PEDIATRICS

MARINA BURSTEIN, M.D. FAAP

caring for your new baby

www.lavalleypediatrics.com

PEDIATRICS

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Our Philosophy:

Back to nature
Perfect fitness
Away from medications
Down with overweight

MARINA BURSTEIN, MD
Sub-internship at Mayo Medical School. Training in General Pediatrics: Internship at UCSF-Fresno and Residency at Childrens Hospital Los Angeles, Pediatric Infectious Diseases Fellowship at Cedars Sinai Medical Center. In private practice since 1997.
Hospital Privileges:
Cedars Sinai Medical Center, Tarzana Providence Medical Center

SVETLANA KRUGLYAKOV, MD
Training in General Pediatrics at White Memorial Medical Center, Loma Linda Medical Center and Children's Hospital of Los Angeles.
In practice since 2006.
"Top American Pediatrician" Award in 2007.

Hospital Privileges:
Cedars Sinai Medical Center

Welcome!

We realize that having a child brings a lot of questions and concerns. Our staff offers years of experience housed in a warm, supportive and non-judgmental environment. Our goal is to provide the best care, reduce parents' anxiety by offering time-tested solutions for most childhood problems, along with two separate waiting rooms for sick and well.

Services

- Free Prenatal Consultation for pregnant mothers
- Newborn Services in the Hospital
- Breastfeeding Consultation
- Nutritional Consultations for infants
- Baby massage and gymnastics
- Well child Exams
- Routine Immunizations
- School and Sport Physicals
- Camp Physicals
- Management of most pediatric problems acute and chronic
- Behavioral and developmental Consultation
- Adolescent Services
- College Immunizations
- Weight Management and Nutritional Consultation
- Baby ear piercing
- Educational seminars

24 hour emergency phone line is connected to a doctor on call

Caring For Your New Baby

Your baby needs to be checked by a doctor in the next 48-72 hours after the discharge. First week of life is very important and baby needs to be seen for weight check, feeding instructions, jaundice check; you will need to bring your baby's feeding and elimination record with you.

Feeding your Newborn:

- Breast milk is the BEST food for your baby during the first year of life.
- If you choose not to breastfeed you should use Enfamil Newborn with Iron or Similac ADVANCE with Iron, unless you've discussed other options with the doctor.
- For breastfed babies: feed you baby every 2 – 3 hours, switch breast after first 5 – 7 min, let baby to fall asleep on the second breast, stimulate your baby during feeding, burp and change if needed, feeding may last up to 1 hour. You should wake your baby up for feedings every 2 – 3 hours during the day time and every 4 – 5 hours at night. After the first week of life babies often set up their own schedule.
- As a nursing mother you'll need to eat balanced diet, stay away from dairy products, drink at least 8 glasses of water per day, and continue your prenatal vitamins and calcium supplements. If you need to take medication, discuss it with the doctor.
- Formula fed babies usually eat about 2 oz every 3 – 4 hours for first few days, doubling and tripling the intake after the first week.
- Do not give your baby water unless your are instructed to do so!

Bowell movements:

- Your baby's stools will be changing in color from tarry green to yellow within first week of life.
  By the day 4 breastfed child should have yellow stool.
- Frequency varies from once in 24 -72 hours to 10 times per day. Constipation is defined as a hard stool, has nothing to do with frequency of stools. Do not give your baby an enema or laxative without consulting a doctor.

Skin and umbilical care:

- Give baby only a sponge bath until umbilical cord comes off, it takes usually 2 – 4 weeks; do not use soaps first month of life. Bath daily.
- Water temperature should be 96 – 98 F. Clean diaper area with water after each bowel movement. Use Vaseline or A+D Ointment for dry skin and for diaper area.
- You will need to clean around the umbilicus with alcohol wipes several times a day. You will need to contact your doctor if there is redness on the skin around the umbilicus; foul smell; bright red blood. Small amount of yellow-brownish discharge is normal until cord comes off.

- Check your baby's temperature with digital rectal thermometer. Contact us immediately if it is >100F.

