

— NEWBORN BOOKLET —

YOUR NEIGHBOR, YOUR PROVIDER



ASPEN MEDICAL CARE, P.C.

Progressive Medicine · Old-Fashioned Care

Obermeyer Place, 101 Founders Pl, Suite 109, Aspen, 920-0104
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www.AspenMedicalCare.com



THE PRACTICE

Congratulations and welcome to Aspen Medical Care! We look forward to your family being a part of Aspen Medical Care's practice for many years to come. Aspen Medical Care will provide you with personalized, quality health care in a compassionate and friendly atmosphere.

Aspen Medical Care is dedicated to providing exceptional health care for newborns, infants, children, and adolescents. With family medicine physicians on staff, we can care for parents of children as well. We enjoy educating both patients and parents about health issues. It is important to us that our families feel comfortable with the care received and the treatment plan instituted.

Aspen Medical Care will work with you to provide the best care possible. Therefore, we encourage any comments, concerns, or suggestions that will help us reach our goals.

Office Hours: Aspen office hours are 8 a.m. to 6 p.m., Monday through Friday, and 8 a.m. to noon on Saturdays.

Basalt office hours are 8 a.m. to 6 p.m., Monday through Friday.

After Hours: Our providers can be reached at 970-920-0104 24/7. Due to "dead zones" in our valley, please call back if you have not received a response after 30 minutes.

Office Location: We have two locations to serve your needs. The Aspen office is located across from the Bleeker Street Gym in the new Obermeyer Place. Please see our website, www.aspenmedicalcare.com, for a map. The Basalt office is located downtown across from The Kitchen Store, near Riverside Grill.

Insurance List: SkiCo, Sloans Lake/Cofinity, Aetna, Cigna, Great West, Rocky Mountain Health Plan and The Roaring Fork Community Health Plan. This is not an exhaustive list and is subject to change, so be sure to call the office for a complete list of insurance plans. It is your responsibility to verify with your insurance company that you are seeking services from an in-network physician. Be sure to notify your insurance company of the new addition to your family as soon as possible.

Well Visits: We follow The American Academy of Pediatrics' recommended schedule for well child care visits, which include: 0-5 days, 2 weeks, 1 month (may be optional, depending on insurance and circumstances), 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, and annually thereafter. Call our office to schedule your first well child care visit.

Sick Visits: If a newborn becomes ill, the symptoms may be subtle, and an ill newborn can become sick very quickly. Be sure to call our office to schedule an appointment if your baby has a rectal temperature of greater than 100.4° F in the first 3 months of life, has difficulty feeding, is crying excessively, has jaundice (yellowing of the skin), has a cough, or has other problems.

Immunization Schedule:

0-5 days	HBV†-in hospital or office
2 weeks	Newborn Genetic Screen - done at Aspen Valley Hospital
1 mo	HBV†-if not given at birth
2 mo	DTaP*, HBV†, HiB‡, IPV§, Prevnar**, Rotavirus
4 mo	DTaP*, HBV†, HiB‡, IPV§, Prevnar**, Rotavirus
6 mo	DTaP*, Prevnar**, Rotavirus
9 mo	Hemoglobin (finger or heel stick), lead level considered
12 mo	DTaP*, HBV†, HiB‡, IPV§, Prevnar**
15 mo	Varivax††, MMR‡‡
18 mo to 4 yrs	Catch up vaccines given if behind, no routine
Age 5	DTaP*, IPV‡, MMR**, Varivax††
Age 10-15	Tdap§§, Gardasil***, Menactra†††

Annual flu shot recommended after 6 months of age.

Immunization recommendations are constantly changing, so this schedule may not include all currently recommended vaccines.

*DTaP – diphtheria, tetanus, acellular pertussis; †HBV – hepatitis B; ‡HiB – hepatitis B; §IPV – inactivated polio; **Prevnar – is only given at 15 months if child is receiving the two dose series given at 12 and 15 months; †† Varivax – chickenpox; ‡‡MMR – measles, mumps, rubella; §§Tdap– tetanus and pertussis booster; ***Gardasil – human papilloma virus; †††Menactra – meningitis

Newborn Screen: Your baby should have had the first newborn screen done in the hospital. The second is done at two weeks of age. This screen is designed to detect rare conditions where early detection is essential, and may prevent adverse effects caused by these conditions. The seven conditions include: Phenylketonuria (PKU), Galactosemia, Hypothyroidism, Sickle Cell Anemia, Cystic Fibrosis, Biotinidase Deficiency, and Congenital Adrenal Hyperplasia. The genetic screening has recently been expanded to look for an additional twenty-five rare disorders of the amino and organic acids. Our office will notify you if there are any abnormalities with the newborn screen.

General Newborn Characteristics: Parents often worry about many normal characteristics (listed below). Fortunately, many characteristics are temporary. Call our office if you have questions about your baby's appearance that this list does not address.

