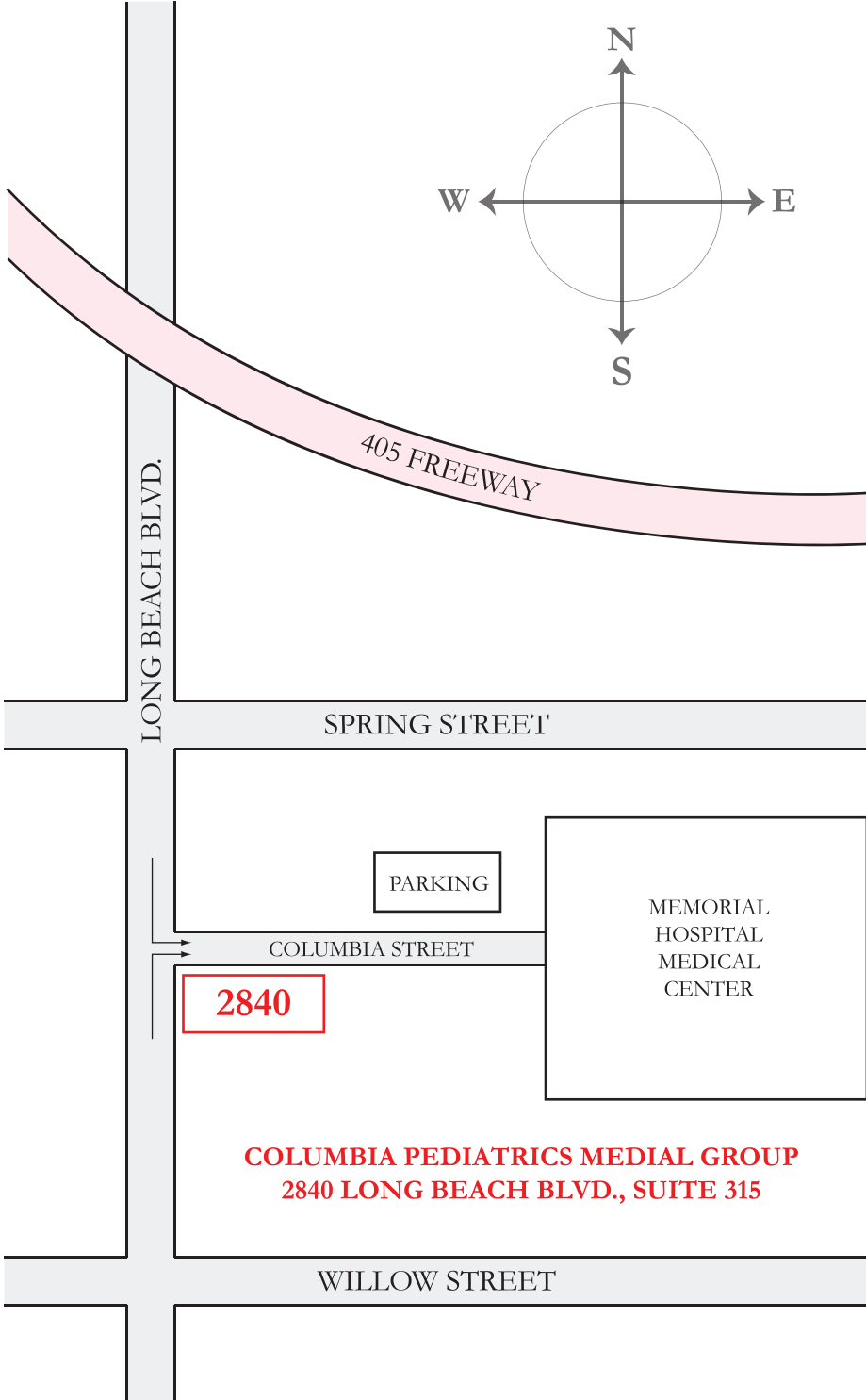
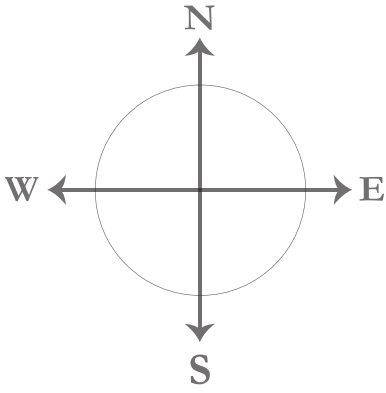


