737 N Michigan Avenue, Ste 820 Chicago, IL 60611
1471 S. Michigan Ave. Chicago, IL 60605
Phone 312-202-0300 Fax 312-202-0383

Congratulations

Welcome to our practice! You must be exhausted and excited at the same time! Besides enjoying your baby and getting rest, there are a few important things you need to know:

1. Call your insurance or Managed Care company to enroll your baby. If there is any delay please notify us upon your arrival.
2. Please read the handouts we give you they are very helpful! We recommend both parents read the information.
3. Call the office if you have any questions about your baby. We know that it takes time for you to become a confident as a parent. When you call, trust the advice that our nurses give will give you. It is important that you understand that although we try to provide ample time talking to you about well-child care, we also need to promptly attend to telephone calls regarding illness and injuries. We cannot always do both. Therefore, we have to be careful regarding the amount of time spent on each call.
4. Books to read: We believe knowledge is empowering. Knowledge that used to be gathered during longer hospital stay and from close family members may also be obtained from the books listed below. We strongly suggest that you familiarize yourself with them. Refer to these handouts and these books before calling the office.
    - Shelov, S. Caring For Your Young Child. Birth To Age 5 American Academy Of Pediatrics
    - Spock, B. Dr. Spock's Baby And Child Care Pockets Books
    - Huggins, K. The Nursing Mother's Companion Harvard Common Press
    - Weissbluth, M. Healthy Sleep Habits, Happy Child Ballantine
    - Weissbluth, M. & Weissbluth, D. Sleep Consult
    - Weissbluth, M. Six Sleep Problems And Solutions Marc Weissbluth
5. Online: Starts with our website: www.weissbluthpediatrics.com. Then from there, go to our patient portal: https://health.eclinalworks.com!WeissbluthPediatrics . From our website, there are many links to good, unbiased web content for your use. Please avoid any other websites that do not end in .edu or .org. Feel free to check our social media websites. We update them frequently with the most up to date and relevant office information:
   https://www .facebook. com/WeissbluthPediatrics

   http://www.yelp.com/biz/weissbluth-pediatrics-chicago

   https://twitter.com/weisbluthmethod

6. Caring for your baby: Your baby is the new boss for now!

   - Newborn babies usually feed every 2-4 hours; this a general guideline.
   - Do not wake a healthy baby unless he is making fewer than 4 wet diapers/24 hours.
   - Breast Milk will come in after 2-4 days.
   - Encourage tummy time when baby is awake.
   - Bottle-fed babies drink 21-24 oz/24 hours; these are general guidelines.
   - Start Vitamin D drops (1 drops/ day) unless your baby takes 1OOOml/day of formula.
   - Sleep your baby on his/her back.
   - Limit visitors to protect your need to rest, do what makes you feel comfortable.
   - Turn off your telephone when you nap and when you feed your baby.

Breast Feeding Your Baby

In the beginning, the baby will need to be fed about 8-12 times in 24 hour period. This will assure that establishment of a good milk supply. Your baby may nurse anywhere from a total of 10-45 minutes per feeding. As the baby gets older, the length of the feeding decreases and the time between feeding increases. Most newborn babies do not require supplemental bottles or pacifiers.

Your breast produces milk in response to the baby's nursing. As the baby feeds and removes the milk from your breast, your body produces more. At first, your breast produces fluid called colostrums, this fluid provides the baby with nourishment as well as protecting against infections. Since the amount of colostrums produced is small, we expect only 1wet diaper per day in the first 3 days of life. About the third or fourth day after the baby is born, the colostrums will be replaced by milk and the number of wet diapers and stools will increase

Some signs that your baby is getting enough milk at this time are:

- 5-6 wet diapers
- 1 or more bowel movements in 24 hours
- Audible swallowing sounds
- Baby taking 8-12 feeding in 24 hours
- Baby is gaining weight

.

Private Lactation Consultations are available with our International Board Certified Lactation Consultants

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Office Information

Office Hours

Northwestern Campus

Monday-Friday 8 AM - 6 PM. Walk in without an appointment for our "Sick Hour" at 8 AM

Saturday & Sunday 10 AM - 2 PM. Walk in without an appointment for our "Sick Hour" at 10 AM

South Loop

Monday-Friday 8AM-6PM. Walk in without an appointment for our "Sick Hour" at 8 AM

Hospital Appointments

All of our physicians are on staff at Prentice Women's Hospital and Ann & Robert H. Lurie Children's Hospital of Chicago.

Office Appointments

The general guidelines for scheduling appointments are based on the need to see ill children without too much delay and to avoid long waiting times for those well children scheduled appointments. "Same day appointments" are given for problems such as earache, sore throat, diarrhea, fevers uncontrolled by treatment, or other symptoms that are not improving or are worsening. The office attempts to schedule these throughout the day to see all ill children in the morning.

Office Visits

Babies born at Prentice Women's Hospital - NMH are examined at 3-5 days of age, at 2 weeks and again at about 2, 4, 6, 9 and 12 months of age. At each office visit, age-specific general information is provided in handouts, reading materials, and discussions, which address the common concerns of child rearing.

Office Routine

It is office policy that our skilled nurses gather relevant information from parents and advise parents regarding the care of well and sick children. Parents may choose to be seen by any doctor or pediatric nurse practitioner for scheduled well visits. Ill children will be seen by a doctor or pediatric nurse practitioner, dependent on availability. Contagious children are immediately placed in an examining room to protect the health of other children in the waiting area. Very sick children and sick infants are examined as soon as possible. Sleep and nutrition consultations are available for parents in the community.

