased bilirubin. When bilirubin builds up in the skin, and when blood levels are higher than normal, babies develop jaundice. All babies should be checked for jaundice soon after birth. Approximately 80% of babies have visible jaundice, which is typically resolved by seven days of age. Only 10-15% of babies develop bilirubin levels that require treatment. Your baby should be taken to see a doctor for a checkup within one to three days after going home. Before hospital discharge, your doctor should review the results of the bilirubin tests and determine when your baby needs close follow up. In this case, repeat bilirubin tests may be needed at the follow-up visit.

Sudden Infant Death Syndrome

Sudden infant death syndrome (SIDS) is the sudden death of an infant less than one year of age, which remains unexplained. SIDS is the leading cause of death between the ages of one month and one year of age in the United States. SIDS rates peak between two and four months of age, and 90% of cases occur before six months of age.

Risk factors include:

- Exposure to smoke
- Maternal age <20 years
- Prematurity
- Sleeping on stomach
- Soft bedding
- Overheating

There are ways to minimize the risk of SIDS including:

- Putting babies on their back for sleep… back is best!
- Firm sleep surface (crib, cradle or bassinet)
- No pillows, stuffed toys, or soft objects in crib
- No bumper pads, blankets, loose bedding, excessive clothing or sleep positioners
- Do not place infant on air mattress/air bed
- Avoid bed sharing, or co-sleeping
- Room sharing (sharing a bedroom with baby who is in their own crib) is proven to reduce the risk of SIDS (and is much safer than bed sharing)
- Breastfeeding

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Sleep

Sleep is important for your child's growth and development. As infants, your baby will spend a lot of time sleeping, as they get older their sleep needs and habits change.

Newborns will sleep a lot during the day and night. It is normal for your infant to wake up during the night for feedings. Breast fed babies may wake up every 2-3 hours and bottle-fed babies every 3-4 hours. Newborns who sleep for longer stretches should be woken up to feed until they show good weight gain. Typically around 6-8 months of age your child no longer needs to feed at night.

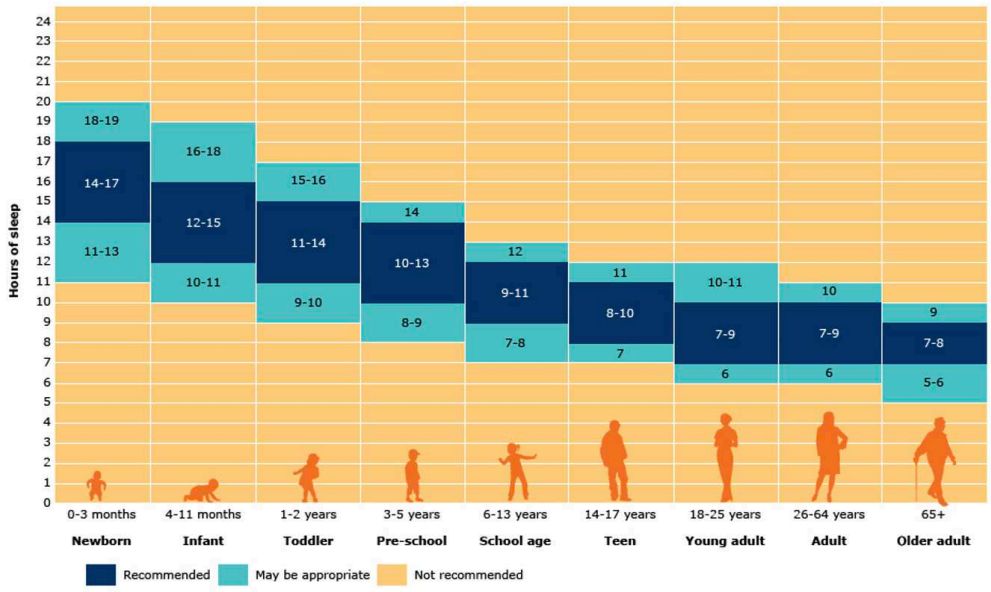
Notes:

Once your baby is a few months old, start to teach them about day and night. During the day awake times keep your child alert, play and talk with them. Keep the area bright. At nighttime, play less and keep the area dimmer and quieter. Before putting your child to sleep make sure they have eaten recently, their sleeping area is quiet and dark, and their room is at a comfortable temperature. Watch for signs of tiredness such as rubbing their eyes, yawning and crying.

Starting a bedtime routine is important. Put them to bed at the same time each day. Turn down the lights and keep a quiet, calm environment. Give them a bath, change their diaper and dress them in their pajamas. Some parents chose to use a sleep sack to keep their baby warm. Read books, play soothing music or sing quietly. You may choose to rock or hold them until they get sleepy. It is important to put them in their crib while still awake, but drowsy. This helps them learn to fall asleep on their own.

Below is a chart from UpToDate on sleep duration recommendations.

Sleep duration recommendations by age from the National Sleep Foundation*



* These recommendations are very similar, but not identical to those from the American Academy of Sleep Medicine (AASM).[1,2]

References:

1. *Paruthi S, Brooks LJ, D'Ambrosio C, et al. Recommended amount of sleep for pediatric populations: A statement of the American Academy of Sleep Medicine. J Clin Sleep Med 2016; 12:785.*
2. *Consensus Conference Panel, Watson NF, Badr MS, et al. Recommended amount of sleep for a healthy adult: A Joint Consensus Statement of the American Academy of Sleep Medicine and Sleep Research Society. J Clin Sleep Med 2015; 11:591.*

Head Shape

Head flattening, especially to the back of your baby's head, is becoming more common due to the supine (lying on back) sleeping position to prevent SIDS. Positional plagiocephaly, or otherwise known as a flattened head, is caused by constant pressure to the back of the skull resulting in flattening. This occurs when an infant spends the majority of their time reclining or lying flat on their back. Holding and carrying your baby for periods of time during the day can help to avoid a flattened head. In almost all cases, head flattening can be treated by changes in positioning and daily "tummy time." Tummy time is placing your baby on their stomach while they are awake and someone is watching them. This helps strengthen their muscles and improves motor skills. A custom fitted helmet designed to relieve pressure on the flattened side is used in rare cases of a severe deformity that does not respond to conservative treatment such as tummy time.

Toilet Training

The process of toilet training should begin once your child shows signs of readiness. The best time for most children to start is between 1.5 and 2 years of age. We recommend starting with a toilet chair that sits on the floor. The average length of time required to achieve toilet training is six months. Female children usually toilet train faster than male children and first children take longer than subsequent siblings.

Bedwetting

Bedwetting at night is common in young children. By age 4, most children can control their bladder when they are awake, but it can take longer for your child to have control at night. Some children do not stop bedwetting until they are 5 – 7 years old; persistent bed wetting beyond this age may be discussed with your healthcare provider. Bedwetting is more common in boys than in girls and can run in families.

Television and Technology

Most experts agree that children and teens should have limited screen time each day. Screen time includes social media, internet, TV, video games, or video chatting. Recommendations for screen time are based on the child's age:

- **0-18 months:** No screen time is recommended (exceptions are video calls to connect with relatives)
- **18 months – 5 years:** No more than 1 hour per day. Choose high-quality media programs and apps. You can find reviews for children's content on a website called Common Sense Media (www.commonsensemedia.org)
- **5 years and older (including teens):** Make a "family media plan" that is right for you and your family. Consider how much screen time your child needs for school/work, their age, maturity and your family's priorities. The American Academy of Pediatrics has information to help you make a family media plan (www.healthychildren.org/English/fmp/Pages/MediaPlan.aspx.).

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Car Seat

A car seat is the best way to keep your baby or child safe in the car. The right seat for your child depends on their age, their height and weight, and your car.

All babies under 1 year should ride in a rear-facing car seat. You may choose an infant "bucket" seat that clicks into a base or a "convertible" car seat. A convertible car seat can be rear-facing and then switched to forward-facing when your child is older.

We recommend keeping your toddler rear-facing for as long as possible until they have reached the height and weight limit for the seat. Rear-facing is the safest position.

