



Baby steps

Helping you ease into
new parenthood,
one step at a time.



Children'sSM
Healthcare of Atlanta
Dedicated to All Better



choa.org/newparents



Congratulations



You will soon be joining the ranks of parenthood. As a parent of two boys, I know how rewarding the job can be. I also know how challenging it is.

There is no end to the questions you will have, and you will no doubt receive a wealth of well-meaning advice from friends and family members about caring for your newborn.

It's hard not to be nervous. Every sneeze, cough and fever will seem like an emergency. Even as a doctor myself, I was not immune to new-mom anxiety. What you're going through is normal—don't worry. I made it through the baby stage, though there were many bumps along the way—from ear tube surgery and X-rays to emergency room visits. I've experienced Children's Healthcare of Atlanta as a parent, and I knew I was always in good hands. They know kids and how to treat them.

We would like to offer you the benefit of our nearly 100 years of pediatric expertise and provide you with just a few tips and tools to help you start confidently on your journey. You can follow my blog posts at DedicatedToAllBetter.org or visit choa.org/newparents for more information.

Best wishes and happy parenting,

A handwritten signature in black ink that reads "Vivian Lennon, M.D."

Vivian Lennon, M.D.

Medical Director, Primary Care

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Your baby's temperature



A fever is the body's way of fighting infection. It is when the body's temperature is higher than normal. A child's normal temperature ranges from 97°F to 99°F. If your child is healthy, a fever is probably not serious. Things like being overheated in warm weather can cause a fever. Different types of infection can also cause a fever.

How to take a newborn's temperature

The most accurate way to take a baby's (under 24 months) temperature is in his bottom. Other methods are not as accurate. Always use a digital thermometer. Do not use a glass thermometer.

- 1 Lay your baby on his stomach across your lap or in his crib. Keep one hand on his back to hold him safely. (You also can lay your baby on his back and lift up his legs like you do when you change his diaper.)
- 2 Dip the tip of the thermometer in petroleum jelly.
- 3 Turn on the thermometer.
- 4 Put the thermometer $\frac{1}{2}$ to 1 inch into your baby's bottom. Hold it in place.
- 5 Listen for the signal or beep.
- 6 Remove the thermometer.
- 7 Read the number and write it down.

When to see a doctor

Call your baby's doctor if:

- He has a rectal temperature over 100.4°F and is younger than 2 months old.
- He has a rectal temperature over 102.2°F and is 2 to 6 months old.

Using over-the-counter medicine

- Aspirin is not recommended for children with fever. Use fever reducers like acetaminophen or ibuprofen. Do not alternate these medicines—give your child one or the other.
- It may take 60 to 90 minutes for these medicines to work.
- Check with your child's doctor or pharmacist before giving acetaminophen or ibuprofen with other medicines. This includes over-the-counter cough and cold medicines.
- Let the doctor know if your child is taking any vitamins, herbal products, supplements or home remedies.

Tips

- Encourage your child to play if he feels like it.
- Remove extra layers of clothing.
- Make sure your child drinks plenty of fluids.
- Bathe him in lukewarm water to help lower body temperature.



When to call your doctor



The best place for regular care is your primary care doctor. Trust your instincts. Call the doctor when you have a concern about how your baby looks or feels or if you have questions about how to take care of him.

When to call your doctor

If your baby:

- Has a fever that your doctor does not know about (a fever is a rectal temperature over 100.4°F).
- Has a change in behavior.
- Does not wake up easily.
- Does not feed well.
- Falls or is burned.
- Cannot be comforted with feeding, changing, burping, holding or rocking after one hour.
- Vomits more than two times in one hour.
- Has less than one wet diaper every four to six hours or less than six to eight diapers in 24 hours.
- Has blood in his urine or bowel movement.