Parking

Northwestern Office: The street entrance to our office is on Chicago Avenue, east of Walgreens, at 151 E. Chicago Avenue. This is also the entrance to the Olympia Centre public parking garage

South Loop: Free parking is available in our lot, with the green gate, to the South of the building

House Call Visits

WP offers Housecall visits! Please call our office at 312-202-0300 to verify you are in range for a visit. There is a transportation fee associated with this service that is not submitted to insurance.

New Parent Support Group

We offer a New Parent Support Group every Thursday at 1:00 pm. This meeting is catered to providing support for new parents as they tackle the surprises and challenges parenthood can bring!

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Telephone

Telephone Number: Our office phone number is 312-202-0300. During office hours, we do not charge for telephone calls.

WHEN OFFICE IS CLOSED:

For Emergencies, Call 911!

The Nighttime Greeting Options are:

- Press '2' if requesting to speak with our doctor on call. There will be a $25.00 charge for this service.
- Press '3' if requesting to leave a voicemail for our staff. We will contact you the following morning.

In order to promptly respond to telephone calls regarding illness and injuries and to avoid delays in caring for sick patients in our office, our policy is to limit all office calls to a few minutes. Questions regarding well child care such as feeding, nutrition, sleeping, or discipline, which require more time and discussion, are best scheduled as consultations with our nursing and physician staff.

Our Staff is Available via Email:

Nursing: Nurse@WeissbluthPediatrics.com
Scheduling: Reception@WeissbluthPediatrics.com
Billing: Billing@WeissbluthPediatrics.com
Administrative Supervisor: Admin@WeissbluthPediatrics.com

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www.weissbluthpediatrics.com

Before going to the emergency room, please call us first! 312-202-0300 then hit "2" and page the doctor on-call

We hope that these guidelines can help you better understand where to seek care for your child. If you think your child has a life-threatening condition, always call 9-1-1.

Seeing your child's pediatrician can be the best option as they typically know your child best. Emergency room (ER) care, which is the most expensive option, should only be used if you think your child has a medical emergency.

Make an appointment with your child's pediatrician to be evaluated and treated for the following:

- Allergies
- Ear pain
- Pink eye
- Mild asthma attack
- Most fevers
- Colds, cough or sore throat
- Headaches
- Sprains
- Constipation
- Insect bites
- Stomach pain
- Minor cuts or burns
- Nausea, vomiting or diarrhea
- Urinary tract infections
- Rashes

If you think your child may have a more serious condition, **please call us at 312-202-0300, then hit "2",** to determine the best setting in which to be evaluated. Some conditions that may need to be seen in the ER include:

- **Major asthma attack**
- **Bleeding** that won't stop
- **Burns** (burn is size of child's palm)
- **Cuts** (gaping cuts - especially on the face and especially in younger children, or the bleeding won't stop)
- **Severe chest pain**
- **Fever in infant** under 8 weeks old
- **Seizure**
- **Head injury** (your child hits their head and appears to pass out or lose consciousness for a few seconds or longer)
- **Swallowed sharp object**
- **Vomiting/coughing up blood**
- **Vision loss**
- **Shortness of breath** (your child has heavy, fast breathing, is gasping for air or manages to utter only two or three words before taking a breath)

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Insurance

Our responsibility is to provide pediatric medical care for your child but we do not have the capability to confirm your understanding regarding your child's medical insurance coverage.

Sometimes it is difficult to obtain accurate information from insurance companies and provider directories may be inaccurate. If we do not participate in your insurance plan, than the bill you receive may not be paid by your insurance company. Unfortunately, understanding managed medical insurance for children has become increasingly complicated and challenging for parents.

We want parents to clearly understand that it is the parent's responsibility to determine their child's medical coverage. Co-payment must be paid before your child is examined. Payment of parent's responsibilities is requested at the time of service. No future well child appointments will be scheduled and previously scheduled appointments will be cancelled if past due or outstanding charges are not paid at the time of your visit.

THIS IS THE PARENT'S REPONSIBILITY TO REGISTER THEIR CHILDREN WITH THE INSURANCE COMPANY AND TO KNOW:

- THE STATUS OF THEIR ACCOUNT
- PATIENT RESPONSIBILITIES
- MAXIMUM BENEFITS
- CO-PAYS
- DEDUCTIBLES
- COVERED BENEFITS

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RESOURCES FOR PARENTS

Our mission is to provide Chicago families the most personalized and accessible pediatric care in the city. To provide the highest quality of care, we offer a variety of unique services!

Walk-In Hours- No Appointment Needed- 7 days/week

Weissbluth offers walk-in appointments for sick patients in the first hour of the morning. Our walk-in hour begins at 8:00am Monday through Friday and 10:00am on weekends *(Weekends at the Northwestern office only)*.

Pre-Natal Visits

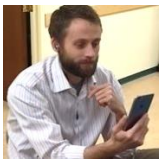
Tell your expectant friends to stop in for a *free* pre-natal visit with any one of our pediatricians! We're happy to help guide them through post-delivery care as well as discuss our practice's mission in helping families to receive the best care and have the most positive experience.

Doctors On-Call 24/7/365

Have an emergency question for our providers? Not to worry! We have a doctor on-call after office hours, available by phone all night long**. Call 312-202-0300 and hit "2"**, 365 days of the year, including holidays!

House Calls

We are proud to be the **only** pediatric practice in Chicago that provides home visits to families. Our pediatricians are able to travel to families' homes to conduct both sick and well visits, Monday through Friday.



Virtual Visits

Weissbluth is getting ahead in technology! Our pediatricians now serve sick patients through virtual visits. Whether you're on vacation or at home reluctant to drive to our office, our staff can offer a virtual visit for your sick child via Skype, FaceTime, Google Hangout, and more!

Lactation Support

Members of our lactation team are trained and able to offer lactation consultation appointments. Whether moms have trouble with latching or weight gain questions, our certified breastfeeding team is here to help!

