

Infancy Visit #5

- Vaccines
- Medication Administration
 - Second-Hand Smoke
- Talking to My Baby's Doctor
 - Support/Childcare



Topics for Next Visit:

- PIPE: Cribside Communication
 - PIPE: Tune In/Tune Out
 - PIPE: Joy & Laughter
- ASQ Activities: 0-2 Months

What Do I Need to Know About Shots for My Baby?

Vaccines (shots) offer protection against infectious diseases. These diseases can be serious, even deadly. Vaccines help your child's immune system recognize and fight these diseases. Vaccinations are given at regular checkups with your child's health care provider. Preparing before the medical visit can help you know how to support your child throughout the process.



BEFORE the appointment consider reading the [Vaccine Information Statements](#) so you are familiar with the specific vaccine(s) your child is receiving. When your child is older and understands what is happening, be honest with them. Tell them it will feel like a pinch or sting but will go away quickly. Avoid using the shot as a threat or telling scary stories about getting a shot.



DURING the appointment be a calm, positive presence for your child. Bring along their favorite blanket or stuffed animal for comfort.



AFTER the appointment, your child may experience mild side effects for a day or two including:

- Soreness, redness, or swelling at the site of the vaccination
- Low-grade fever
- More tired than usual
- More fussy than usual

Ask the health care provider about giving your child acetaminophen to make them more comfortable, if needed. Protecting your child against serious disease is worth the short-term discomfort that may come from shots.

If your child is behind the recommended vaccination schedule, you can catch them up. Talk with your child's health care provider to figure out what your child needs and when they can get it.

What Do I Need to Know About Shots for My Baby?

You may have heard things about vaccines that concern you. Or people in your life may tell you not to let your child get vaccines. Let's talk about 5 common myths below!

Myth	Fact
"I've heard natural immunity is better."	Natural infection does provide immunity but comes with serious risks. For example, polio can cause permanent paralysis, mumps can lead to deafness, and Hib can cause lifelong disability, or even death.
"Do shots have dangerous side effects?"	Any vaccine can cause side effects. Side effects are usually mild such as low-grade fever, soreness or redness at site of injection, or fussiness. Severe side effects are rare, and the benefits outweigh the risk for most children.
"I've heard vaccines cause autism."	Symptoms of autism begin within the first 24 months of life. Although the timing is similar, getting vaccinations does not lead to autism. Many studies show autism occurs during early development of the nervous system during pregnancy.
"There are too many shots given too early."	It takes time for the body to make disease-fighting antibodies, so it's important your child receives the vaccine long before they are exposed to the disease. Vaccines are given early to protect your child when they are most vulnerable.
"I think an alternate (delayed) shot schedule may be better."	Health care experts created the recommended schedule to protect children from 14 preventable diseases by age two. Delaying shots leaves room for your child or others to get sick.

Questions and concerns I have:

Current research suggests the chance of a newborn getting COVID-19 from their parent is low, especially when the parent takes preventative actions before and during newborn care. Monitor for symptoms and call your child's health care provider if any are present:

- Fever (temperature of 100.4°F or higher in babies 3 months or younger is considered an emergency)
- Working hard to breath
- Vomiting
- Diarrhea
- Runny nose
- Cough
- Poor feeding

Caring for your newborn in the hospital if you have COVID-19

- Discuss the benefits and risks of rooming in with your newborn with your health care provider.
- If rooming in with baby:
 - Wash your hands before touching baby
 - Wear a mask when within 6 feet of baby
 - Keep 6 feet distance as much as possible



Help protect your child from COVID-19 by getting them vaccinated at 6 months of age or older. Learn more [here](#).

Caring for your newborn at home when you have COVID-19

- A healthy caregiver who is fully vaccinated and not at high risk of severe illness may care for baby.
 - They need to wash their hands before touching baby
 - They should wear a mask when within 6 feet of baby
 - They can bottle feed breast milk or formula to baby
- If a healthy caregiver is not available, you can care for baby if you feel well enough.
 - Wash your hands before touching baby
 - Wear a mask when within 6 feet of baby

Visit [this website](#) for more information.

Free informational handouts for educators, parents, and students

Common Childhood Illnesses and Communicable Diseases

by Becky L. Spivey, M.Ed.



