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CornerStone
MEDICAL CLINIC, PLLC

Education

First Aid Measures for Emergencies

The following recommendations will help you care for your child's minor emergencies and provide first aid for your child's major emergencies while you are waiting for medical assistance. Also, take a first aid course. You can't learn CPR (cardiopulmonary resuscitation) just by reading.

1. **Animal bites** Immediately wash the bite with lots of soap and water for 10 minutes. Many dog bites can be prevented by teaching a child not to pet strange dogs, not to tease dogs, and not to go near his own dog when the dog is eating or fighting. Also, teach your child not to pick up sick or injured wild animals.

2. **Bee stings** (Note: Yellow jackets and wasps don't leave stingers.) Carefully remove the stinger by scraping it off without squeezing it. Use the edge of a knife blade or credit card. Then put a few drops of water on the area of the sting, sprinkle on meat tenderizer, and massage the solution into the skin for 10 minutes. Don't use meat tenderizer near the eye. Putting an ice cube on the area will also relieve pain. Call your child's health care provider if your child develops hives or has trouble breathing.

3. **Tick bites** The simplest and quickest way to remove a tick is to pull it off. Use tweezers to grasp the tick as close to the skin as possible. Pull steadily upward until the tick releases its grip. Do not twist the tick or squeeze the tweezers so much that you crush the tick. If you don't have tweezers, pull the tick off in the same way by using your fingers. If you remove the body but leave the head in the skin, remove the head by using a sterile needle (in the same way you would remove a sliver). Wash the wound and your hands with soap and water after you remove the tick. Put on antibiotic ointment once. Embedded ticks do not back out when covered with petroleum jelly, fingernail polish, or rubbing alcohol. Applying a hot match to the tick also does not work. If you aren't successful in completely removing the tick, call your child's provider. Most ticks do not cause disease. However, if your child develops fever, rash, or other symptoms during the 2 weeks after the bite, call your child's health care provider.

4. **Bleeding, severe** Determine whether an artery or a vein has been cut. When an artery is cut, the blood pumps or spurts from the wound with each heartbeat. When a major vein is cut, the blood runs out of the wound at a steady rate. If an artery is cut, place several sterile dressings or a clean cloth (towels, sheets, or shirts) over the wound and apply direct pressure over the wound immediately. For arterial bleeding, the pressure must be forceful and continuous, often applied with the palm of the hand. Act quickly because the ongoing blood loss can cause shock. If a vein is cut, place several sterile dressings or the first clean cloth at hand (towels, sheets, or shirts) over the wound and apply direct pressure over the wound. After about 10 minutes of pressure, the dressings can often be bandaged in place until the child arrives at an emergency room.

5. **Breathing, stopped** Call the rescue squad (911) and begin mouth-to-mouth resuscitation.

6. **Burns** Immediately (within 10 seconds of the burn) immerse the burn in cold tap water for at least 5 minutes. If this is impossible (for example, if the burn is on the face and trunk), apply cool wet cloths or pour a pan of cold tap water over the burn. This will lessen the depth of the burn and relieve pain. Do not put butter or burn ointment on the burn. Do not break blisters. After you have cooled the burn, call your child's provider for further instructions.

7. **Choking** Most children occasionally choke on liquids that go down the windpipe instead of the esophagus. Your child's cough reflex will clear the windpipe of the liquid within 10 to 30 seconds. It is best if you do nothing except reassure your child. Sometimes a young child will suddenly choke on a peanut, raw carrot, or other piece of food. If your child is coughing and able to breathe, encourage him to cough the material up by himself. If your child can't breathe, cough, or make a sound, proceed with high abdominal thrusts, called the Heimlich maneuver. Grasp your child from behind, just below the lower ribs but above the navel, in bear-hug fashion. Give a sudden, upward jerk at a 45-degree angle to try to squeeze all the air out of his chest and pop the lodged object out of his windpipe. Repeat this upward abdominal thrust 10 times in rapid succession. If your child is too heavy for you to suspend from your arms, lay him on his back on the floor. Put your hands on both sides of his abdomen, just below the ribs, and apply sudden strong bursts of upward pressure. If your child is less than 1 year old, first use back blows. Place him face down at a 60-degree angle over your knees. (Gravity may help get the object out.) Deliver 5 hard blows with the heel of your hand to the area between your child's shoulder blades. If this is not successful, lay him on his back and give 5 rapid chest compressions over the lower sternum (breast bone) using two fingers. If he still hasn't started breathing, begin mouth-to-mouth resuscitation and call the rescue squad (911).

8. **Convulsions with fever** Bringing your child's fever down as quickly as possible will shorten the seizure. Remove most of your child's clothing and apply cold washcloths to her forehead and neck. Sponge her body with cool water. (Do not use rubbing alcohol.) As the water evaporates, your child's temperature will fall. When the seizure is over and your child is awake, give her an appropriate dose of acetaminophen or ibuprofen and encourage her to drink cool

fluids. If your child starts to vomit, place her on her side or abdomen. If her breathing becomes noisy, pull her jaw and chin forward by placing a finger behind the corner of her jaw on each side. Don't put anything into her mouth. Have someone call your child's health care provider.

9. **Drowning** Begin mouth-to-mouth breathing as soon as possible, in a boat, a life preserver, or at the latest, when the rescuer reaches shallow water. Continue rescue breathing until the child reaches a medical facility. Some children have survived long submersions, especially in cold water. If there is any possibility of a neck injury (for example, a diving accident), protect the neck from any bending or twisting.

10. **Eye, chemical in** Most chemicals such as alcohol or hydrocarbons (for example, gasoline or lighter fluid) cause only temporary stinging and superficial irritation. However, acids and alkalis splashed into the eye can severely damage the cornea. When any chemical is accidentally splashed into your child's eye, treat it as an emergency until your provider or a Poison Control Center expert tells you otherwise. Immediate and thorough irrigation of the eye with tap water is essential to prevent damage to the cornea. (Do not use antidotes such as vinegar.) Hold your child's face up under gently running tap water. Or have your child lie down while you continuously pour lukewarm water from a pitcher or glass into his eye. It is very important to try to hold your child's eyelids open during this process. For most chemicals, you should irrigate the eye for 5 minutes; for acids, 10 minutes; and for alkalis, 20 minutes.