When to take your child to primary care

- During weekdays and by appointment for:
 - Common illnesses and minor injuries
 - Flu shots and other vaccines
 - Physicals
 - Well-child checkups

When to take your child to an urgent care center

- Our Urgent Care Centers are open when your primary care doctor's office is closed, including nights, weekends and holidays—no appointment is needed.
- Urgent Care Centers treat minor injuries and illnesses like those listed on the chart to the right.

When to take your child to an emergency department

- Our Emergency Departments are open 24 hours a day, seven days a week.
- Emergency Departments treat life-threatening injuries or serious illnesses like those listed on the chart to the right.

If you think your child's illness or injury is life threatening, **call 911**.

The chart to the right gives you a list of common childhood illnesses and injuries. Use this as a quick guide to know if your child needs to be taken to an urgent care center or needs emergency attention.



Visit choa.org/locations for the Children's Urgent Care Center or Emergency Department closest to you.

Conditions*	Urgent Care Center	Emergency Department
Allergies	x	
Allergic reactions (no breathing problems)	x	
Asthma attack (mild wheezing)	x	
Asthma attack (trouble breathing after treatment)		x
Bite	x	
Broken bone (bone not coming out of the skin)	x	
Broken bone (bone coming out of the skin)		x
Bronchitis	x	
Burn (minor)	x	
Burn (serious, including burn to eye, electrical or acid burns, infection or blister)		x
Cast-related problems		x
Cold	x	
Cough	x	
Cut (minor, but needs stitches)	x	
Cut (with bleeding that will not stop)		x
Dehydration		x
Diarrhea	x	
Earache	x	
Ear infection	x	
Ear wax removal	x	
Fainting		x
Fever (child is older than 2 months)	x	
Fever (child is younger than 2 months)		x
Flu	x	
Head injury (no loss of consciousness)	x	
Head injury (loss of consciousness)		x
Laryngitis	x	
Migraine headache	x	
Pink eye	x	
Pneumonia (no breathing problems)	x	
Pneumonia (trouble breathing)		x
Poisoning		x
Rash	x	
Seizure		x
Shock		x
Sinus infection	x	
Sore throat	x	
Sprain	x	
Sting	x	
Stitches	x	
Stomachache	x	
Strain	x	
Swallowed object (no problems swallowing)	x	
Swallowed object (trouble swallowing)		x
Swimmer's ear	x	
Urinary tract infection	x	
Vomiting	x	

*This list does not include all conditions. This is general information and is not specific medical advice. Always consult with a doctor or healthcare provider if you have questions or concerns about the health of a child.



Swaddling your baby





Swaddling is the practice of wrapping your baby in a blanket or cloth. It mimics the comfort of the womb. Swaddling can curb crying and restlessness if done correctly. It can also promote longer sleep and regular sleep patterns.

Swaddling can have many advantages if done correctly. You need to leave space in the blanket for the baby's hips and legs to move. If done incorrectly, it can put too much pressure on the hips and cause problems. Extreme examples include hip dysplasia.

Step 1

Lay a blanket on a flat surface in the shape of a diamond. Then fold the top corner down to make a straight edge.



Step 2

Place your baby on the blanket with her shoulders even with the top edge.



Step 3

Place your baby's arms together on her chest under her chin.



Step 4

Wrap one side of the blanket over her chest. Then tuck the blanket under the side of your baby.



Step 5

Then do the same on the other side. Wrap the side of the blanket over her chest. Then tuck the blanket under the side of your baby.



Step 6

Twist or fold the bottom corner of the blanket and tuck it under your baby. Make sure to leave room for her legs and hips to move up and out.



Things that can help you swaddle

You may choose to use blankets designed for swaddling babies. These are often called swaddling blankets or sleep sacks. When using these, it is still important to make sure there is room for your baby's hips to move and grow.



Visit choa.org/swaddling for more information and to watch an instructional video on how to swaddle.



