

RALEIGH PEDIATRIC ASSOCIATES, P.A.



CARING FOR YOUR NEW BABY

RALEIGH OFFICE

1921 Falls Valley Drive
Raleigh, North Carolina 27615
Telephone: (919) 872-0250

GARNER OFFICE

1405 Timber Drive East
Garner, North Carolina 27529
Telephone: (919) 779-6423

Urgent After Hours Advice: (833) 816-0310

OFFICE HOURS

(Patients may be seen in either location)

Monday through Friday

8:00 am – 5:00 pm

(Closed between 12:45 pm-1:45 pm for lunch)

Saturday

8:00 am-11:00 am (Garner location open for **urgent** sick visits)

Sunday

8:00 am-11:00 am (Raleigh location open for **urgent** sick visits)

www.raleighpediatrics.com

Jerry C. Bernstein, M.D., F.A.A.P.
Karen A. Kartheiser, M.D., F.A.A.P.
Chip Koscielniak, M.D., F.A.A.P.
John W. Rusher, M.D., F.A.A.P.
Robert C. Helms, M.D., F.A.A.P.
Karen Fieselman Stroud, M.D., F.A.A.P.
F. Allen Hewett, M.D., F.A.A.P.
Sarah Hunt, M.D., F.A.A.P.
Samantha McCleese, M.D., F.A.A.P.
Heather A. Firebaugh, M.D., F.A.A.P.

J. Randy Hedgepeth, M.D., F.A.A.P.
Melinda C. Taylor, M.D., F.A.A.P.
Jeffrey C. Johnson, M.D., F.A.A.P.
James W. Britt, M.D., F.A.A.P.
Molly D. Broga, M.D., F.A.A.P.
Sarah W. Atkins, M.D., F.A.A.P.
Justine M. Parmele, M.D., F.A.A.P.
Jeremy G. Yates, D.O.

Stephanie Woodard, Practice Administrator

CONGRATULATIONS

Welcome to Raleigh Pediatrics! We are happy that you have chosen our practice as your child's medical home. Choosing Raleigh Pediatrics provides a strong foundation for the growth and development of your child. We look forward to working with your family.

We are convinced there is no single best approach to parenting. Your baby is an individual from the day he or she 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 booklet contains general principles and instructions which you may adapt to your baby. As your pediatrician, it is our goal to protect your baby's health by assisting you in recognizing his/her needs. Our aim is to screen for and treat problems early and to prevent health issues through regular well child checkups, during which all aspects of health, growth, and development will be evaluated.

PATIENT CENTERED MEDICAL HOME

Raleigh Pediatrics strives to be a Patient Centered Medical Home for all of our patients. Our goal as your Medical Home is to improve health outcomes and quality of care. Please visit our website for more information about the Patient Centered Medical Home.

STAY CONNECTED

We encourage you to visit our website at www.raleighpediatrics.com.

You will find it full of important medical information, office updates, patient forms, our well exam and immunization schedules, as well as links to important websites.

Klara Texting Platform: Use the [Message Us](#) button on the website or download the Klara app to conveniently request medical advice, medication refills or forms by secure messaging.

Phreesia: You can use the [Request Appt](#) link on our website to request non-urgent appointments through the Phreesia system. You will also receive appointment reminders through Phreesia by text and email and then will be able to follow the link for pre-visit registration that you can conveniently complete from home prior to your appointment.

Follow My Health Patient Portal: Through the patient portal you can securely receive your child's medical information including visit summaries, lab and procedure results. You can also view your child's medical history including immunizations and vitals. You can request portal access through the Klara messaging system.

Facebook: Follow our Raleigh Pediatrics Facebook page for office updates and topical medical information.