11. **Eye, foreign body in** If the particle is in the corner of your child's eye, try to remove it with the corner of a clean cloth or a moistened cotton swab. If the particle is under your child's eyelid, try to remove it by opening and closing her eye several times while her eye is submerged in a cup of water. If the object stays on the lid and you can see it, try to remove it with a moistened cotton swab. If you can't see the particle or remove it, call your child's provider.

12. **Fracture, suspected** If you think your child has broken a bone, take him in for a medical exam and an x-ray. Don't let your child put weight or pressure on the bone. Put a splint on the suspected fracture before you move your child so the edges of the fracture won't damage blood vessels.

    - Shoulder or arm: Use a sling made of a triangular piece of cloth to support the forearm at an 80° to 90° angle to the upper arm. If you can't make a sling, at least support the injured part with the other hand.
    - Leg: After placing a towel between the legs for padding, use the uninjured leg as a splint by binding the thighs and legs together with straps. If you can't do this, at least carry your child and don't permit him to put any weight on the injured leg.
    - Neck: Protect the neck from any turning or bending. Do not move your child until a neck brace or spine board has been applied. Call a rescue squad (911) for transportation.

13. **Sprained ankle or knee** Remember the acronym RICE for treatment of most sports injuries: rest, ice, compression, and elevation. Apply continuous compression by wrapping an elastic bandage around the ankle or knee. Numbness, tingling, or increased pain means the bandage is too tight. Keep the bandage on for 24 to 48 hours. Put a plastic bag of crushed ice on the ankle or knee. Do this 20 minutes of every hour while your child is awake for the first 4 hours after the injury. Ice and compression reduce bleeding, swelling, and pain. Keep the injured ankle or knee elevated and at rest for 24 hours. Call your child's provider for further instructions.

14. **Poisoning** If your child has swallowed something poisonous, first sweep any pills or solid poisons out of your child's mouth with your finger. Then, if your child swallowed a chemical, immediately give her one glass of water or milk to rinse her esophagus; this is not necessary if your child swallowed a medicine. Call the National Poison Center Hotline at 1-800-222-1222 for advice. Do not induce vomiting.

15. **Nosebleed** Pinch the soft parts of the nose against the center wall for 10 minutes. Tell your child to breathe through his mouth during this time. If blood continues to come out of the nose while it is pinched, you may not be pressing on the right spot. If the nosebleed hasn't stopped after 10 minutes, insert a piece of gauze covered with vasoconstrictor nose drops (for example, Neo-Synephrine) or petroleum jelly into the nostril. Squeeze again for 10 minutes. If bleeding persists, call your child's health care provider but continue applying pressure in the meantime.

16. **Skin injuries** Call your child's provider immediately if you have any difficulty stopping the bleeding, if the wound is caused by a dirty object, if there is any chance that a foreign body is in the wound, or if the skin is split and will need stitches. Any deep cut that needs stitches must be sutured within 12 hours. After 12 hours the wound is no longer clean enough to close with stitches.

    - Abrasions or superficial cuts Wash abrasions or superficial cuts for 5 minutes with soap and water; then rinse well. Put on an antibiotic ointment and Band-Aid or sterile gauze dressing and change it daily.
    - Puncture wounds (as from stepping on a nail) Soak the area in hot water and soap for 15 minutes. Try to make the puncture wound bleed some more. If there is any chance that an object has broken off inside the puncture wound or if your child has not had a tetanus booster in the last 5 years, call your child's health care provider.
    - Bruises Put ice on the bruise for 20 minutes. No other treatment should be necessary.
    - Slivers and splinters Most slivers can be removed with a needle and tweezers. Before you use them, sterilize the

needle and tweezers with alcohol. Wash the skin surrounding the sliver with soap before you try to remove the sliver. Grasp the sliver firmly with tweezers and pull it out at the same angle it went in. Call your child's health care provider if you can't remove a sliver.

17. **Head injuries**

- Observation and rest Observe your child for the first 2 hours after the injury. Encourage your child to lie down and rest until he no longer has symptoms. It is all right for your child to sleep; trying to keep him awake continuously is unnecessary. Have your child sleep near you so you can periodically check on him.
- Diet Give your child only clear fluids (ones you can see through) and no food until he has gone 6 hours without vomiting. Vomiting is common after head injuries.
- Avoid pain medicines Don't give your child acetaminophen or ibuprofen because your provider needs to know your child's reaction to the injury. If your child's head hurts badly enough to need a pain reliever, your provider should check him.
- Special precautions and awakening Although your child is probably fine, watching him for 48 hours will ensure that you don't miss any serious complication. After 48 hours, however, your child should return to a normal routine and full activity.

- Awaken your child twice during the night: once at your bedtime and once 4 hours later. (Awakening him every hour is unnecessary and next to impossible.) Arouse him until he is walking and talking normally. Do this for 2 nights. If his breathing becomes abnormal or his sleep is otherwise unusual, awaken him to be sure a coma is not developing. If you can't awaken your child, call 911 immediately.
- Checking pupils is unnecessary. Some health care providers may ask you to check your child's pupils (the black centers of the eyes) to make sure they are equal in size and become smaller when you shine a flashlight on them. Unequal pupils are never seen before other symptoms like confusion and unsteady walking. In general, pupil checks are necessary only for a hospitalized child with a severe head injury.

First Weeks at Home with a Newborn

Preventing Fatigue and Exhaustion

For many mothers the first weeks at home with a new baby are often the hardest in their lives. You will probably feel overworked, even overwhelmed. Inadequate sleep will leave you fatigued. Caring for a baby can be a lonely and stressful responsibility. You may wonder if you will ever catch up on your rest or work. The solution is asking for help. No one should be expected to care for a young baby alone.

Every baby awakens one or more times a night. The way to avoid sleep deprivation is to know the total amount of sleep you need per day and to get that sleep in bits and pieces. Go to bed earlier in the evening after your baby's final feeding of the day. When your baby naps you must also nap. Your baby doesn't need you hovering while he or she sleeps. If sick, your baby will show symptoms. While you are napping take the telephone off the hook and put up a sign on the door saying MOTHER AND BABY SLEEPING. If your total sleep remains inadequate, hire a baby sitter or bring in a relative. If you don't take care of yourself, you won't be able to take care of your baby.