# You and Your Newborn





LONG BEACH BLVD.

SPRING STREET

405 FREEWAY

PARKING

COLUMBIA STREET

MEMORIAL  
HOSPITAL  
MEDICAL  
CENTER

**2840**

**COLUMBIA PEDIATRICS MEDICAL GROUP  
2840 LONG BEACH BLVD., SUITE 315**

WILLOW STREET

## IMPORTANT TELEPHONE NUMBERS

COLUMBIA PEDIATRICS  
MEDICAL GROUP, INC.

(562) 595-5479

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MEMORIAL HOSPITAL

(562) 933-2000

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PARAMEDICS  
POLICE  
FIRE

911

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PHARMACY NUMBER

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LATE NIGHT PHARMACY

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POISON INFORMATION

L.A. 1-800-411-8080

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CHILD ABUSE HOTLINE

L.A. 1-800-540-4000  
NATIONAL 1-800-4 A CHILD

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LACTATION CONSULTANT  
SUSAN ORR, PT, IBCLC

(562) 427-3782

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## THE HOME CARE OF YOU AND YOUR BABY

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The instructions given here are helpful hints on how to keep your new baby healthy and happy. Please read it carefully and refer to it frequently-as it will be very helpful now and in the next few weeks.

Your baby is an individual from the day he is born. Adapt these instructions to your baby. Do not depend on friends and relatives. Our doctors and nurses will be happy to give you guidance and answer your questions while you are in the hospital, and later by phone. During visits to the office, you will receive detailed instructions for your baby at frequent intervals throughout the year.

There should be few visitors the first few days you and your baby are at home. Both the new baby and new parents must adjust to a new situation. For this reason, do not expect the first 24-48 hours to be “smooth sailing”. As a new mother, you need time for rest and extra care.

### **BREASTFEEDING:**

Breastfeeding is the natural way to feed your baby, with many benefits for both of you. The breastfed infant should have fewer infections and allergies. As a nursing mother, your body will return to normal more quickly and you will have the satisfaction of accomplishing something worthwhile for yourself and your baby. A full milk supply depends upon rest, extra fluids, and a good dietary intake. Do not be impatient. Since breast milk is so easily digested, your baby will probably nurse about every 1-3 hours (practically all women can successfully breastfeed).

Don't be discouraged if the baby doesn't breast feed well at first, as both of you need to learn the art. At first you are giving your baby a protein-rich substance called Colostrum. After 2-4 days, your milk will “come in”. Alternate the breast that you start with and use both breasts at each feeding. Since the newborn may be sleepy for the first few days, some feedings may be more successful than others. The baby may fall asleep after nursing on one side. To wake him to finish the feeding you may want to burp him between breasts, unwrap him slightly, sit him up and rub his back and/or change his diaper. You need to encourage your infant to take the breast every 2-3 hours to stimulate milk production and avoid engorgement as the milk begins to appear.

Avoid sore nipples with correct positioning and latch-on of the baby to the breast. When your baby is finished nursing, place your finger in the corner of the baby's mouth and pull out or press on the base of the nipple to release the suction so that the baby can be removed without hurting the nipple. If engorgement occurs, use moist heat before nursing, and feed frequently around the clock to relieve the fullness. If the nipple and areola (dark area around nipple) are too swollen for your baby to grasp easily, manually express or pump some milk out to soften your breast. If you are still engorged after the feeding is over, you may need to express enough milk to soften the breasts and relieve the discomfort. Ice packs can also be used after the feeding.