OFFICE INFORMATION

OFFICE HOURS

(Patients may be seen in either office)

Raleigh Office (919-872-0250)

Garner Office (919-779-6423)

- Monday through Friday 8:00 am – 5:00 pm (closed between 12:45 pm – 1:45 pm daily for lunch)
- Saturday (Garner location) and Sunday (Raleigh location) 8:00 am – 11:00 am (for **urgent** sick visits by appointment only)
- For same day sick appointments, please call as early in the day as possible.
- Office hours may be subject to change as needed. Please call our main office numbers or check our Facebook page to verify office hours during holidays and inclement weather conditions.
- Urgent After Hours Advice: For concerns that cannot wait for the office to open, call 833-816-0310

NEWBORN WELL EXAM

Our area hospitals are staffed by newborn specialists who can offer excellent care to your baby while you are in the hospital. The newborn specialist will instruct you when to schedule an appointment in our office for the Initial Newborn Well Exam. This visit should usually occur 24–48 hours after discharge from the hospital. Please call our office to schedule this important first visit **prior** to leaving the hospital.

CONTACTING OUR OFFICE

You can use the **Request Appt** link on our website for non-urgent appointments such as well exams. Always call the office if a same day appointment is needed. We are open from 8:00 am until 5:00 pm Monday through Friday to see your child for well exams as well as sick visits. We keep a large number of appointments open for same day sick visits, but ask that you call as early in the day as possible if your child needs to be seen. You can securely message the clinical staff during office hours for medical advice, prescription refills or forms requests by downloading the Klara app to your smart device or by using the **Message Us** button in the bottom right corner of our website. Most non-urgent messages for advice should receive a call back within a few hours. See the back of this booklet for more information regarding our 24-hour triage services.

NEWBORN FEEDING

Feeding is one of the baby's first enjoyable experiences. There are two sources to supply nutrition to infants: one is breastfeeding and the other is bottle feeding with formula. We feel that mother's milk is the optimal source of nutrition and urge you to consider breastfeeding. There are, however, many good reasons that parents may choose to use formula. Standard infant formulas supply all of your baby's nutritional needs.

Feeding time should be pleasant for you and your baby. Whether you are breast or bottle feeding, hold your baby close. We suggest using a flexible, on-demand feeding schedule initially. This means feeding your baby whenever he/she is hungry, usually every 2–3 hours. During the first 2–3 days after birth, many babies prefer to sleep rather than eat. During this time, you may need to wake your newborn to feed. Newborns can lose up to 10% of their birth weight during this time. Our physicians will follow your baby's feeding and weight loss closely after discharge from the hospital.

Babies swallow air during feedings. Give your baby a chance to burp half way through and at the end of the feeding. Hold him/her upright on your shoulder and pat or rub gently on the back. Most babies spit up some milk after feedings. These "wet burps" are more of a mess than a serious problem.

BREASTFEEDING

Breastfeeding is the most natural, least expensive and most convenient way to feed your baby. Breast milk also provides some protection against infection. Normal breast milk may vary in color from thick yellow to thin bluish-white. Colostrum, the breast milk secreted in the first few days after birth, is a yellow color and is full of immunoglobulins (proteins that function as antibodies to boost the immune system). Both breasts should be used at each feeding; always alternate which breast you start the feeding with. Breastfeed for 10–15 minutes on each side, so that the baby gets the rich hind milk that comes out of the breast later in the feeding. Mothers should have a normal well-balanced diet, drink plenty of water and avoid alcohol.

FORMULA

If you choose to formula feed your baby, we recommend using one of the standard infant formulas with iron. Please be sure to follow the instructions on the formula for mixing. Bottles and nipples should be washed either by hand or in the dishwasher; extreme sterilization methods are no longer necessary. City water does not need to be boiled prior to use. Well water should be boiled for 5 minutes to kill any bacteria (or use bottled water). This is only necessary for the first 2 months of the infant's life. Formula may be fed at room temperature or warmed by placing the filled bottle in a pan of warm water or bottle warmer for a few minutes. Test the temperature of the formula by shaking a few drops on your wrist. Do not microwave formula as this can cause "hot spots" that could burn the baby.

VITAMIN D SUPPLEMENTS

The American Academy of Pediatrics recommends using Vitamin D supplements to prevent rickets, a softening and weakening of the bones. ALL infants that are exclusively breastfed OR are receiving less than 32oz of vitamin D fortified formula per day should be given 400 IU of liquid vitamin D each day, starting in the first few days after birth. Vitamin D supplementation should continue until the baby is receiving at least 32 oz of formula per day OR is over 12 months of age and are consuming 32 oz of whole milk per day.