The Postpartum Blues

More than 50% of women experience postpartum blues on the third or fourth day after delivery. The symptoms include tearfulness, tiredness, sadness, and difficulty in thinking clearly. The main cause of this temporary reaction is probably the sudden decrease of maternal hormones. Since the symptoms commonly begin on the day the mother comes home from the hospital, the full impact of being totally responsible for a dependent newborn may also be a contributing factor. Many mothers feel let down and guilty about these symptoms because they have been led to believe they should be overjoyed about caring for their newborn. In any event, these symptoms usually clear in 1 to 3 weeks as the hormone levels return to normal and the mother develops routines and a sense of control over her life.

There are several ways to cope with the postpartum blues. First, acknowledge your feelings. Discuss them with your husband or a close friend as well as your sense of being trapped and that these new responsibilities seem insurmountable. Don't feel you need to suppress crying or put on a "supermom show" for everyone. Second, get adequate rest. Third, get help with all your work. Fourth, renew contact with other people; don't become isolated. Get out of the house at least once a week--go to the hairdresser, shop, visit a friend, or see a movie. By the fourth week, setting aside an evening a week for a "date" at home with your husband is also helpful. Take-out food and a rental movie can help you tap back into your marriage. If you don't feel better by the time your baby is 1 month old, see your health care provider about the possibility of counseling for depression. If the blues are making it impossible for you to care for yourself and your baby, get help as soon as possible.

Helpers: Relatives, Friends, Sitters

As already emphasized, everyone needs extra help during the first few weeks alone with a new baby. Ideally, you were able to make arrangements for help before your baby was born. The best person to help (if you get along with her) is usually your mother or mother-in-law. If not, teenagers or adults can be hired to come in several times a week to help with housework or look after your baby while you go out or get a nap. If you have other young children, you will need daily help. Clarify that your role is looking after your baby. Your helper's role is to shop, cook, houseclean, and wash clothes and dishes. If your newborn has a medical problem that requires special care, ask for home visits by a public health nurse.

The Father's Role

The father needs to take time off from work to be with his wife during labor and delivery, as well as on the day she and his child come home from the hospital. If the couple has a relative who will temporarily live in and help, the father can continue to work after the baby comes home. However, when the relative leaves, the father can take saved-up vacation time as paternity leave. At a minimum he needs to work shorter hours until his wife and baby have settled in.

The age of noninvolvement of the father is over. Not only does the mother need the father to help her with household chores, but the baby also needs to develop a close relationship with the father. Today's father helps with feeding, changing diapers, bathing, putting to bed, reading stories, dressing, disciplining, homework, playing games, and calling the doctor when the child is sick. The father needs to be his wife's support system. He needs to relieve her in the evenings so she can nap or get a brief change of scenery.

A father may avoid interacting with his baby during the first year of life because he is afraid he will hurt his baby or that he won't be able to calm the child when the baby cries. The longer a father goes without learning parenting skills, the harder it becomes to master them. At a minimum, a father should hold and comfort his baby at least once a day.

Visitors

Only close friends and relatives should visit you during your first month at home. They should not visit if they are sick. To prevent unannounced visitors, the parents can put up a sign saying MOTHER AND BABY SLEEPING. NO VISITORS. PLEASE CALL FIRST. Friends without children may not understand your needs. During visits the visitor should also pay special attention to older siblings.

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Your main assignments during the early months of life are loving and feeding your baby. All babies lose a few ounces during

the first few days after birth. However, they should rarely lose more than 7% of the birth weight (usually about 8 ounces for a 7 pound birth weight). Most bottle-fed babies are back to birth weight by 7 days of age, and breast-fed babies by 10 days of age. Then infants gain approximately an ounce per day during the early months. If milk is provided liberally, the normal newborn's hunger drive ensures appropriate weight gain.

A breast-feeding mother often wonders if her baby is getting enough calories, since she can't see how many ounces the baby takes. Your baby is doing fine if he or she demands to nurse every 1 1/2 to 2 1/2 hours, appears satisfied after feedings, takes both breasts at each nursing, wets 6 or more diapers each day, and passes 3 or more soft stools per day. Whenever you are worried about your baby's weight gain, bring your baby to your health care provider's office for a weight check. Feeding problems detected early are much easier to remedy than those of long standing. A special weight check 1 week after birth is a good idea for infants of a first-time breast-feeding mother or a mother concerned about her milk supply.

See also:

Dealing with Crying

Crying babies need to be held. They need someone with a soothing voice and a soothing touch. You can't spoil your baby during the early months of life. Overly sensitive babies may need an even gentler touch.

For additional help on this subject, see

Sleep Position

Remember to place your baby in his crib on his back. As of 1992, this is the sleep position recommended by the American Academy of Pediatrics for healthy babies. The back (supine) position reduces the risk of Sudden Infant Death Syndrome (SIDS).

Taking Your Baby Outdoors

You can take your baby outdoors at any age. You already took your baby outside when you left the hospital, and you will be going outside again when you take him or her for the two-day or two-week checkup.

Dress the baby with as many layers of clothing as an adult would wear for the outdoor temperature. A common mistake is overdressing a baby in summer. In winter, a baby needs a hat because he or she often doesn't have much hair to protect against heat loss. Cold air or winds do not cause ear infections or pneumonia.

The skin of babies is more sensitive to the sun than the skin of older children. Keep sun exposure to small amounts (10 to 15 minutes at a time). Protect your baby's skin from sunburn with longer clothing and a bonnet.

Camping and crowds should probably be avoided during your baby's first month of life. Also, during your baby's first year of life try to avoid close contact with people who have infectious illnesses.

Medical Checkup on the Third or Fourth Day of Life

Early discharge from the newborn nursery has become commonplace for full-term babies. Early discharge means going home in the 24 hours after giving birth. In general this is a safe practice if the baby's hospital stay has been uncomplicated. These newborns need to be re-checked 2 days after discharge to see how well they are feeding, urinating, producing stools, maintaining weight, and breathing. They will also be checked for jaundice and overall health. In some cases, this special re-check will be provided in your home.

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This checkup is probably the most important medical visit for your baby during the first year of life. By two weeks of age your baby will usually have developed symptoms of any physical condition that was not detectable during the hospital stay. Your child's health care provider will be able to judge how well your baby is growing from his or her height, weight, and head circumference.