Avoid excesses of any foods. Try to avoid medications or drugs, other than vitamins or iron, without physician's approval. Avoid large amounts of caffeine and alcohol. Tobacco should be avoided.

Do not listen to “old wives tales” and criticisms from friends and relatives. Have confidence in yourself and call our doctors or our Lactation Consultant for help if questions or problems arise.

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## ADDITIONAL HINTS ABOUT BREAST FEEDING

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1. **Frequency of Feeding:** If the baby is crying and you are sure he is dry and comfortable, he is probably hungry. At first, he may be hungry every 1-3 hours.
2. **Milk Leaking:** This is normal. Wear breast pads inside your bra. Be sure you change the pad frequently, so that your breasts don't stay wet.
3. **Expressing Milk:** There are several ways to empty your breasts of milk. When you are in the hospital after the birth of your baby, the nurses can demonstrate these methods. If you wish to use a breast pump, you may buy one of the pumps that are on the market. We recommend Medela Pump and Ameda Pumps.
4. **Diet During Nursing:** A balanced diet with plentiful liquids is best. If a mother is allergic to milk, high calcium foods or calcium supplements can be substituted. It is helpful to continue your prenatal vitamins while breastfeeding. Check with your doctor before taking any medicines, including over-the-counter preparations, which might affect the baby.
5. **Storing Breast Milk:** Pour the breast milk into a clean plastic bottle or milk storage bag. Label the bag with the time and date you expressed the milk. You may store it up to 72 hours in the refrigerator or up to 4 months in the freezer. **DO NOT REFREEZE.** Thaw the milk in the refrigerator or in lukewarm water just prior to use. **DO NOT BOIL THE MILK OR LEAVE IT OUT ON A SHELF TO THAW.**
6. **Effective Nursing:** To encourage effective caloric intake and to prevent "snacking", listen for the baby swallowing. Stimulate baby or switch breasts if swallows slow down or stop. Undressing the baby will encourage more productive eating.

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## NURSING TECHNIQUE

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A common position for nursing is the "cradle-hold", with the baby's head held in the crook of your elbow, using pillows for support. Some mothers prefer to nurse lying down. The "football hold" may be useful with a cesarean delivery (have your nurse demonstrate). The baby should be lying completely on its side against your midriff. Hold the breast in a "C" position, with the thumb above the areola and fingers below, and move the breast slowly up and down to lightly tickle the baby's lower lip with your nipple. Continue tickling until baby's mouth is open wide (as with a yawn) and quickly pull the baby onto the breast. If baby's sucking causes soreness or pain, break the suction and begin the tickling process again. It may take several attempts, so be patient and repeat until nursing is comfortable. If soreness persists, or cracked nipples occur, please call us or our Lactation Consultant. Soreness is not a normal part of nursing. A lazy, sleepy baby benefits from being switched from breast to breast every 5 minutes until the feeding is over, with burping in between, to keep awake. Switching breasts every five minutes may help produce more "let downs" to satisfy the baby.

When breastfeeding is well established (usually by 3-5 weeks), you should substitute a bottle feeding 2 times a week so that the baby will accept the bottle. Parents who have not practiced this may find that later on their baby refuses all bottles, which may create problems.



## GETTING STARTED: HOW OFTEN? HOW MUCH? HOW LONG?

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Many babies have a 1 to 2 hour period of alertness right after birth and then they become very sleepy for the next few days. For many babies, nursing is not a high priority in the first days of life. The substance first produced by the breast is called colostrum and is a thick yellowish fluid. It is important for the baby to receive this colostrum to get the antibody protections it offers and it acts as a laxative to help the baby pass the meconium from the intestines. The act of suckling the colostrum from the breast on a regular basis will also encourage your milk to come in. Mother's milk usually comes in between the 2nd and 4th day postpartum.