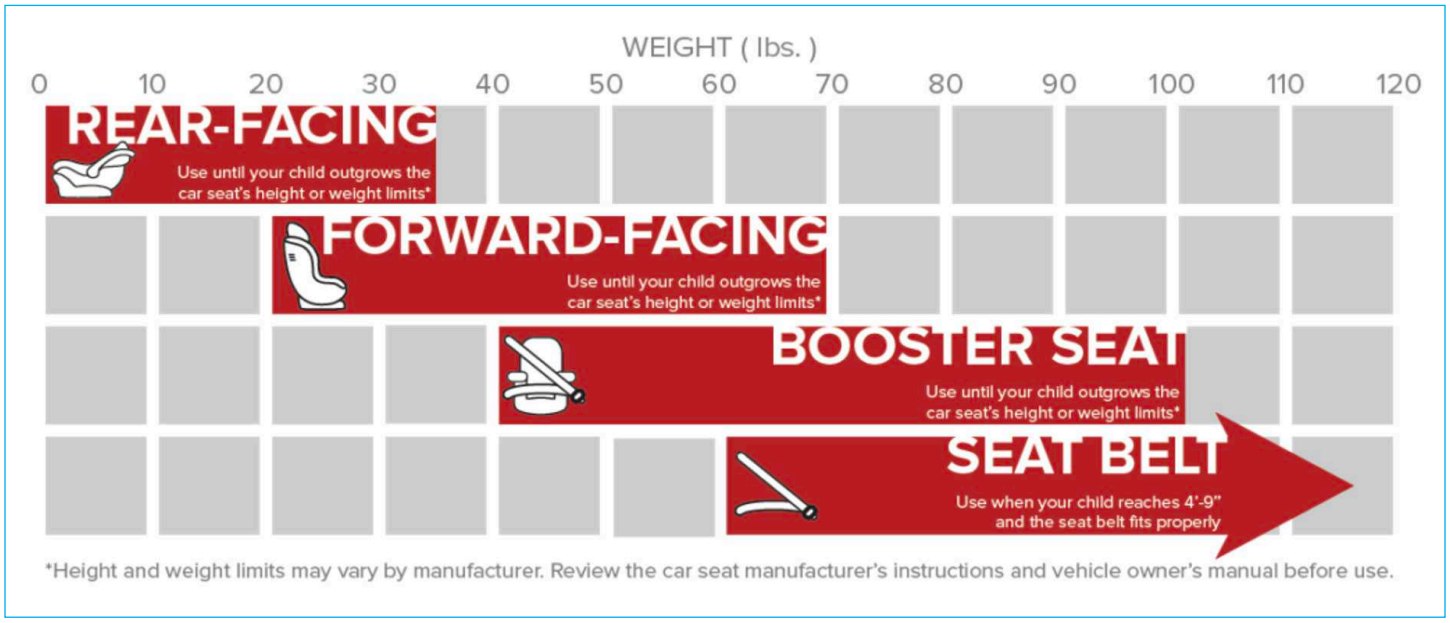
Notes:

Once your child has reached the height or weight limit allowed by their seat, you may switch them forward-facing with a harness.

Check your car seat's manual to make sure you know what the height and weight limits are. When your child outgrows the forward-facing seat, use a booster seat with a lap and shoulder belt. This should be based on the child's height, **not their age.** They should be tall enough for the shoulder belt to lie across their shoulder and chest, not their face or neck.

Keep using a booster until your child is at least 4 feet 9 inches (145 cm) tall. For most children, this is between about 9 and 12 years old. Make sure that the lap and shoulder belt fit properly. It is recommended that your child sit in the back seat until they are at least 13 years old.

In the US, more information about car seat safety is available from the Department of Transportation on their website: www.nhtsa.gov/equipment/car-seats-and-booster-seats.



Care of the Well Child

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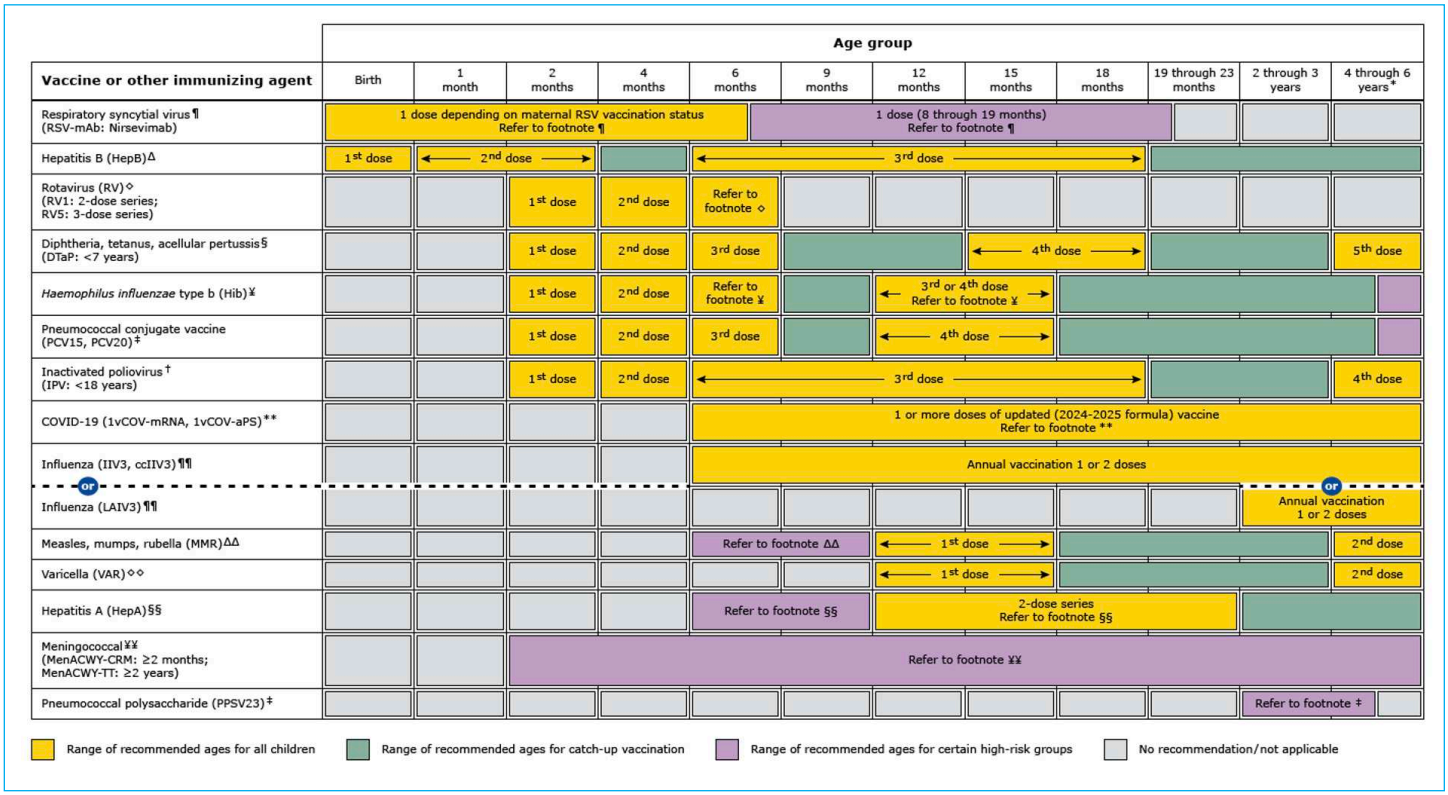
Immunizations

Not following the recommended immunization schedules, including the timing of immunizations, leaves children vulnerable to life-threatening vaccine-preventable diseases. We, at Cornerstone Family Practice, believe that immunizations are a standard of care.

Local (at the site of the injection) and systemic (affecting the entire body) reactions may occur after your child receives their immunizations. Mild reactions occur with approximately 50% of vaccinations, depending upon the vaccine. Localized tenderness, redness, swelling and/or mild fever are most common. These reactions are usually resolved in one to two days without any treatment.

For infants and children who are receiving routine immunizations in the United States, it is not suggested to give Ibuprofen or Tylenol. Only give these medications if the child develops a fever or reports pain after the injection. UpToDate recommends Tylenol rather than Ibuprofen as studies have proven Tylenol reduces fever and reactions in children ≤6 years better. Administering the first dose within four hours after immunizations is also recommended.

Visit these trusted sites for further information regarding immunizations:
www.cispimmunize.org - American Academy of Pediatrics
www.cdc.gov/vaccines - Center for Disease Control



This schedule is recommended by the Advisory Committee on Immunization Practices (ACIP) and approved by the Centers for Disease Control and Prevention, American Academy of Pediatrics, American Academy of Family Physicians, American College of Obstetricians and Gynecologists, American College of Nurse-Midwives, American Academy of Physician Associates, and National Association of Pediatric Nurse Practitioners.

For more information regarding immunizations please contact our office.

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Notes:

Developmental Milestones & Well-Child Exams

Well-Child exams are routine visits with your child's family practice provider. During each visit your doctor will check your child's overall health, growth/development, perform a physical exam, and update vaccines if needed. This is also the time to ask any questions you may have.

A well-child exam is different from a same day visit or sick visit. A same day or sick visit is when your child visits the doctors because of a health concerns or problem. Well-child visits are scheduled ahead of time and focus on growth and development.

We recommend well-child exams at these ages:

- Newborn (3-5 days old)
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 and/or 18 months
- 2 years
- 2.5 and/or 3 years
- Yearly after age 3

At the 12-month well-child visit, lead and hemoglobin screenings are performed. This is often done through a blood draw at the laboratory.

It is important to identify signs and symptoms of Autism Spectrum Disorder (ASD) as early as possible because early therapy can be helpful. We suggest ASD-specific screening at 18 and 24 months of age.

Vision screening at the clinic starts between 3-4 years of age (depending on the child's cooperation).

The next page contains charts from UpToDate that outline developmental surveillance milestones at different ages that your provider will be assessing at each well-child visit.

If you notice your child is not meeting these developmental milestones, talk to your family practice provider.

Additional Resources

At GMHC, we offer Speech Therapy, available right here through our rehabilitation department. Whether your child has trouble speaking clearly, understanding language, or communicating their needs, early support can make a lasting impact.

"Just remember the milestones are the MINIMUM a child should be doing by that age. Milestones are what 90% of the population is able to master by that age. The average is what 50% of the peers are doing at that age," notes Beth Mescher, GMHC Speech Therapist.

To learn more about how speech therapy refer to the information at the end of this guide.