Sleeping and Crying:

- Newborns sleep a lot, waking up every 2 – 4 hours for feeding. If baby is not waking up those intervals, it may be sign of dehydration, you should contact your doctor. Most of the babies like to be "bundled" for sleep and uncovered for feedings. Room temperature should not exceed 72F. Warm temperature may cause over sleeping and poor feeding. Babies sleep better outside. Colic and "gas" problems usually start around two weeks of age.
- American Academy of Pediatrics recommends sleeping on the back or on the side, never on the stomach!
- Do not worry about spoiling your baby by pampering him. He needs to know you're there to meet his needs!

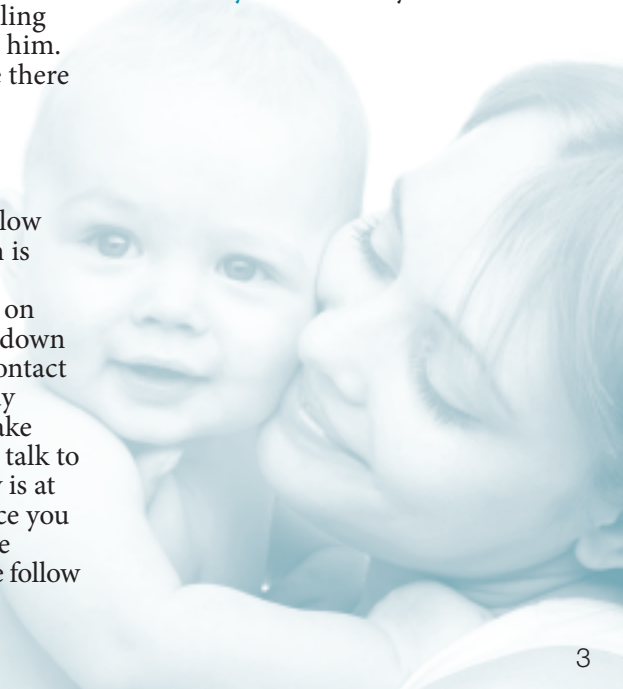
Jaundice:

- Physiologic jaundice (yellow discoloration) of the skin is common in newborns. Jaundice usually appears on the face first, and moves down to the legs. You should contact your doctor if baby's body appears yellow. Do not take any measures before you talk to your doctor. If your baby is at risk for increased jaundice you will be notified before the discharge and appropriate follow up will be arranged.

- When babies go home from hospital nursery, every one wants to see them.
  For first few weeks limit your baby's visitors and keep your baby out of large crowds for a few months.

Recommended Schedule of Office Visits:

- You need to contact one of our offices to schedule the appointment for your first visit
- First month:
  in 2 – 4 days after discharge;
  after umbilical cord comes off;
  at 3 – 4 weeks of age.
  Extra visits may be required for weight and jaundice check.
- First 6 months: every month, with vaccination at 2, 4 and 6 months.
- 6 months to 2 years : every three months
- After 2 years: annually.



Please keep the feeding and elimination record and bring it with you for your first appointment.

What to expect:

DAY1 one to two wet and dirty diapers per 24 hrs, stools tarry green
DAY2 2 – 3 wet diapers, 3 – 4 dirty diapers, stools dark green
DAY3 3 – 4 wet diapers, dirty diapers vary, stools light green
DAY4 5 – 7 wet diapers, stools yellow/green
DAY5 7+ wet diapers, stools yellow

Feedings				Diaper Changes	
Date	Time	Left	Right	W-Wet	D-Dirty

Feedings				Diaper Changes	
Date	Time	Left	Right	W-Wet	D-Dirty

Protect your baby from SIDS

The American Academy of Pediatrics makes the following recommendations to parents and caregivers. To reduce the risk of death from sudden infant death syndrome (SIDS), suffocation or entrapment while sleeping.

All infants should be placed on their backs to sleep until 1 year of age unless, in rare cases, directed to do otherwise by a pediatrician. There is no evidence that infants with reflux are at an increased risk of choking while sleeping on their backs.

Place the baby to sleep on a firm, flat mattress with only a fitted sheet. Adult beds or soft mattresses increase the risk of suffocation.