This is also the time your family is under the most stress of adapting to a new baby. Try to develop a habit of jotting down questions about your child's health or behavior at home. Bring this list with you to office visits to discuss with the health care provider. Most physicians welcome the opportunity to address your agenda, especially if your questions are not easily answered by reading or talking with other mothers.

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Temperature: How to Measure

Getting an accurate measurement of your child's temperature takes practice. If you have questions about these instructions, ask your health care provider to show you how it's done. Then ask your provider to watch you do it.

Where is the best place to put the thermometer?

A rectal (in the bottom) temperature is the most accurate. Temperatures measured by mouth, by electronic pacifier, or by ear are also accurate if done properly. Temperatures measured in the armpit are the least accurate, but they are better than no measurement. The best place to use the thermometer depends on the age of your child.

- For a baby less than 3 months old (90 days old): An armpit temperature is best because it is safest and works fine for a quick check. If the armpit temperature is over 99°F (or 37.2°C), double check it with a rectal temperature. It is good to double check with a rectal temperature because if your baby has a true fever, you should see a health care provider immediately.
- For a child between 3 months and 4 or 5 years old: A rectal temperature or electronic pacifier thermometer are best. Using an ear thermometer is fine after 6 months old. An armpit temperature is fine for a quick check if done correctly.
- For a child older than 4 or 5 years old: Take the temperature by mouth (orally).

How to Take a Rectal Temperature

1. If you are using a glass thermometer, shake until the mercury line is below 99°F (37.2°C). If you are using a digital thermometer, turn it on.
2. Have your child lie stomach down on your lap.
3. Before you insert the thermometer, put some petroleum jelly on the end of the thermometer and on the opening of the bottom (anus).
4. Insert the thermometer gently into the bottom about 1 inch. If your child is younger than 6 months old, gently insert the thermometer only 1/4 to 1/2 inch. If you put the thermometer in just until the silver tip disappears, that is about 1/2 inch. Never try to force it past any resistance. Forcing could damage the bowel.
5. Hold your child still while the thermometer is in.
6. If you are using a glass thermometer, leave it in your child's bottom for 2 minutes before you take it out. If you are using a digital thermometer, take it out when you hear the correct signal (usually a series of beeps).
7. Read the temperature on the thermometer. If you are using a glass thermometer, you may have to rotate the thermometer until you can see the end of the mercury line.
8. If the rectal temperature is over 100.4°F (38°C), your child has a fever.

How to Take Armpit (Axillary) Temperatures

1. If you are using a glass thermometer, shake it until the mercury line is below 98.6°F (37°C).
2. Place the tip of the thermometer in a dry armpit.
3. Close the armpit by holding the elbow against the chest for 4 or 5 minutes. Do not remove it before 4 minutes have passed.
4. After 4 or 5 minutes take the glass thermometer out and read the temperature by finding where the mercury line ends. You may need to rotate the thermometer until you can see the mercury. If you are using a digital thermometer, remove it after you hear the signal (usually a series of beeps) and read the temperature on the screen.
5. Your child has a fever if the armpit temperature is over 99°F (37.2°C). If you're not sure if it is correct, check it by taking a rectal temperature.

How to Take Oral (Mouth) Temperatures

1. Be sure your child has not had a cold or hot drink in the last 30 minutes.
2. If you are using a glass thermometer, shake the thermometer until the mercury line is below 98.6°F (37°C). If you are using a digital thermometer, turn it on.
3. Place the tip of the thermometer under one side of the tongue and toward the back. An accurate temperature depends on putting it in the right place. Ask your health care provider to show you where it should go.
4. Have your child hold the thermometer in place with his lips and fingers (not his teeth). He should breathe through his nose, keeping his mouth closed. If your child can't keep his mouth closed because his nose is blocked, suction out the nose.
5. Leave the glass thermometer in the mouth for 3 minutes. Leave a digital thermometer in the mouth until you hear the correct signal (usually a series of beeps).
6. Read the temperature. If you are using a glass thermometer, you may need to turn the thermometer until you can see where the mercury line ends.
7. Fever is an oral temperature over 99.5°F (37.5°C).

How to Take a Electronic Pacifier Temperature

1. Have your child suck on the pacifier until the temperature stops changing and you hear a beep. This usually takes 3 to 4 minutes.
2. Read the temperature. Your child has a fever if the pacifier temperature is over 100°F (37.8°C).

How to Take an Ear Temperature

1. If your child has been outdoors on a cold day, he needs to be inside for 15 minutes before taking the temperature. (Earwax, ear infections, and ear tubes, however, do not interfere with accurate readings.)
2. Pull the ear backward to straighten the ear canal.
3. Place the end of the thermometer into your child's ear canal and aim the probe toward the eye on the opposite side of the head. Then press the button.
4. In about 2 seconds you can read the temperature.
5. Your child has a fever if the ear temperature is over 100.4°F (38°C).

Types of Thermometers

1. **Glass (with mercury) thermometers** This type of thermometer has been around since 1870. These are the least expensive thermometers. They have some disadvantages. They measure temperatures slowly and are often hard to read. If broken, they cause a mercury spill which can be harmful and difficult to clean up. The American Academy of Pediatrics urges parents not to use mercury thermometers. Glass thermometers come in two forms, oral with a thin tip and rectal with a rounder tip. This difference is not too important. If necessary, a rectal thermometer can be used in the mouth as long as the thermometer is cleaned with rubbing alcohol. An oral thermometer can be used in the rectum if you are extra careful when you put it in.
2. **Digital electronic thermometers** Digital electronic thermometers measure temperatures with a heat sensor and require a button battery. They measure temperatures quickly, usually in less than 30 seconds. The temperature is displayed in numbers on a small screen. The same thermometer can be used to take both rectal and oral temperatures. A study in Consumer Reports magazine found that digital thermometers were more accurate than glass thermometers. Buy one for your family. They cost about $10.00.
3. **Ear thermometers** Many hospitals and medical offices now take your child's temperature using an infrared thermometer that reads the temperature of the eardrum. In general, the eardrum temperature provides a measurement that is as accurate as the rectal temperature. The biggest advantage of this thermometer is that it measures temperatures in less than 2 seconds. It also does not require cooperation by the child and does not cause any discomfort. Ear thermometers for use at home have been developed and they cost $30 to $40.