Developmental Surveillance Milestones: 0 to 12 Months

Developmental surveillance milestones: 0 to <12 months

	Social-emotional	Language/communication	Cognitive	Motor
2 months	▪ Calms down when spoken to or picked up ▪ Looks at your face ▪ Seems happy to see you when you walk up to them ▪ Smiles when you talk to or smile at them	▪ Makes sounds other than crying ▪ Reacts to loud sounds	▪ Watches you as you move ▪ Looks at a toy for several seconds	▪ Holds head up when on tummy ▪ Moves both arms and both legs ▪ Opens hands briefly
4 months	▪ Smiles on their own to get your attention ▪ Chuckles when you try to make them laugh ▪ Looks at you, moves, or makes sounds to get or keep your attention	▪ Makes sounds like "oooo" and "aahh" (cooing) ▪ Makes sounds back to you when you talk to them ▪ Turns head toward the sound of your voice	▪ If hungry, opens mouth when they see breast or bottle ▪ Looks at their hands with interest	▪ Holds head steady without support when you are holding them ▪ Holds a toy when you put it in their hand ▪ Uses their arm to swing at toys ▪ Brings hands to mouth ▪ Pushes up on elbows/forearms when on tummy
6 months	▪ Knows familiar people ▪ Likes to look at themselves in the mirror ▪ Laughs	▪ Takes turns making sounds with you ▪ Blows "raspberries" (sticks out tongue and blows) ▪ Makes squealing noises	▪ Puts things in their mouth to explore them ▪ Reaches to grab a toy they want ▪ Closes lips to show they do not want more food	▪ Rolls from tummy to back ▪ Pushes up with straight arms when on tummy ▪ Leans on hands to support themselves when sitting
9 months	▪ Is shy, clingy, or fearful around strangers ▪ Shows several facial expressions (eg, happy, sad, angry, surprised) ▪ Looks when you call their name ▪ Reacts when you leave (eg, looks, reaches for you, or cries) ▪ Smiles or laughs when you play peek-a-boo	▪ Makes different sounds like "mamamama" and "bababa" ▪ Lifts arms to be picked up	▪ Looks for objects when dropped out of sight (eg, spoon, toy) ▪ Bangs 2 things together	▪ Gets to a sitting position by themselves ▪ Sits without support ▪ Uses fingers to "rake" food toward themselves ▪ Moves things from 1 hand to the other hand

Adapted from: Zubler JM, Wiggins LD, Macias MM, et al. Evidence-informed milestones for developmental surveillance tools. Pediatrics 2022; 149:e2021052138.

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Developmental Surveillance Milestones: 12 to 30 Months

Developmental surveillance milestones: 12 to <30 months

	Social-emotional	Language/communication	Cognitive	Motor
12 months	▪ Plays games with you (eg, pat-a-cake)	▪ Waves "bye-bye" ▪ Calls a parent "mama" or "dada" or another special name ▪ Understands "no" (pauses briefly or stops when you say it)	▪ Puts something in a container (eg, a block in a cup) ▪ Looks for things they see you hide (eg, a toy under a blanket)	▪ Pulls up to stand ▪ Walks holding onto furniture ▪ Drinks from a cup without a lid, as you hold it ▪ Picks thing up between thumb and pointer finger (eg, small bits of food)
15 months	▪ Copies other children while playing (eg, taking toys out of a container when another child does) ▪ Shows you an object that they like ▪ Claps when excited ▪ Hugs stuffed doll or other toy ▪ Shows you affection (eg, hugs, cuddles, or kisses you)	▪ Tries to say 1 or 2 words besides mama or dada (eg, "ba" for ball or "da" for dog) ▪ Looks at a familiar object when you name it ▪ Follows directions given with both a gesture and words (eg, gives you a toy when you hold out your hand and say, "Give me the toy") ▪ Points to ask for something or to get help	▪ Tries to use things the right way (eg, phone, cup, book) ▪ Stacks at least two small objects (eg, blocks)	▪ Takes a few steps on their own ▪ Uses fingers to feed themselves some food
18 months	▪ Moves away from you but looks to make sure you are close by ▪ Points to show you something interesting ▪ Puts hands out for you to wash them ▪ Looks at a few pages in a book with you ▪ Helps you dress them by pushing arm through sleeve or lifting up foot	▪ Tries to say ≥3 words besides mama or dada ▪ Follows 1-step directions without any gestures, like giving you the toy when you say, "Give it to me"	▪ Copies you doing chores (eg, sweeping with a broom) ▪ Plays with toys in a simple way (eg, pushing a toy car)	▪ Walks without holding onto anyone or anything ▪ Scribbles ▪ Drinks from a cup without a lid and may spill sometimes ▪ Feeds themselves with their fingers ▪ Tries to use a spoon ▪ Climbs on and off a couch or chair without help
24 months	▪ Notices when others are hurt or upset (eg, pausing or looking sad when someone is crying) ▪ Looks at your face to see how to react in a new situation	▪ Points to things in a book when you ask (eg, Where is the bear?") ▪ Says at least 2 words together (eg, "More milk") ▪ Points to at least 2 body parts when you ask them to show you ▪ Uses more gestures than just waving and pointing (eg, blowing a kiss or nodding yes)	▪ Holds something in 1 hand while using the other hand (eg, holding a container and taking the lid off) ▪ Tries to use switches, knobs, or buttons on a toy ▪ Plays with >1 toy at the same time (eg, putting toy food on a toy plate)	▪ Kicks a ball ▪ Runs ▪ Walks (not climbs) up a few stairs with or without help ▪ Eats with a spoon

Adapted from: Zubler JM, Wiggins LD, Macias MM, et al. Evidence-informed milestones for developmental surveillance tools. Pediatrics 2022; 149:e2021052138.

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Developmental Surveillance Milestones: 30 Months to 5 Years

Developmental surveillance milestones: 30 months to 5 years

	Social-emotional	Language/communication	Cognitive	Motor
30 months	▪ Plays next to other children and sometimes plays with them ▪ Shows you what they can do by saying, "Look at me!" ▪ Follows simple routines when told (eg, helping to pick up toys when you say, "It's clean-up time")	▪ Says approximately 50 words ▪ Says ≥2 words, with 1 action word (eg, "Doggie run") ▪ Names things in a book when you point and ask, "What is this?" ▪ Says words like I, me, or we	▪ Uses things to pretend (eg, feeding a block to a doll as if it were food) ▪ Shows simple problem-solving skills (eg, standing on a small stool to reach something) ▪ Follows 2-step instructions (eg, "Put the toy down and close the door") ▪ Shows they know at least 1 color (eg, pointing to a red crayon when you ask, "Which one is red?")	▪ Uses hands to twist things (eg, turning doorknobs or unscrewing lids) ▪ Takes some clothes off by themselves (eg, loose pants or an open jacket) ▪ Jumps off the ground with both feet ▪ Turns book pages 1 at a time when you read to them
3 years	▪ Calms down within 10 minutes after you leave (eg, at child care drop off) ▪ Notices other children and joins them to play	▪ Talks with you in conversation using at least 2 back-and-forth exchanges ▪ Asks, who, what, where, or why questions (eg, "Where is mommy/daddy?") ▪ Says what action is happening in a picture when asked (eg, running, eating, or playing) ▪ Says first name when asked ▪ Talks well enough for others to understand most of the time	▪ Draws a circle when you show them how ▪ Avoids touching hot objects (eg, stove) when you warn them	▪ Strings items together (eg, large beads or macaroni) ▪ Puts some clothes on by themselves (eg, loose pants or a jacket) ▪ Uses a fork
4 years	▪ Pretends to be something else during play (eg, teacher, superhero, dog) ▪ Asks to go play with children if none are around ▪ Comforts others who are hurt or sad (eg, hugging a crying friend) ▪ Avoids danger (eg, not jumping from tall heights at the playground) ▪ Likes to be a "helper" ▪ Changes behavior on the basis of where they are (eg, place of worship, library, playground)	▪ Says sentences with ≥4 words ▪ Says some words from a song, story, or nursery rhyme ▪ Talks about at least 1 thing that happened during their day (eg, "I played soccer") ▪ Answers simple questions (eg, "What is a coat for?" or "What is a crayon for?")	▪ Names a few colors of items ▪ Tells what comes next in a well-known story ▪ Draws a person with ≥3 body parts	▪ Catches a large ball most of the time ▪ Serves themselves food or pours water, with adult supervision ▪ Unbuttons some buttons ▪ Holds crayon or pencil between fingers and thumb (not in a fist)
5 years	▪ Follows rules or takes turns when playing games with other children ▪ Sings, dances, or acts for you ▪ Does simple chores at home (eg, matching socks or clearing the table after eating)	▪ Tells a story they heard or made up with at least 2 events (eg, a cat stuck in a tree and a firefighter saving it) ▪ Answers simple questions about a book or story after you read or tell it to them ▪ Keeps a conversation going with >3 back-and-forth exchanges ▪ Uses or recognizes simple rhymes (eg, bat-cat, ball-tall)	▪ Counts to 10 ▪ Names some numbers between 1 and 5 when you point to them ▪ Uses words about time (eg, yesterday, tomorrow, morning, night) ▪ Pays attention for 5 to 10 minutes during activities (eg, during story time or making arts and crafts); screen time does not count ▪ Writes some letters in their name ▪ Names some letters when you point to them	▪ Buttons some buttons ▪ Hops on 1 foot

Adapted from: Zubler JM, Wiggins LD, Macias MM, et al. Evidence-informed milestones for developmental surveillance tools. Pediatrics 2022; 149:e2021052138.