Car safety seats, strollers, swings, infant carriers and infant slings should not be used for routine sleep because they can put infants in a position that places them at risk for suffocation or airway obstruction.

Room sharing in separate beds is recommended, but bed sharing with anybody else, including twins or other multiples, is not.

Keep loose bedding and soft objects such as pillows, quilts, comforters, bumper pads or sheepskin out of the crib. Evidence indicated women who receive regular prenatal care put their infants at a lower risk of SIDS.

Avoid smoke exposure, alcohol and illicit drug use during and after birth because they are associated with an increased SIDS risk.

Exclusive breastfeeding, if possible, for the first six months of life is recommended because it has been proven to help provide protection against SIDS, but any amount of breastfeeding has some protective effect.

Consider offering a pacifier to infants at sleep times. If it all falls out of the mouth during sleep, it does not need to be reinserted because the protective effect from SIDS continues even after it has fallen out.

Do not overdress the baby as overheating can be a risk factor. Infants should not be dressed in more than one layer than an adult would wear.

Make sure infants are up-to-date on their immunizations, which have a protective effect against SIDS.

There is no reason to use devices such as wedges, positioners, special mattresses or sleep surfaces, or home cardiorespiratory monitors that are advertised to prevent SIDS.

Give the baby supervised tummy time every day while awake.

Colic

Most babies go through "colicky" period of unexplained crying episodes from "pain". There are many theories about etiology of colic, but none of those are conclusive.
Adaptation of newborn GI tract to food and environment is the most common theory.
Colic starts around 2-3 weeks of age, peaks around 6-7 weeks of age and slowly goes away by 2,5 – 3 months.
Crying is usually worse in the late afternoon and may last for many hours each day.
Stools, appetite, temperature usually remain normal.

What to do?

1. Do not let your baby "cry it out". Try to console the baby. More crying causes more stomach distention, and more cry. Rocking, singing, whispering; any rhythmical motion and sound may help.
   Tight bundling, warm bath may help as well.

2. Breast milk is the best food for your baby. Mom should be on dairy-free diet, since one of the colic theories is based on allergy to cow's milk.

3. Control constipation. Constipation and colic are two different problems, but constipation makes baby more uncomfortable.

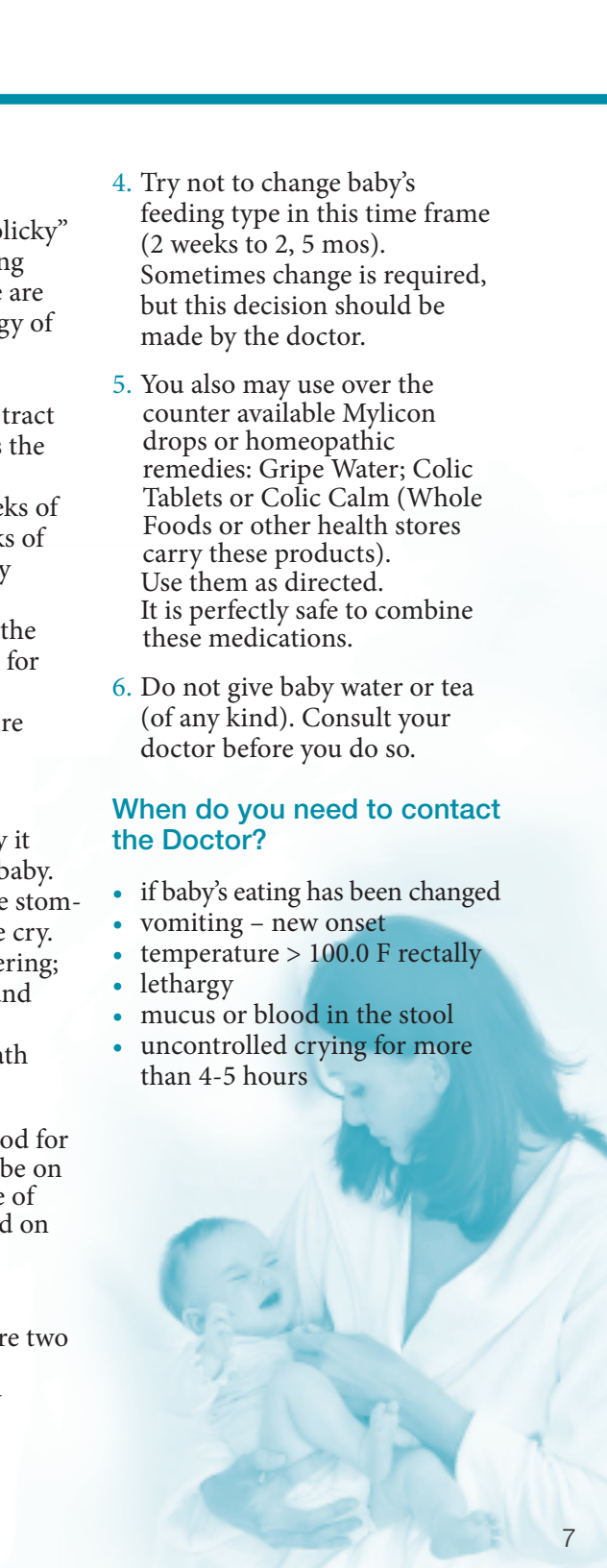
4. Try not to change baby's feeding type in this time frame (2 weeks to 2, 5 mos). Sometimes change is required, but this decision should be made by the doctor.