Healthy full term babies are born with a little extra fluid in their system to carry them over until mother's milk is in. Unless there is a special circumstance baby should not need water if they are encouraged to nurse often.

In the first two days nursing every two to four hours around the clock is sufficient. The most important thing in those first few days is to get comfortable positioning your baby correctly at the breast. On day three you should start encouraging your baby to nurse at least every 2 to 3 hours. Eight to ten feedings in 24 hours is very common for the newborn that is not yet an efficient nurser (both baby and your breasts become more efficient over time). If you are nursing frequently during the day and especially into the evening, you can make that last feeding around midnight then put your baby to bed and let him wake you for the next feeding if it is not later than 6a.m. Feedings are always timed from the start of one feeding to the start of the next.

Remember most babies are used to being up at night. That is when they were awake and moving in utero. Many parents assume the extreme nighttime fussiness is related to breastfeeding dissatisfaction when it is usually just part of being a newborn. The first few nights home from the hospital are usually the worst. That is why resting during the day is essential!!!

Once your milk starts to come in, frequent nursing will prevent and help decrease the discomfort from engorgement. Bottles given before breastfeeding is well established will not only confuse babies on how they should be sucking, but also can cause engorgement from missed feedings and eventually decrease the amount of milk you will have for your baby.

Newborns will usually take 40 to 60 minutes to complete a nursing period. Remember, this will improve over time. In order for you to encourage your baby to be as efficient as possible, you will need to start listening to your baby. What you will be listening to is his swallows at the breast.

When the baby goes to breast get him deep onto the breast with his chin deep into the breast. You won't need to push down on the breast to clear his airway if you keep his whole body tucked into yours. It will take 10 to 30 seconds of active suckling to stimulate your milk to let down. What you should hear is a soft exhalation with each swallow. Jaw motion on the breast doesn't count as eating time since babies can pacify on a breast for hours without eating. Listen for the swallows, they should be about 1 per second. When the swallows slow down or stop, rub the baby's back or feet without taking him off the breast. Each time he stops swallowing give him a little encouragement to start swallowing again. If he won't start again, stick your finger in between the gums and remove him from the breast. Now sit him up on your lap and burp him and then put him on the other breast. Listen for swallows, encourage him when he stops and take him off that side when you can't get him to swallow any more. Switching breasts will encourage your little one to get more milk in less nursing time. Watching your baby instead of a clock tends to promote a happier baby.

Most breastfed babies will begin to gain ½ oz. to 1 oz. per day once mom's milk is

established and they will be back to birth weight by 2 weeks of age. In order to tell if your baby is getting enough, he should have several wet diapers in a 24 hour period and at least one stool. Many breastfed babies will stool with every feeding in the first few months.

Remember by starting out encouraging frequent and efficient feedings your baby will gain weight faster and you both will be off to a great start in your nursing relationship.

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**BREAST FEEDING CLINIC**  
**Tues. & Thurs. 9:00 AM**

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Breastfeeding clinic is designed for any mothers with concerns or questions related to breastfeeding. All first time mothers are encouraged to attend, and experienced mothers will benefit as well.

Our lactation consultant will weigh your baby and answer any questions regarding breastfeeding. Assistance in latch-on, positioning and problem solving will be given.

Please confirm attendance by calling: (562) 427-3782

Cost: \$20 per visit

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**FORMULA FEEDING**

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Formula comes in 3 different varieties:

- #1 Concentrated Liquid.....  
Dilute two ounces with two ounces of water (boiled or bottled)
- #2 Powdered.....  
As directed on the can
- #3 Ready-to-Feed.....  
Convenient but expensive. No dilution required.

Offer two to four ounces on demand. Feed at least every 4 hours in the newborn.