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Nutrition

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Supplements

Vitamin D

- If your baby only gets breast milk, or breast milk and some formula, it is recommended to add 400 international units of vitamin D per day, starting a few days after birth.
- Many formula fed infants also need vitamin D supplementation. Infant formulas in the United States are required to provide at least 400 international units of vitamin D per liter. Formula fed infants who consume 800-1000 mL of formula daily meet the American Academy of Pediatrics standards for vitamin D intake.
- Supplementation should be continued until your child is weaned and drinks at least 33 ounces of vitamin D fortified formula or vitamin-d fortified cows milk / plant based milk (if infant is older than 12 months of age).

Iron

- If your infant is breast fed, extra iron until about four months of age is recommended. At this age, 4 tablespoons of baby cereal per day can be offered or an iron supplement such as Fer-In-Sol (1mL per day). For formula fed infants iron supplementation is not needed.

Fluoride

- Fluoride has been found to reduce cavities. City water typically contains added amounts of fluoride. Babies that consume infant formula reconstituted with water containing higher amounts of fluoride may have an increased chance of mild dental fluorosis (white chalky marks on permanent teeth.) Using low fluoride bottled water occasionally to mix infant formula can decrease this chance (look for de-ionized, purified, demineralized, or distilled on the labels). Below are water sources in Clayton County that do and do not have added amounts of fluoride in their water. If you live in the country and have well water this typically does not contain added fluoride. To get free well water testing to make sure your water is safe for drinking call (563) 245 - 2451.

Name	Fluoridated	PWS-ID	Primary County
Breezy Pointe Subdivision	No	IA-2258603	Clayton
Clayton Water Supply	No	IA-2203039	Clayton
Edgewood Water Supply	Yes	IA-2220002	Clayton
Elkader Municipal Water Department	No	IA-2223011	Clayton
Farmersburg Water Works	No	IA-2228037	Clayton
Garnavillo Water Supply	No	IA-2234074	Clayton
Guttenberg Water Utility	Yes	IA-2242018	Clayton
Luana Water Works	No	IA-2254061	Clayton
Marquette Water Supply	No	IA-2256041	Clayton

McGregor Water Department	No	IA-2258012	Clayton
Monona Municipal Water Department	Yes	IA-2264095	Clayton
Saint Olaf Water Supply	No	IA-2277020	Clayton
Scenic Acres	No	IA-2200901	Clayton
Strawberry Point Water Supply	No	IA-2279003	Clayton
Volga Water Supply	No	IA-2285055	Clayton
Walters Mobile Home Park	No	IA-2258601	Clayton

Notes:

Energy Requirements

The main objective for feeding during the first year of life is to attain sufficient nutrients for optimal growth. Secondary goals include the achievement of oromotor skills (coordination of the muscles in the mouth, lips, tongue, and jaw) and appropriate eating behaviors. Feeding practices during the first two years of life help to establish lifelong eating patterns. Therefore, it is important to develop healthy eating habits early.

Energy requirements for infants vary depending on age; approximate requirements are as follows:

- 0 to 2 months – 100 to 110 calories/kg per day
- 3 to 5 months – 85 to 95 calories/kg per day
- 6 to 8 months – 80 to 85 calories/kg per day
- 9 to 11 months – 80 calories/kg per day

(1 kg = 2.205 pounds)

Breast Milk

Breast milk is the ideal food for full-term infants. Adequate intake of breast milk or formula meets the nutritional requirements for infants for approximately the first six months of life. Thereafter, complementary foods should be introduced to supplement energy, iron, vitamins, and trace elements and prepare the infant for a more varied diet, in combination with ongoing breastfeeding or formula.

Cow's Milk

Once your child turns one year of age you can transition from breast milk or formula to cow's milk. Generally you should start with whole, unflavored cows milk unless there is an allergy or intolerance. Excessive milk intake (more than 24 ounces per day) can shift the desire for foods that fulfill nutritional requirements and is a risk factor for iron deficiency.

Children older than two years should consume 2-3 cups of fat-free (skim) or low-fat cow's milk (1% milk or 2% milk) per day.

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Juice

By 4-6 months of age, your child can have 2-4 ounces of water each day between meals. Do not give them juice until they are one year of age. Choose 100% fruit juice and limit to 4 ounces or less per day. Added sugars should be avoided.

Complementary Foods

Complementary foods (also known as “weaning foods”) are solid foods and liquids other than breast milk or formula that help make the transition from a liquid diet to a modified adult diet. These are typically introduced between 4-6 months of age.

By four months of age, most infants have doubled their birth weight. By six months of age, complementary foods become necessary to support growth, satisfy hunger, and supplement energy and nutrient needs.

Introducing Solid Foods

The introduction of solid foods should be delayed until the infant can sit with support and has good head and neck control. Offer one new food every few days. We recommend starting with single-ingredient foods first.

Caregivers often report that early introduction of single-ingredient foods such as cereal helps infants to sleep through the night, but this issue is not well studied and the findings are inconsistent.

Withholding the introduction of complementary foods until after the infant is six months of age may also have adverse effects including decreased growth, iron deficiency, delayed oral motor function, dislike of solid foods, development of atopic disease (asthma, allergic rhinitis, eczema, food allergies), and type 1 diabetes.

Single-Ingredient Foods

Examples of single-ingredient foods are infant cereals and pureed meats.

Rice cereal traditionally is offered first because it is the least allergenic and is easily accessible. Cereal should be offered initially in small amounts (1 teaspoon) at the end of breastfeeding or bottle feeding. The amount of cereal should be gradually increased to a target of approximately one-half cup per day by six to eight months of age. Cereal should not be added to bottles, except if medically indicated by your doctor.

Pureed foods should gradually be added to provide different and balanced “meals.” Combination foods may be given after the child tolerates the individual components.

- After opening a container of baby food, store it in the refrigerator and discard after two to three days.
- Serve store-bought foods from a bowl rather than out of the container to avoid contaminating the unused portion. Food left in the bowl should be discarded.
- If choosing to prepare your own pureed baby food note that home-prepared spinach, beets, green beans, squash, and carrots should not be given to infants younger than four months of age because they may contain enough nitrates to cause a condition that reduces the amount of oxygen carried by the blood (methemoglobinemia).

Finger Foods

By 8 to 10 months of age, infants begin to master the skill of eating finger foods independently. Finely chopped, soft foods (small pieces of soft fruits, vegetables, cheese, well-cooked meats, cooked pasta) and foods that dissolve easily (baby crackers and dry cereal) can be offered as finger foods.

Self-Feeding

By 9 to 12 months of age, most infants have the manual skill to feed themselves, drink from a standard cup using two hands, and eat foods prepared for the rest of the family with minor adaptations (cut into bite-sized portions).

Remember … the acceptability of new foods increases with repeated exposure. Up to 15 exposures may be necessary before a new food is accepted. Breastfeeding may facilitate the acceptance of solid foods because of the variety of flavors transferred through human milk.

Eating Behaviors

The use of a training cup can begin as soon as the child is able, typically right before or around 12 months of age. By 15 months of age, children can manage a cup by themselves but may have spills

Toddlers should be completely transitioned from the bottle to the cup by two years of age (ideally by 15 to 18 months). Infants and toddlers should not sleep with a bottle. Drinking from a bottle predisposes children to dental cavities, especially if the bottle is taken to bed or sipped throughout the day.

Exploring behaviors (touching, smelling, putting the food in the mouth and spitting it out) may lead to acceptance or willingness to taste or swallow new foods. It is normal for toddlers to become resistant to trying new foods. Your toddler may choose to only eat a small number of their favorite foods, but it is important to repeat offers of other foods often. Remember, up to 15 exposures may be necessary before a new food is accepted.

As a parent, it is important to offer a well-balanced meal. Avoid cooking multiple meals. Let your child decide from the meal you prepared what they want to eat and how much. This will allow them to experience a variety of foods.

If you are struggling with picky eaters and need assistance, our Speech Therapy offers the Sequential Oral Sensory (S.O.S.) approach to pediatric feeding for ages 2+.

The Sequential Oral Sensory (S.O.S.) approach to feeding is an evidence-based program that works with families of individuals who are picky eaters or refusing to eat a specific food consistency due to sensory aversions. Speech therapists develop and teach families strategies including food play to help the individual work through the 32 steps to eating to expand and grow the number of foods the individual is eating consistently. This approach follows a sensory hierarchy that requires a child be able to first tolerate the new food, begin to interact, smell, touch and eventually taste the new food. Therapists work with families to teach them how to implement this program at home to maximize therapy results.

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Foods to Avoid

Babies under one year of age should not have honey. Offer only breast milk, formula or water. Other foods to avoid under one year of age that commonly cause choking are:

- Nuts/seeds
- Whole grapes
- Hot dogs
- Popcorn
- Chunks of food
- Raw vegetables
- Hard or sticky foods

Food Allergies

Your child may have an allergy to a food if they eat it and then have one or more of the following symptoms:

- Skin rash or raised patches of the skin that are usually itchy (hives)
- Swollen lips or face
- Vomiting or diarrhea
- Coughing or trouble breathing
- Pale skin

The most common food allergens in children in the United States include cow's milk, hen's egg, soy, wheat, peanut, tree nuts, sesame, and seafood (shellfish / fish). The primary risk factor for the development of a food allergy is a family history of such.

Recommendations have shifted to promote earlier oral introduction of common food allergens around the time other complementary foods are introduced. The goal of this approach is to induce tolerance of foods through the gastrointestinal tract and prevent food allergies. Infants should be at least four months of age and be developmentally ready.

