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**Locations:**

**Henderson (252) 492-9565**

**Oxford (919) 693-7337**

**Louisburg (919) 496-7337**

**NC Pediatric Associates**

**Newborn Information**

**Book**

**NOTES**

*Welcome to North Carolina Pediatric Associates!*

*We are happy that you have chosen our practice as your child's medical home. Our physicians and staff strive to maintain open lines of communication and work as a team with our families in order to provide excellent pediatric care. Since 1982, we have taken tremendous pride in the care that we provide for the children of our community. We look forward to working with you and your family. This pamphlet contains no secret to being a good parent. We are convinced there is no single best approach to parenting. Your baby is an individual from the day he is born. Since no two children are alike, your effectiveness as a parent depends considerably on your insight and ability to respond appropriately to the individual needs of your child. This pamphlet contains general principles and instructions which you may adapt to your baby. As your baby’s pediatrician, it is our goal to protect your baby’s health by assisting you in recognizing his needs. Our aim is to recognize problems early, and to prevent them by regular well-visits, during which all aspects of health, growth, and development will be evaluated.*

**Congratulations on your newborn!**

**INSTRUCTIONS FOR THE CARE OF YOUR NEW BABY**

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Weight: \_\_\_\_\_\_\_\_\_\_\_ Discharge Weight: \_\_\_\_\_\_\_\_\_\_

Length: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your baby is resting, comfortable and warm in his/her own bassinet. During the next few days most of your time will be spent in resting and regaining your strength. You can put this time to good use by getting some of the simple things done, which will help you make your life with baby easy and fuss-free. Sometimes new parents are unsure of themselves, however, as long your baby is loved, well fed, and comfortable, you need not think that you are inexperienced parents.

Your baby is an individual from the day he or she is born. As the parents, you are the people most closely involved. You will come to know your baby best. Trust yourself. Don’t take too seriously all the advice of well-meaning friends and relatives.

All babies sneeze, yawn, belch, have hiccups, pass gas, cry, and get fussy. Those are normal behaviors. Sneezing is the only way that babies can clean their noses. Hiccups are just little muscle spasms, and they can often be stopped by giving the baby a few swallows of lukewarm water. Crying is a baby’s way of saying, “I’m wet”, “I want to be held”, “I’m too hot”, “I’m too cold”, “I’m bored”, or “I’m hungry”. You will gradually learn to know what your baby means when he or she cries.

Because your baby has not had time to build up resistance to infection, try to limit visitors during the first few weeks at home. Discourage friends and relatives from handling the baby. There will be lots of time for that later.

**GENERAL CARE**

**MEDICAL CARE**

Your baby should have regular medical examinations, even though he or she appears well. These visits will give us a chance to check growth and development and to talk with you about baby care. Our medical providers and nurses will also give the baby immunizations to protect against childhood diseases. An immunization schedule appears on page 15.

You may call our office for any medical advice you may need. Our nurses and provider will be happy to give you guidance and answer any questions.

**IF ANY EMERGENCY OCCURS, PLEASE CALL IMMEDIATELY!**

Signs of illness that should require an office visit:

* Fever, with rectal temperature of 100.4F or higher
* Refusal of feedings or repeated vomiting (not just spitting up)
* Excessive crying without obvious cause
* Listlessness
* Frequent fluid bowel movements (with mucus, blood, or foul odor)
* Any unusual rash (not just prickly heat rash)

**SAFETY**

You will want to do everything possible to insure a safe environment for your baby, beginning with the first car trip home from the hospital. The law now states that all infants must be secured in a car seat whenever you take the baby for a ride. A baby can be seriously injured in a sudden stop if held in a passenger’s arms rather than secured safely in an infant car seat.

There are many simple ways to insure your baby’s safety at home. For example, never leave the baby alone on a table or other high places, where he or she could roll off. Be sure slats on the crib and playpen are not more than 2 3/8 inches apart so the baby’s head cannot possibly get caught between them. The mattress should be firm, flat, and fit the crib snugly on all four sides. Keep the crib free of clutter. This means no pillow or toys that the baby could become entangled in.

Babies are attracted to colorful and shiny objects. Keep small objects like buttons and pins away from the baby’s reach so he or she is not tempted to pick them up and swallow them.