5. You also may use over the counter available Mylicon drops or homeopathic remedies: Gripe Water; Colic Tablets or Colic Calm (Whole Foods or other health stores carry these products).
   Use them as directed.
   It is perfectly safe to combine these medications.

6. Do not give baby water or tea (of any kind). Consult your doctor before you do so.

When do you need to contact the Doctor?

- if baby's eating has been changed
- vomiting – new onset
- temperature > 100.0 F rectally
- lethargy
- mucus or blood in the stool
- uncontrolled crying for more than 4-5 hours



Our Vaccine Policy

We have taken a very proactive approach toward vaccinating our patients. Our education begins with prenatal visits and continues at each well check. We do practice within the guidelines of American Academy of Pediatrics, and we do encourage all vaccines at recommended time.

Our role as physicians is to encourage vaccination, to provide honest data-based information on the vaccine and the disease it prevents, and to vaccinate children with the consent of their parents. We are available to address all of parental concerns.

Parents have a duty to vaccinate their children, both for the good of the child and for the good of the community. They have a duty to prevent their children from spreading disease to other people.

Vaccine refusal is often one step in a one-side parent-physician relationship, where our experience training and expertise are disregarded. By agreeing to the parents request, we are not only compromising the patient's health, but assume tremendous liability when health fails. This holds true for vaccines, antibiotics and any advice we may dispense during an office visit.

If the parent absolutely refuses all vaccinations or persistently is not compliant with physician advice, we ask them to find another provider who shares their beliefs. We realize that this kind of practice is counterproductive. The person, who suffers the consequences of those decisions, is the child who no longer has that physician as a source of quality health.

Most of our vaccines are preservative-free. There is no higher risk from receiving combination vaccine or vaccinating child with multiple vaccines at the same visit. We still do recommend all vaccine according to the schedule, since early childhood is an excellent opportunity to complete the schedule. Absence of vaccination against some of the diseases like Hepatitis B, Polio e.g. may impose tremendous risk during adolescence. There might be multiple financial, psychological and technical difficulties to complete optimal schedule at later age.

Parents will be asked to sign "refusal to vaccinate" acknowledgment for optional vaccines only; Hepatitis A, Rotavirus, Influenza, Meningococcal vaccine, Human Papillomavirus Vaccine.

All other vaccines will be given at recommended time. We will make special arrangements for travel and medical reasons.

We will not split multiple vaccines for several visits, since its harmful for the child.