Your baby and sleep





Always put your baby on his back to sleep. This is the safest way for him to sleep (unless your doctor tells you something different). Laying him on his back helps to prevent Sudden Infant Death Syndrome, also called crib death or SIDS. This includes when he naps during the day and when he sleeps at night. Use a firm mattress without anything else in the crib.

Where should my baby sleep?

Have your baby sleep in his own crib without any pillows or heavy blankets. Move your baby's crib into your bedroom and place the crib within arm's reach. This will make it easier for you to care for and feed your baby.

Your baby should **NOT** sleep in the bed with you, other children or adults because he could:

- Suffocate from the pillows or blankets.
- Be injured from someone rolling on him.

Your baby should also **NOT** sleep on a couch, chair, pillow, waterbed or other soft surface because he could:

- Suffocate from sliding between the pillows.
- Be injured from rolling onto the floor.

Sleeping in the same bed with your baby can cause him harm if he is:

- Younger than 2 years old
- Premature or has a medical condition
- Small enough that part of his body could become trapped between your body and the bedrails

Do not use:

- Pillows, blankets or quilts
- Mobiles that your baby can reach
- Toys or stuffed animals
- Crib bumpers



What temperature should I keep my baby's room?

Do not overheat the room where your baby sleeps. This may also be a cause of SIDS.

Set the thermostat to a temperature that is comfortable for adults who are lightly dressed. This is usually between 68°F and 72°F, but **NEVER** over 75°F. Instead of using covers in cool weather, dress your baby in a lightweight, one-piece blanket sleeper or sleep sack to keep him warm. Do not cover your baby's face or head.



Your baby and crying





Crying is normal for babies. Babies usually cry when they are hungry, wet, bored, uncomfortable or when they just want to be held. Sometimes babies cry no matter what you do to console them. When crying continues for extended periods of time and does not stop, your baby may have colic.

What is colic?

Colic happens when a baby cries and is unable to self-soothe. Colic is not related to digestive problems, but gas or discomfort could make crying worse. No one really knows the true cause of colic. It is typically considered when your baby is healthy and well-fed, but cries for more than three hours a day, three days a week for more than three weeks. Most babies will outgrow colic by the time they are 3 to 4 months old.



What to do when your baby cries

When your baby cries, check to see if he:

- Has a wet or dirty diaper
- Is hungry
- Needs to be burped
- Is comfortable and isn't too hot or too cold

Your baby may just need you to hold and comfort him. Babies need a lot of love, cuddling and holding. See if holding or rocking settles him down. And, if you try to stay calm, it will help your baby calm down.

When to call the doctor

If your baby is crying for over an hour and none of these things seem to comfort him, call your doctor.

Remember

If your baby is crying a lot and you feel like you cannot cope with the crying, get help. It is important to remember that you are not alone—many new parents experience this phase of crying. Don't feel bad if you need to take a short break. Have a spouse, partner, friend or family member watch him for a while.

NEVER shake your baby. Violent or forceful shaking can lead to bleeding or swelling of the brain, blindness or even death.

The Period of PURPLE Crying®

The *Period of PURPLE Crying* program provides tips and helps parents understand the time of increased crying in their baby's life, which is a normal part of every infant's development.

You may receive materials from *Period of PURPLE Crying* at your birthing hospital. This information can help you understand typical early infant crying. Remember, the letters in *PURPLE* stand for:

Peak of crying—Crying peaks during the second month, then decreases during months 3 to 5

Unexpected—Crying may come and go for no apparent reason

Resists soothing—Crying may continue despite all soothing efforts by caregivers

Pain-like face—Infants may look like they are in pain, even when they are not

Long lasting—Crying can go on for 30 to 40 minutes at a time, and often for much longer

Evening—Crying may occur more in the late afternoon and evening

 Visit PURPLEcrying.info for helpful videos and more tips about how to handle your baby's crying.

Tummy Time Tools





Tummy Time Tools helps you make sure your baby gets enough time on his tummy each day. This is done through activities such as handling, carrying, diapering, positioning, feeding and playing with your baby. All of these should take place while your baby is awake and supervised.