As children return to or enter school for the first time, parents should remember that they sometimes bring home more than just school books. Parasites, viruses, and other communicable diseases pass easily from child to child in schools and on playgrounds and end up in your home. Teach children to protect themselves and avoid spreading illnesses to others by following these simple rules:



- Wash your hands before eating and after toileting.
- Keep your hands out of your mouth and nose.
- Do not exchange clothing items, combs, or hairbrushes with others.
- Do not share eating and drinking utensils with others.

Some children with disabilities may not tell you or know exactly how to express how they are feeling or what it is that is bothering them. A parent's watchful eye is necessary. Any out-of-the-ordinary behavior could be a red flag. Monitor your child's health closely.

The following illnesses are very common communicable diseases exposed to children in schools. Consult your physician or pharmacist for more information regarding incubation times for these different illnesses and before administering over-the-counter medications, especially those that may contain aspirin.

Chicken Pox – This virus causes itchy blisters and fever. Calamine lotion and oatmeal baths can help with the itching. Consult your physician or pharmacist about medications to administer for fever. If fever lasts longer than four days, or if the blisters seem to be infected, take the child to his/her doctor.



Common Cold – There are more than 20 different viruses that cause sneezing, coughing, and a runny nose. Give your child plenty of fluids and rest. Your pharmacist can recommend over-the-counter medicines to relieve some of the symptoms.



Pink Eye (Conjunctivitis)

– Pink eye can be bacterial or viral and causes the eye(s) to become red and itchy. Sometimes there is a thick, yellowish discharge, tearing, and even blurred vision. Pink eye is highly contagious. Take your child to his/her doctor for prescribed eye drops and keep him/her at home for treatment. Wash hands thoroughly before and after administering the eye drops.



Fifth Disease – This infection causes a mild rash or redness on the arms and legs and may cause fever or a cold right before the rash begins. Usually the child can recover on his/her own because it is a mild infection. Consult your doctor to verify that the rash is indeed Fifth Disease.



Influenza (Flu) – This virus causes fever, body aches, stomach symptoms (especially in children) and tiredness. The child should get plenty of rest and fluids. Consult your physician or pharmacist about non-aspirin medications for the fever and body aches. The Center for Disease Control (CDC) recommends a yearly flu vaccine for all children 6 months of age and older (as soon as the vaccine becomes available).



Free informational handouts for educators, parents, and students
(cont.)

Hand, Mouth and Foot Disease

– This virus causes fever, sores in the mouth, and a rash of blisters on palms of the hands and/or soles of the feet. Consult your physician or pharmacist about giving the child nonaspirin medications for the aches and fever. Keep your child home from school and others because contact with the blisters will spread the infection quickly.



Head Lice

– These tiny parasites attach to the scalp and hair shafts and cause itching. Eggs hatch within a week and mature within seven days. Over the counter or prescription treatments are available to kill and remove lice. You also must treat your house by vacuuming several times (seal and throw away the vacuum's contents) and washing all clothing and bedding in very hot water. Place all stuffed animals and comforters in tightly-sealed plastic bags for a minimum of two weeks. Shampooing alone will not get rid of lice.



Hepatitis A – This highly contagious virus causes a child to be tired, lose his/her appetite, have a fever, diarrhea, and nausea. There is no treatment except proper nutrition. Take your child to the doctor if you suspect Hepatitis A. The doctor will know what to prescribe. There is a vaccine to help prevent this virus.



Measles – This highly contagious virus can be as simple as a rash accompanied by a low fever, but it can evolve into a high fever with a respiratory infection and become very serious quickly. Take your child to the doctor if you suspect measles. Keep the child away from anyone not immunized against measles. There is a vaccine to prevent measles.



Meningitis – This can be a bacterial or viral infection that affects the spinal cord and fluid surrounding the brain. Symptoms include high fever, stiff neck, and headache. Seek medical attention immediately if you suspect meningitis. Do not try to determine which type your child has. Doctors can treat viral meningitis fairly easily, but if a doctor suspects bacterial meningitis, he/she usually performs a spinal tap to determine an immediate course of treatment.