A baby’s skin can be burned easily. When you take the baby outside, protect him from the hot rays of the sun. Always test the water before your baby’s bath to be sure it is not too hot. Smoking cigarettes while feeding or playing with the baby could be dangerous, because hot ashes could fall on the baby. Also, don’t hold the baby while cooking. Hot grease could splatter on the baby, or he could touch the hot pans or their contents.

**FEEDING**

Feeding is one of the baby’s first pleasant experiences. The baby’s first love for its mother arises primarily from the situation. At feeding time the baby receives nourishment from his food and nourishment from mother’s love. The food, correctly taken, helps baby to grow healthy and strong. The mother’s love, generously given, helps baby to feel secure. Help your baby to get both kinds of nourishment. Both of you should be comfortable. Choose a chair that is comfortable for you. This will help you be calm and relaxed as you feed your baby. Your baby should be warm and dry so that he is comfortable too. Hold your baby in your lap, with baby’s head slightly raised, and resting in the bend of your elbow. When breast-feeding, hold your baby comfortably close.

**FOR BREAST FEEDING**

Breast milk sets the standard for infant feeding because no artificial formula can duplicate the benefits of human milk. Breast milk is superior in terms of nutrients, growth factors, and immunologic properties. Research shows that breastfed infants have less diarrhea, constipation, infections, and allergies than formula fed infants.

We and the American Academy of Pediatrics recommend that you breast feed your baby for at least the first 12 months of life, and thereafter for as long as mutually desired. Infants weaned before 12 months of age should not be given cow’s milk, but should receive iron-fortified infant formula. Ideally, infants should breast feed exclusively for the first 6 months of life. Water, juice, and other foods are generally unnecessary for breastfed infants during the first 6 months. Then, gradual introduction of iron-enriched solid foods in the second half of the first year should complement the breast milk diet.

During the newborn period (approximately first 4 weeks), your baby needs to nurse 8-12 times in 24 hours. That is approximately every 2-3 hours. Newborns should be nursed “on demand”, or whenever they show signs of hunger, such as increased alertness, activity, rooting, or sucking on fingers. Crying is a late sign of hunger. Non-demanding babies, or “sleepy” babies should be awakened every 3rd hour for a feeding in order to achieve 8-12 feedings in 24 hours. At each feeding, you will want to watch your baby for signs of good “latch-on”, and for signs of a good feeding.

Make sure you are in a comfortable position. Position baby so that his body is in a straight line and his mouth is at the level of your breast. Improper positioning accounts for many breastfeeding difficulties, including poor latch-on, and sore nipples. While supporting your breast and your baby, stroke your baby’s mouth with your nipple until your baby’s mouth opens wide like a yawn and his tongue is down, then pull your baby to you.

Observe your baby for the following:

* Mouth wide with lips flanged and most of the dark areolar tissue in his mouth
* Nose, cheeks, and chin touching the breast
* Baby nurses in short bursts of 10 or more swallows, followed by a pause
* Mom feels a “pull” or “tug”, but not pinching or pain
* Baby’s arms and shoulders are relaxed during feeding

At the next feeding, offer the second breast first. Thorough softening of at least one breast at each feeding assures that the baby is getting the high-fat milk, necessary for good growth, and stimulates your breasts to produce adequate amounts of breast milk. Switching baby to the other breast after a predetermined length of time can cause the baby to overfill on the skim milk, which is released first by each breast at each feeding.

Your breasts will always produce the correct amount of breast milk for your baby as long as they are being emptied regularly. Your body works on the concept of “Supply meets Demand”. The amount of time your baby nurses today will determine the amount of milk you produce tomorrow. If possible, bottle feedings and pacifiers should be avoided during the first 4 weeks until your baby breast feeds easily, and you have established a good milk supply.

You may interfere with establishing a good milk supply by skipping feedings, supplementing with formula, or using a pacifier during those first few weeks. The back-pressure of full breasts will cause your body to stop producing milk. After your supply is well established, a breast pump may be used to express your milk should you plan to be away from your baby, or return to work.

**HOW DO I KNOW IF MY BABY IS GETTING ENOUGH MILK?**

This is the most common question we are asked. Unlike bottle feeding, there are no measurements of “ounces” to keep track of, so we would like you to pay attention to the following signs of adequate intake in order to be assured that all is going well, and your baby is getting an adequate amount of milk:

* + At least 8-12 feedings in 24 hours (or feedings every 2-3 hours)
  + At least one breast is softening during each feeding
  + Swallowing is heard at each feeding
  + Baby is content at the end of each feeding

**AND MOST IMPORTANTLY:**

* After the 4th day of life, your baby should be having at least **6-8 wet diapers** and at least **3 stools** every 24 hours.