Developed by: Colleen Coulter, P.T., D.P.T., Ph.D., P.C.S., Children's Healthcare of Atlanta

Dulcey Lima, C.O., O.T.R./L., Orthomerica Products Inc.

Having your baby spend time on his tummy is a good thing. It helps:

- Develop the muscles in his neck and shoulders.
- Prevent tight neck muscles and the development of flat areas on the back of your baby's head.
- Build the muscles your baby needs to roll, sit and crawl.

Why do babies need Tummy Time?

Babies need tummy time because they spend a lot of time on their backs. This is because:

- Most parents put their babies on their backs while they sleep.
- A lot of parents use baby carriers that double as car seats and carriers.
- This combination of sleeping on the back at night and having pressure on your baby's head during the day can cause a flattening of the skull.
- These flat areas develop on the back of the head and on the forehead. This is called plagiocephaly.

- This flattening may be made worse by a condition called torticollis. This is when there is a single muscle or group of muscles that are tight or weak on one side of the neck. This causes your baby to tilt or turn to one side. The muscle fibers can shorten when your baby rests in one position for long periods of time.

It is important that your baby be put on his back to sleep. The American Academy of Pediatrics says this helps prevent sudden infant death syndrome (SIDS).

It is also important to your baby's development that he get supervised tummy time and be put in different positions during the day.

Tummy time is:

- Any activity that keeps your baby from lying flat in one position against a hard, supporting surface
- Anytime you carry, position or play with your baby while he is on his belly

Tummy time can:

- Help babies of all ages.
- Be fun.
- Be easy or challenging for your baby.
- Change as your baby grows and gets stronger.
- Be a great time to bond with your baby.

Always stay with your baby during his tummy time. Do not leave him alone on his tummy.

Carrying

- 1 Take turns with the hip your baby straddles. This way he can look, turn and balance to the right and left in both directions.
- 2 Carry your baby over your shoulder. Gently support his head in a centered position. Changing the shoulder your baby is carried on helps him to turn to both sides. Less support is needed as your baby gets stronger and can control his head and trunk.
- 3 Hold your baby out in front and facing away from you. Gently keep his head centered.
- 4 Carry your baby belly down. Make sure one of your arms is under his chest for support.

Younger babies need their heads and chest supported. Less support is needed as your baby gains strength in his neck and trunk muscles.

- 5 As your baby gets stronger, you can play airplane and pretend he is flying as you carry and support him.
- 6 Hold and carry your baby facing away from you. This helps him watch what's going on in the room by turning his head.
- 7 Carry your baby facing away from you on his right side. Switch and carry your baby on his left side.



Snuggle time

Lay your baby against your shoulder facing you or gently swaddled in your arms. This is snuggle time. This helps your baby to lift his head to look at you. Support and center his head, and turn it gently both ways.



Positions for play

- 1 A great way to have tummy time with your baby is to lie on your back and hold your baby on your chest facing you. This helps your baby to lift his head to look at you. Gently turn your baby's head to both sides. Less support is needed as your baby grows. Your baby will begin to keep his head centered and push up on his arms.
- 2 Put a pillow, small towel or blanket under your baby's chest. This helps him lift and center his head.
- 3 Play with your baby on the floor. Put toys on both sides of him to get him to turn his head and reach with both hands. Playing with your baby helps him be more comfortable around other people.
- 4 Put your baby over your lap. Raise one of your legs higher to make it easier for him to lift his head.
- 5 Sit on the floor with your baby. Play with toys centered in the middle, then to each side.



Diapering

1 Always put your baby in a different position on the changing table. Roll your baby from side to side as you fasten the diaper tabs. Talk to your baby from different sides as you change his diaper.



Dressing and bathing

Use the lifting, carrying and positioning activities while you dress and bathe your baby. This gives your baby more tummy time. It also adds a little fun.