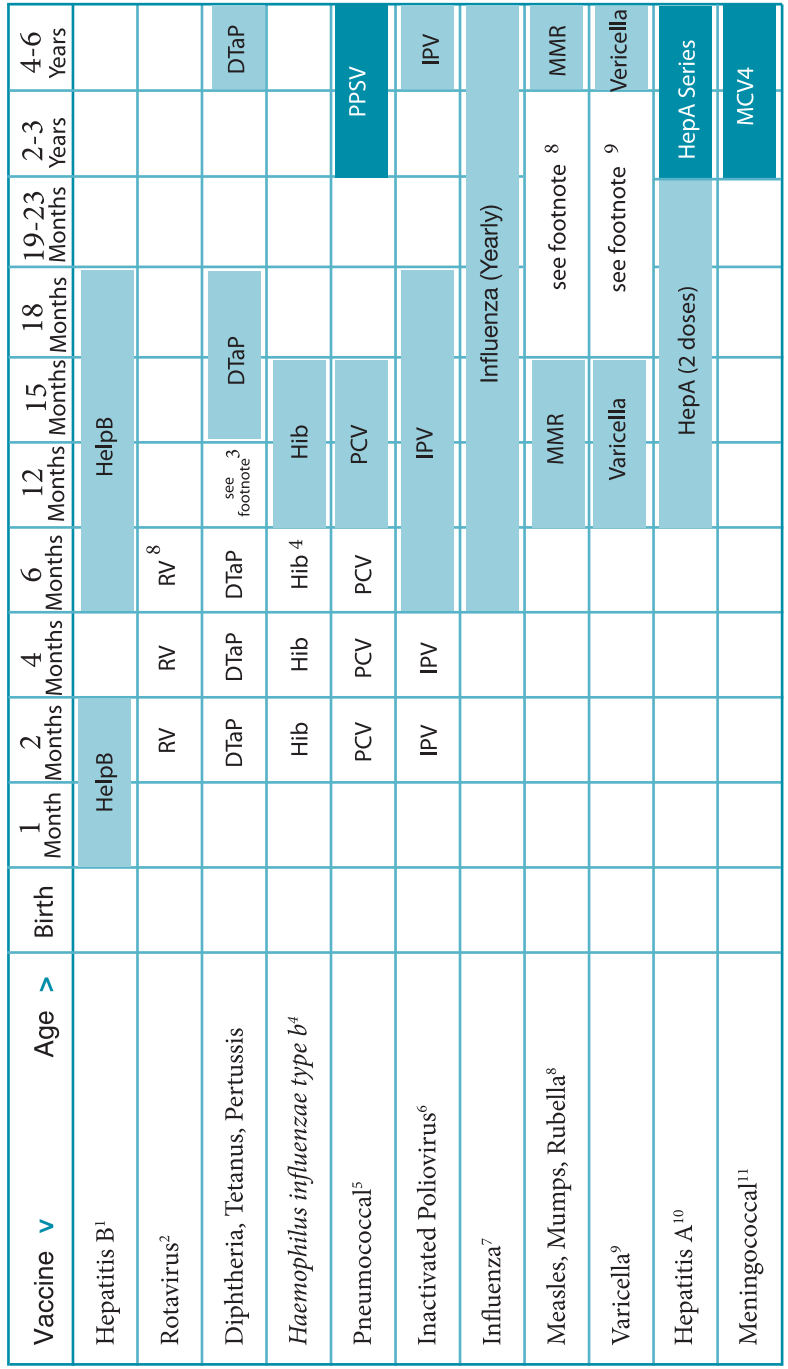
We will not make special arrangements in purchasing Rubella, Measles and Mumps vaccine separately.

MMR and Varicella Vaccines may be postponed until child's second birthday, provided parents accept all risks, associated with that schedule.