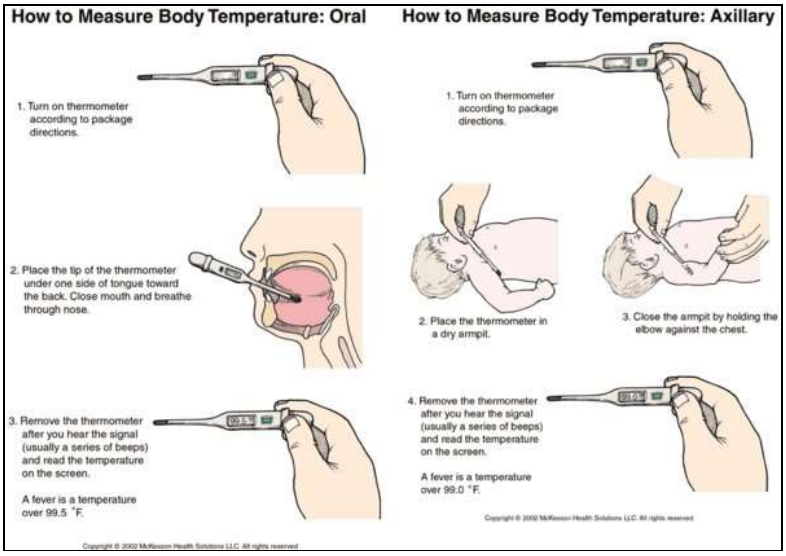
4. **Digital electronic pacifier thermometers** The new electronic pacifier thermometers have a heat sensor and are powered by a button battery. These pacifiers let you measure oral temperature in younger children. They are quite accurate if 0.5°F is added to the digital reading. It takes approximately 3 minutes to get a reading. They cost about $15.

5. **Temperature strips** Liquid crystal strips put on the forehead have been studied and have been found to be inaccurate. They do not detect an elevated temperature in most children with fever. Touching the forehead is somewhat reliable for detecting fevers over 102°F (38.9°C) but tends to miss mild fevers.

Conversion of Degrees Fahrenheit (F) to Degrees Celsius (C)

Temperatures can be measured in degrees Fahrenheit (F) or degrees Celsius (C). The table below shows the temperatures in degrees Celsius that are equivalent to temperatures measured in degrees Fahrenheit:

95	degrees F	=	35	degrees C
96.8	degrees F	=	36	degrees C
98.6	degrees F	=	37	degrees C
99	degrees F	=	37.2	degrees C
99.5	degrees F	=	37.5	degrees C
99	degrees F	=	37.2	degrees C
100	degrees F	=	37.8	degrees C
100.4	degrees F	=	38	degrees C
101	degrees F	=	38.3	degrees C
102	degrees F	=	38.9	degrees C
103	degrees F	=	39.5	degrees C
104	degrees F	=	40	degrees C
105	degrees F	=	40.6	degrees C
106	degrees F	=	41.1	degrees C
107	degrees F	=	41.7	degrees C
108	degrees F	=	42.2	degrees C



Preparation for Calling a Physician

Before calling your physician, have a pencil and paper ready and the following information (except in emergencies):

- Your child's main symptoms Note: If your child has a chronic disease, be sure to mention it.
- Your child's temperature (if he or she is sick)
- Your child's approximate weight (needed for calculating drug dosages)
- The names and dosages of any medication your child is taking
- Your pharmacy's telephone number
- Your questions written down

Have your child nearby in case something needs to be checked.

Sleep Position for Young Infants

What is the safest sleep position for my baby?

The American Academy of Pediatrics (AAP) recommends that all healthy infants sleep on their backs the first 6 months of life. Studies have shown sleeping on the back reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden unexplained death of a healthy infant. Thousands of babies die each year from SIDS. Typically, a baby dies from SIDS while sleeping.

The AAP started recommending that babies sleep on their backs in 1992. Eighty percent of parents now follow this advice and there has been a 40% drop in the rate of SIDS.

Why does sleeping on the stomach increase the risk of SIDS?

Laying a baby on his stomach puts pressure on his jaw bone. This causes the airway in the back of the mouth to become narrower. Also, if the baby sleeps on a soft surface, the nose and mouth may sink in so the child breathes from a small pocket of stale air.

If your baby sleeps on his stomach, the risk of SIDS is 3 to 9 times greater. Sleeping on the side is safer than the stomach but still has twice the risk of SIDS as the back position. If you use a child-care center or babysitter, be sure they know how important it is to put your baby on his back to sleep.

Are there other ways I can reduce the risk of SIDS?

You can also reduce the risk of SIDS by:

- Using a firm mattress (avoid soft bedding). Young infants should never be placed on waterbeds, sheepskin, soft pillows, bean-filled pillows, or other soft, spongy surfaces. Also make sure that none of these surfaces are placed in the crib. Even if you place your child to sleep on the back, it is possible that your child will roll over during the night.
- Not letting your baby sleep in your bed during the first 12 months. The mattresses in most adult beds are too soft for babies. Blankets and pillows in your bed also increase the risk. The rate for sudden death for infants is 20 times higher for babies sleeping in an adult bed compared to a crib.
- Breast-feeding your baby, if possible.
- Protecting your infant from exposure to cigarette, cigar, or pipe smoke.

When should a baby sleep on his stomach?

Your baby should only sleep on the stomach if recommended and supervised by your child's health care provider. The American Academy of Pediatrics recommends putting your baby to sleep on his stomach in the following cases:

- Infants with complications of spitting up. These complications include recurrent pneumonia from aspiration, interruption of breathing (apnea), or acid damage to the lower esophagus (esophagitis), and choking. While spitting up is common, these complications are rare. Years ago, doctors recommended that babies sleep on their stomachs to decrease the chance of choking. But choking is extremely rare and it was never proven that the stomach position prevented choking better than any other position.
- A birth defect of the upper airway that interferes with breathing. Examples are a large tongue, a very small mouth, or a large and floppy larynx.

Any baby who needs to sleep on his stomach must also be placed on a firm sleeping surface.

Are there any disadvantages of sleeping on the back?

There are 2 minor disadvantages. When lying on the back, young infants are more likely to have a startle reflex that awakens them. Swaddling your baby in a snug blanket can prevent this. To swaddle your baby use the 3-step "burrito-wrap" technique. Start with your baby lying on the blanket and the arms at the sides. Then pull the left side of the blanket over the body and tuck. Next, pull the bottom of the blanket up. Then pull the right side over and tuck.