2 Change your baby's diaper on the bed or floor with your baby facing you. This helps him keep his head centered and make eye contact with you.

3 After diaper changes, roll your baby on his belly before picking him up. While supervised, let your baby play in this position for a few minutes.





Feeding

- 1 Change the arm you hold your baby in for feeding. This way your baby gets to look and turn to both sides. This also limits the pressure of your arm on the back of your baby's head. Feed your baby in one arm, then switch to the other side for the next feeding. This will help develop neck flexibility on both sides.
- 2 Sit with your back supported and knees bent. Keep your baby against your legs, facing you. Keep your baby's head centered while feeding him.
- 3 Try putting your baby belly down over your lap when burping him.
- 4 Put your baby's seat in a place where he can turn and look to both sides. Feed your baby with the spoon coming in from the middle, left and right to help him turn his head to both sides. This also lets him use the small muscles around his lips and mouth so they get stronger.



Sleeping

- 1 Put your baby on his back to sleep. He should be at the opposite end of the crib every other night. Keep a calendar by the crib to remind you to change your baby's direction.
- 2 Turn your baby's head to the opposite side each night to keep it from getting flat spots.





Positioning

- 1** Change the way your baby can watch you. Make sure his head is centered instead of off to one side. Put your baby in your lap facing you. Sing, make eye contact, snuggle and center his head, as needed. Challenge your baby's balance to both sides by tipping his body slightly to each side. Your baby will re-center his body and gain strength.
- 2** If your car seat comes with a curved head support, center your baby's head in it. If your car seat does not have a curved head support, the American Academy of Pediatrics says to use a rolled blanket or towel. This can

be put along the side of your baby's head and shoulders while he is in the car seat. This keeps your baby from leaning to one side and helps keep his head and body in the middle. Do not put pads or cushions under or behind your baby while he is in the car seat. You can only buy head supports for use in baby carriers and strollers—not in car seats.

- 3** Put fun and interesting mobiles or toys on both sides of your baby. This gets him to turn in both directions while on his tummy or back. Change the side your baby lies on, even if he likes one side more than the other.

More activities

- 1 Sit your baby on your lap, facing you. Give support as needed. Help your baby hold his head up and centered. Turn his head equally to both sides. This is a good position for feeding.
- 2 Lie on the floor with your baby. Make sure you are face to face. Help your baby push up on his elbows to lift his head to look at you.
- 3 Make sure you support your baby under his chest. This makes lifting his head in the middle easier.

- 4 Put toys in front of your baby while he is lying on his belly. This helps him reach and play with both hands. Your baby may prop up on both arms and move around the floor on his belly. He may also crawl from this position.
- 5 While watching TV or visiting with friends, put your baby on his tummy over your lap. Change your baby's position to help him look to both sides.



Other ways to help with head shape

Some babies may have flattening or asymmetry to their heads even after a program as active as Tummy Time Tools. If your baby's head shape does not get better after he is 4 months old, your pediatrician may send your child to a:

- Doctor who specializes in the skull
- A professional called an orthotist, who can make a special helmet to help shape your baby's head
 - This helmet is called a cranial remolding orthosis. Your baby wears it 23 hours a day. It gently helps your baby's head have a more normal shape.

Making the program right for you

The Tummy Time Tools activities can be changed to meet your baby's needs. Some babies will learn skills sooner or later than others. Not all babies have tightness in their necks. Many have well-shaped heads. The tummy time activities can help with normal development for all babies. The time you spend on these activities will help bring you and your baby closer.

Some babies will need more exercises to stretch and strengthen tight or weak muscles because of torticollis. You may get these from your baby's doctor, occupational or physical therapist.

Have a wonderful time using the activities in Tummy Time Tools to help your baby grow strong.

Call your child's pediatrician or Children's Healthcare of Atlanta for more information.



Visit choa.org/tummytime for more information.



404-785-5684 for questions

404-785-3229 for appointments



Back to sleep, tummy to play

Special thanks to Orthomerica Products Inc.