Healow App/Patient Portal

Schedule appointments, see growth curves, message our nursing staff with the use of our mobile Healow App (both iOS and Android compatible). Type "Healow" into your app store. All you need to start is an ***activated* patient portal account**. Ask our front desk about it!

Weekly Parent Support Groups

Every Thursday at 1:00 PM one of our doctors hosts a *free* interactive group for new parents with questions related to feeding, sleep, and child development.

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Our Pediatric Nurse Practitioners

Weissbluth Pediatrics utilizes highly qualified pediatric nurse practitioners (C.P.N.P.) as part of our health care provider team. All of our nurse practitioners are certified by the National Association of Nurse Associates & Practitioners and licensed by the Illinois Department of Professional Regulation.

Our nurse practitioners are registered nurses with advanced academic and clinical education in pediatric health care at the post-master level. They work in collaboration with our physicians and are licensed to prescribe medication. Nurse Practitioners may do the physical exams at well visits for infants, children, and adolescents. They may also diagnose and treat acute illness and provide management of chronic illnesses such as asthma. In addition, they screen for developmental and behavioral health problems as well as provide advice and counseling on issues such as discipline, breastfeeding, nutrition, and safety.

Dan Cohen, M.S.N., C.P.N.P.

Dan grew and went to college in Ohio, where he received his Bachelor of Science in Biology (2007) and Masters of Science in Nursing (2009) from Ohio State University. After graduating in 2012, he moved to Chicago to start his career as a Pediatric Nurse Practitioner. He loves football, baseball, and biking on the Lake Shore Path. He is board certified and has been practicing in primary care since 2012. His clinical interests include childhood development, healthy lifestyle, and childhood education. He looks forward to getting to know you and your family!

Faye Hamilton, C.P.N.P., M.S.N., I.B.C.L.C

Faye is originally from England and moved with her family to Ohio before calling Chicago home. She often spends her time exploring the city, running along the lakefront, and trying new restaurants with her husband. She is not only a Pediatric Nurse Practitioner but also a member of our Lactation team! Having earned her Master of Science in Nursing from The Ohio State University, she brings four years of pediatric primary care experience having worked at a clinic in Aurora, IL. Her clinical interests includ breastfeeding, childhood development, and pediatric acute care. She is excited to be joining the Weissbluth Pediatrics team and looks forward to caring for your child.

Amy Lange, C.P.N.P., M.S.N., I.B.C.L.C.

Amy is not only a lactation consultant but she is also a board-certified Pediatric Nurse Practitioner who was raised in Pittsburgh and moved to Chicago in 2015. She has a Bachelor of Science from Wake Forest University in Health and Exercise Science (2013) and a Master of Science in Nursing from Boston College (2015). Amy loves her role as a P.N.P. and the privilege she has of both educating and collaborating with children and their families about health and wellness during their most formative years. Her clinical interests include breastfeeding support, child development, nutrition, and asthma management. She looks forward to caring for your child and family to help them grow up happy, safe, and healthy.

Larissa Schulze, D.N.P., C.P.N.P.

Larissa is a board-certified Pediatric Nurse Practitioner who was born and raised in Cedar Rapids, Iowa. She is also a member of our lactation team! She completed her Bachelor of Science in Nursing at the University of Iowa and her Doctorate in Nursing at Rush University Medical Center. She relocated to Chicago after she got married and has loved all that the city has to offer. She brings five years of acute care experience as a Neonatal Intensive Care Nurse at Rush University Medical Center. In her free time she loves playing beach volleyball, spending time outdoors at her family's lake house, and trying new restaurants in the city.

Car Seat Recommendations for Children

- Select a car seat based on your child's age and size, and choose a seat that fits in your vehicle and use it every time.
- Always refer to your specific car seat manufacturer's instructions; read the vehicle owner's manual on how to install the car seat using the seat belt or LATCH system; and check height and weight limits.
- To maximize safety, keep your child in the car seat for as long as possible, as long as the child fits within the manufacturer's height and weight requirements.
- Keep your child in the back seat at least through age 12.

NHTSA
www.nhtsa.gov

AGE

Birth – 12 months

Your child under age 1 should always ride in a rear-facing car seat.
There are different types of rear-facing car seats: Infant-only seats can only be used rear-facing. Convertible and 3-in-1 car seats typically have higher height and weight limits for the rear-facing position, allowing you to keep your child rear-facing for a longer period of time.

1 – 3 years

Keep your child rear-facing as long as possible. It's the best way to keep him or her safe. Your child should remain in a rear-facing car seat until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the rear-facing car seat, your child is ready to travel in a forward-facing car seat with a harness.

4 – 7 years

Keep your child in a forward-facing car seat with a harness until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the forward-facing car seat with a harness, it's time to travel in a booster seat, but still in the back seat.

8 – 12 years

Keep your child in a booster seat until he or she is big enough to fit in a seat belt properly. For a seat belt to fit properly the lap belt must lie snugly across the upper thighs, not the stomach. The shoulder belt should lie snug across the shoulder and chest and not cross the neck or face. Remember: your child should still ride in the back seat because it's safer there.

DESCRIPTION (RESTRAINT TYPE)

A **REAR-FACING CAR SEAT** is the best seat for your young child to use. It has a harness and in a crash, cradles and moves with your child to reduce the stress to the child's fragile neck and spinal cord.

A **FORWARD-FACING CAR SEAT** has a harness and tether that limits your child's forward movement during a crash.

A **BOOSTER SEAT** positions the seat belt so that it fits properly over the stronger parts of your child's body.