Mumps – This virus causes fever, body aches, muscle aches, loss of appetite, and swelling of the salivary glands. If you suspect mumps, take your child to his/her doctor because it is no longer a common virus. There is a vaccine to prevent mumps.



Whooping Cough (Pertussis)

– This highly contagious disease causes coughing attacks so severe, they will induce vomiting. See your doctor if the child has been exposed to someone with whooping cough. Antibiotics can shorten the illness.



Ringworm – This fungus causes a ring-shaped rash on the skin and/or scalp that is usually dry and scaly. Over-the-counter lotions and sprays are available to treat ringworm, but after two weeks if they become redder or swollen, take the child to a doctor.



Rotavirus – This virus causes vomiting, severe diarrhea, and fever and last a few days. The child needs plenty of rest and fluids to avoid dehydration. Consult your physician.



Scabies – These small parasites infest the skin, causing pimple-like irritation and intense itching. Take your child to his/her doctor for special lotions. Wash (in very hot water) all bedding and clothing worn up to two days before treatment actually began.



Resources:

- McCloud, Linda M. (2006). The Most Common Communicable Diseases Children May Acquire & How to Deal with Them. Retrieved online July, 2013 from <http://voices.yahoo.com/the-most-common-communicable-diseases-children-may-83372.html>.
- British Columbia – Ministry of Health and Ministry Responsible for Seniors. (2001). A Quick Guide to Common Childhood Disease. Retrieved July 2013 from <http://www.health.gov.bc.ca/library/publications/year/2001/PHN144.pdf>
- Children's Health. 9 Childhood Illnesses: Get the Facts. (2013). Retrieved July 2013 from <http://children.webmd.com/features/childhood-illnesses-get-the-facts?page=3>

For more FREE Handy Handouts®, go to www.handyhandouts.com

Taking Baby's Temperature

There are a variety of ways to take baby's temperature. Discuss the best method to take your baby's temperature with their healthcare provider. Note that normal body temperature is between 97.0°F and 99.5 °F.



Always use a digital thermometer to check your child's temperature.

If you still have a glass thermometer, you should dispose* of it. Glass thermometers can break and can leak mercury.

*Find a place to dispose of household hazardous waste. Check online with your local city website.

The use of pacifier thermometers and fever strips is not recommended as they are not very accurate.

Under the Arm Temperature



You can take a temperature in baby's armpit. This is easy and safe, a good method to start with as you first take baby's temperature. It is fairly reliable. It can be a good screening method if you suspect a fever. If baby's temperature is elevated, then you can recheck using a more accurate method.

1. Undress baby from the waist up.
2. Cradle baby on your lap or lay baby next to you.
3. Be sure baby's armpit is dry. Place the bulb of the thermometer in the armpit.
4. Hold baby's arm against his/her side.
5. Remove thermometer when it beeps. Read baby's temperature.
6. If the armpit temperature is above 99.0°F (37.2°C), consider rechecking with a more accurate method.

Forehead Temperature

This method requires a special thermometer that reads the heat waves given off by an artery in the forehead. Recent research suggests this is an accurate way to take temperature of children 3 months and older. Follow the directions that come with the thermometer.



Rectal Temperature

You can take baby's temperature in their rectum. You can buy a rectal thermometer with a short probe that protects against inserting it too far and causing accidental harm to your baby. This is the most accurate for children under 3 years old.

1. Undress baby from the waist down.
2. Place baby belly down across your lap and place one hand on his lower back. Or lay baby face up and bend his legs to his chest.
3. Place small amount of lubricant, such as petroleum jelly, on a clean thermometer.
4. Gently insert the thermometer $\frac{1}{2}$ to 1 inch into the anal opening and hold in place.
5. Remove thermometer when it beeps and read temperature.
6. Label the thermometer so it is only used for rectal temperatures.

Ear Temperature

After baby is at least 6 months old, you can use an ear thermometer. An ear thermometer is quick, safe, and comfortable.

Follow the directions that come with the thermometer.



Oral Thermometer – WAIT!

Don't use an oral thermometer for a baby or toddler.
Wait until your child is 4 or 5 years old.

Taking Baby's Temperature

Choose a method that works for you and your baby. Keep track of baby's temperature. Watch to see if it increases or decreases.