Key milestones

Baby steps



Every child develops differently. But there are certain milestones along the way that are signs of typical development in most children. These are not deadlines for your child to meet. These milestones occur within approximate age ranges as your child develops. Look at them as checkpoints that show your child is developing the right way in how he speaks, plays, behaves and moves.

At 6 months, your child may:

- Recognize familiar faces.
- Respond to caregivers.
- String together vowel sounds (like "ah" or "oh").
- Begin to make consonant sounds (like jabbering with "m" and "b").
- Bring things to his mouth.
- Follow a moving toy with his eyes.
- Reach and grasp for toys.
- Roll over from front to back and back to front.
- Begin to sit without support.
- Begin to put weight on his legs.

Contact your pediatrician if your child:

- Shows no affection for caregivers.
- Is not holding anything.
- Is not making any sounds.
- Has stiff or floppy muscles.

At 1 year, your child may:

- Be shy or nervous around strangers or in some situations.
- Have favorite toys, people or things.
- Play games like "peek-a-boo" and "patty cake."
- Respond to simple spoken requests.
- Say words like "mama," "dada," "uh-oh" and "bye bye."
- Explore things in new ways—like shaking, dumping and banging.
- Copy the gestures of caregivers.
- Take things out of a container and put things back in.
- Sit up from a lying down position.
- Pull up and take a few steps while holding onto furniture.

Contact your pediatrician if your child:

- Doesn't poke or point with his index finger.
- Doesn't say single words.
- Is not interested in moving.
- Is not able to move across his environment.

At 18 months, your child may:

- Show affection to people he's familiar with.
- Play simple pretend, like feeding a doll.
- Have a vocabulary of about 10-20 single words.
- Be able to insert two simple shapes (like squares and circles) into a puzzle.
- Point to get attention or to show what he wants.
- Follow a verbal command, like "sit down."
- Walk alone.
- Start walking up steps.
- Start to run.
- Say and shake his head "no."

Contact your pediatrician if your child:

- Doesn't copy the gestures or sounds of others.
- Doesn't have a vocabulary of about 10 single words.
- Doesn't respond when a caregiver leaves or returns.
- Can't walk.

At 2 years, your child may:

- Want to do more things on his own.
- Begin to include other children in play, like in chase games.
- Name a few familiar people and parts of the body.
- Speak in two- or three-word phrases, like "bye-bye mommy" and "birdie go fly."
- Turn thick book pages one at a time.
- Copy straight lines.
- Build towers of six or more blocks.
- Follow instructions with two steps, like "get your sweater and put it on."
- Run well and begin to jump.
- Be able to throw and kick a ball.

Contact your pediatrician if your child:

- Doesn't use two-word phrases, like "drink milk."
- Doesn't follow simple instructions.
- Doesn't walk steadily.
- Doesn't make eye contact.



At 3 years, your child may:

- Show affection and concern for friends.
- Easily separate from mom and dad.
- Be toilet trained.
- Follow instructions with two or three steps.
- Talk well enough for strangers to usually understand.
- Carry on a conversation with two or three sentences.
- Copy a circle.
- Jump forward about two feet with feet together.
- Use a spoon and fork.
- Walk up and down stairs with one foot on each step.

Contact your pediatrician if your child:

- Doesn't want to play with toys or other children.
- Doesn't speak in sentences.
- Doesn't play pretend or make believe.
- Has clumsy or uncoordinated movement.

At 4 years, your child may:

- Prefer to play with other children than by himself.
- Take turns when playing games with other children.
- Know the basic rules of grammar, like correct pronoun use.
- Tell stories.
- Name some colors and numbers.
- Use scissors to cut shapes.
- Complete a jigsaw puzzle with 9–12 pieces.
- Hop in place and balance on one foot for two seconds.
- Dress and undress himself.
- Throw, kick and catch balls well.