A **SEAT BELT** should lie across the upper thighs and be snug across the shoulder and chest to restrain the child safely in a crash. It should not rest on the stomach area or across the neck.

www.facebook.com/childpassengersafety

http://twitter.com/childseatsafety

March 21, 2011

How to Tell If Your Child Is Not Feeling Well:

1. Consider Specific Signs:

Fever: Taking the temperature is very important at the beginning of the illness. Any elevated temperature in an infant in the first 8 weeks of life, or a persistently elevated temperature in an older child needs prompt attention. A healthy baby may have a temperature up to 99.3 under the armpit or 100.3 rectally this can be normal.

Weakness: Limpness, weak suck, and a feeble cry are all signs of an illness that requires prompt medical attention

Irritability: inconsolability-when parents are unable to calm a crying baby- requires prompt medical attention. Infants generally approach a peak of irritability with associated difficulty sleeping around 46 weeks post-conception.

Vomiting: Vomiting is common after coughing- this can be a result of increased pressure on the abdomen. Vomiting, not following a coughing episode, is more concerning. If an otherwise healthy baby vomits or has a wet burp-but is happy, eating well, and without fever- this Is not as concerning.

Diarrhea: More frequent stools or looser consistency is common among children green stools can be normal in an otherwise healthy breastfed baby. Blood In the stool always needs prompt medical attention.

Dehydration: Persistent vomiting and/or diarrhea can cause dehydration. A decrease in wet diapers, dry (no tears while crying) or sunken eyes, and dry mouth (cracked lips) are signs of dehydration. If you are unsure, please call our office and we will figure it out together!

Signs of Meningitis: A bulging soft spot In an infant can be a sign of meningitis. A child older than one year, who is unable to flex his neck (touch his chin to his neck as if nodding "yes"), may also have meningitis. Usually these signs are associated persistent vomiting and/or fever.

Nasal Discharge/Congestion, Sneezing and Coughing: We see these signs with a common cold. If a child is generally well-appearing, these signs are not too concerning. Even if the secretions progress from dear to thick yellow green, this does not necessarily mean that this is a bacterial infection requiring antibiotics. In fact, many healthy babies normally have noisy breathing, coughing, sneezing, and congestion.

Decreased sociability, appetite, and energy level: These signs are more worrisome if they are severe or change abruptly as opposed to gradually changing or mild In nature.

How severe is this illness?

2. Consider the Duration of Signs

Temperature greater than 104.5 F (rectally), severe difficulty breathing or wheezing, blood in stools or vomitus, extreme pain, persistent lethargy or irritability, or continuous vomiting are all major signs of danger, even of short duration, and require immediate medical attention

Respiratory symptoms (coughing, sneezing, and congestion) and gastrointestinal symptoms (decreased appetite, mild diarrhea, and vomiting) usually start to Improve aft r 24 72 hours. The total duration of these symptoms is generally 7-10 days. Usually by the fifth day, children start to improve. The failure to improve after the first 24-72 hours suggests the need to call the office for advice or examination. Nasal secretions may change from thin and clear to thick and green with a common cold· if this is the only change, antibiotics are not necessary.

3. Consider the development of new Signs

Pain: the development of severe pain (crying, difficulty to calm, Inability to sleep well) may indicate a bacterial complication of a common cold e.g ear or sinus Infection.

Lethargy or weakness: A dramatic change In energy level may indicate that a mild viral illness is developing into a bacterial infection or dehydration.

Vomiting or headache: These additional developments are more concerning for upset stomach, strep throat, or meningitis.

Overlapping symptoms: Oftentimes, when children are around other sick children (siblings or classmates) they will get exposed to a new viral illness before the first Illness finishes (3-7 days). Although the symptoms may not be severe, they linger for weeks. The result is an apparent illness lasting for weeks, but is really many illnesses which are overlapping each other.

If your child is having a mild illness and it suddenly gets more severe, your child may need prompt medical attention.

4. Progression of Signs:

Timing: Pain and fever rise into the evening and night-appearing a little more ill at nighttime does not always mean that the disease is getting more severe.

Increasing pain, fever, vomiting, or diarrhea: If a mild Illness starts to progress, prompt medical attention may be needed because this may represent the development of a more serious bacterial complication.

Worsening of symptoms or a failure to improve after 24-72 hours suggests a more serious illness.

Up and Down": With a viral illness, the child can alternate between appearing sometimes better and then sometimes worse. When this persists past 7 days, we think of overlapping infections.

"Was getting better, now suddenly worse": This can be concerning of a new bacterial infection developing. Watch closely at home or call the office for more clarification.

"When Should I call the Office?"

You should call whenever you think your child Is sick or you do not know what to do. Call early in the day if you can. Try to prepare to answer these questions: When did these signs develop? What is bothering your child the most? Remember, your level of comfort may be different tt)an the severity of your child's symptoms-this will help you communicate with our office staff.

"What should I say when I talk to a member of the staff?"

1.''This is an emergency because my child is".''
2."This is not an emergency but I think my child should be seen today because..."
3."This Is not an emergency but I feel very uncomfortable with her illness and I want to know that there is nothing wrong with her"

Helpful hints when calling the office:

Our nurses have excellent training, and lots of personal experience to draw on. Thert also work closely with the doctors and nurse practitioners when answering questions over the phone1 Have a paper and pen handy so you can take notes. Firstly, let us know if the concern regarding the c Jld is yours or another caregiver. Secondly, let us know If the child is active, smiling, and social- if he is, he Is probably not severe enough for you to be alarmed.

Always call again if your call has not been returned in a timely basis. We are open 7days/week and
We have a providers on call 365 nights/year.

Crying and Sleeping

Daniel Welssbluth, M.D and Marc Welssbluth, M.D.

Sleep Consult

Crying:

There are many ways to soothe babies but only a few major themes.
Rhythmic rocking: Swings, cars, arms, rocking chairs, stroller rides, crib, swaying to and from...See also, Swing Sleep and Motion Jeep

Gentle Pressure: Swaddling, massage, soft cloth carriers...
Sucking: Breast, bottle, pacifier, wrist, fingers...
Sounds: Lullabies (see Sweet Baby: Lullabies to Soothe Your Newborn), nature sounds, music, quiet talking, shushing, heartbeat sounds, womb sounds...