CALLING YOUR CHILD'S HEALTH CARE PROVIDER

Current guidance from the AAP recommends calling the health care provider right away if baby is younger than 3 months and has a temperature of 100.4°F or higher. For children older than 3 months and younger than 2 years old, call the health care provider if fever over 100.4°F continues for more than 24 hours or if child still acts sick once fever is lower.

Be ready to provide:

- The way the temperature was taken
- What the temperatures were
- If you have given the baby any medicine
- Other symptoms you notice



If your child is acting normally (playing and eating as usual), medicine isn't usually needed for fever.

If your child seems lethargic, in pain, or doesn't want to eat, Acetaminophen or Ibuprofen may help to lower the temperature. Your baby's health care provider can tell you the right dose of medicine to give baby.

Acetaminophen should not be given to babies under 3 months old, unless directed by provider. Ibuprofen should not be given to babies under 6 months old.

Avoid waking a sleeping child to give a fever-reducing medicine.

When your child has a fever, your job is to:

- ✓ Pay attention to how your child looks and acts
- ✓ Encourage rest
- ✓ Make sure your child drinks plenty of fluids to stay hydrated

Your child's health care provider may have different guidance related to fevers. If so, follow their directions.

Medicines You Can Give to Baby

Sometimes baby doesn't feel well. You might want to give baby some medicine. What can you give baby?

The correct dosage of any medicine is based on baby's weight. Be sure to read the label.

Double check the type, concentration and dosage of all medicines.



Acetaminophen

Acetaminophen is found in Tylenol®. You can also get generic brands. It relieves pain and lowers fevers. It can be given every 4-6 hours. **It should NOT be given to babies under 12 weeks unless directed by your child's doctor.**

Weight (in pounds)	Infant's or Children's Oral Suspension (160mg per 5mL)	Children's Chewable (160 mg)	Children's Chewable (80 mg)
6-11 lbs.	1.25 mL	--	--
12-17 lbs.	2.5 mL	--	--
18-23 lbs.	3.75 mL	--	1.5 tabs
24-35 lbs.	5 mL	1 tab	2 tabs
36-47 lbs.	7.5 mL	1.5 tabs	3 tabs
48-59 lbs.	10 mL	2 tabs	4 tabs

Ibuprofen

Ibuprofen is found in Motrin® and Advil®. You can also get generic brands. It can reduce pain and swelling. It lowers fevers. You can give it every 6-8 hours. **It should NOT be given to babies under 6 months old.**

Weight (in pounds)	Infant Drops (50mg/1.25ml)	Children's Suspension (100mg/5ml)	Children's Chewable (50mg)
12-17 lbs.	1.25 ml	1/2 teaspoon	--
18-23 lbs.	1.87 ml	3/4 teaspoon	--
24-35 lbs.	2.5 ml	1 teaspoon	2 tabs
36-47 lbs.	3.75 ml	1 ½ teaspoons	3 tabs
48-59 lbs.	5 ml	2 teaspoons	4 tabs
60-71 lbs.	--	2 ½ teaspoons	5 tabs

Medicines You Can Give to Baby

When to Give Baby Medicine

How do you decide when to give baby an over-the counter medicine like acetaminophen or ibuprofen?

- Ask your doctor about any medicine you give to baby. Be very careful if your baby has liver, kidney, or other chronic health problems.
- Parents should not wake up a sleeping child to administer a fever-reducer.
- All medications must be stored safely to avoid accidental ingestions.
- While there is some evidence that combination therapy (alternating doses of ibuprofen and acetaminophen) may be more effective at lowering body temperature, questions remain about whether it is safe and whether it helps children feel more comfortable.
- Combination therapy also increases the risk of inaccurate dosing.

Herbal Medicines & Home Remedies

Some people like to use herbal medicines. Others use home remedies. What herbal or home remedies has your family used? What remedies do you want to try?

Herbs can be poisonous. Some herbs can hurt your baby. Check with your doctor before giving herbal medicine.

** On May 31, 2018, U.S. Food and Drug Administration (FDA) warned against the use of over-the-counter (OTC) teething products containing a pain reliever (benzocaine) that can cause serious risk to infants and children.

Emergency Department or Urgent Care – What to Choose?