Head: Molding refers to the long, narrow, cone-shaped head that often results from passage through the birth canal. The head typically returns to a normal shape within a few days. A cephalohematoma is a collection of blood on the outer surface of the skull caused by friction against the mother's pelvic bone during birthing. This may take two to three months to completely resolve.

Eyes: The eyelids may be swollen after delivery due to the pressure on the face during delivery. They may appear red and swollen after an antibiotic ointment is placed in their eyes to prevent infection. Subconjunctival hemorrhage is a red flame shaped hemorrhage on the white of the eye. This is harmless and often occurs as your baby descends down the birth canal. Nasolacrimal duct obstruction is a blocked tear duct and is quite common. This means the channel that carries tears from the eye to the nose is blocked. If your newborn's eye is watery, gently massage the area from the corner of the eye by the nose, in a downward stroke with a moist Q-tip to help open the tear duct. Call our office if the eye becomes swollen or redness develops.

Skin: Newborn skin is very sensitive, and over the first few weeks you may notice that it becomes dry, red, or peeling around the wrists and the top of the feet. Transient skin rashes include: Salmon patches or stork bites which are faint red marks on the eyelids, forehead, and nape of the neck under the hairline. Mongolian spots are bluish-gray blotchy areas seen in patients with darker skin pigmentation. They can occur anywhere, but are generally found on the buttocks, back, and upper arms. They are not bruises and will gradually fade over the first few years. Milia are white bumps on the face and nose caused by blocked skin pores and resolve on their own. Erythema toxicum, which appear during the first few weeks, look like "flea bites" (yellow pimple-like lesions surrounded by a red circle) and resolve on their own. Jaundice, yellowing of the skin, is caused by an increased amount of a yellow pigment called bilirubin in the body. Half of all babies develop jaundice because of their immature liver, which causes a delay in breaking down the bilirubin. If the whites of your newborn's eyes become yellow, we often do a blood test to check the bilirubin level. Please call our office if you think your newborn is jaundiced.

Breast engorgement: Swollen breasts are often present during the first week of life in female and male babies. They are caused by the passage of maternal hormones across the placenta. Never squeeze the breast since this can cause infection. It is not uncommon to see some milky discharge from the nipples at this time. Be sure to call our office if a swollen breast develops any redness, streaking, or tenderness.

Genitalia: Swollen genitalia in newborn girls is often due to maternal hormones transferred across the placenta and will resolve on its own. Hymenal tags can occur as a result of maternal hormones, and will resolve in the first month. Vaginal discharge - as the maternal hormones decrease in newborn girls, a clear

or white discharge can flow from the vaginal area and will occasionally become pink or blood tinged (false menstruation), lasting two to three days. In male newborns, the scrotum can be filled with clear fluid. This painless collection of fluid is known as a hydrocele. It may take five to twelve months to resolve and is harmless, but needs to be checked at well visits. If the swelling changes size, a hernia may be present; call for an appointment. Undescended testicles may occur in about four percent of newborn males. Many gradually descend in the first year. If this does not occur, the testicles need to be brought down surgically by a pediatric surgeon or urologist. Uncircumcised boys have a tight foreskin that should not be retracted until age three.

ROUTINE CARE

Most infants have poor appetites for the first few days. During the first week, babies often lose up to ten percent of their birth weight. By two weeks of age, your newborn should regain his/her birth weight, and then gain about five to six ounces weekly for the first several months. Hiccupping and sneezing are common behaviors and are not signs of illness. Your baby's breathing pattern may be irregular. You may notice your baby will take several breaths in a row, and then pause for a few seconds. This is called periodic breathing and is normal over the next few months. Symmetrical jerking movements are normal when your infant is startled, and may occur while sleeping in the first few months of life.

Burping: Burping your baby helps remove air swallowed during feeding. In general, we recommend burping your infant half way through each feeding. If your baby spits up, you may need to burp him/her more frequently.

Bathing: For the first few days after your baby comes home, keep the water level below the belly button or give sponge baths until the umbilical cord has fallen off. While bathing your newborn, be sure the room is warm and set the water heater temperature at 120° F or less. Bring a towel, diaper, and pajamas with you prior to bathing. Never answer the telephone or the door while bathing your child at any age.

Umbilical Cord: Try to keep the cord dry. It is normal for the cord to ooze and bleed a small amount as the cord is falling off. It is not necessary to apply alcohol to the cord. Call if the bleeding or discharge persists, or the skin becomes red around the belly button.

Nails: Your baby's nails will grow rapidly and will need to be trimmed or filed frequently. Be sure to separate the nail from the skin on the top of the finger when trimming.

Circumcision: If you plan to have your son circumcised, it is best done during the

first few weeks of life. The circumcision may be done in the hospital or at one of the first visits in the office. The doctor will instruct you in circumcision care. While healing, the appearance of the penis may be irritated, sore, and swollen.