Tip: Swaddling should be attempted if it appears to help your child sleep better. If you have to re- swaddle a baby once or twice a night to get great sleep, it is worth it. If you have to replace the pacifier once or twice a night to get great sleep, do it. But if swaddling or replacing pacifiers occurs many times throughout the night, then one or both parents is going to get short on sleep and this is not good. It is time to allow your child to learn some self-soothing. When your child appears to want to kick free and not be swaddled, then stop. When your child throws the pacifier out of the crib, buy a dozen plus one with a ribbon that is substantially shorter than the circumference of the neck that hasan alligator clip so you can attach it to the pajama.

Tip: Try to synchronize your soothing efforts to the beginning of a sleep period, that is Catch the Wave of emerging drowsiness.

Drowsy but Awake:

After soothing your baby in any way that calms her, sometimes attempt to put her down Drowsy But Awake. If she falls asleep, congratulations! You have begun the process of allowing her to learn Self-Soothing. If she makes quiet sounds such as whimpering or low level fussing, wait and watch as long as you feel comfortable. Then, she might fall asleep. Or, she might begin to cry hard; Immediately pick her up for soothing to sleep in any way you wish (or maybe try Drowsy But Awake again at that time or the next day), or playing with, or feeding her.

There is no rule regarding the time of day when you should attempt Drowsy but Awake or how many attempts per day.

However you might be more successful if you try this within one hour of wakefulness in the morning because your baby is best rested from night sleep. That Is, do changing, feeding, a little playing, and soothing all within one hour. Look at the clock when you think your baby awakens to “start the day"; this time may vary from day to day. On a week-end, have Dad, If available, put him down in a dark and quiet room drowsy but awake.

For these attempts, mom should leave the house. This often produces more sleep and less crying.

You might be successful only 10% of the time when you first start but expect improvement every week or so until it becomes 20%, 40%, then 80%. If you never do Drowsy But Awake or begin the process when your baby is older, your baby Is likely to become entirely dependent on extensive and intensive parent soothing efforts which are not sustainable In the long run.

If you discover that Drowsy But Awake never works or rarely works, consider the possibility that instead of Brief Intervals Of Wakefulness, you are allowing your baby to stay up too long. An alternative consideration is that your child has Colic. Perhaps there is too much light or noise where he is sleeping. Or perhaps you started this practice after your child had already become accustomed to falling asleep in your arms, in a swing, on your chest, or at your breast (parent soothed). It will take some time to unlearn this expectation .In young babies, there is nothing harmful to ignore your baby's soft cries for 10-20minutes, especially If they are quiet whimpers or low level crying, but do this only if you feel comfortable doing lt. Because I am not talking about loud insistent, or hard crying, please do not worry about Does Crying Hurt My Child or have a Fear Of Crying It Out. Brief Intervals of Wakefulness or Many Naps

If your baby Is allowed to be wakeful for more than 60-120 minutes, It Is likely that she will develop a Second-Wind that Interferes with her easily falling asleep unassisted (Self-Soothing) or staying asleep. Try to watch your baby for Drowsy Signs and the clock. Or use the Weissbluth Method Infant Nap App to avoid allowing your child to become overtired (short on sleep or sleep-deprived).

Pitfall: Do not assume that any Brief Interval of Wakefulness of less than 120 minutes is always helpful. For example, a Mom might be attempting naps after about 90 minutes of awake time and observe that her baby usually has difficulty Self-Soothing and/or her baby has very short naps. She might fall asleep easier If the Interval of wakefulness is even briefer, for example, 60 or 75 minutes. Babies cannot tolerate long intervals of wakefulness until naps become more developed around 4 Months of Age.

Pitfall: Digital distraction or background television may cause you to not see the beginning of Drowsy Signs.

Feedings Your Infant:
No two babies are alike. Bigger babies will drink more and smaller babies will drink less. In the beginning, feeding is on demand (breast and bottle) because they are not developmentally ready for a schedule.

Birth- 3 Months: 6-10 feedings daily (21 24 oz./24 hours)

4-7 Months: 4-6 feedings/ daily {24-32 oz./24 hours)

8-12 Months: 3-4 feedings (24-32 oz./24 hours)

Water: A healthy baby does not need supplemental water. It is popular to make formula with sterilized water or nursery water in the beginning. After the first few months, you may use tap water and bottles do not have to be sterilized. It is Important for nursing mothers to drink a lot of water.

Juice: Juice has no nutritional value during Infancy it can be used as a occasional "treat" (max. 4 oz.) after "'6 months of age.

Bottle (even while breastfeeding) : One bottle a day starting in weeks 2-3 is a good Idea It does not "confuse" the baby or cause weaning to occur. It lets another caregiver get involved and gives mom a break. You can mix breast milk and formula in the same bottle.

More Info on feeding:

1. Your baby will receive all required nutrients and calories from breast milk or formula during the first 4-6 months.
2. Pumped milk can be stored: 4 days in refrigerator and 4 weeks in a freezer.
3. At 10-12 months, attempt more cups at meal times.
4. After 12 months, you can start either whole or 2% milk. 1% or skim milk can be introduced after 2 years of age.
5. Learn to recognize infant's hunger and satiety signs- rocking, singing, and pacifiers will likely calm the baby down if the child is not hungry.
6. You can warm a bottle under warm tap water but it is not necessary. Do not microwave milk.
7. The AAP recommends giving exclusively breastfed Infants 400 I.U of Vitamin D every day.
8. Iron Is in all formulas--feel free to choose any brand of formula.
9. Flouride Is added to Chicago's drinking water. If your child drinks well or bottled water (without fluoride), then they need supplemental fluoride.
10. Pitfall: Drowsy Signs are Masked by continuous soothing from parents, relatives, and nannies.