How do you know which choice is right for you? Do you choose an Emergency Department (ED) also known as Emergency Room (ER), or an Urgent Care Center (UCC).

An Urgent Care Center is a type of walk-in clinic. Urgent care centers mostly treat injuries or illnesses that need immediate care, but are not serious enough to need an ED visit.

Emergency Room's (ER OR ED) are usually for serious or life threatening or injury or illness.

At the Urgent Care

- A nurse will provide information about the care and treatment as well as discharge directions and any prescriptions written for your child.
- Notify your child's pediatrician of your visit and schedule follow up treatment if needed or recommended.
- Take a copy of the discharge directions with you to the follow up appointment.

Always call your primary care provider when concerned about your child's symptoms. Here is a guide to decide when to go to the ED or UCC.



Emergency Department or Urgent Care – What to Choose?

Go to an UCC if you can't see your doctor within a day or two and if:

- ☐ Your child has fever along with cold symptoms and you think it may be the flu.
- ☐ You think your child may have an ear infection; symptoms include drainage from the ear, ear ache and pulling on the ears.
- ☐ Your child has a sore throat with or without white patches on the tonsils, a possible sign of strep infection.
- ☐ You think your child may have pink eye, symptoms of which include red, inflamed eyes with or without discharge.
- ☐ Your child has had a few episodes of vomiting or diarrhea (without blood in the stool) but has no belly pain or signs of dehydration.



Emergency Department or Urgent Care – What to Choose?

Go to the ER or ED if:

- ☐ Your child is less than 2 months old and has a temperature 100.4 degrees Fahrenheit (38 degrees Celsius) or higher.
- ☐ You suspect your child has a broken bone
- ☐ Your child hits his head and appears to pass out or lose consciousness for a few seconds
- ☐ Your child has had a seizure
- ☐ Your child has signs of dehydration, such as very dry lips and mouth, absence of urination for more than 12 hours, lethargy and confusion
- ☐ Your child has heavy, fast breathing, is gasping for air or manages to utter only two or three words before taking a breath.
- ☐ Your child has a gaping cut on the face.



CHOKING/CPR

LEARN AND PRACTICE CPR IF ALONE WITH A CHILD WHO IS CHOKING...

1. SHOUT FOR HELP. 2. START RESCUE EFFORTS FOR 1 MINUTE. 3. CALL 911 OR AN EMERGENCY NUMBER.

YOU SHOULD START FIRST AID FOR CHOKING IF...

- The child cannot breathe at all (the chest is not moving up and down).
- The child cannot cough, talk, or make a normal voice sound.
- The child is found unconscious. (Go to CPR.)

DO NOT START FIRST AID FOR CHOKING IF...

- The child can breathe, cry, talk, or make a normal voice sound.
- The child can cough, sputter, or move air at all. The child's normal reflexes are working to clear the airway.

FOR INFANTS LESS THAN 1 YEAR OF AGE

INFANT CHOKING

Begin the following if the infant is choking and is unable to breathe. However, if the infant is coughing, crying, speaking, or able to breathe at all, DO NOT do any of the following. Depending on the infant's condition, call 911 or the pediatrician for further advice.

1 FIVE BACK BLOWS



ALTERNATING

2 FIVE CHEST THRUSTS



Alternate back blows and chest thrusts until the object is dislodged or the infant becomes unconscious. If the infant becomes unconscious, begin CPR. (Health care professionals only: assess pulse before starting CPR.)

INFANT CPR (Cardiopulmonary Resuscitation)

To be used when the infant is unconscious or when breathing stops.

1 OPEN AIRWAY

- Look for movement of the chest and abdomen.
- Listen for sounds of breathing.
- Feel for breath on your cheek.
- Open airway as shown.
- Look for a foreign object in the mouth. If you can see an object in the infant's mouth, sweep it out carefully with your finger. Do not try a finger sweep if the object is in the infant's throat, because it could be pushed further into the throat.



2 RESCUE BREATHING

- Position head and chin with both hands as shown — head gently tilted back, chin lifted.
- Seal your mouth over the infant's mouth and nose.
- Blow gently, enough air to make chest rise and fall 2 times.