Clothing: Dress your newborn in light, non-irritating loose clothing. We recommend flame retardant sleepwear at night. Dress your newborn in the same layers of clothing as yourself. Keep the temperature in your home at a comfortable temperature for you. If the room is warm, make sure there is adequate ventilation and your infant is not overdressed or underdressed.

Sleeping: The American Academy of Pediatrics recommends most infants be placed on their back to go to sleep to decrease the risk of Sudden Infant Death Syndrome. There are a few exceptions: infants with severe gastroesophageal reflux, premature infants on oxygen or difficulty breathing, or infants with birth defects of the upper airway.

Visitors: Only close friends and relatives should visit you during the first month at home. They should not visit if they are sick. Ask visitors and family to wash their hands prior to holding your newborn. You can take your baby outdoors at any age. Dress your baby with as many layers of clothing as you would wear for outdoor temperature. Crowds should be avoided during your baby's first few months. Try to avoid contact with people who have infectious diseases, colds, or other illnesses during your baby's first year of life.

Preventing Fatigue and Exhaustion: Ask for help from your family, friends, and babysitters to do housework, laundry, shop, and cook, to allow you the opportunity to take a nap. Try to go to bed early, and nap if possible when your baby is napping.

Breastfeeding: Babies who are breast-fed have fewer infections and allergies. Until your milk supply "comes in," your infant will receive colostrum which has high levels of protective antibodies, offering protection from illness. Colostrum is the ideal food for your newborn and will help stimulate the baby's first bowel movement (meconium, a thick tar-like stool). Your milk typically comes between two and five days. Your baby may feed eight or more times a day. This frequent nursing stimulates the release of prolactin, which is a hormone in your body, that stimulates milk production. Nurse your baby ten to fifteen minutes on each side every two to three hours, or more often if your baby is showing hunger cues, for the first few months of life. Most newborns feed eight to twelve times in twenty-four hours. Some babies cluster their feedings and then sleep for longer intervals at other times. If the baby does not wake for a feeding within three to four hours during daytime hours, awaken to feed. Remember to change the breast you start with each time. Check to make sure your baby is latched on properly. Try to have your baby open his/her mouth wide ("V-shaped"), and pull

your baby to your breast with the nipple and most of the lower part of the areola in your baby's mouth. Having the correct latch will help prevent nipple soreness and cracking. You should not experience pain with breastfeeding beyond the initial latch and first few sucks. You can be sure your baby is getting enough if: there are one to three wet diapers each twenty-four hours during the first three days; six or more wet diapers each twenty-four hours after the third day, and at least one stool daily the first three days, then several stools a day and the stool changes to yellow and "seedy" after your milk comes in; and your baby is gaining weight. Be sure to get plenty to eat and drink. Eat a variety of healthy foods. And rest. Medications (prescription, herbal, and over the counter) can pass into the breastmilk. Please call our office prior to taking any medications while breastfeeding.

Formula Feeding: Breast milk is best for babies; however, it is not always possible. If you choose to bottle-feed, be sure to always use formula until your baby is one year of age. Feed your baby on demand when he/she is hungry. Typically, your baby may start out drinking one to two ounces every one to two hours, and gradually increase to four to six ounces per feeding. Most formulas are available in three forms: ready-to-use, concentrated, and powder. Be sure to mix exactly as directed on the formula label.

Water: Do not give your baby water in a bottle. Too much water can lower the sodium in your baby's blood and cause a seizure. A baby's kidneys can filter water without lowering the sodium at about one year of age.

Solids: Only feed your baby formula or breastmilk until four to six months of age. Do not introduce cereal or other baby foods prior to four months of age, unless instructed to do so by your health care provider. Early introduction of solids may cause allergies and excessive weight gain.

COMMON PROBLEMS

Crying: Babies communicate their needs by crying. You will learn to identify the cause of your baby's crying. Try feeding your baby, changing your baby's diaper, and then gently holding your baby. You cannot spoil your baby during the first few months of life. Enjoy rocking, singing, talking, and walking your baby to help soothe him/her. Call our office if your baby is having persistent crying without an identifiable cause.

Spitting Up: Most babies spit up a small amount after feedings. Spit up should be white breastmilk or formula, and may occur right away or thirty to sixty minutes after each feeding. Burp your baby over your shoulder rather than sitting on your lap. Call if your infant is spitting up excessively, is fussy, or decreasing formula intake.

Diaper Rashes: Try to change dirty or wet diapers as soon as possible to avoid a diaper rash. If redness develops, try applying a thick layer of Desitin or other barrier cream every diaper change until redness resolves. If redness persists, call your physician. Avoid using plastic pants, and use disposable diapers that pull moisture away from the skin. Avoid using diaper wipes when your newborn has only a wet diaper, as this may dry or irritate the skin.