Get Dad On Board or Many Hands:
If your baby falls asleep only following mother's feeding, your baby may learn to associate the process of falling asleep only with mothers feeding. This interferes with your baby learning Self-Soothing. Dad (or anyone other than Mom) should sometimes put your baby down to sleep after soothing, Drowsy But Awake. Perhaps Dad can do a feeding and soothing to sleep at night or some nap-duty on week-ends when available. On weekends, Mom should leave the house for self-maintenance or private time when Dad pulls nap duty. Moms deserve to take breaks to get their batteries recharged. This strategy is smart, not selfish because Moms do the heavy lifting when it comes to baby care and a sleep-deprived mom Is not at her personal best. Remember the safety advice on the airplane, you put on your oxygen mask first so you can take care of your child second.

One other important things to remember so that you can cope with a new baby:

Don't blame yourself for the crying-It is not a reflection of your parenting skills Crying Peaks Around The Second Month Of Life. If you are feeling angry, helpless, disappointed, frustrated, guilty, or sad, TALK to someone-we are here to help. There are also many other resources but you have to express your thoughts so we can help you get through this period. Do not intellectualize or psychologize the crying- it is a temporary phase babies go through. In the very beginning, the cause of crying are biologic: and/or medical in nature

Solids:
We discuss introducing solids between 4-6 months of age. There will be developmental cues that your baby is ready for solids: sitting without support, holding head up, leaning forward turning head away (weakened suckle-swallow reflex). Iron fortified cereal and pureed fruits or vegetables are generally good starting solids. If there is a family history of food allergy, you may want to try one food at a time for two or three days in a row. Otherwise, be flexible. We start with one meal a day in the beginning and by 10-12 months, many infants are eating at least 3 meals a day. For picky eaters at meal times, it helps to regulate snacking behavior.

Home Made Baby Food: Peel fresh fruit or vegetable, cook until tender, add milk or puree the food using a baby food grinder, strainer, blender or food ·processor. Place baby food on ice cube trays, freeze in sealed plastic bags and use within 1 month. Do not season this food with salt or sugar. Offering solids prior to milk can encourage the infant's interest in the food. Avoid juice. By 6-7 months of age, try a little bit more texture he may resist a lumpier consistency later on if this is not done. After 1year of age, environmental stimuli may be more interesting than meals leading to irregular eating habits. Eating meals as a family is always a good idea.

Popular "transitional' table foods to start "'8 9 months:

-cooked tortellini, ravioli, macaroni {"baby pasta")
-toast strips, bagels (to soothe teething gums)
-soft cooked vegetable pieces, mashed potatoes
-soft peeled fruits (bananas, nectarines)
-mild cheese cubes, cottage cheese, yogurt

Foods to Avoid:

1. Choking Hazards- Until 3-4 years of age, your child should avoid foods, please avoid the following foods to prevent choking: raw vegetables, whole grapes, chunks of apple, nuts, popcorn, and bigger pieces of hotdog.
2. If children are not sitting while eating, they may choke on small foods such as hotdogs or raisins.

Baby Care Guidelines:

You cannot spoil your baby: enjoy doing things with your baby. Do not dwell on doing things to or for your baby. Sneezing, hiccups, and rashes come and go but look closely; they do not usually appear to bother your baby, so do not let them bother you. Babies normally have dry skin and there is no need for lotions or creams. An exception is dry skin on the scalp with dandruff-like scales or flakes. Use T-Gel shampoo to treat this (cradle cap}.

Activities:

Your baby may go on an airplane at any age. Use common sense; dress your baby as you would dress yourself and stay outside as long as you feel comfortable. Do not assume that your baby needs to be kept extra warm; set your thermostat so you are comfortable and dress your baby accordingly. Be reasonably prudent and avoid large crowds of people, especially toddlers with runny noses and unwashed hands.

Bathing:

After the umbilical cord falls off, you may bathe your baby the next day in a submersion type bath. You may use any of the baby shampoos and soaps.

Safety:

Here are some basic safety measures, which reduce accidents.

1. The maximum hot water temperature should be 120F. A meat thermometer under tap hot tap water can give you a good idea of how hot this water would feel.
2. Every floor in your house should have a smoke and carbon monoxide detector. Batteries should be checked yearly. Fire extinguishers should be available, especially in the kitchen.
3. Cribs should meet standards with slats less than 2-3/8" apart and a snug fitting mattress. This is especially important with "renovated" or "recycled" cribs.
4. It is a good Idea to take pediatrics CPR class. You may also want to enroll other caregivers. The classes are only, a few hours long and you can find out where, when, and how to do this by calling the Nursing Education Dept. at Lurie Children's Hospital or Prentice Women's Hospital.

Parent Care Guidelines:

It is healthy to spend some time away from your baby. Being overly absorbed with your baby might lead to extreme fatigue. It is smart, not selfish to take breaks. Do not feel guilty about going out on dates. This is especially important If your baby has evening fussy spells.