If no rise or fall, repeat 1 & 2. If no response, treat for blocked airway. (See "INFANT CHOKING" steps 1 & 2 at left.)

3 ASSESS RESPONSE

- Place your ear next to the infant's mouth and look, listen, and feel for normal breathing or coughing.
 - Look for body movement.
- If you cannot see, hear, or feel signs of normal breathing, coughing, or movement, start chest compressions.



4 CHEST COMPRESSIONS

- Place 2 fingers of one hand over the lower half of the chest. Avoid the bottom tip of the breastbone.
- Compress chest 1/2" to 1" deep.
- Alternate 5 compressions with 1 breath.
- Compress chest 100 times per minute.



Check for signs of normal breathing, coughing, or movement every minute.

FOR CHILDREN 1 TO 8 YEARS OF AGE*

CHILD CHOKING

Begin the following if the child is choking and is unable to breathe. However, if the child is coughing, crying, speaking, or able to breathe at all, DO NOT do any of the following, but call the pediatrician for further advice.

CONSCIOUS

FIVE QUICK INWARD AND UPWARD THRUSTS Just above the navel and well below the bottom tip of the breastbone and rib cage (modified Heimlich maneuver).



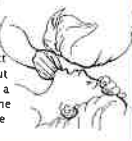
If the child becomes unconscious, begin CPR.

CHILD CPR (Cardiopulmonary Resuscitation)

To be used when the child is **UNCONSCIOUS** or when breathing stops.

1 OPEN AIRWAY

- Look for movement of the chest and abdomen.
- Listen for sounds of breathing.
- Feel for breath on your cheek.
- Open airway as shown.
- Look for a foreign object in the mouth. If you can see an object in the child's mouth, sweep it out carefully with your finger. Do not try a finger sweep if the object is in the child's throat because it could be pushed further into the throat.



2 RESCUE BREATHING

- Position head and chin with both hands as shown.
- Seal your mouth over child's mouth.
- Pinch child's nose.
- Blow enough air to make child's chest rise and fall 2 times.



If no rise or fall, repeat 1 & 2. If still no rise or fall, continue with step 3 (below).

3 ASSESS RESPONSE

- Place your ear next to the child's mouth and look, listen, and feel for normal breathing or coughing.
 - Look for body movement.
- If you cannot see, hear, or feel signs of normal breathing, coughing, or movement, start chest compressions.



4 CHEST COMPRESSIONS

- Compress chest 1" to 1 1/2".
 - Alternate 5 compressions with 1 breath.
 - Compress chest 100 times per minute.
- Press with the heel of 1 hand on the lower half of the chest. Lift fingers to avoid ribs. Do not press near the bottom tip of the breastbone.



2A HEALTH CARE PROFESSIONALS ONLY:

- Use abdominal thrusts to try to remove an airway obstruction.
- Continue steps 1, 2, and 2A until the object is retrieved or rescue breaths are effective.
- Assess pulse before starting CPR.

Be sure someone calls 911 as soon as possible, and by 1 minute after starting rescue efforts.

The information contained in this publication should not be used as a substitute for the medical advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on the individual facts and circumstances.

*For children 8 and older, adult recommendations for choking/CPR apply.

If at any time an object is coughed up or the infant/child starts to breathe, call 911 or the pediatrician for further advice.

Ask the pediatrician for information on Choking/CPR instructions for children older than 8 years of age and on an approved first aid course or CPR course in your community.

Because you've said NO,
I may avoid these health
problems! Someday I will
say NO for myself. You
have shown me how to
say NO when others
smoke around me.
You are my role model.

Ear infections

Asthma

Respiratory
illness

SIDS (Sudden
Infant Death
Syndrome)

DID YOU KNOW?