Enfamil D-Vi-Sol® or other generic Vitamin D supplements for infants:

- 1 (one) ml provides 400 IU of vitamin D
- Instructions: Shake the bottle well and fill dropper to 1 ml line (daily serving). Dispense gently into mouth towards inner cheek; a small amount will remain in the tip.
- The dropperful can be mixed with breast milk, formula, cereal or other foods.

SOLID FOODS

Your baby will receive proper nutrition through breastfeeding and/or formula feeding and will not need solids until 4–6 months of age. Adding solids prior to 4 months will not help your baby sleep through the night. Only add rice cereal to your baby's diet prior to 4 months if specifically recommended by your physician.

RECOMMENDED SLEEP POSITIONS

The American Academy of Pediatrics recommends that normal infants be positioned on their back for sleep. This position has been shown to decrease the chance of sudden infant death syndrome (SIDS). This recommendation of putting the baby down on his/her back applies to infants throughout the first year of life. However, it is particularly important during the first 6 months when the incidence of SIDS is highest. Also avoid placing blankets, stuffed animals and pillows in the crib with the baby.

IMMUNIZATIONS

Immunizations are the cornerstone of pediatric medicine and changed the landscape of medicine in the 20th century. Raleigh Pediatrics follows the recommendations of the American Academy of Pediatrics and the Centers for Disease Control. We feel very strongly that immunizations are one of the most important medical services we can offer your child. We welcome the opportunity to discuss any questions or concerns you may have; however, if after thorough education, immunizations are refused; your physician will ask you to find a provider with an alternative philosophy.

NEWBORN CHARACTERISTICS AND CARE

Head

A newborn's head may be bruised, elongated and misshapen during the first few days from being pushed through the birth canal. The head will begin to look better within a few days; however, it may take several weeks before it becomes completely round and the bruises disappear. Occasionally, a cephalohematoma (swollen area on top of the head) may also develop from pressure received during the birthing process. It is fluid filled and will also disappear over the first few weeks.

Eyes

Newborns usually keep their eyes closed most of the time. They may also be puffy and have a little yellow discharge for the first few days. This can be removed by using a warm wash cloth and gently wiping from the inner to the outer corner of the affected eye.

Breasts

Both male and female newborns may have some swelling under the nipples. This is a result of maternal hormones and will disappear over a few weeks. Occasionally, some milky discharge may occur. This is normal. Simply wipe any discharge away.

Genital Areas

Vaginal Discharge: It is common for baby girls to have a thick creamy or bloody vaginal discharge for the first two to three weeks of life. This is the result of maternal hormones and is not a reason for concern. You can remove the discharge by wiping gently from front to back with a diaper wipe or warm damp wash cloth.

Penis: If your son has not been circumcised, no special care is required. The skin cannot be pulled back until the child is older. No attempts to force it back should be made. If your son was circumcised, the end of the penis will look red and swollen for a few days. During his bath, squeeze some soapy water over the penis from a washcloth and rinse it with plain water. You may be given some lubricated gauze at the hospital that can be applied as the old gauze becomes soiled or after bathing. Some obstetricians place a ring on the end of the penis which should fall off after four to ten days. Once this occurs, gently retract the foreskin and wash away any white secretions that may have accumulated.