Congestion: Babies breathe through their nose in the first few months. Therefore, if your baby's nose is congested, use saline drops (six to ten in each nostril, one at a time) count to "ten," bulb suction, and massage the outer nostril to help clear the mucus. If this does not help, repeat. Use a cool mist humidifier in your newborn's room while sleeping to help keep the nasal passageway clear when congested.

Fever: If your baby is less than three months of age and has a rectal temperature greater than 100.4° F, call our office immediately.

The Sick Newborn: A newborn is a baby less than one month old. Newborns mainly eat, sleep, cry, and need a lot of love and frequent diaper changes. If a newborn is ill, the symptoms can be subtle. Also, an ill newborn can get sicker very quickly. Call immediately if your baby has a cough, appears pale, appetite becomes poor, cries excessively, or has a rectal temperature over 100.4°F. Do not take an infant's temperature unless he/she feels hot or looks sick.

Postpartum Blues: More than half of all women experience postpartum blues on the third or fourth day after delivery. The symptoms include tearfulness, tiredness, sadness, and difficulty thinking clearly. The main cause of this temporary reaction is probably the sudden decrease of maternal hormones. The full impact of being responsible for a dependent newborn may be a contributing factor. Many mothers feel let down and guilty about these symptoms, as they have been led to believe they should be overjoyed about caring for their newborn. Being parents is a wonderful experience, but at times can be overwhelming. Do not be afraid to ask friends and family for help. Make time for yourself. Have a date with your husband. If you do not feel better after your baby is one month of age, consult your health care provider about depression.

Schedule your well check up: Schedule a well check up for the third or fourth day of life. Newborns need to be rechecked two days after discharge to see how well they are feeding, urinating, producing stools, and breathing. They will be checked for jaundice and overall health. Schedule a two week check up. This check up is very important, as your baby by two weeks will usually develop symptoms of any physical condition that was not detectable during the hospital screen, as well as recheck length, weight, and head circumference. If you think your newborn is sick between well visits, be sure to call our office for help.

DOCTORS

Pediatricians:

Charlene Guggenheim, MD: Board-certified in Pediatrics. Dr. Guggenheim has been practicing pediatric medicine for over 11 years. She attends to patients from birth through college and enjoys community education. She is a wife and a mother of two.

Claudia Nelson, MD: Board-certified in Pediatrics. Dr. Nelson has been practicing pediatric medicine in the valley for over 15 years. She cares for patients from birth through college with a special interest in behavioral medicine. She is a wife, a mother of three, and a grandmother.

Family Physicians:

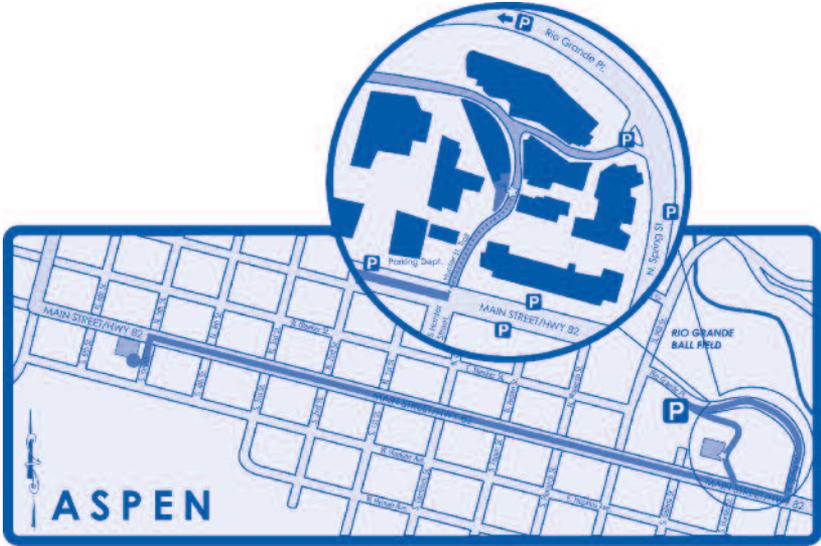
Anne Goyette, MD: Board-certified in Family Medicine. Dr. Goyette has been practicing family medicine for over 6 years. She cares for patients starting from birth through adulthood and has a special interest in domestic violence and women's healthcare.

Kim Scheuer, MD: Board-certified in Family Medicine. Dr. Scheuer has been practicing family medicine for over 10 years. She sees patients starting from birth and through the adult years. She is fluent in American Sign Language and Spanish.

All the above doctors have newborn and pediatric privileges at Aspen Valley Hospital. Dr. Dewayne Niebur, a family physician with Aspen Medical Care, is also comfortable seeing infants and children. Learn more about our office and providers by visiting our website at www.aspenmedicalcare.com.

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