The general approach is to try to incorporate these foods into the infant's regular diet. Try not to focus on the amount of consumption and have a general target of at least weekly exposure to such foods.

We counsel parents/caregivers to introduce highly allergenic foods in the following manner:

- First, the child should be at least four months of age and have shown developmental readiness to consume complementary foods.
- In addition, the child should have tolerated a few of the more typical, initial complementary foods (such as cereals, meats, fruits, or vegetables).
- If these two criteria are met, then the child can be given an initial taste of one of these foods at home (rather than at daycare or at a restaurant).
- If there is no apparent reaction, the food can be introduced in gradually increasing amounts.
- For further practical advice on how to introduce major allergens, please refer to Appendix A of the 2021 American Academy of Allergy, Asthma and Immunology (AAAAI), American College of Allergy, Asthma and Immunology (ACAAI), and Canadian Society for Allergy and Clinical Immunology (CSACI) Consensus Approach to the Primary Prevention of Food Allergy Through Nutrition.

Physical Activity

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Adolescents

According to the World Health Organization (WHO) and the CDC adolescents should aim for:

- At least 60 minutes of moderate to vigorous physical activity every day.
    - Most of this should be aerobic (running, cycling, brisk walking).
- At least three days per week of:
    - Vigorous-intensity activities (sports, interval running)
    - Muscle-strengthening activities (bodyweight exercises, resistance training)
    - Bone-strengthening activities (jumping, running)
- Examples of Activities
    - Aerobic (daily)
        - Running or jogging
        - Swimming
        - Biking
        - Dancing
        - Brisk walking or hiking
        - Team sports (soccer, basketball, volleyball)
    - Muscle-strengthening (3x/week)
        - Push-ups, pull-ups, squats
        - Resistance bands or light weights
        - Climbing
        - Gymnastics
    - Bone-Strengthening (3x/week)
        - Jump rope
        - Hopping or skipping
        - High-impact sports (basketball, tennis)
        - Running

Why it matters:

- Supports healthy growth and bone development
- Improves mental health and self-esteem
- Reduces risk of obesity, type 2 diabetes and heart disease
- Builds lifelong healthy habits

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Common Skin Issues & Cares

Notes:

Baby Acne

Usually arises within the first few weeks of life and resolves spontaneously within a month or two; typically caused by maternal hormones. No treatment is needed.

Milia

Milia are white bumps caused by retained material frequently found on the nose and cheeks, resolving in the first few months of life.

Cradle Cap

These are yellowish scales on the scalp. Scrub cradle cap gently with a soft brush, may use baby oil / mineral oil or baby shampoo to loosen the scales.

Dry Skin

Dry, itchy patches of skin, especially in the winter, are common. This may be due to low humidity or overuse of soap. It is recommended to bathe your child using mild or soap free cleansers followed by immediate unscented moisturizer application to prevent skin drying. Apply moisturizers at least twice daily. Thick creams, which have low water content, or ointments (petroleum jelly), which have zero water content, are generally preferred. Young children, including babies and toddlers, generally only need to be bathed 2-3 times per week unless they are visibly dirty. Bathing too often may dry out their skin.

Heat Rash

Typically it happens when your child is to hot or sweating a lot. Most often appears on the head, neck, chest or anywhere the skin rubs together. Most important thing you can do is to reduce sweating, stay in a cool, dry place, and reduce clothing the child is wearing. You may also give a cool bath.

Diaper Rash

This often occurs in surfaces that have direct contact with the diaper including the buttocks, lower abdomen, genitalia and upper thighs. Risk factors that may increase the incidence of a diaper rash are infrequent diaper changing, diarrhea/frequent stools, diet (breast fed infants have lower incidence), and recent antibiotic use. Most common complications are yeast or bacterial infections.

Treatment includes increasing diaper change frequency, rest periods without a diaper, and gentle cleansing with warm water and small amount of cleansing product. Powders are not recommended due to the significant respiratory risk of aspiration. Baking soda and boric acid powders should also be avoided due to risk of by passing through the skin and into the blood stream. Over the counter ointments such as A&D, Desitin, Butt Paste, Triple Paste and generic zinc oxide are good for protecting the skin. If the rash does not respond to these measures, please call our office. We may recommend the “magic diaper rash cream” and give you the ingredients to make this yourself at home.

If the skin becomes quite irritated, moist and sore, try a wet dressing. Soak a clean washcloth in lukewarm water containing 1/2 teaspoon salt in 2 cups of water. Apply the washcloth to the

baby's irritated skin for five minutes, then rinse and reapply. Do three applications 2-3 times a day for two days. This will usually decrease redness and promote drying of the skin.

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Dental Information

Teething

It is normal for infants whose primary teeth are coming in to be cranky, chew on objects and have excessive drooling. Infants may have changes in sleep, fever or diarrhea. Teething usually begins around 4-6 months with the first tooth presenting between 6-12 months of age. For symptoms of teething, cold teething toys made from firm rubber may help as well as a cold wrung wash cloth and massaging the gums with a clean finger. Topical anesthetics are not recommended as they can numb other structures of the mouth and throat, leading to choking. Teething necklaces are also not recommended due to choking and strangulation hazards.

Oral Cares

You should begin cleaning your child's mouth even before teeth erupt. Starting at birth, clean the gums with a soft toothbrush and water at least once daily at bedtime. Once teeth appear, use a smear of toothpaste with fluoride for infants and toddlers. To prevent tooth decay do not allow your child to fall asleep with a bottle and avoid sugary foods/drinks. All children should be established with a dentist at or near their first birthday.

Notes:

Illness

If you become uncomfortable managing your child's illness, call our office. Problems that need consultation with our office include:

- Rectal temperature 100.4°F (38°C) or higher in an infant three months or younger
- Lethargic child / hard to arouse / confusion / extreme fatigue
- A seizure
- Severe headache or stiff neck
- Symptoms of sore throat, ear pain, pain with urinating or abdominal pain
- Having less than four wet diapers in 24 hours
- Worried about breathing
- Cold symptoms greater than 2 weeks
- Fever greater than three days
- Fever above 103°F
- Child appears to have a "recovery phase" in their illness and then becomes ill again
- Persistent vomiting or diarrhea

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Notes:

Fever

A fever is how your child's immune system responds to illness; defined as 100.4 °F (including orally, under the armpit or rectally). Not all fevers are bad as they help your child fight off infection. Treating a fever can help your child to become more comfortable and prevent dehydration. If a fever does not come down after treatment, call our office because this could be a sign of a more serious illness.

In a child less than three months, any rectal temperature 100.4°F or higher needs to be reported to our office. This could be a sign of serious infection and is unusual. If your child is greater than three months of age most fevers are not harmful as many childhood illnesses can cause fever. It is recommended to take a rectal temperature in the first three years of life.

TEMPERATURE TABLE:
CENTIGRADE TO FAHRENHEIT CONVERSION

°C	37.0	37.5	38.0	38.5	39.0	39.5	40.0	40.5	41.0
°F	98.6	99.5	100.4	101.3	102.2	103.1	104.0	104.9	105.8

IMPORTANT: Children under 6 months use Acetaminophen only. Children 6 months of age and older may use both Acetaminophen or Ibuprofen.

Use the appropriate dosage as outlined in the following tables:

Acetaminophen dose in children

If possible, use the child's weight to figure out the dose. Otherwise, use age.
Do not give more than 5 doses in 24 hours.

Weight in pounds	Weight in kg	Age	Dose (mg)	Acetaminophen liquid 160 mg per 5 mL	Acetaminophen chewable tablet 160 mg per tablet	Acetaminophen regular-strength tablet 325 mg per tablet
6 to 11 pounds	2.7 to 5.3 kg	0 to 3 months	40 mg	**1.25 mL** every 4 to 6 hours	Not used	Not used
12 to 17 pounds	5.4 to 8.1 kg	4 to 11 months	80 mg	**2.5 mL** every 4 to 6 hours	Not used	Not used
18 to 23 pounds	8.2 to 10.8 kg	12 to 23 months	120 mg	**3.75 mL** every 4 to 6 hours	Not used	Not used
24 to 35 pounds	10.9 to 16.3 kg	2 to 3 years	160 mg	**5 mL** every 4 to 6 hours	Not used	Not used
36 to 47 pounds	16.4 to 21.7 kg	4 to 5 years	240 mg	**7.5 mL** every 4 to 6 hours	**1½ tablets** every 4 to 6 hours	Not used
48 to 59 pounds	21.8 to 27.2 kg	6 to 8 years	320 to 325 mg	**10 mL** every 4 to 6 hours	**2 tablets** every 4 to 6 hours	**1 tablet** every 4 to 6 hours
60 to 71 pounds	27.3 to 32.6 kg	9 to 10 years	325 to 400 mg	**12.5 mL** every 4 to 6 hours	**2½ tablets** every 4 to 6 hours	**1 tablet** every 4 to 6 hours
72 to 95 pounds	32.7 to 43.2 kg	11 years	480 to 487.5 mg	**15 mL** every 4 to 6 hours	**3 tablets** every 4 to 6 hours	**1½ tablets** every 4 to 6 hours
96 pounds or more	43.3 kg or more	12 years or more	640 to 650 mg	**20 mL** every 4 to 6 hours	**4 tablets** every 4 to 6 hours	**2 tablets** every 4 to 6 hours

Do not use with any other product (prescription or over-the-counter) containing acetaminophen.