Skin

- Newborn rash: Most newborns develop one or more skin rashes during the first week of life. Tiny white bumps on the face are called milia and will disappear. Many babies develop a red blotchy rash on their face and possibly on their upper chest. This is called erythema toxicum and fades by the time the infant is several weeks old. Care for these rashes involves just keeping the area as clean and dry as possible.
- Dry Skin: Often, a newborn's skin will appear dry and peel during the first week. This drying is most noticeable around the hands and feet. A very small amount of lotion may be used if the skin appears to be cracking.
- Cradle cap: Some infants develop greasy, scaling areas on the scalp. They often are most noticeable over the soft spot on top of the baby's head. Using an adult soft tooth brush along with the soap used to bathe your infant will usually remove the scaling skin.
- Jaundice: Nearly 50% of newborns develop jaundice two to four days after birth. The skin and whites of the eyes become yellow. This occurs because the newborn's liver is immature and cannot eliminate all the bilirubin that develops from the breakdown of red blood cells. In the majority of cases, this jaundice is temporary and harmless. If your baby does require treatment, there is no cause for alarm, and we will explain the treatment to you in detail.
- Diaper rash: All newborns will develop irritations and rashes in the diaper area. Frequent diaper changes, cleaning and drying will usually solve this problem. You may expose the diaper area to room air as well. Occasionally, an over the counter medication such as Desitin Cream, A&D Ointment or Aquaphor may be used if the rash does not improve.

Legs

The feet and legs may be turned in as a result of being in a cramped position during pregnancy. They gradually straighten out during the first year of life. The feet and hands may occasionally turn a bluish color. This is normal.

Breathing

A newborn's breathing may be somewhat irregular. This becomes particularly noticeable between three and six weeks of age. Nasal congestion is normal, and we suggest a rubber bulb syringe to help clear mucous from the nose when necessary (if it interferes with sleeping or feeding). Sneezing is the newborn's way of clearing the nose and does not necessarily mean a cold has developed.

Sleep

Newborns spend most of their time sleeping even when you are trying to feed them. They also grunt, grimace, kick, and startle easily during sleep. All of this is normal. The AAP recommends that infants be placed on their back for sleep. Additional information is provided earlier in this booklet and by the AAP through our website.

Crying

All babies cry. Nothing can be more frustrating to a new parent than not being able to quiet your baby. Some newborns will continue to cry until they wear themselves out. Remind yourself that crying will not harm your baby. Crying may be a sign that your baby may be hungry, uncomfortable from a soiled diaper or just wants attention and needs to be held. You cannot “spoil” your baby by holding and loving him too much.

Temperature

Soon after birth your baby’s temperature will adjust to the environment. You should keep the temperature in your home at its usual level and dress your baby accordingly. If you prefer cooler temperatures and wear an extra layer of clothing, your baby will need one as well.

Umbilical Cord

Keep the diaper turned down below the cord allowing air to get to the area. This will help the cord dry and it should fall off within the first week or so. Do not immerse your baby in water until the cord falls off. You may notice an unpleasant odor, slight yellow or bloody discharge as the cord is getting ready to fall off. This is no cause for alarm. Please contact us if the skin around the cord becomes very red.

Elimination

After the first few days, your baby should start having wet diapers every 3–4 hours. If your baby does not have a wet diaper every 6–8 hours, he/she could be dehydrated. Make sure your baby is feeding frequently and call the office if the number of wet diapers does not increase. Bowel movements will start out as black meconium, and then transition to green/yellow and seedy at 3–5 days of age. Breast fed babies may have more frequent stools that may occur after every feeding. At 4 weeks of age stools may be less frequent and your baby may skip 1–3 days between stools. Babies normally strain and cry when passing stools. The pattern, frequency, and color may also vary day to day.

SIGNS OF ILLNESS

The newborn infant must be watched and evaluated more carefully if he/she gets sick the first three months of life. If you notice the following signs, you should contact us:

- If the temperature is 100.4 degrees or higher rectally
(Please take your baby's temperature **before** contacting the office)
- Vomiting (not just "spitting up") for several feedings in a row
- Excessive or inconsolable crying
- Listlessness
- Bowel movements that are looser and more frequent than normal
- Any unusual rash

Do **not** give any fever medication to a newborn without talking to our office first.

Please contact the office yourself if possible. Relaying a message through a third party may lead to misinformation. The most convenient way to reach our advice nurses is to message through the Klara app or use the Message Us button on the website. If you do call and leave a voicemail, we will need your child's name, date of birth, a brief description of the problem, and your telephone number. Please have a pen and paper ready for the return call. Writing down instructions given by the advice nurse will make them easier to remember later.