What goes in, must come out. So the number of diapers will let you know how your baby is doing, and will reassure you that your baby is being adequately nourished. The more you nurse, the more milk you will produce, and the more diapers your baby will soil.

**FOR BOTTLE FEEDING**

Seated comfortably and holding your baby, hold the bottle so that the neck of the bottle and the nipple are always filled with formula. This helps your baby get formula instead of sucking and swallowing air. If baby doesn’t waste energy sucking air, he/she is more likely to take enough formula. Air in baby’s stomach may give him/her a false sense of being full and may also make him uncomfortable.

Your baby has a strong, natural desire to suck. For babies, sucking is part of the pleasure of feeding time. Babies will keep sucking on nipples even after they have collapsed. So take the nipple out of the baby’s mouth occasionally to keep the nipple from collapsing. This makes it easier for baby to suck, and lets him rest a bit. Never prop the bottle up and leave baby to feed himself. The bottle can easily slip into the wrong position.

**Types of Formula**

The formula of choice is breast milk. If you elect not to breast feed, an iron-supplemented formula such as Gerber Goodstart is suggested. Whole or skim milk is not recommended before baby’s first birthday. Formulas come in Ready-to-use, concentrated liquid, or powdered forms. Concentrated liquid or powder is recommended due to the fact that they are less expensive than Ready-to-use. Usually a 24-hour supply of formula is prepared at one time. If refrigeration is good, any amount up to 24 hours can be prepared safely.

**Warm and Test Formula**

Just before feeding, remove a bottle from the refrigerator and warm it in a pan of hot (not boiling) water for a few minutes. Or, use a bottle warmer. Test the temperature of the formula by shaking a few drops onto the inside of your wrist. It should feel warm but not hot. Do not heat bottle in microwave as this may cause uneven heating.

**Test Nipples Regularly**

Testing nipples regularly will save time when you are ready to feed your baby. Nipples should be the right size to help baby suck easily. When the nipple holes are the right size, warm milk should drip as rapidly as possible without forming a stream. If nipple holes are too small, baby may tire of sucking before he gets all the formula needed. To enlarge holes that are too small, push a red-hot needle gently through from the outside. An easy way to prepare the needle is to put the blunt end in a cork and heat in the flame of a match or cigarette lighter. If nipples are too large, the nipple is worn out and should be thrown away and replaced. Sometimes nipple holes become gummy. Place the nipple in a pan of water, add a pinch of salt, and boil for a few minutes.

**How Much Formula**

The amount of formula your baby takes will vary from one bottle to another. Most babies feed for 15 to 20 minutes. You will probably find that sometimes your baby will take his entire bottle and sometimes he won’t. Don’t worry. This is normal. As your baby grows and gains weight, he will need more formula.

**After Feeding**

After you have fed your baby, burping is necessary. Burping helps remove swallowed air. Even if fed properly, both bottle and breast fed babies usually swallow some air. The way to help your baby get rid of this is to burp him. Hold baby upright over your shoulder and pat or rub his back very gently until he lets go of air. You may also place baby face down over you lap or in a sitting position (baby leaning slightly forward) with your hand supporting his chest and head, rubbing his back gently. Many times, more than one technique may be required to get baby to burp.

**VITAMINS AND SOLID FOODS**

**Vitamins**

Vitamins may be needed for your baby, please discuss with the provider. Breast-fed babies and those in areas without fluoridated water need fluoride. Breast-fed babies who are not on solid foods by six months will need an iron-supplement. Please discuss other vitamin supplements your baby may need with medical provider.

**Solid Foods**

Neither breast-fed nor formula fed babies need solid foods, until **four to six months of age.** If you desire to start cereals or any other solid foods please consult with our pediatricians. (Please review FDA warnings regarding rice cereal-link provided) http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm493740.htm Do not give any juice until after six months of age.

**CARE**

**Comfort**

Try to keep an even, comfortable temperature in your baby’s room. Windows may be opened in warm weather, provided the baby is not in a draft and the room temperature does not fall below 68 degrees F.