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Ibuprofen dose in children

If possible, use the child's weight to figure out the dose. Otherwise, use age.

Do not give more than 4 doses in 24 hours.

Weight in pounds	Weight in kg	Age	Dose (mg)	Ibuprofen infant drops* 50 mg per 1.25 mL	Ibuprofen children liquid* 100 mg per 5 mL	Ibuprofen children chewable tablets 100 mg per tablet	Ibuprofen adult tablets 200 mg per tablet
12 to 17 pounds	5.4 to 8.1 kg	6 to 11 months	50 mg	**1.25 mL** every 6 to 8 hours	**2.5 mL** every 6 to 8 hours	Not used	Not used
18 to 23 pounds	8.2 to 10.8 kg	12 to 23 months	75 mg	**1.875 mL** every 6 to 8 hours	**3.75 mL** every 6 to 8 hours	Not used	Not used
24 to 35 pounds	10.9 to 16.3 kg	2 to 3 years	100 mg	**2.5 mL** every 6 to 8 hours	**5 mL** every 6 to 8 hours	**1 tablet** every 6 to 8 hours	Not used
36 to 47 pounds	16.4 to 21.7 kg	4 to 5 years	150 mg	Not used	**7.5 mL** every 6 to 8 hours	**1½ tablets** every 6 to 8 hours	Not used
48 to 59 pounds	21.8 to 27.2 kg	6 to 8 years	200 mg	Not used	**10 mL** every 6 to 8 hours	**2 tablets** every 6 to 8 hours	**1 tablet** every 6 to 8 hours
60 to 71 pounds	27.3 to 32.6 kg	9 to 10 years	200 to 250 mg	Not used	**12.5 mL** every 6 to 8 hours	**2½ tablets** every 6 to 8 hours	**1 tablet** every 6 to 8 hours
72 to 95 pounds	32.7 to 43.2 kg	11 years	300 mg	Not used	**15 mL** every 6 to 8 hours	**3 tablets** every 6 to 8 hours	**1½ tablets** every 6 to 8 hours
96 pounds or more	43.3 kg or more	12 years or more	200 to 400 mg	Not used	**10 to 20 mL** every 4 to 6 hours	**2 to 4 tablets** every 4 to 6 hours	**1 to 2 tablets** every 4 to 6 hours

* Ibuprofen liquid is available in 2 different strengths. Check the product strength to make sure that you give the correct dose.

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Common Cold

The common cold is usually a mild and self-limiting viral illness. Symptoms usually peak on days 2-3, and gradually improve over 10 to 14 days. The cough may linger even longer, but should steadily resolve over three to four weeks. It is often normal for children to get 6-8 colds per year, especially during their first few years of life.

Common symptoms include:

- Runny nose
- Cough
- Sneezing
- Mild fever (101-102)
- Decreased appetite
- Sore throat
- Fussiness

We generally recommend supportive care including:

- Humidified air
- Maintaining hydration
- Ingestion of warm fluids (chicken soup or broth)
- Age-appropriate Tylenol and Ibuprofen. Cold/cough medications are not recommended under 2 years of age.
- Rest
- Nasal saline (especially before suctioning the nose).

  You may buy nasal saline or make at home by adding 1/4 teaspoon of salt to 4 oz. water (distilled or tap water boiled for 1 minute and cooled). Stir well. With mixture at room temperature, put 3-4 drops into each nostril (1-2 drops for young infants), then suction with the bulb syringe. This solution can be stored in the refrigerator up to two days (allow to warm to room temperature before using out of refrigerator).

The best method for preventing the spread of the common cold is hand hygiene. There is not a vaccine to prevent the common cold, however, there are vaccines to prevent some other viruses that cause symptoms like the common cold: Influenza, Covid-19, and RSV vaccine. Since antibiotics do not kill viruses, and common colds are caused by viruses, antibiotics will not help a cold.

Call our office to see a provider if:

- Your child is under 3 months of age
- Symptoms lasted more than 10 days
- Fever >102
- Excessive sleepiness / fussiness
- Difficulty breathing / rapid breathing
- Ear pain

Sore Throat

Sore throats are usually caused by viruses or a bacteria called Streptococcus, better known as strep throat. Antibiotics are needed for a positive strep test. Your child is contagious with strep throat until they are on appropriate antibiotics for 24 hours; they should avoid contact with other children until this time.

Supportive measures for a sore throat include:

- Sipping cold or warm beverages (avoid honey in children under one)
- Eating cold or frozen desserts
- Sucking on ice or hard candy (if age appropriate, do not use under 4 years of age)
- Gargling warm salt water (usually above age 6)
- Age-appropriate Tylenol and Ibuprofen

Ear Pain

Ear pain is one of the most common complaints seen in the primary care setting in children. By three years of age, over 60% of children will have had at least one ear infection and over 25% will have had three or more. Recurrent ear infections are defined as three or more infections within 12 months. Ear infections most often develop after a viral infection, such as a cold.

Symptoms of ear infection include:

- Fever
- Pulling on the ear
- Fussiness, restless sleep
- Fatigue
- Lack of appetite
- Vomiting or diarrhea
- Draining fluid from the ear

Ear infection treatment:

- Age-appropriate Tylenol or Ibuprofen
- Observation (watchful waiting)
- Antibiotics (recommended for children under 2 years of age and those over 2 years of age with severe illness; most non-severe ear infections go away on their own)
- A combination of the above

Your child's symptoms should begin to improve within 3 days, regardless of whether antibiotics were prescribed. If your child does not improve within this time or gets worse at any point, please call the clinic.

Chicken Pox

Vaccination is recommended for all children starting at 12 months of age with a booster dose given between 4-6 years of age. If you suspect chicken pox in your child, please call our office.

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COVID-19

COVID-19 stands for (coronavirus disease 2019). Covid is a virus, and there are many strains of the virus that cause COVID 19. In the US, most cases of Covid are from the "Omicron" strain. Typically it is spread when an infected person coughs, sneezes or talks near other people. A person can be infected, and spread the virus to others, even without having any symptoms. Symptoms usually start 3-5 days after a person is infected.

Symptoms of COVID-19 include:

- Fever/chills
- Cough
- Trouble breathing
- Muscle aches
- Headache
- Sore throat
- Runny or stuffy nose
- Issues with sense of smell or taste

If you think your child has COVID-19, there is testing that can be performed to confirm this. If your child has Covid they should stay home, rest, and drink plenty of fluids. Age appropriate Tylenol and Ibuprofen may be given. The best way to prevent COVID-19 is to get vaccinated. In the US, people age 6 months and older can get the vaccine. Other things your child can do to protect themselves and others is wash their hands, consider wearing a face mask in some situations, stay home when they are sick, and cover their cough/sneeze.

Ask your primary care provider about current recommendations for quarantining after being diagnosed with Covid.

Influenza

Influenza is an illness caused by a virus, typically occurring during the winter months. It is spread by droplets that are coughed or sneezed into the air. You are typically contagious for 5-7 days after the onset of symptoms. The best way to prevent influenza is to get the flu shot each fall. Treatment usually includes supportive measures such as rest, fluids, Tylenol and Ibuprofen as needed.

Symptoms of Influenza include:

- Fever
- Cough
- Chills
- Sore throat
- Muscle aches
- Headache
- Fatigue

RSV

Respiratory syncytial virus (RSV) causes an acute respiratory tract illness. Almost all children are infected by two years of age and reinfection is common. Illness begins most frequently with fever, runny nose, cough, and sometimes wheezing. It is most prevalent during the winter months and may last anywhere between 1-2 weeks. However, a child who develops signs of difficulty breathing, wheezing, deeper and more frequent coughing and appear fatigued may have developed a more serious infection. Call our office if you notice these symptoms.

Treatment typically includes supportive care. Glucocorticoids (steroids) and bronchodilators (such as albuterol) may be beneficial in certain instances of a more severe infection. RSV is spread from respiratory secretions through close contact with infected people or contact with contaminated surfaces or objects. The CDC recommends RSV vaccine in infants born during RSV season (October to March). For more information regarding the RSV vaccine, contact our office.

Constipation

Constipation is a disorder in which a child passes infrequent bowel movements (two or fewer per week), has pain with pooping, or passes large, hard stools that may require excessive straining. Bowel patterns vary in infants and children. Constipation is more likely to occur with the introduction of solid foods or cow's milk, toilet training and school entry. Early intervention helps prevent complications such as anal fissures (small tear in the skin of the anus), stool withholding and fecal incontinence (pooping unintentionally).

For infants with recent onset constipation, we recommend the use of prune juice if they are four months or older. You may give 2-4 ounces of 100% fruit juice per day. If younger than four months, a reasonable starting dose is 1-2 ounces of diluted prune juice (1 ounce juice with 1 ounce water). For those infants who are on solid foods, increasing fruits, especially peaches, pears, prunes and green vegetables may soften the stools. Glycerin suppositories can be used if necessary, but should not be used frequently, as infants can become conditioned to depend upon this.

For children with hard stools and straining but minimal pain and no withholding, increasing intake of fruits, vegetables and high fiber foods such as whole grain cereal and whole grain breads may be beneficial along with adequate fluid intake. For those with withholding behavior, pain with stooling, rectal bleeding or anal fissures, MiraLAX is recommended. If constipation continues to be an issue, consult your provider.