Burp baby at least once during the feeding and at the end of feeding. Always hold your baby and the bottle. NEVER prop the bottle or use a bottle holder.

Test the nipple before feeding baby. The hole should be large enough to permit the cool formula to drip freely out of the nipple when the bottle is held upside down without shaking the bottle. If the nipple hole is too small, enlarge it with a pin or needle to the proper size. The bottle cap should be loosened while baby is nursing so that large bubbles or air enter the bottle freely. If these small details are not observed the baby will tire before hunger is satisfied and baby will be eating too often.

It is NOT necessary to sterilize the formula. Bottles and nipples should be rinsed with very hot water. Use at ROOM TEMPERATURE. We DO NOT encourage using the microwave to warm milk bottles. The milk may not be warmed evenly throughout the bottle.

## HOW MUCH FORMULA

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The amount of formula your baby takes will vary. Babies have a right to not be hungry sometimes, just as you and I. You can't make a baby want to eat. It is common for a newborn to be sleepy at and during feeding time, especially in the first few days. You can stimulate the baby to wake up by unwrapping him, changing his diapers and moving him around.

Feeding schedules are most satisfactory when roughly set and your baby allowed to eat when he becomes hungry. Most babies will awaken for feeding every 3-5 hours. You will probably find that sometimes your baby will take all of his bottle and sometimes he won't. **DON'T WORRY!** This is normal. As your baby grows and gains weight, he will need more formula.

When your baby takes all of his bottle on a regular basis...and sometimes cries for more...increase the amount of formula in each bottle. Wake your baby every 3 hours during the day (8:00 a.m. to 8:00 p.m.) for feedings. It is not necessary to feed this often, but the more your baby is awake during the day, the better he will sleep at night.



## HOLDING YOUR BABY

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All newborns are extremely sensitive to touch. You can convey feelings of warmth and protection by holding your infant close to you at every opportunity. A child takes delight and comfort in hearing the rhythm of a mother's heartbeat. A parent's embrace can recreate for the baby the snug, secure world of the womb. By being attentive to your child's emotional and physical needs, you will provide the framework for healthy personality development. Talk to your baby and play with him sometime every day. Don't be afraid to give your newborn plenty of love and affection. You will not "spoil" your newborn by showing him affection or comforting him when he is fretful.

## GETTING TO KNOW YOUR BABY

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Some common concerns about new babies are the following:

**CRYING:** Crying is your baby's way of saying "I'm hungry", "I'm wet", "I'm thirsty", "I want to turn over", "I'm too hot", "I'm too cold", "I have a stomach ache", or "I'm bored". You will gradually learn to know what the baby means. Even well babies will probably cry for an hour or more occasionally without harming themselves. They tend to cry most in the late afternoon or evening.

**SLEEPING:** Most babies wake up several times a night in the first few weeks. Some babies wake up and cry, some babies merely wake up and look around and fall back asleep. The amount of time your baby stays awake and cries will change as the baby gets older. Some babies skip night feedings earlier than others.

**HICCOUGHS-SNEEZING. ETC.:** All babies yawn, have hiccoughs, pass gas, cough and cry. Sneezing is the only way in which a baby can clear his nose. Hiccoughs are normal. They are caused by the immaturity of the swallowing center in the brain. Burping, feeding or sucking usually helps.

**SPITTING UP:** Spitting up small amounts is very common. Often it will contain mucus which lines the stomach. If the amounts are small and it does not bother the baby do not worry. Forceful vomiting of large amounts of milk, or vomiting bile (green or gold liquid) is abnormal and should be checked out.

**HEAD SHAPE/SOFT SPOT (fontanel):** The newborn's head is made up of several bones which have spaces between them. This allows flexibility of the skull in the birth canal and accounts for why the newborn's head is often cone-shaped, flattened or asymmetric. Natural reshaping to normal occurs over the first few days to weeks of life. There are areas on the head where the bones have not yet come together called the fontanelles. Don't be afraid to touch or wash the softspot; you won't hurt anything.