**Crib**

Cover the mattress with a waterproof cover, quilted pad, and soft baby sheet. Do not use a pillow. Cover the baby with one or two cotton blankets. Do not wrap your baby in a blanket, because this limits free movement. **Babies need to sleep on their backs to reduce the risk of Sudden Infant Death Syndrome.**

**Clothing**

A baby does not require any more clothing than an adult. Dress your baby according to the temperature. Some babies are allergic to certain materials, so watch for rashes in areas in contact with clothing.

**Outdoors**

You can take your baby outside whenever the weather is pleasant. Babies born during warm weather may be taken outside after they are about 2 weeks of age. You should avoid taking your baby to crowded places in the first 2 months of life.

**Bathing**

It’s a good idea to have a fairly regular time for bathing your baby. The room should be warm with no drafts. Keep bathing supplies together to save your steps. Wash your baby by sponging until the navel (and penis, if circumcision was performed) is healed. Then, you can bathe your baby in a small tub containing 3 inches of comfortably warm water. Check the temperature of the water with your elbow.

Wash the baby’s face with plain, warm water and a soft cloth; do not use soap. Wipe from the bridge of the nose toward the ears. Do not try to clean inside the nose or ears, but clean the outer areas with a moist washcloth or cotton ball. Wash your baby’s head with a mild shampoo. Work from front to back, to keep suds out of the baby’s eyes. Clean carefully over the soft spots on a young baby’s head. If you notice a greasy scaling (cradle crap), please call our triage nurse.

Use a mild soap and warm water to wash the baby’s body. Be sure to wash in the folds of skin. Rinse well. Pat the baby dry. Do not use powder after the bath, because the baby could inhale the powder and have trouble breathing. If the skin is very dry, you may use baby lotion sparingly after the bath. Trim your baby’s nails with a nail clipper. This may be necessary several times a week.

**Stools**

Stools of newborn babies vary considerably in size, color, consistency, and frequency. A baby may have several bowel movements daily, or none for a few days. Stools may be yellow, brown, or green, and may be firm, loose, or pasty. Soft, loose, pasty, stools are typical for breast fed infants. Change your baby’s diaper as soon as possible after each bowel movement or wetting. Clean the diaper area and wipe it gently with a cotton ball moistened with water or baby lotion.

One of the most common illnesses among infants and young children is diarrhea. Usually diarrhea lasts only a few days and can be managed at home. During bouts of diarrhea, regular feedings, especially milk, sometimes should be replaced with special fluids containing important nutrients (electrolytes) in amounts similar to those lost in stools. But call our triage nurse for instructions if your baby has diarrhea for more than a day, especially if accompanied by vomiting or fever.

**Care of Diaper Area**

Change your baby’s diaper as soon as possible after each bowel movement or wetting. After each bowel movement, and as often as possible after wet diapers, wash diaper area clean with a soft cloth and soap and water. Rinse with warm water. Pat dry with a clean, soft cloth, if redness develops, leave the diaper under the baby without closing to allow some air drying time. There is nothing better than air to clear a diaper rash. Avoid routine use of plastic pants and diaper liners due to retaining moisture.

**Thermometer**

You should always have a regular rectal thermometer on hand. A nurse will be glad to show you how to use it. Its use is to see how high a fever the baby has, not as a routine procedure. Temperature taken under the arm is valid and safer to obtain if the thermometer is held in place for 5 minutes.

**Vaporizer**

Unless your house is centrally humidified, you will probably need a vaporizer for the times your child has a cold or bronchitis. Plain water will do the job well. A cool mist vaporizer will be more useful and less dangerous than a warm mist vaporizer.

**Bulb Syringe**

This is to enable you to remove the mucus from the nose or mouth. Though not pleasant to use, it is valuable to have around.

**Fever Control**

During the first year of life, Acetaminophen drops can be used to control fever. Avoid using Aspirin. If your baby is less than 4 weeks old and has a rectal temp greater than 100.4 F, you should call our office immediately. Any Motrin products should not be administered to babies less than 6 months of age (Advil, Ibuprofen, Aleve, etc.) Refer to dosing chart on page 19.

**Care of Navel and Circumcision**

The umbilical cord will fall off within a few weeks. Once or twice a day as you change your baby’s diaper, use a cotton ball to apply alcohol to the navel. Sometimes, a few drops of blood may appear when the cord falls off. This is no cause for worry.