The other disadvantage is that some babies get a flattening of the back of the head. You can prevent this by changing the baby's head position slightly during sleep.

Should I lay my baby on his stomach during playtime?

It is good for your baby to spend some time on his stomach when he is awake during the day. The back position is only recommended for bedtime and naps. Letting your baby play on his stomach helps strengthen his shoulder muscles. Changing positions also keeps your baby's head from becoming flattened from laying in the same position all of the time.

For more information:

Sudden Infant Death Syndrome Alliance
1314 Bedford Ave. Ste. 210
Baltimore, MD 21208
800-221-SIDS(7437)
E-mail: sidshq@charm.net http://www.sidsalliance.org

Sibling Rivalry Toward a Newborn

What is sibling rivalry?

Sibling rivalry refers to the natural jealousy of children toward a new brother or sister. Older siblings can feel jealous when the baby arrives until they are 4 or 5 years old. Not surprisingly, most children prefer to be the only child at this age. Basically, they don't want to share your time and affection. The arrival of a new baby is especially stressful for the firstborn and for siblings less than 3 years old. The jealousy arises because the older sibling sees the newcomer receiving all the attention, visitors, gifts, and special handling.

The most common symptom of sibling rivalry is lots of demands for attention. For example, the older child wants to be held and carried, especially when the mother is busy with the newborn. Other symptoms include acting like a baby again, such as thumbsucking, wetting, or soiling. Aggressive behavior--for example, handling the baby roughly--can also occur. All of these symptoms are normal. While some can be prevented, the remainder can be improved within a few months.

How can I help prevent sibling rivalry?

During pregnancy

- Prepare the sibling for the newcomer. Talk about the pregnancy. Let your child feel your baby's movements.
- Try to find a hospital that provides sibling classes where children can learn about babies and about sharing their parents with a new brother or sister.
- Try to give your child a chance to be around a new baby so that he has a better idea of what to expect.
- Encourage your child to help you prepare the baby's room.
- Move your child to a different room or new bed several months before the baby's birth. If she will be enrolling in a play group or nursery school, start it well in advance of the birth.
- Praise your child for mature behavior, such as talking, using the toilet, feeding or dressing herself, and playing games.
- Don't make any demands for new skills (such as toilet training) during the months just preceding the delivery. Even if your child appears ready, postpone these changes until your child has made a good adjustment to the new baby.
- Tell your child where she'll go and who will care for her when you go to the hospital if she won't be home with her father.
- Read books together about what happens during pregnancy and after the baby is born.
- Look through family photographs and talk about your child's first year of life.

In the hospital

- Call your older child daily from the hospital.
- Try to have your older child visit you and the baby in the hospital. Many hospitals will allow this.
- If your older child can't visit you, send her a picture of the new baby.
- Encourage Dad to take your youngster on some special outings at this time (for example, to the park, zoo, museum, or fire station).

Coming home

- When you enter your home, spend your first moments with the older sibling. Have someone else carry the new baby into the house.
- Give the sibling a gift "from the new baby."
- Ask visitors to give extra notice to the older child. Have your older child unwrap the baby's gifts.

- From the beginning, refer to your newborn as "our baby."

The first months at home

- Give your older child the extra attention he needs. Help him feel more important. Try to give him at least 30 minutes a day of exclusive, uninterrupted time. Hire a baby sitter to care for the baby and take your older child outside or look through his baby album with him. Make sure that the father and relatives spend extra time with him during the first month. Give him lots of physical affection throughout the day.
- When you are busy attending to the baby, try to include your older child by talking with him. When you are nursing or bottle-feeding the baby, read a story, play a game, or do a puzzle with your older child.
- Encourage your older child to touch and play with the new baby in your presence. Allow him to hold the baby while sitting in a chair with sidearms. Avoid such warnings as "Don't touch the baby." Newborns are not fragile and it is important to show your trust. However, you can't allow the sibling to carry the baby until he reaches school age.
- Enlist your older child as a helper. Encourage him to help with baths, dry the baby, get a clean diaper, or find toys or a pacifier. At other times encourage him to feed or bathe a doll when you are feeding or bathing the baby. Emphasize how much the baby likes the older sibling. Make comments such as "Look how happy she gets when you play with her," or "You can always make her laugh."
- Don't ask the older siblings to be quiet for the baby. Newborns can sleep fine without the house being perfectly quiet. Asking your older child to do this may cause him or her to resent the baby.
- Accept baby-like behavior, such as thumbsucking or clinging, as something your child needs to do temporarily. Do not criticize him.
- When your child behaves aggressively, stop him right away. Tell him, "We never hurt babies." Send your child to "time-out" for a few minutes. Don't spank your child or slap his hand at these times. If you hit him, he will eventually try to do the same to the baby as revenge. For the next few weeks don't leave the two of them alone.
- If your child is old enough, encourage him to talk about his mixed feelings about the new arrival. Suggest an alternative behavior: "When you're upset with the baby, come to me for a big hug."

When should I call my health care provider?

Call during office hours if:

- Your older child tries to hurt the baby.
- Your older child's baby-like behavior doesn't improve by 1 month.
- You have other questions or concerns.

Crying Baby

TO say that crying is a key challenge to early parenting is an understatement, especially when it is 3 AM, you haven't gotten any sleep, and your baby is still crying!

With crying, there are no firm rules--both as to what causes it and what you can do to get your baby to stop. As you get to know your baby, however, you will get better at understanding what causes your baby to cry and what will get him to stop. Soon you will be able to distinguish hungry cries from boredom cries, hurt cries from angry cries. And then of course there are times when your baby will cry seemingly for no reason at all.

Why is my baby crying?

When your baby cries, first check the obvious causes such as hunger, discomfort, over-stimulation, and boredom.

HUNGER: If it is possible that your baby is hungry, try feeding first.

- Newborns need short (20 minutes), frequent (every 2 hours) feedings. The feedings provide comfort and closeness as well as keeping your baby's tummy full.

DISCOMFORT: Your baby may be bothered by something.