Advice to Experienced Parents who are having a Second or Third Child:

1. Introducing the Baby: Gifts from the baby to the older sibling help make this transition more of a celebration for the family. The older child might feel ignored when people give gifts to the baby and not him. Therefore, you may wish to have a secret supply of gifts to be given so that the older child always feels like a participant. Convey to your older child the pride you feel in your growing family.
2. Improved Sleep Hygiene: With a second child, the parents are usually more attuned to the drowsy signs and the need for brief intervals of wakefulness. Parents should try to avoid naps on the run or in less than ideal sleep environments (e.g in the stroller while shopping). Sometimes the timing Is off: 10-15 minutes of crying will not harm the baby. If your timing is better, than there may be minimal crying. Do not assume there necessarily will be any crying, but do not feel bad if there is a little. Read "Sleep Consult" to understand more about crying and sleeping.
3. Private Time: At least one parent will have less time and energy to respond to the older child due to the time demands of the baby. This can make your first child uncomfortable. Setting aside a time, which is labeled "Peter's Private Time," can help with this discomfort. This protected time may be brief, such as lQ-20 minutes, but it should occur every day at about the same time. You may use a kitchen timer to control the duration and give the event special importance. The time may be before or after dinner or before bedtime or any other time that you know someone else will be caring for the baby. This time is when Peter can expect your undivided attention and you do what Peter wants to do during this time. Peter now feels more secure because he knows that there will be a daily time where he does not have to compete with the baby for your attention. This structures expectations so you can say, "I'm sorry Peter but we will have to wait for our private time" when you are exhausted or taking care of the baby.
4. Discipline: The baby's biologic inconsistency, in the first 3-4 months, can disrupt the regular routines of the older siblings. These routines provide security to the older child and when they are stressed, the older child's behavior may reflect this stress. We encourage parents to be more tolerant of the older child's behavior during this time period.
5. Infection Control: Avoid crowded restaurants and airports but allow friends to visit. Their children should not touch the baby. If your friend's children are going to touch the baby anyway, please make sure they wash their hands prior to touching.
6. Separation at feedings: An older sibling may become bored, jealous, or learn that a mother is vulnerable during an infant's breastfeeding. Because It is important for there to be a peaceful environment while feeding the infant, moms may have to separate from the disruptive sibling. Feeding times are to be quiet times and we can tell the older child, "I do not enjoy the pleasure of your company'' as you separate. Then, if he stops the disruptive behavior, you can praise him by saying, "Thank you for stopping the yelling." By describing the behavior that you are trying to eliminate, you accelerate the learning faster than saying, "Thank you for being a good boy."
7. Smothering: The older sibling will oftentimes be interested in holding and embracing the baby. Say nothing to the older sibling even if the hugs, kisses, and embraces seem rough. Only if the baby cries or grimaces, should a parent point out the Infant's discomfort to the older sibling. On the other hand, if the older sibling Is being appropriate and affectionate, then the parent should praise this behavior in hopes of it being repeated.
8. Less time with second child: Don't feel guilty about not spending as much time with the new baby as you did with the first child. Not only are you more experienced, calm, and knowledgeable but the older sibling will also accelerate the development of the baby too (although this may not be readily apparent at first!)
9. Bottle: A single supplemental bottle given to a breast-fed baby can give moms a break. It does not cause nipple confusion

One parent put it this way, "The early bedtime is a non-negotiable component of healthy sleep training. If you want your child to sleep soundly, wake up well rested, you have to marry the idea of an early bedtime." For a deeper look, see How to Choose an Early Bedtime.

A pitfall is to assume that any bedtime in the time frame will work for your baby. Your baby might be developing a Second-Wind or Fatigue Signs at 8:00pm but you do not appreciate it because of digital distraction or you. Are distracted because of another child or preparing dinner. Or maybe Drowsy Signs are emerging at 6:30PM but you come home from work at 7:00PM.
Start at bedtime because night sleep develops around 6 weeks of age and/or in the morning with Drowsy But Awake because he Is likely to be best rested from night sleep. You might be more successful if you try this within one hour of wakefulness in the morning because your baby is best rested from night sleep. That is, do changing, feeding, a little playing, and soothing all within one hour. Look at the clock when you think your baby awakens to "start the day"; this time may vary from day to day. Have
Dad, if available, put him down in a dark and quiet room drowsy but awake. Mom leaves the house. This often produces more sleep and less crying.

Tip: Please do not assume that only infants benefit from early bedtimes. New Research published in the January, 2011 issue of *Sleep:* "Earlier parental set bedtimes could therefore be protective against depression and suicidal ideation in adolescents...Earlier parental set bedtimes could be protective by lengthening sleep duration."
I have read reports by parents and professionals that they did not enforce bedtimes and their kids turned out fine. I strongly suspect that there are two factors to consider. One is the degree of sleep deprivation and the second is a genetic predisposition of susceptibility to the ill effects of sleep deprivation. But why take any chances with our babies, infants, toddlers, children, tweens, or teens? Doesn't everyone feel a change in mood when sleep deprived? Why wait for adolescent depression to sound the alarm bell that more sleep is needed? Parents should set bedtimes as a health habit just as they choose healthy food for meals. You want your child to be at his Personal Best.

Most babies have peak fussiness and wakefulness in the evening around 6 weeks of age. Do whatever works then to maximize sleep and minimize crying. When specific responsive social smiling starts, try to make the bedtime earlier and begin, or restart, attempts to promote self-soothing at bedtime.

Naps are brief and irregular. See the Weissbluth Method Infant Nap App (0-12 Months)
Swaddling and pacifiers might help and will not harm your baby. For those with Colic, do whatever works to maximize sleep and minimize crying: swings, strollers, cars, and sleep at mom's breast or on
Dad's chest. Some babies with Colic sleep much less during the day. Some brief naps might be extended
By re-swaddling, a quick feeding, or replacing a pacifier.

Common Problems

Sleep problems occur When the Bedtime is Too Late. For example, Parents Return Home Late From Work or picking up the child from Day-care and arriving home late. If you want to quickly help repay a Sleep debt or allow your baby to learn self-soothing skills, consider Extinction at About 6-12 Weeks of Age.

Sleep problems sometimes emerge despite your best effort because there are Barriers that make it difficult to prepare for Healthy Sleep or to be reasonably consistent with an earlier bedtime.