**EYES/EARS/NOSE/MOUTH:** The nose, ears, mouth and eyes do not have to be cleaned. It is O.K. to remove wax that comes out of the ear but don't poke anything into the ear canals. Loose mucus may be removed from the nose with a tissue. If there is a slight discharge from the eyes, wipe the lids off with a clean tissue, but don't put anything inside the eye itself.

**SKIN:** Peeling skin is normal in the first 2-3 weeks and does not require any special treatment.

At 1-3 weeks of age the infant may develop an ACNE-LIKE RASH on the face which may extend to the scalp and chest. This rash is due to over activity of the sweat glands and will remain until 6-8 weeks of age. Lotions simply make the rash worse. Do not worry, simply wash gently with soap and water.

Diaper rash is most often due to heat and skin irritation from urine or stool. Frequent changing, rinsing well with water, careful drying (or leaving open to air) will help.

**JAUNDICE:** Babies frequently become jaundice in their first week of life. This is a yellow tint to the eyes and skin most often due to a temporary immaturity of the liver. This causes an accumulation of the yellow pigment, bilirubin, in the blood. If your baby becomes jaundiced, your pediatrician will discuss this with you. If you are home and your baby becomes yellow, please contact us.

**CORD CARE:** Cleanse the base of the navel if it becomes wet or soiled from the diaper and once or twice a day. You may use water or gentle soap and water.

**CIRCUMCISION:** If your baby has been circumcised, apply Vaseline to the tip of the penis until it has healed (usually one week). Notify a doctor if marked swelling or bleeding occurs. If a plastic ring has been used for the circumcision, no special care is needed. The ring may fall off in about a week.

**BREAST SWELLING/VAGINAL DISCHARGE:** Breast enlargement is quite common and perfectly normal both in baby boys and girls. The best treatment is to leave it alone. A small amount of white or pink-tinged discharge from the vagina is normal in baby girls during the first 2 weeks of life.

**STOOLS:** Your baby may have a bowel movement after each feeding or may have one or two stools a day. Some babies may go 48 hours or more without a stool and be normal. Your baby may strain when he has a stool, but unless the stool is hard or pellet like, this is perfectly normal. Stools may be watery for several weeks.

Breast fed infants usually have more frequent stools than formula fed infants. The character of the breast fed infants stools range from split pea soup to lemon custard with cottage cheese lumps.

Constipation is defined as hard, rock-like stools-sometimes stained with blood. If your baby has these often, contact the office. **DO NOT** give your baby honey!

**NAILS:** Nails may be cut or filed at any time (this may be easier when your baby is asleep). A small amount of redness or swelling around the nail of the big toe is common. This usually resolves on its own.



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## CARING FOR BABY

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**BATHS:** Your new baby may peel all over. The baby has been suspended in amniotic fluid for nine months and thus has to shed multiple layers of old skin accumulated inside the uterus. The peeling is normal. Sponge baths may be given daily until the navel heals then a mild soap tub bath may be used for the baby. Dry the skin by patting with a towel. In general, oils, creams and lotions are not needed. Do NOT use baby powder.

**CLOTHING/ TEMPERATURE:** Dress the baby with just enough clothes to keep him warm and comfortable. A T-shirt and diaper is often enough in warm weather. Do not use excessive clothes or coverings. Baby should be loosely wrapped in order to allow moderate freedom of movement. The body should be loosely wrapped in order to allow perspiration. Baby's hands and feet are normally quite cool. A wrapping blanket usually makes your baby feel more secure, even though not needed for warmth. Room temperature should be 68-70 degrees.

**SLEEPING:** Babies should be placed on their BACKS or their sides when sleeping. This American Academy of Pediatrics recommendation is based on careful examination of worldwide data suggesting a possible link between SIDS (crib death) and infants who sleep on their stomachs. Concerns about choking and aspiration have not been confirmed. There are no reports that sleeping on the back is harmful to normal infants.