- Illness: If your child is sick, there are usually other signs, such as fever, vomiting, diarrhea, decreased appetite, or a stuffy nose. Some illnesses cause discomfort without other obvious symptoms. Sometimes a baby can get scratched in the eye or get something stuck in the throat. Make sure your baby's eyes look okay and that he can swallow. A doctor should examine your baby if you are worried that something is wrong.
- Clothes: Check clothing to see if it is too tight. Sometimes threads from the baby's clothes get wound around his fingers or toes and cut off circulation.
- Temperature: Your baby may be too hot or too cold.
- Diapers: Unless they have been trained to cry about dirty diapers or unless they have a bad diaper rash, babies generally don't mind wet or soiled diapers. For babies in cloth diapers, check to see if a diaper pin has become loose.

OVER-STIMULATION: Over-stimulation from playing and handling can often cause overtiredness, which will result in crying.

- Some babies like the secure feeling of being tightly swaddled in a blanket--as in the hospital.
- If you know your baby is not hungry, sucking on a pacifier or a finger (his or yours) can be just the thing to relax your baby and put him to sleep.
- If you think your baby is not ill, your baby may simply need to cry himself to sleep.

BOREDOM: Crying can also mean that your baby wants a change in scenery or activity.

- Babies can often be distracted by lively music, by your dancing with them in your arms, or by a noisy rattle or toy.
- Car or stroller rides often work wonders for a crying baby and for parents as well. A baby swing may also work.
- Since babies love to see the sights and to be held close in someone's arms, walking your baby from room to room is generally a good cure for crying.
- Try using a front pack to free up your hands for little chores while you are walking. (While this is a good cure for crying, it can injure your back--don't overdo it!)

RELAX! As you will notice, your baby can tell when you are tense and will often also become tense and cry. Quiet music, gentle rocking, soft singing, or talking often help, as does a warm bath or a gentle massage.

What is colic?

Colic is a term used to describe a baby who cries daily for several hours at a time, usually at the same time each day. There is no known cause and no sure cure for colic other than time. Almost all babies outgrow colic by 3 months of age.

If your baby won't stop crying, you may want to try the following ideas to help calm your baby.

- Place the baby on a soft blanket on top of or beside a running clothes dryer. The warmth and vibration may calm him. (Be sure to never leave the baby alone when doing this.)
- A steady sound (white noise) such as a fan, a dishwasher, or a vacuum cleaner may calm your baby.

What if I get angry and frustrated?

NEVER hurt your baby. Ask a spouse, friend, neighbor, or relative to relieve you. If your baby has been crying and you are getting so angry that you are afraid you might hurt your baby, call your health care provider or an emergency room and talk about the problem.

When should I call my child's health care provider?

Call if:

- Your baby seems to be ill or in pain.
- Your baby has cried constantly for 2 hours or more.
- You are feeling angry, resentful, or exhausted and you are afraid you might hurt your baby.

Burn Safety: Hot Water Temperature

The leading cause of deaths and injuries to children at home is accidents. Scalding from hot water is one of the most dangerous of these accidents. The following chart shows just how dangerous hot water can be.

Temperature of Water	Time to Cause a Bad Burn
150°F (66°C)	2 seconds
140°F (60°C)	6 seconds
125°F (52°C)	2 minutes
120°F (49°C)	10 minutes

Small children can get to sinks or bathtubs quickly. They can get badly burned before they can get out of the water. Infants are unable to move away from hot water if it is accidentally left on too hot or if the cold water is unintentionally turned off. Here are some tips to keep in mind:

- When using tap water, always turn on the cold water first, then add hot. When finished, turn the hot water off first.
- Do not use hot steam vaporizers. They can cause steam burns. Use a cool mist vaporizer.
- Never leave a child alone in the bathroom for any reason. They are at risk for getting burned by hot water or drowning.

If your hot water heater is set at 150°F (66°C) and your child comes in contact with the hot water for just 2 seconds, your child will get burned badly enough to need medical treatment.

Here are some common questions and answers about hot water heater settings.

1. Q: If I turn the hot water heater setting down, won't I have trouble getting the dishes in the dishwasher and the clothes in the washing machine clean? A: No. The major soap manufacturers design their soap to work best in water between 120°F and 125°F (49°C to 52°C).
2. Q: Will my baby get more colds if the hot water isn't hot enough? A: No. Hot water has nothing to do with getting colds.
3. Q: Will we run out of hot water any sooner if we turn the temperature down? A: Yes, you will. But this may be a small price to pay to protect your child.
4. Q: Will I save any money on utility bills by turning down the temperature setting? A: Yes. On the average, for every 10°F (6°C) that you turn the temperature down, you will save 4% on the water-heating portion of your utility bill.
5. Q: I don't know where the thermostat of my hot water heater is, and I don't know how to tell at what temperature it is set. How can I tell? A: First measure the hot water temperature. The best way to do this is to measure it in the morning, before anyone in your home has used any hot water. Turn on the hot water at the kitchen sink and let it run for 2 minutes. Then, using either an outdoor thermometer or a candy thermometer, hold the thermometer in the stream of the water until the reading stops going up. If your water-heater setting is at a safe level (between 120°F and 125°F, or 49°C to 52°C), you don't have to do anything. There is no advantage to setting the thermostat below 120°F (49°C). If your hot water setting is too high, here are some tips on how to find the thermostat and turn it down.

    - Gas hot water heaters usually have a thermostat outside the tank at the bottom. Electric water heaters usually have either two panels screwed to the top and bottom of the tank or one panel along the side of the tank. Thermostats are located under these panels.
    - The thermostat should be set on the "low" setting or within the "energy efficient range." If the temperature at the kitchen sink is too hot at this setting, adjust the thermostat to a lower setting. After changing the thermostat setting, you can test the hot water temperature again about 24 hours later. If you test it in less than 24 hours, you may not get an accurate reading. Continue to test the water temperature and adjust the thermostat setting until the water is no hotter than 125°F (52°C). If you get it below 120°F (49°C), then turn it back up a small amount.

Please, take some time to think about the risk to your child from hot water in your home. Think about whether the convenience of having lots of very hot water is really worth the added risk that you might be taking with your child's health. Your child is at less risk for hot water burns by age 4.

Tips for Infant Car Travel

Car travel should be a safe and pleasant time for you and your baby. It is a good time for you to talk to your baby and to teach your baby how enjoyable car travel can be. With your frequent praise and pleasant conversation, your child will stay interested and busy and will not spend her time crying for your attention.