Contact your pediatrician if your child:

- Can't retell a favorite story.
- Speaks unclearly.
- Resists dressing, sleeping or using the toilet.
- Is unable to climb stairs or jump.



At 5 years, your child may:

- Be more likely to understand the rules in games, sports and daily life.
- Be aware of gender.
- Speak very clearly.
- Be able to tell a story using full sentences.
- Draw a person with at least six body parts.
- Print some numbers and letters, including his first name.
- Be able to do a somersault.
- Hop, gallop and skip.
- Be able to participate in organized sports.
- Swing and climb.

Contact your pediatrician if your child:

- Shows extreme behavior, like being fearful, aggressive, shy or sad.
- Doesn't respond to people.
- Doesn't talk about daily activities or experiences.
- Doesn't draw or color pictures.

We have experts trained to help

If you are concerned about the development of your child, don't wait. Ask your pediatrician about a referral to Children's. We have pediatric-trained experts who can evaluate your child's development, and we offer a wide-range of rehabilitation services to help your child develop properly.

Our services are available at nine convenient locations. Our therapists use age-appropriate play and equipment with children to help them reach their milestones. They also take time to educate you, the parent, about what your child needs and how you can help at home. Children have better outcomes when the whole family is involved.



Visit choa.org/outpatientrehab for more information.



404-785-7100

Adapted from "Caring for Your Baby and Young Child: Birth to Age 5" and "Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents" by the American Academy of Pediatrics.

Other sources include:

- American Speech-Language-Hearing Association
- Hawaii Early Learning Profile (HELP) 0-3
- HELP 3-6
- Peabody Developmental Motor Scales, 2nd edition.



Children are not just small adults. They have unique differences—from their growing bodies to how they express pain. Our pediatric specialists are trained to understand these special needs—they deal with them every day. So when your baby needs medical care, remember: Children's Healthcare of Atlanta is focused on just one thing—making kids better today and healthier tomorrow.

Why choose Children's?

Children belong in a hospital where they can get specialized treatment. Unlike some hospitals or urgent care centers, Children's only treats children.

Only 6 percent of hospitals in the country have emergency departments that are fully-equipped to handle children.¹

Children's has three dedicated pediatric Emergency Departments—Egleston, Hughes Spalding and Scottish Rite.



Our patients receive care tailored to their needs:

- We are one of the nation's **largest pediatric clinical care providers**.
- The Children's team includes the **largest collection of pediatric specialists** in the state and some of the highest-ranked specialists in the country.
- Our doctors are standing by to care for minor illnesses and injuries at our five Urgent Care Centers around metro Atlanta.
- Our Emergency Departments have board-certified pediatric specialists.
- Our nurses have special pediatric training and the compassion needed to treat kids.
- We have equipment to fit the tiniest baby or the tallest teen.
- Our X-rays use low doses to protect a child's growing body.



Children's offers convenient care through our three hospitals and 20 neighborhood locations throughout metro Atlanta. We provide care to children from each of Georgia's 159 counties.

Our Egleston and Scottish Rite hospitals have the only **Level 1** and **Level 2** pediatric trauma centers in the state.

LEVEL 1

LEVEL 2

¹ Middleton, K.A., Burt, C.W. "Availability of Pediatric Services and Equipment in Emergency Departments: United States." National Center for Health Statistics, 2006.



Hospital locations

Egleston

1405 Clifton Road NE
Atlanta, GA 30322
404-785-6000

Hughes Spalding

35 Jesse Hill Jr. Drive SE
Atlanta, GA 30303
404-785-9500

Scottish Rite

1001 Johnson Ferry Road NE
Atlanta, GA 30342
404-785-5252

choa.org/newparents





Children'sSM

Healthcare of Atlanta

choa.org/newparents

This is general information and is not specific medical advice. Always consult with a doctor or healthcare provider if you have questions or concerns about the health of a child.

Connect with Children's



Dedicated to All BetterSM