The baby's mattress should be flat and firm with a waterproof cover to protect it. No pillow should be used.

**DIAPER:** The diaper area should be cleaned as often as the baby is wet or soiled with either plain water or a diaper wipe. Dry the skin of the diaper area thoroughly before reapplying a new diaper. Whether you use disposable diapers or cloth diapers is a matter of personal preference.

**GOING OUT WITH THE BABY/VISITORS:** There is nothing wrong with having the baby outside; just avoid crowded places like shopping malls and grocery stores where the chance of exposure to illness is greater. Friends and family may come to see your baby if they are well.

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## SIGNS OF POSSIBLE ILLNESS

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1. Acts "sick", or unusually lethargic, drowsy, or irritable.
2. Refuses several feedings in a row.
3. Has labored or difficulty breathing.
4. Has a fever of 100.4 or more (rectal).

Provide yourself with a rectal thermometer and practice reading it. Electronic thermometers are acceptable; fever "strips" are not. Don't guess that the baby has a fever. Take his temperature and find out for sure. Lubricate the end with oil or vaseline and insert into the rectum for 3 minutes. A reading of between 98.0 and 100.4 is normal. Clean the thermometer by wiping it off with alcohol.

## OFFICE VISITS AND PHONE CALLS

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### TELEPHONE:

Please try to call during office hours for most things. Our office is open from 8:45 a.m. to 5:30 p.m., Monday through Friday and Saturday morning for sick calls and emergencies. Appointments for acute illnesses can usually be made the same day. Our phones are busiest from 8:45 a.m. to 10:00 a.m. You may find it easier to call for non urgent matters at other times.

### OUR PHONE SYSTEM:

In order to handle the large volume of calls a pediatric office receives, we have installed an automated call answer system. After you dial our number, you will be directed to:

#### *PUSH OPTION:*

1. If an emergency
2. For today's appointments
3. For future appointments
4. To leave a message for a nurse
5. To leave a message for a doctor
6. For referral to a specialist
7. For directions to the office
0. For operator



Always have a pencil and paper when you call and the following information ready:

- #1. Your name and phone number where you can be reached.
- #2. Baby's name and age.
- #3. Your problem—describe as well as possible—symptoms and temperature.
- #4. Any special problem—such as heart defect, etc.
- #5. Treatment and response thus far
- #6. Your pharmacy phone number in case we have to call in a prescription

### DURING OFFICE HOURS

- Routine Calls:** (Formula changes, rashes, constipation, etc.) These calls will either be answered by a nurse, or a return call will be made by the doctor between or after scheduled appointments.
- Urgent Calls:** (Acute Illness) If the nurse cannot help, these calls will be returned by the doctor as soon as possible.
- Emergency:** Your doctor will be called directly to the telephone.

### AFTER OFFICE HOURS

After office hours, our answering service will answer the phone and either connect the call directly to the doctor on call or give the message to the doctor on call. Our doctors take turns being on call after office hours. They also cover calls for each other on vacation, week-ends, and days off.

### FIRST OFFICE VISIT:

The doctors of our group take turns making hospital rounds, but the follow-up care is given by the doctor of YOUR choice. Call the office the first day you go home to make your followup appointment.

## **SCHEDULING AN APPOINTMENT:**

In order that we may keep as close as possible to our appointment schedule, we ask that you always call and make an appointment. Parents with children who walk-in without an appointment may be asked to make one or wait until the last to be seen. Repeat offenders will be charged an extra fee.

## **WHAT TO BRING TO THE OFFICE:**

Please bring a bottle of formula or water with you (unless you are breast feeding) when you bring your baby for a visit to the doctor. Bring a few extra diapers each time, and your list of questions for the doctor.