For more updated information on vaccines please visit:
www.cdc.gov/nip
WWW.AAP.ORG/HEALTHTOPICS/AUTISM.CFM

Recommended Immunization Schedule for Persons Aged 0 Through 6 Years United States 2011

For those who fall behind or start late, see the catch-up schedule



This schedule includes recommendations in effect as of December 21, 2010. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations: http://www.cdc.gov/vaccines/pubs/acip-list.htm. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at http://www.vaers.hhs.gov or by telephone, 800-822-7967. Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

After Immunization care

It is common for children to experience some discomfort from vaccines for the next 24-48 hours:

- soreness, redness, swelling, tenderness where shot was given
- fussiness, tiredness, poor appetite
- fever (usually low grade but can be as high as 102F)

For relief administer Acetaminophen every 6 hours if needed as follows:

160 mg / 5 ml oral suspension

2-4 mo	1.25 ml
4-6 mo	2.5 ml
9-12 mo	3.75 ml
12-24 mo	5 ml

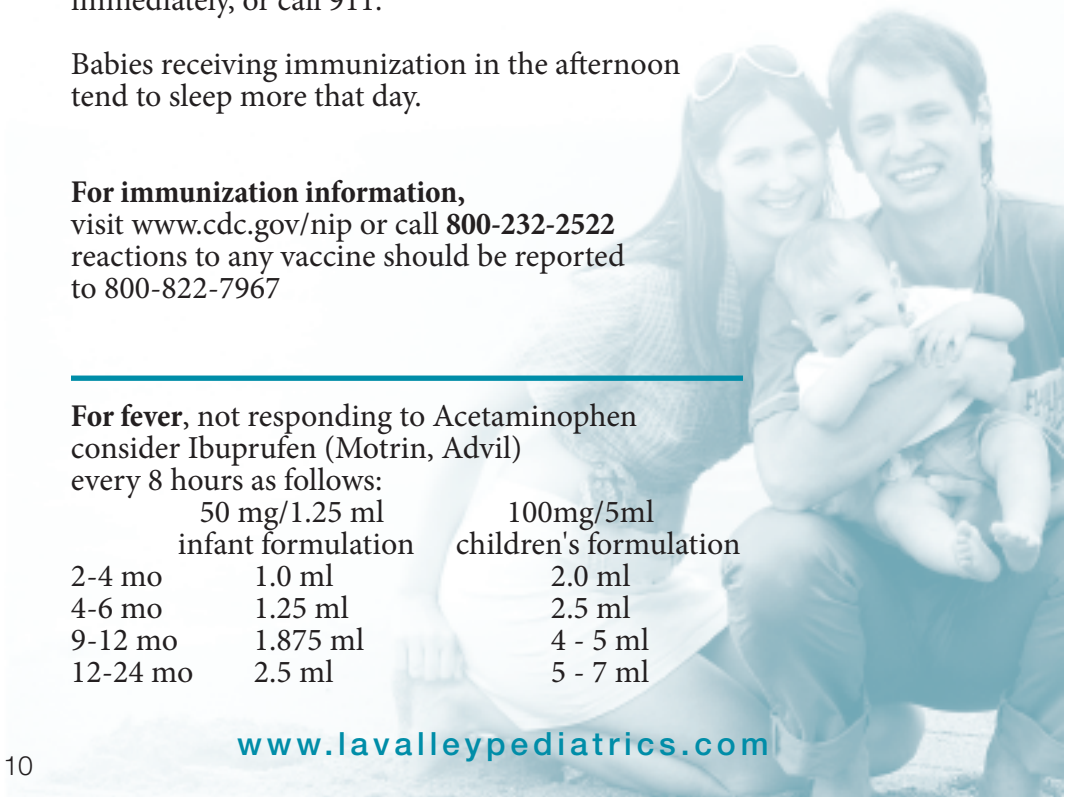
In rare cases, moderate or severe reactions to vaccines can occur. This will usually be within a few hours after vaccination. Should your child experience: difficulty breathing; hoarseness or wheezing; swelling of the face; weakness; hives - contact our office immediately, or call 911.

Babies receiving immunization in the afternoon tend to sleep more that day.