Diarrhea (with or without vomiting)

For babies, diarrhea means that bowel movements are more runny/watery than normal. Older children will have three or more runny bowel movements in a day. Common causes are viruses ("stomach bug") and side effects from medications such as antibiotics. Push fluids and avoid over the counter diarrhea medications as they are not usually needed and may not be safe.

Take your child into the clinic:

- For bloody stool
- If they are younger than 12 months and will not eat or drink
- For belly pain
- If they are not acting like themselves

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Notes:

- If they have signs of dehydration including:
  - Dry mouth
  - Thirst
  - Fever
  - No urine or wet diapers for 4-6 hours in babies/young children, or 6-8 hours in older children
  - No tears when crying

Appropriate oral rehydration solutions include: Infalyte, Kao Lectrolyte, and Pedialyte. To help prevent dehydration, encourage 2-4 ounces of fluids per diarrhea stool or vomiting episode for children less than 20 pounds, and 4-8 ounces for children over 20 pounds in addition to their normal daily fluid intake. If oral rehydration fluids are refused, use their usual fluids in increased amounts to accomplish this goal.

Notes:

It is not necessary to restrict a child's diet during this time, although recommended foods include combination of complex carbohydrates (potatoes, bread, rice), lean meats, yogurt, fruits and vegetables. High fat foods are more difficult to digest and should be avoided. Most children tolerate full-strength cow's milk products. It is not necessary to dilute or avoid milk products. If your child is not taking food, avoid plain water as alone it does not offer proper electrolytes and nutrients.

Emergencies and First Aid

Cuts and Scrapes

Injuries that are to the surface of the skin may be treated at home. Wash with mild soap and pat dry. May cover the injury with a band-aid, or sterile gauze pad. If the wound is gaping open or the skin does not fall back into place neatly call the office. Check your records to be sure your child has an up-to-date Tetanus (Td/Tdap) within the last 5 years. Monitor for signs of infection such as redness, swelling, warmth or drainage.

Sprains

A sprain is when a joint is bent too far in one direction. Inside the joints are tough bands of tissue called ligaments which hold two different bones together. During a sprain, one or more of the ligaments stretches too far or tears. Mild sprains can be treated at home with rest, ice, compression (elastic bandage), and elevation. If more severe swelling, pain or inability to bear weight on the extremity occurs, call the office for an appointment.

Bruises

A bruise occurs when blood vessels under the skin break. Bruises typically start off red and then turn blue or purple in color. As bruises heal, they may turn green or yellow. To help the bruise heal apply a cold pack to the area every 2 hours for 10-15 minutes. Put a thin towel between the ice and your child's skin.

Head Injuries

Head trauma occurs commonly in childhood. Most head trauma is minor and is not associated with brain injury. If your child cries immediately after the head injury and is alert, you may monitor them at home. Finding a swollen forehead or scalp is not uncommon. If your child loses consciousness after the head injury, seems confused, or has reoccurring vomiting, please seek medical attention.

Seizures (Convulsions)

Seizures are waves of abnormal electrical activity in the brain. Most seizures last only a few seconds or minutes and can make your child pass out or behave strangely. Fever is a common trigger in children.

If your child has a seizure:

- Find a safe place on the floor, away from a stairway
- Turn their head to the side, especially if they are vomiting
- Loosen tight clothing
- Do not restrain your child
- After the seizure, always call your doctor
- If the seizure lasts more than five minutes, difficulty breathing occurs, blueness, choking or several seizures in a row occur, call an ambulance

Burns

Run cool water over the burn for several minutes, but avoid applying ice as this may cause more thermal damage to the skin. First degree burns (redness, no blister) may be treated at home. Second degree burns (blisters) should be seen by your primary care provider. Try to keep the blister intact. For large or deep burns, call 911. After a burn occurs, check to see if the child's tetanus is up-to-date within five years and monitor for signs of infection.

Chiggers

Chiggers are tiny mites that live in grass, woods, and around lakes and streams. Their bites initially are painless but typically become itchy within a few hours. The bites appear as a small, red, itchy welt. Treatment usually entails conservative measures such as cold compress or applying calamine lotion to the bites. You may also give Benadryl if your child is of appropriate age.

Head Lice

Head lice, otherwise known as pediculosis capitis, is spread from one person to another through contact. Hair to hair contact is the most common way lice is spread. Head lice do not jump or fly, and they cannot spread from person to person by attaching to pets. Head lice typically is a tiny, grayish-white insect. Female lice typically live for about one month and lay 7-10 eggs (called nits) per day. The eggs are attached to the base of a hair, near the scalp, hatching after about eight days. Most children do not have any symptoms, but if they do, itching is the most common. This is caused by a reaction to lice saliva.

Diagnosis is made by examining the scalp and hair. Special "nit combs" can be used to assist with this. Finding eggs (nits) without the lice does not necessarily mean that there is an active infestation as nits can be found for months after lice is treated. Because lice lay eggs at the base of the hair shaft, nits within ¼ inch of the scalp suggest (but does not confirm) an active infection. Finding lice can be upsetting to children and parents, but keep the following in mind:

- Head lice is not a sign of being dirty or sick.
- You can get rid of lice with proper treatment (topical permethrin or Nix is considered first line treatment; can be bought over the counter or prescribed by your primary care provider).
- There are no serious or long-term health problems associated with head lice.

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Adults and children who live with a person diagnosed with lice should be examined and treated if needed. Anyone who sleeps in the same bed should be treated for lice, even if no lice or eggs are found. Most experts believe that children with head lice do not need to be removed from school. Hats, brushes and combs should not be shared. Clothing, bedding and towels used within 48 hours before treatment should be washed in hot water and dried on hot. You can use a vacuum to clean furniture, carpet, and car seats. Items that cannot be washed or vacuumed can be sealed inside a plastic bag for two weeks.

Nosebleeds

Nosebleeds are common in childhood and are typically caused by dry air and nose picking. With the right self-care, most nosebleeds stop on their own.

Here are the steps to take:

- Have the child sit down while bending forward a little at the waist. Do not lie down or tilt their head back.
- Pinch the soft area toward the bottom of their nose.
- Squeeze their nose shut for at least 15 minutes.

To prevent nosebleeds consider using a humidifier, keep the inside of your child's nose moist with either nasal saline or Vaseline, and try to have them avoid picking their nose.

Hives

Hives are itchy, raised, red or skin-colored welts on the skin. Common causes are allergic reactions to foods (shrimps, fruits, nuts), medications, insect stings or bites, or infections. Sometimes, the cause goes unknown. Usually, the child has been exposed to the causative substance many times in the past before developing an allergy to it. If the hives are in one spot (localized), they are usually caused by skin contacts with plants, pollen, food or pet saliva.

The hives may come and go for up to 3-4 days; and typically go away on their own. Symptom care includes antihistamines such as Benadryl. If the hives are itchy, you may apply a cold washcloth or ice. Call our office immediately if symptoms of difficulty breathing or swallowing occur, if the hives appear after your child took a medication or got stung by an insect, or if your child appears ill.

Allergies

For allergy symptoms antihistamines may help decrease runny nose, sneezing, and watery, itchy eyes. See table below for dosage information.

TYPE OF MEDICINE	ANTIHISTAMINES FOR ALLERGY SYMPTOMS		
NAME OF MEDICINE	**Benadryl Allergy Children's** (Diphenhydramine) HCl 12.5 mg/ 5 mL	**Zyrtec** (Cetirizine)	**Claritin** (Loratadine)
PRODUCT AVAILABLE	**Liquid -** 12.5 mg/ 5 mL **Chewable -** 12.5 mg per tablet **Dissolvable Strips -** 12.5 mg or 25 mg **Tablets -** 25 mg per tablet	**Liquid -** 1mg per 1 mL **Chewable -** 5 mg or 10 mg per tab **Tablets -** 5 mg or 10mg per tab **Dissolve Tabs -** 10 mg per tab	**Liquid -** 5 mg per 5 mL **Chewable -** 5 mg per tab **Redi Tabs -** 5 mg or 10 mg per tab **Tablets -** 10 mg per tab
FREQUENCY	**Every 6 Hours**	**Every 24 Hours**	**Every 24 Hours**
6 MONTHS – 23 MONTHS	Per physician direction only	2.5 mL (6-12 months) 2.5 mL – 5 mL (12-23 months)	Per physician direction only
2 YEARS - 5 YEARS	2.5 mL – 5 mL	2.5 mL – 5 mL	5 mL
6 YEARS & OLDER	**NOT Recommended for Chronic Dosing-** (Use Cetirizine or Loratadine) 5 mL – 10 mL Children's syrup **OR** 1-2 Children's Quick Dissolve Strips **OR** 1-2 Children's Chewable Tab	5 mL – 10 mL Children's Syrup **OR** One 5 mg **up to** 10 mg Tablet	10 mL Children's Syrup **OR** Two 5 mg Tablet **OR** One 10 mg Tablet

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Medication Allergy (specifically penicillin allergy)

Penicillins are a group of related antibiotics used to treat bacterial infections. Examples are penicillin G, amoxicillin, ampicillin, and other drugs that end in "cillin." If your child has an allergy to one of these medications, you should assume that they are allergic to ALL penicillins.

The reaction may be immediate (within minutes or 1 hour after taking) or delayed (happens after more than one dose, often after taking the drug for days). Immediate reactions typically include symptoms of hives, itchy skin, flushing, and swelling of the face, hands, feet or throat, belly pain and lightheadedness. Delayed reactions typically include a rash that begins after a few days, typically over much of the skin. It may be itchy, but does not involve swelling, trouble breathing, or throat tightness.