Sometimes it is hard to put an older child down earlier than a baby who needs a later bedtime because she had a long afternoon nap. Begin the process when you have help such as a Saturday night when Dad is home so each child has one parent for soothing to sleep.

The most common problem with child number two is that that child number one distracts parents early in the evening so parents miss Drowsy Signs or keep number two up too late. Cumulative Sleepiness results and leads to major sleep problems.

PARENT'S BOOK LIST 6/2012

Development

Ames, Louis Bates; Frances Ilg. Your Three-Year-Old Four Year- Old. Your Five-Year Old. Gesell Institute of Human Development, 1976.

Mack, Allison. Toilet Learning. Little, Brown, & Co., 1978.

Dreikers, Rudolph. Children: The Challenge. A Plume Book, 1992.

Nutrition

Satter, Ellyn. How to Get Your Kid to Eat...but Not too Much. Bull Pub Company, 1987.

Satter, Ellyn. Child of Mine. Feeding With Love and Good Sense. Bull Pub Company, 1986.

Satter, Ellyn. Secrets of Feeding a Healthy Family: How to eat. how to raise good eaters. how to cook. Kelcy Press, 2008.

Swinney, Bridget. Healthy Food for Healthy Kids. a Practical & Tasty Guide to Your Child's Nutrition. Meadowbrook Press, 1999.

Wilkoff, William G. Coping With a Picky Eater. A Guide for the Perplexed Parent. Fireside Book, Simon & Schuster, 1998.

Larsky, Vicki. Feed Me. I'm Yours. (www.meadowbrookpress .com) Meadowbrook Press, NY

Walker, W. Allan. Eat. Play and Be Healthy. McGraw Hill Co., NY, 2005.

ADHD

Barkley, Russell. Taking Charge of ADHD: The Complete. Authoritative Guide for Parents. The Guildford Press Agency, 2005.

Hallowell, E.; John Ratey. Driven to Distraction: Recognizing and Coping with ADD. Simon & Schuster, 1995.

Adolescence: For Parents

Caron, Ann. Don't Stop Loving Me. Harper Collins, 1992.

Elium, Jeanne & Don. Raising a Daughter: Parents and the Awakening Woman. Celestial Arts, 1994.

Elium. Jeanne & Don. Raising a Son: Parents and the Making of a Healthy Man. Beyond Words Publishing, Inc., 1992.

Madaras. Lynda. The What's Happening to My Body Book for Girls. Newmarket Press, 1988.

Madaras, Lynda. The What's Happening to My Body Book for Boys. Newmarket Press, 1988.

McCoy, Kathy. Changing Bodies, Changing Lives. Vintage Books, 1988.

Pipher, Mary. Reviving Ophelia: Saving the Selves of Adolescent Girls. Ballantine Reader's Circle, 1995.

Pollack, William. Real Boys: Rescuing our sons from the Myths of Boyhood. Owl Books, 1999.

Rosenberg, Ellen. Growing Up Feeling Good. Puffin Books, 1996.

Silverstein, Olga. The Courage to Raise Good Men. Penguin, 1995.

Wolf, Anthony. Get out of My Life. but First Could You Drive Me & Cheryl to the Mall. Farrar, Strauss & Giroux, 2002.

Adolescence: To Read With Your Child

Books from the American Girl Library:
The Care & Keeping of Friends
More Help!
The Care & Keeping of You: The Body book for Girls

Berry, Joy. Needing Attention. Scholastic Press, 1996.

Canfield, Jack. Chicken Soup for the Kid's Soul:lOl Stories ofCourage, Hope and Laughter. Health Communications, 1998.

Harris, Robie. It's Perfectly Normal Candlewick Press, 2004.

Ginsburg, Kenneth. But I'm 13! An Action Pan for Raising a Responsible Adult. Contemporary Book, 2001.

Discipline and Parenting

Neuman, M. Gary. Helping Your Kids Cope with Divorce the Sandcastles Way. Random House, 1999.

Phelan, Thomas. 1-2-3 Magic: Effective Discipline for Children 2-12. Child Management, 1996.

Richardson, Brenda L. & Elane Rehr. 101 Ways to Help Your Daughter Love Her Body. Harper Paperbacks, 2001.

Christopherson, Edward & David Graves. Little People: Common Sense Child. Overland Press Inc., 1998.

Christopherson, Edward. Beyond Discipline: Parenting the Lasts a Lifetime. Westport Publishers, 1990.

Delzer, Carol; Cheryl Erwin; Jane Nelson. Positive Discipline For Single Parents. Prima Lifestyles, 1999.

Wolf, Anthony. It's Not Fair, Jeremy Spencer's Parents Let Him Stay Up All Night! A guide to the tougher parts of parenting. Farrar, Strauss & Giroux, 1996.

Wyckoff, Jerry; Barbara Unell. Discipline Without Shouting or Spanking. Meadowbrook, 1984.

Mogel, Wendy. The Blessing of a Skinned Knee, Penguin, 2001.

Humor

Weston, Denise & Westin, Mark Playwise. 365 Fun-Filled Activities for Building Character. Conscience, and Emotional Intelligence. G. P. Putnam's Sons, 1966.

Willis, Kay & Bucknum, Maryann. Are We Having Fun Yet?: The 16 Secrets of Happy Parenting. Grand Central Publishing, 1998.

Children with Differences

Sheedy-Kurcinka, Mary. Raising Your Spirited Child. Harper Collins Publishers, 1998.

Elman, Natalie & Eileen Kennedy-Monroe. The Unwritten Rules of Friendship. Little, Brown, & Company, 2003.

Smith, Karen & Gouze, Karen. Sensory Sensitive Child. Harper Collins Publishers, 2005.

Chansky, Tamar E. Freeing Your Child From Anxiety. Broadway Books, NY, 2004.