For immunization information,
visit www.cdc.gov/nip or call **800-232-2522**
reactions to any vaccine should be reported to 800-822-7967

For fever, not responding to Acetaminophen consider Ibuprufen (Motrin, Advil) every 8 hours as follows:

	50 mg/1.25 ml infant formulation	100mg/5ml children's formulation
2-4 mo	1.0 ml	2.0 ml
4-6 mo	1.25 ml	2.5 ml
9-12 mo	1.875 ml	4 - 5 ml
12-24 mo	2.5 ml	5 - 7 ml



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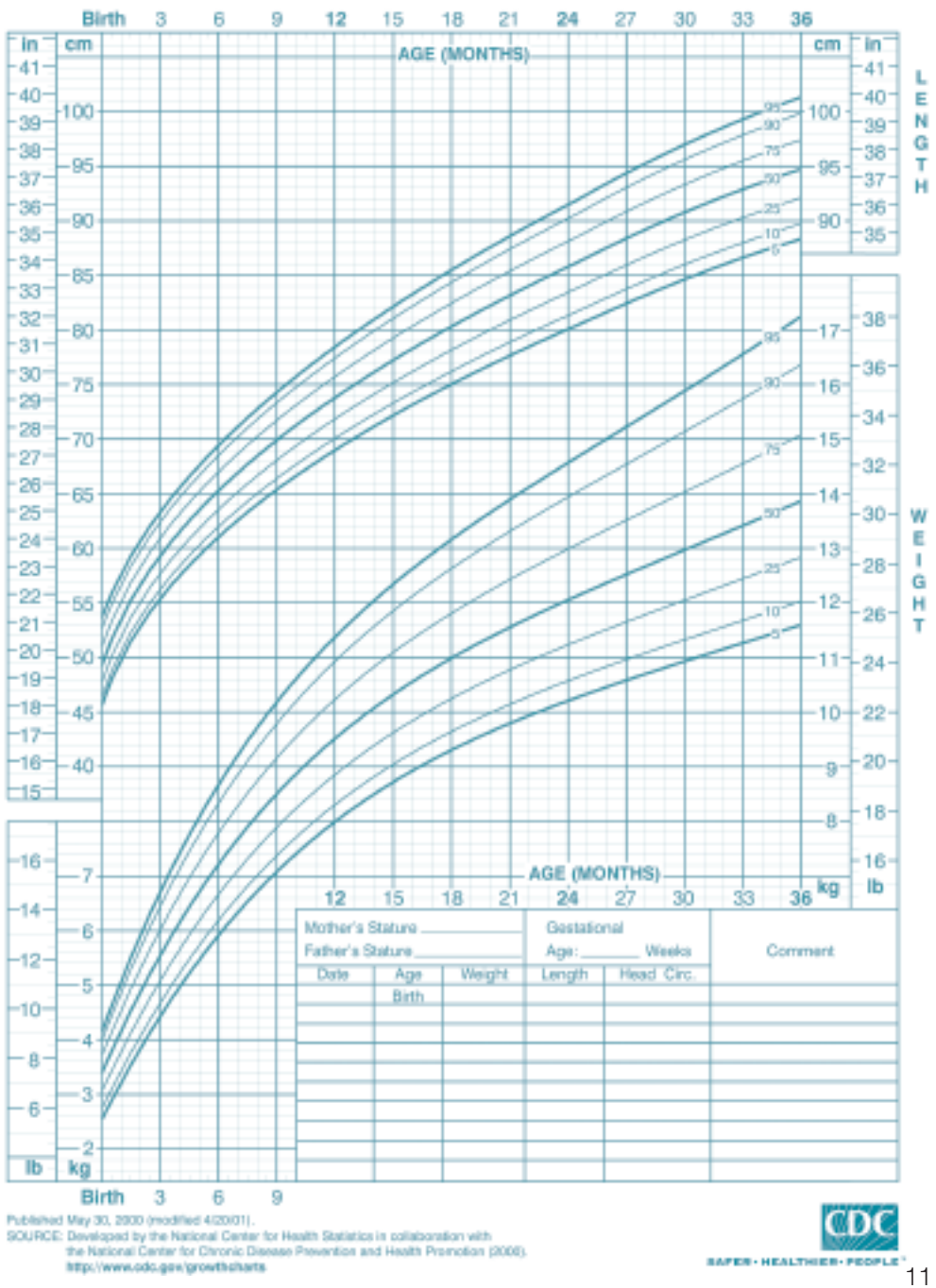
Girls