It is important to remember that a drug allergy is not the same as a side effect. Side effects are unintended or unwanted symptoms such as nausea, vomiting, or diarrhea. To reduce such side effects try giving the antibiotic with food.

The first step is to stop taking the medicine that caused the reaction. Mild delayed reactions, like a rash, go away on their own once the drug is stopped. Let your provider know if you think your child is having an allergic reaction. Your child can be referred for testing to see if they truly have a penicillin allergy.

Poison Ivy

Poison Ivy and Poison Oak have three leaves coming off a single stem. Remember the saying, "leaves of three, let them be." The leaves start out green but can turn red or brown. Even dead plants can cause a rash. This rash is very itchy and may form fluid-filled blisters. Touching the blisters or the fluid inside does not spread the rash. The rash may last 1-3 weeks. Call the office if the rash is severe, it is widespread to most of the body, rash is on the face or genitals, signs of infection occur, or the rash is lasting longer than 2-3 weeks. Treatment includes cold, wet compress, calamine lotion, and hydrocortisone ointment. Try to avoid itching as this may make it worse.

Animal Bites

Most animal bites are caused by dogs (85-90%), with the remainder caused by cats (5-10%) and rodents (2-3%). Children are bitten more than adults. The most feared complication of an animal bite is rabies, although skin infection is the most common complication. Contacting your local public health agency will be valuable to help you understand the risk of rabies transmission after an animal bite. All cat and dog bites should be reported to the animal control section of the local health department. If the animal's rabies vaccine is not up to date within two years, the animal should be quarantined for 10 days to monitor their behavior.

After an animal bite:

- Clean the wound with soap and water
- If there is bleeding, apply pressure with a clean towel or gauze
- Monitor for signs of infection
- Make sure your child's Tetanus is up to date within five years

Insect Bites / Stings

When an insect bites you, like mosquitoes and ticks, it uses its mouth. When an insect stings you, like bees, wasps, and fire ants, it uses a special “stinger” on the back of its body. Insect bites can transfer some diseases and infections. Insect stings do not usually carry diseases. Insect stings can cause swelling, redness, pain and warmth around the area. The reaction usually gets better in about 2 hours. Some people have a severe allergic reaction to insect stings called anaphylaxis. This includes signs of hives, swelling, and trouble breathing, if this occurs seek immediate medical attention.

To treat an insect sting:

- Wash the area with soap and cool water
- Keep the area clean, try to tell your child to avoid scratching
- Apply a cold, damp compress
- May apply hydrocortisone cream/ointment for itch relief

Ticks are found in the grass and on shrubs. Only certain kinds of ticks spread Lyme disease, and they must be attached for a while before it can spread the infection. If your child is bitten by a tick, gently remove the tick from their skin using a tweezers. Antibiotics to prevent Lyme disease are only recommended in some situations. It depends on the child’s age, where you live, what kind of tick bite your child, and how long the tick was attached.

Call your doctor if:

- You cannot remove the tick
- Your child gets a fever or rash
- You think the tick has been attached for at least 36 hours

Poisoning

Keep all medications, cleaning agents, and other toxic substances out of reach of children. In case of accidental ingestion, call the office or the poison control number IMMEDIATELY for advice.

POISON CONTROL NUMBER: 1-800-222-1222

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SPEECH THERAPY

BETH MESCHER, MA, CCC-SLP
GUTTENBERG MUNICIPAL HOSPITAL & CLINICS
563-252-5527

PEDIATRICS

Difference between Keystone AEA and Outpatient Speech Therapy

- GMHC rehab bills patient's insurance and AEA is a free service.
- Patients can receive BOTH services, and is something I highly recommend
- AEA is not allowed to tell parents a child would benefit from additional outpatient services, or AEA is liable for payment of those services.
- GMHC trains patient's caregivers of ALL ages and must meet medical necessity.
- AEA trains caregivers and possibly daycare until a patient 3. After age 4, AEA typically trains educational personnel.
- AEA may not be able to "qualify" a patient for services if it is not negatively affecting educational test scores. - For example, a patient may have articulation errors, but because they score "normal" in academics, they will not qualify for services.
- AEA Evaluation and assessment period can take up to 3 months before intervention can occur.
- GMHC Evaluation occurs within 1 week and intervention starts immediately.
- GMHC services include voice therapy, AAC device, oral motor and dysphagia. Keystone does not typically offer these services because it does not affect their "education"

SPEECH THERAPY

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PEDIATRICS

WHAT DOES A SPEECH THERAPY EVALUATION LOOK LIKE?

- Parent Interview: SLP will interview parents to gather information about the child's medical history, all developmental milestones (gross motor, fine motor, speech/language, feeding), and any concerns or questions they have regarding their child's speech and language development.

- Case History: Parents may be asked to complete a case history form, providing further details about the child's background and development.

- Observation and Play-Based Interactions: The SLP will observe the child interacting with toys, engaging in play activities, and participating in “conversations” to assess their communication skills in a natural setting.

- Formal Assessments: The SLP uses standardized tests to formally assess specific areas of speech and language, such as articulation, vocabulary, grammar, social interaction. Some formal assessments are through parent interview and others are through specific tasks the child needs to complete.

- Discussion of Results and Recommendations: After the evaluation, the SLP will review the results with parents, explaining their findings and making recommendations for treatment, exercises for parents to complete at home. If patient is “on the fence” or insurance won't cover treatment, I educate the family on what milestones need to be met in the next 3-6 months and if they are not seeing these milestones to complete another evaluation.

A FREE book in the mail for your child each month!

> "The single most significant factor influencing a child's early educational success is an introduction to books and being read to at home prior to beginning school."
>
> – National Commission on Reading

90% of physical brain development occurs in the first three years of life, when a baby forms over 1 million new neural connections per second.

Inspired by her father's inability to read and write, Dolly Parton started Dolly Parton's Imagination Library in 1995 to serve the children of her hometown in Tennessee. Today, her program spans five countries and gifts over 3 million high-quality, age-appropriate books each month to children around the world.

Every Clayton County child is eligible to receive a free monthly, high-quality, age-appropriate book from birth to their fifth birthday. More than 800 children have participated and over 14,500 books have been sent to area kids to build their own home libraries and early literacy skills.

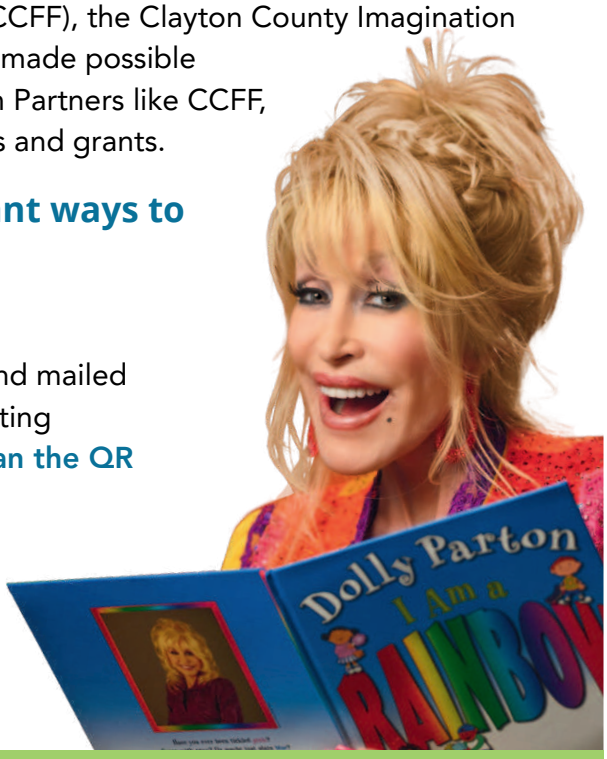
Hosted locally by the Clayton County Foundation for the Future (CCFF), the Clayton County Imagination Library is dedicated to inspiring a love of reading. The program is made possible through funding shared by Dolly Parton herself, and local Program Partners like CCFF, who administer the program and secure funding from local donors and grants.

Reading with your child is one of the most important ways to set them up for success in school and in life.

Register your child today!

Books are personalized with your child's name and mailed directly to your home to create a one-of-kind gifting experience. **Visit ImaginationLibrary.com or scan the QR code to register.**

Dolly believes that if you can read, you can do anything, dream anything and be anything. Through her Imagination Library, Dolly wants to ensure every child can feel the magic that books create.



Discover the joy of reading with your child

Dolly Parton's Imagination Library encourages good reading habits for parents, caregivers and their children. Many of the books include questions to engage your child and ignite their curiosity.

When your child receives their Imagination Library books, we ask you to do the following:

1. Begin reading with your child immediately.
2. Read to your child at least 5 days per week
3. Read books multiple times

Each year, the Imagination Library's esteemed Blue Ribbon Book Selection Committee, a specially selected panel of early childhood literacy experts, is responsible for reviewing hundreds of potential titles for inclusion in Dolly Parton's Imagination Library.

"My experience with the Dolly Parton Imagination Library has been wonderful. My 3-year-old son eagerly looks forward to receiving his monthly book and it has truly sparked his love for reading each night before bed. The books we receive are age-appropriate and the topics are spot on for engaging my son. His favorite book we have received is *Ice Cream Face*, and I think I've read it almost every night since we've gotten it!

- Parent

Dolly Parton's Imagination Library
Clayton County Imagination Library

Clayton County
Foundation for the Future, Inc.
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