## **SAFETY CHECK LIST**

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1. NEVER LEAVE BABY UNATTENDED, EVEN FOR A MOMENT! Never leave a baby on a bed or changing table.
2. A car seat and seat belts are the best investment you will ever make for you child's safety. These are required by law.
3. Always keep one hand on your baby when bathing him. Never leave him alone in the bath or pool. If the phone or doorbell interrupts his bath, disregard the call or take your baby with you.
4. Check water temperature first. Turn down the maximum temperature of the hot water heater.
5. Keep pins closed, and small objects such as scissors, nail files, buttons, small toys, etc. away from his reach.
6. Keep toys free from splinters, and sharp edges. Remove loose parts which may be swallowed.
7. Keep baby away from hot stoves, radiators, pipes, open fires, or cigarettes. Keep electric sockets closed and cords out of reach.
8. Do not use soft heavy pillows which might interfere with breathing.
9. Furniture and lamps should be placed so they cannot be pulled over on baby. Baby's toys and furniture should be chosen carefully to avoid strangulation hazards.
10. Keep all medicines in a locked or high, out of reach place. The same is true for household poisons such as insecticides, cleaning agents, solvents, and dishwasher soap.
11. Learn C.P.R. (Cardiopulmonary Resuscitation) Call American Heart Association 562-427-7473 or 949-856-3555

## BILLING INFORMATION

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**Business Office Telephone (562) 595-8234**

### HOSPITAL CHARGES

You will receive a statement in the mail of charges for your baby's pediatric care while in the hospital. If you have provided insurance information to the hospital, we will be able to bill your insurance for these charges. Be sure to add your infant to your insurance coverage within 30 days.

### OFFICE CHARGES

All office co-payments are to be paid at the time of service. Please bring your insurance card when you come to the office.

### OFFICE MANAGER

Our office manager is Kim Holford. She will be more than happy to talk with you regarding any problems or questions you may have regarding our office. Please feel free to contact her.



## READING

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To help you with any other problems you have about your infant, or questions about his development, here are a few recommended sources.

*CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5*

(The American Academy of Pediatrics Manual)- Steven Shevlov & Robert Hannemann

*YOUR CHILD'S HEALTH* - by Barton Schmitt

*BABY AND CHILD CARE* - by Dr. Benjamin Spock and Michael B. Rothenberg

*THE FIRST TWELVE MONTHS OF LIFE* - Frank Caplan, Grossett & Dunlop, Publishers

*TOUCH POINTS, THE ESSENTIAL REFERENCE* - By T Berry Brazelton, M.D.

*CHILD OF MINE* - by Ellen Satter

LA LECHE LEAGUE INTERNATIONAL

## WEBSITE

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Helpful information and pertinent links can be found on our website:

[www.columbiapediatrics.com](http://www.columbiapediatrics.com)

## IMMUNIZATION SCHEDULE

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All children should be immunized against several dangerous diseases in the first two years of life: Polio, Measles, Mumps, Rubella (German Measles), Diphtheria, Tetanus, Whooping cough (Pertussis), Chickenpox, Hepatitis B, Hepatitis A and Hemophilus influenza type b (Hib) infections and Pneumococcus. The immunization schedule we follow is that recommended by the American Academy of Pediatrics. A copy of this schedule is available in our office at your request. (These recommendations may change during epidemic situations.)

Below is a general schedule for routine well visits.

3-5 DAYS (AS NEEDED)

2 WEEKS

2 MONTHS

4 MONTHS

6 MONTHS

9 MONTHS

12 MONTHS

15 MONTHS

18-24 MONTHS

ANNUALLY FROM 2+ YEARS





JANET McCORMICK, M.D.

JILL GAOGHAGAN, M.D.

LORNA McFARLAND, M.D.

GIN LEE-HONG, M.D.

GREGORIO ABAD-SANTOS, M.D.

ERIC LAU, M.D.

EDDIE QUAN, M.D.

KIRAT MALHI, M.D.