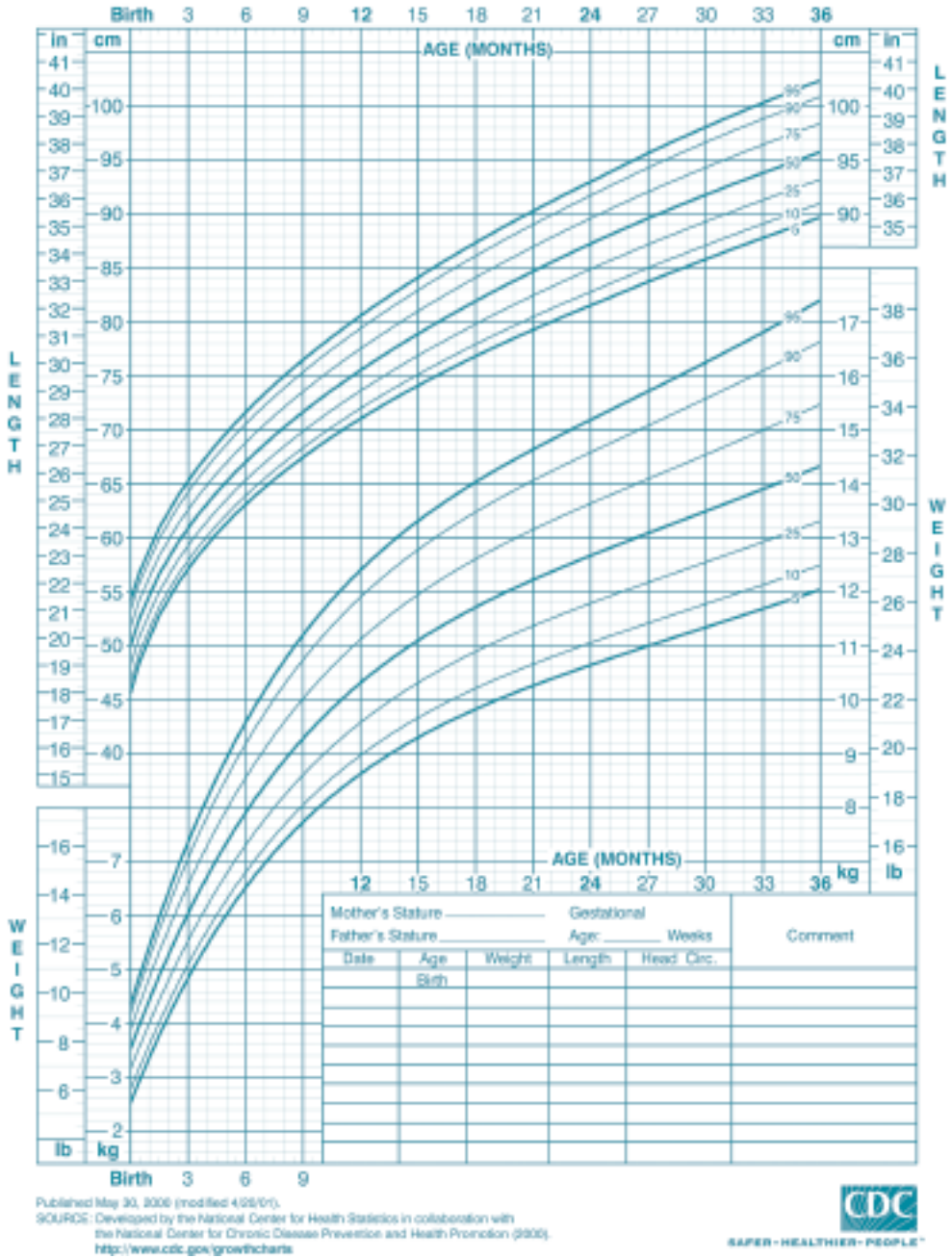


Boys

Birth to 36 months: Boys
Length-for-age and Weight-for-age percentiles

NAME _____

RECORD # _____



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