RECOMMENDED READING AND WEBSITES

American Academy of Pediatrics (AAP): [Caring for Your Baby and Young Child: Birth to Age 5](#)

American Academy of Pediatrics (AAP) Parenting website: www.healthychildren.org

CPR class information: www.redcross.org

Infant/Child Safety Seat information: www.buckleupnc.org

Choosing Quality Daycare: <https://ncchildcare.ncdhhs.gov>

For additional sites and what to expect at all of your child's ages and stages, please visit our website at www.raleighpediatrics.com

APPOINTMENTS

All patients are seen by appointment only and, if available, parents may request a certain physician to see their child. Patients who arrive without an appointment will be given the next available opening, unless the clinical staff determines the problem is urgent and the patient should not wait. Well exams, consultations, sick visits, and follow up appointments are done during regular office hours Monday through Friday. Extended weekend hours are for urgent problems that cannot await regular office hours.

Well Exams

A complete list of well exams and immunizations, as recommended by the American Academy of Pediatrics, can be found in the Ages and Stages section of our website. We ask that these visits be scheduled in advance, to help ensure your choice of physician and appointment time. The next well exam for an infant can be scheduled when checking out. The physician schedule is usually open 2–3 months ahead of time.

Sick Appointments

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. If you call late in the day and your child's problem is not urgent, you may be offered an appointment early the following day. Sick visits usually focus on a single problem and tend to be shorter visits.

Choosing a preferred provider

We recommend that you find a physician that you like and feel comfortable with to be your child's primary doctor. This gives consistency and allows them to get to know your child. Although all of our physicians follow the same standards and give quality care, they each have a unique personality so find someone that fits with you and your family. Any of our physicians are able to see your child for a same day visit if your preferred provider is unavailable. Both offices share the same Electronic Health Records to see your child's history, so you are also welcome to be seen in either location.

WAITING / WIFI

We request, when possible, that you limit the number of children, friends, and relatives accompanying your child to the office. At this time, we have chosen not to have a waiting room inside the building. You will call the office to check in on arrival and then a clinical staff member will call you when they are ready to bring you to a room. We have found that most parents like this better than a traditional waiting room. Add our guest wifi to your phone, so that you can connect whenever you are on our property. Please let the front desk know if you prefer not to wait in your car and we will make other arrangements.

MEDICAL ADVICE

Pediatric Symptom Checker: Excellent tool located on our website to give you approved home care suggestions and advice on when to call the office.

During office hours: The most efficient way to receive medical advice from our staff is to use the Klara texting platform to send a question. You may also call the office and follow the prompts to leave a voicemail. If the problem is not urgent, our goal is to respond to advice questions within three hours. Clinical staff are trained and available to discuss problems and concerns you have regarding your child. They follow standard pediatric protocols and will consult with a physician whenever necessary. Some problems cannot be evaluated over the phone, and you will be instructed to schedule an appointment.

After office hours: Whenever possible, we ask that requests for medical advice be made when the office is open. Our staff has direct access to your child's medical record. If an urgent problem arises and you cannot wait for the office to open, please call our After Hours number. Your message will be returned by a Triage4Pediatrics nurse who will offer advice approved by our physicians. The nurse can also contact our on-call physician if needed. **Messages sent through the Klara texting platform are not monitored outside office hours.

Should you go?: Unless your child is experiencing a medical emergency, please request medical advice before going straight to the Emergency Department whenever possible.

HOSPITAL AFFILIATION

Our physicians have an affiliated status and access to records with both WakeMed and UNC/Rex Healthcare. Newborns are cared for by the newborn specialists and admitted children by the hospitalists at both facilities. If your child ever needs emergency services, we recommend the WakeMed Children's Emergency Department, however there are many excellent hospitals in the Triangle area. You should always check your insurance and go to an in-network facility.

PAYMENT FOR SERVICES/INSURANCE

Payment and/or proof of insurance is required at each visit.

We accept Visa, MasterCard, Discover, personal checks, cash, and expect payment from the person accompanying the child. If the absent parent has financial responsibility, we must ask for payment from you and allow you to make arrangements with the responsible party. We contract with several insurance companies for which we will accept a co-payment and file for services. Please visit our website for a current list of our contracted insurance companies and complete financial policy.