If your baby boy was circumcised, watch for swelling or bleeding. Call and speak with our triage nurse if this happens. Use sterile petroleum jelly applied directly without gauze. Until healed, each time you change the diaper, grasp the skin of the penis and pull it toward the body. This will prevent adhesion between the two raw surfaces. Do not put alcohol on the circumcision. Clean with water only until healed and then use soap.

**Care of the Uncircumcised Penis**

**Before Retraction Takes Place**

1. Frequent bathing or sponge bathing of your baby is necessary.
2. Make sure all the folds and wrinkles of the genitals are cleansed after bowel movements and diaper changes. The uncircumcised penis requires no extra cleaning. Just wash, rinse, and dry it, along with the rest of the baby’s bottom.
3. Wash away any smegma appearing on the outside of the penis, but do not try to wash or clean under the foreskin.
4. **DO NOT** retract (pull back) the foreskin over the glans of the penis. In a newborn, the foreskin is almost always attached to the glans. Forcing the foreskin back may harm the penis, causing pain, bleeding, possible scarring and adhesions.
5. **DO NOT** let anyone forcibly retract the foreskin of your newborn.
6. Separation of the foreskin from the glans may take years.
7. To test whether or how much the foreskin has separated, either:
   * Observe an erection (most baby boys have them). If full erection occurs, full retraction may occur also
   * Hold the penile shaft with one hand and with the other hand **GENTLY** push the foreskin back, only as far as it goes easily, **STOP** if the baby seems to be uncomfortable or if you feel resistance.
8. You may test for retraction every few months.

**After Foreskin is Fully Retractable**

1. Until the child can bathe himself, an adult should bathe
2. When washing the penis, retract the foreskin gently, wash the glans, rinse, and replace the foreskin, teaching the child that this is how the penis should be washed.
3. Sometimes, after the child takes over his own bathing, he may be careless and the glans may become red and sore. Washing the penis and applying a protective ointment will quickly clear up the problem.

**Definitions**

* Retractions-forcibly tearing the foreskin from the glans
* Smegma- is a normal natural body product, no more harmful than earwax. It is the material produced under the foreskin.
* Infant Smegma- The entire body skin is shed every 30 days. The shed skin rubs off on clothing, in bathing, and in a thoroughly unnoticed fashion, unless there is special skin shedding as in sunburn. Skin cells from the glans of the penis and the inner foreskin are also shed throughout life. This is especially true in childhood; copious skin shedding serves to separate the foreskin from the glans. Since the shedding takes place in a relatively closed place-beneath the foreskin- the shed skin cannot escape in the usual manner. It escapes by working its way to the tip of the foreskin. These escaping discarded skin cells constitute infant smegma.

**COMMON PROBLEMS**

**Rashes:**

Most babies develop rashes in the first few weeks. These are usually mainly on the face and consist of small red bumps, sometimes with small white heads. They may be due to overactive oil glands or as a reaction to soap, sheets, your clothes, or foods. Washing with water and mild soap is usually all that is necessary, and most rashes will soon go away.

**Cradle Crap:**

This refers to the yellowish scales and crusts that form on the scalp. Shampooing the hair during the bath can usually prevent this. If it occurs, soak the crusts away with a moist cloth before shampooing and then brush or comb the crust away. Avoid using oils or lotions on the scalp, as these often make cradle cap worse.

**Colic:**

This term refers to a fussy infant in the first few months of life. It is often associated with crying, spitting up, burping, and passing gas. Nearly every baby does this at times. There should be no real concern, unless the symptoms are persistent. If so, call for advice. Nearly all babies “outgrow” colic by 3-4 months.

**Refusal of Feeding**:

Infants frequently skip a feeding or refuse a particular food. If a baby skips two or more feedings in a row, this may be a sign of illness, especially if the baby is not acting normally.

**Colds**:

Stuffy nose, cough, or sneezing may be symptoms of a cold, although they also occur in normal infants. Babies are rarely very sick with colds, but they may be somewhat uncomfortable and fussy and they usually sound noisy because they are breathing through a congested nose. A vaporizer or humidifier is probably the best treatment for a cold. Also, you may use a nose or ear syringe to suck mucus from the nose, especially before feeding, so that he can breathe and swallow better during feeding. If the baby does not improve, consult your provider. Do not use any medications unless a provider recommends them for the baby.