- Infants should ride in rear-facing car seats until they are at least 1 year of age and weigh at least 20 pounds. This is the best way to protect the infant's neck. The rear middle seat is always the safest place for your infant, even if you are the only adult in the car.
- Make sure the car seat is installed correctly in the car. Read the instructions carefully. If you aren't sure if your seat fits properly in your car, contact a children's hospital or local fire department. Many of them have a child seat loaner program and can help you find a seat that fits properly and help you install it correctly.
- Most infant car seats also have a tether strap that must be attached to a secure place in the car. The tether strap attaches the top of a car seat to an anchor point in the vehicle. It helps prevent a child's head from moving too far forward in a crash. Study your vehicle owner's manual for more information.
- Don't dress your baby in so many clothes that the car seat can't be used properly. Dress the baby in clothes that keep the legs free.
- Keep harness straps very snug and flat on the baby's shoulders, not arms.
- Recline a rear-facing seat at no more than a 45°angle.
- **Do not** place your baby in the front seat if your vehicle has an airbag on the passenger side. The airbag could cause serious injury to your baby.
- Support a tiny infant by placing rolled towels, diapers, or receiving blankets on both sides of the safety seat to keep the head from falling side to side. Or buy a head support.
- Any time your baby is asleep while you are traveling, don't disturb him. An infant safety seat is the most comfortable place for your baby to sleep and you don't have to worry about his safety.
- Any time that your baby is awake and behaving nicely (quiet, jabbering, or looking around), interact with your baby. Sing or hum songs, or talk about what you are doing or where you are going. Your baby will learn to enjoy car travel because you are fun to ride with. If your baby has a favorite blanket, place it in the safety seat within her reach.
- Carry 1 or 2 soft, stuffed toys that are played with only in the car. This helps decrease boredom. Remember your baby's attention span is very short. Don't expect him to stay occupied for more than a couple of minutes at this age.
- Ignore yelling, screaming, and begging. The instant your baby is quiet, begin talking or singing to her again. You should not yell, scream, or nag. Do not take your baby out of the safety seat because she is crying. Doing so will only teach her to keep crying until you take her out. Try to take her out only when she is quiet.
- Older brothers and sisters should also be expected to behave in the car and to ride with their seat belts fastened correctly. If your baby grows up always riding with a seat belt on, he will not mind having it on.
- When you know your child needs feeding or a diaper change, try to stop before she starts to fuss. You want your child to think of car travel as comfortable.
- If your baby is going to travel in an car with other drivers (grandparent, aunt, uncle, or baby sitter), make sure that they use the infant safety seat. Make sure it is correctly fastened with the car seat belt.
- Park where you can remove your child from the car on the sidewalk side away from traffic. Never leave a child unattended in a parked car even for a minute.
- Do not have packages or heavy or sharp objects loose in the car. A sudden stop can cause them to shift and injure your baby.
- Hot belt and harness buckles can cause burns. Cover metal parts during hot weather. Install shades for the windows in the back to protect your baby from bright sun.
- Make sure all doors are locked before staring the car. Teach children never to play with doors and locks.

If your child outgrows the infant seat before his or her first birthday, use a convertible car seat in the rear- facing position. Sometime around 12 months of age, you will need to either switch to a toddler safety seat or change the riding position of the convertible car seat. Read the directions that came with the seat or ask your health care provider when to switch to a

toddler safety seat. Your child should continue to use a safety seat until she is about 8 to 10 years old. Booster seats are available for children who are more than 4 years of age.

In all states it is illegal for a child to ride in the car without being securely buckled into a safety seat. It is illegal because it is very, very dangerous. Please do what is best for your baby--use a safety seat during every car ride.

For more information, see the Child Passenger Safety section on the National Highway Traffic Safety Administration Web site: http://www.nhtsa.dot.gov

Normal Development: Newborn

Here's what you might see your baby doing between the ages of 0 and 2 weeks old.

Reflexes

- Reflexive actions: crying, grasping, yawning, swallowing, sucking, blinking, coughing, gagging, sneezing.
- Grasps whatever is placed in hand.
- Sucks whatever is placed in mouth.
- Is startled by sudden noises and movements.

Movement

- Jerky, mostly uncontrolled motions.
- Waves arms, kicks legs, wiggles and squirms.
- Cannot turn body or support head without assistance.
- Cannot sit without support.
- May turn head from side to side while lying on back.

Sleep/Wakefulness

- Usually sleeps from 17 to 20 hours per day.
- Cries and fusses about 1 to 4 hours per day.
- Is alert and quiet about 2 to 3 hours per day.

Vision

- Cannot focus clearly.
- Sees best at 8 to 10 inches.

Interactive Behaviors and Senses

- Smiles spontaneously and unselectively.
- Discriminates between some smells.
- Begins to turn in direction of sound.
- Begins to distinguish the human voice from other sounds.
- Is more sensitive to high-pitched voices, especially mother's voice.
- Is best calmed by a soft, rhythmic voice.
- Cries a lot.
- Makes tiny gurgling sounds when content.

- Shows preference for the human face.

Each child is unique. It is therefore difficult to describe exactly what should be expected at each stage of a child's development. While certain behaviors and physical milestones tend to occur at certain ages, a wide spectrum of growth and behavior for each age is normal. These guidelines are offered as a way of showing a general progression through the developmental stages rather than as fixed requirements for normal development at specific ages. It is perfectly natural for a child to attain some milestones earlier and other milestones later than the general trend.

If you have any concerns related to your child's own pattern of development, check with your health care provider.

Normal Development: 2 Weeks Old

Here's what you might see your baby doing between the ages of 2 weeks and 2 months.

Movement

- Movements gradually become smoother and more controlled.
- Lifts chin for a few seconds when lying on tummy.
- Cannot support head without assistance.
- Grasps whatever is placed in hand.

Vision and Hearing

- May follow some moving objects with eyes.
- Explores surroundings with eyes.
- Turns in direction of some sounds.

Interactive Behaviors

- Gives more precise meaning to crying (hunger, discomfort, and excitement).
- Cries when left alone; usually stops when picked up.
- Makes variety of gurgling and cooing sounds when happy and content.
- Makes eye contact.
- May quiet down in response to human face.
- Responds positively to being held and comforted.
- May smile socially at familiar faces and voices, especially mother's voice.

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