It's not only smoke from a burning *cigarette* that is dangerous to others. Studies are beginning to show negative effects from various substances:

- **e-cigarettes** expose others to secondhand aerosol
- **marijuana** use exposes others to chemicals called cannabinoids

When to Call the Doctor

Many parents aren't sure when to call the doctor. If your child has any of these symptoms, call your doctor's office right away. The doctor's office will tell you if your baby needs to be seen:

- ☐ Baby has a fever (of any temperature).
- ☐ Baby has vomiting and diarrhea.
- ☐ Baby has a rash. Especially if baby also has a fever.
- ☐ Baby has a cough or cold.
- ☐ Baby has cuts that might need stitches.
- ☐ Baby shows signs of ear pain.
- ☐ Baby has fluid leaking from an ear.
- ☐ Baby cannot suck or swallow easily.
- ☐ Baby is not eating well.
- ☐ Baby is extremely fussy.
- ☐ Baby is crying and cannot be consoled.
- ☐ Baby has tender navel or penis.
- ☐ Baby shows signs of dehydration, decreased number of wet diapers.
- ☐ You are worried about baby.

Tips for Talking to the Doctor



Talking to your baby's doctor helps your baby get the best care! Follow these tips for talking to the doctor.

Be phone smart.

Ask the doctor if you can call the office with questions.

Write down your questions before you call. That way, you won't forget what you wanted to ask.

Be ready to describe your child's symptoms, including the baby's current temperature. Tell the doctor if your child is taking any medicine. Remind the doctor of other medical problems. Be ready to write down the doctor's instructions.



Be focused.



Write down your questions before a visit. Ask about your concerns when the doctor comes in.

There might not be time to talk about everything in one visit. The doctor may ask you to come in another time. A follow-up visit gives you more time with the doctor.

Be open.

Talk to your doctor. Tell him if there are any problems at home.

The doctor can't always help with the problem. But he may be able to refer you to someone who can.



Tips for Talking to the Doctor



Be realistic.

Don't ask for medicine if the doctor says it isn't needed. Don't expect miracles. Sometimes it's better to "wait-and-see".

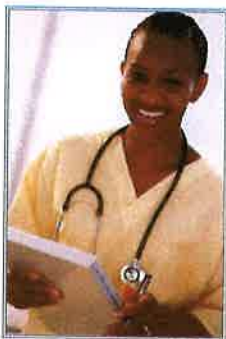
Trust your doctor's judgment. But if you're worried, seek a second opinion.

Be detailed.

Take notes on what the doctor says. Ask questions if you don't understand. If the doctor uses "medical speak," ask her to explain.

Be sure you understand exactly *how* to give any medications the doctor prescribes. Know how, when, and how much.

Let your doctor know if a medicine isn't working. Tell the doctor if your child develops more or worse symptoms.



Be honest.

Tell your doctor how you feel about the visit. Tell him if you felt rushed. Let him know if the staff was nice or not. Ask if you need to know more about something.


A good doctor will want to work with you. The doctor wants to provide the best care for your child.

Date: _____

[illegible]

From	To

# of wet diapers	# of dirty diapers



Supporting Your Sitter

Your sitter does a lot for you and your child. Here are some ways you can make life easier for your sitter:

☐ Have a list of other people who can babysit. Your sitter may be ill or go on vacation.

☐ Send the things your child needs:

☐ Diapers

☐ Wipes

☐ Breastmilk/formula/food

☐ Change of clothes

☐ Car seat

☐ Toys

☐ Drop off and pick up on time.

☐ Tell the sitter how to reach you. Give the sitter a list of important phone numbers.

☐ Pay on time. If you aren't paying your sitter, offer to help with other things. You could clean, run errands, or do yard work.

☐ Help the sitter get CPR or parenting classes if wanted.

☐ Remember, people who help care for your child are a gift!



Asking Family or Friends for Help with Child Care

Some things to think about when asking family or friends to babysit. Mark the statements that are most important to you.

- | |
|---|
| <input type="checkbox"/> Can they provide a safe place for your child? Is the home childproof? Is it smoke-free? Is it clean? Will they let people in the home who are dangerous to your child? |
| <input type="checkbox"/> Are they strong enough to lift, carry and play with your child? |
| <input type="checkbox"/> Can they help your child learn new things? Will they teach your child good things (like being polite, kind, and loving)? |
| <input type="checkbox"/> Do they respect how you want to raise your baby? Follow your rules and wishes? |
| <input type="checkbox"/> Will they be kind and gentle with your child? Will they fill your child's needs? |
| <input type="checkbox"/> Can they set a routine for your child? Can they give your child time for rest and exercise? |
| <input type="checkbox"/> Can you talk easily with them? Can you problem-solve with them if needed? |