**Your Own Feedings**:

Many mothers experience puzzling changes in mood and in their feelings about themselves and their babies in the first few weeks after delivery. Some may feel quite depressed for a few days. These feelings are not unusual and may be related to hormonal changes taking place in your body. It is important to know that this is only temporary

**Telephone Triage**

Triage Nurses are available to discuss problems and concerns you have regarding your child. They have been instructed in specific information to give about common pediatric illnesses and will consult with a provider prior to giving advice if there is an unusual problem. We have found it difficult for providers to receive telephone calls and maintain an appointment schedule without creating long waits for patients in the office. However, we can arrange for a provider to call and speak with you at the end of the day or you may schedule an appointment with a provider concerning the specific problem.

**Dosing Chart**

**DOSE: every 4 hours as needed. DO NOT give more than 5 doses in 24 hours.**

**WEIGHT AGE AMOUNT**

6-11 lbs 0-3 mos 1.25 mL

12-17 lbs 4-11 mos 2.5 mL

18-23 lbs 12-23 mos 3.75 mL

24-35 lbs 2-3 yrs 5 mL (1 tsp)

36-47 lbs 4-5 yrs 7.5 mL (1½ tsp)

48-59 lbs 6-8 yrs 10 mL (2 tsp)

60-71 lbs 9-10 yrs 12.5 mL (2½ tsp)

72-95 lbs 11 yrs 15 mL (3 tsp)

IMMUNIZATION SCHEDULE

Your baby will require certain immunizations for protection against childhood diseases. The following schedule is a general guideline. Well child checkups should be yearly after the age of 2.

AGE IMMUNIZATION

Birth Hepatitis B-1

2 months Pediarix, HIB, Prevnar, Rotarix

4 months Pediarix, HIB, Prevnar, Rotarix

6 months Pediarix, Prevnar, Rotarix

12 months MMR, Varivax, HIB, Prevnar, Lead, Hct,

Vision

15 months Hepatitis A, DTap

18 months DTaP

2 years Hep-A, Lead, Cholesterol, Hct

4-6 years Kinrix, MMR, Varivax

9-12 years Menveo, Tdap, HPV

13-18 years Menveo, Bexero, catch-up

**Note:** DTaP = Diphtheria, Tetanus, Pertussis

IPV = Polio

HIB = Haemophilus B

MMR = Measles, Mumps, Rubella

(German Measles)

Pediarix = DTaP, IPV, Hepatitis B

Kinrix = DTaP, IPV

HPV = Human papillomavirus

Menveo = Meningitis A, C, Y, W-135

Bexero = Meningitis B

**OFFICE INFORMATION**

Office Location Hours

(Patients may be seen in either office)

**Henderson** (252-492-9565) 451 Ruin Creek Rd, Ste 101

Monday-Friday 8:00am – 5:00pm

Saturday 9:00am – 1:00pm

**Oxford** (919-693-7337) 1417 College St

Monday – Friday 8:00am – 5:00pm

**Louisburg** (919-496-7337) 216 N Bickett Blvd, Ste 3

Monday – Friday 8:00am – 5:00pm

Closed for lunch 12:00pm – 1:00pm

**APPOINTMENTS**

All patients are seen by appointments only, and if available, you may request a certain provider to see your child. If you arrive without an appointment you will be given the next available opening, unless the triage nurse determines the problem is urgent.

To schedule a well exam for your child, please call in advance.

Realizing that you cannot predict when your child may get ill, we have openings available at the start of each workday to see sick children. We encourage you to call as early in the day as possible if your child needs an appointment.

**HOSPITAL AFFILIATIONS**

There may be times that our providers will require lab test, radiology, or admission to a hospital facility. Our pediatricians can admit patients to:

* Maria Parham Medical Center

566 Ruin Creek Rd, Henderson NC

(252) 438-4143

* Granville Health System

1016 College St, Oxford, NC

(919) 690-3000

However, you may choose to have tests, etc. done at the hospital or lab of your choice. We will do our best to accommodate your requests.

**Recommended Reading and Websites**

* The AAP: Caring for Your Baby and Young Child: Birth to Age 5 by Steven P. Shelov, MD, FAAP, Editor in Chief
* Infant/Child Safety Seat information: [www.buckleup.org](http://www.buckleup.org/)
* Quality Childcare: [http://ncchildsearch.dhhs.state.nc.us](http://ncchildsearch.dhhs.state.nc.us/)
* For additional sites, please visit [www.ncpedsassociates.com](http://www.ncpedsassociates.com/)

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