

WELCOME

Let us take this opportunity to welcome your family as patients to our practice. We appreciate the opportunity to provide you with caring pediatric and adolescent medical services. We greatly value the trust that you have placed in us by allowing us to care for your child(ren). We look forward to the opportunity to participate in your child(ren)'s growth over many years.

The following are some important “highlights” to assist you. Consult our website www.pacaremd.com for more details.

- Most of our appointment times are between 9AM and 5PM, Monday-Friday. However, the office opens at 8AM on weekdays. You may call anytime after 8AM to make an appointment or to receive assistance.
- On Monday AND Friday mornings, Walk-In sick visits are available for established patients between 8AM and 9AM – No appointment necessary. These visits are for acute illness and injuries only, not for chronic, complicated, or multiple problems. Patients must arrive between 8AM and 9AM on Monday or Friday morning to be seen.
- Assistance by telephone is available during our office hours. Our experienced pediatric nurses are available throughout the day for medical advice. For non-urgent questions, messages may be left for a doctor or nurse practitioner to return your call.
- When our office is closed, if you have an urgent medical problem that you need assistance with, call our office at (301) 681-6730 and select option “1”. Please be ready to provide your child’s name, date of birth, and a return phone number. You will receive a return phone call as soon as possible within 30 minutes. Make sure your phone is on and accessible to receive your return call.
- On weekends and holidays, arrangements may be made for seeing ill children. This is best done by calling between 8AM-9AM and leaving a message for the on-call doctor.
- For the most flexibility in scheduling Well Child Visit appointments, please try to make your appointment at least two months in advance.
- Patients who are ill and need to be seen the same day can always be accommodated.
- In an effort to run on schedule, we may ask patients who arrive more than 10 minutes late for regular check-up appointments to reschedule.
- If you are unable to keep your appointment, please call at least 24 hours in advance so that someone else may use your time.
- We reserve the right to charge a fee for missed appointment

10 Day Visit

FUSSINESS AND COLIC:

Of all pediatric problems, colic is probably the one surrounded by the most mythology. Some people insist that colic is primarily an intestinal tract disorder caused either by gas, foods in the breast-feeding mother's diet, or intolerance to formula. Others believe that colic is related to any number of problems during a mother's pregnancy ranging from maternal illness to medications or stress. Still others think that there is always a simple explanation for each episode of colic. Either the baby is hungry or overfed, not held enough or held too much, uncomfortable because of a soiled diaper or disturbed by too frequent diaper changes, bored or over-stimulated, too hot or too cold, and the list goes on and on. Some people, demonstrating great insensitivity, even suggest that the baby is fussy because the mother is anxious. If parents are not made insane by the baby's colicky behavior, certainly all of these conflicting suggestions regarding causes and cures (offered freely and dogmatically) will drive them absolutely bananas.

In fact, the basic cause of colic is none of the above. All that colic means is excessive fussiness. Brazelton found that a baby's average crying time is 1.75 hours per day at two weeks, 2.75 hours per day at six weeks, and 1 hour per day at twelve weeks. He also found that most babies have predictable fussy times, usually each evening. It is, therefore, developmentally normal for all babies to become more difficult to console as they approach 4-6 weeks of age, with night time being the worst time. Then, as predictably as they enter this fussy phase, most babies become easier as they approach 3 months. The point is that all babies follow this pattern of behavior, but some more obviously than others. Those babies who fuss a lot instead of just a little, we say, have colic. Colic is, therefore, not a disorder but an exaggeration of a normal developmental phenomenon.

The cause of this normal rise and fall in fussiness seems to have a neurologic basis. For the first months of life, babies are very primitive creatures. They are largely prisoners of their own reflexes. For example, a loud noise results in a dramatic "startle" or Moro" reflex. Touch the corner of the mouth elicits the "rooting" reflex as the baby's head turns toward the stimulus. Babies have no control whatsoever over these and many other reflex responses. They are truly powerless. Not only do infants have poor control over their responses to different stimuli, but they have a relatively low sensory threshold. In other words, it does not take a lot to set them off. Just a little bit of an uncomfortable position, a touch of gas, a mild skin irritation, or any number of minor discomforts can easily upset an infant's fragile equilibrium. They do not effectively tune out extraneous sights, sounds, and other sensations. They are easy to over-stimulate. Microscopic studies of nerve tissue, special brain scans, and measurements of certain brain chemicals actually demonstrate that maturation of the brain takes place largely during the first three months of life. It is very interesting that prematurely born infants have a delayed onset of this fussy period. Thus, there is a physiologic basis for the lack of brain control over reflexes and the low sensory threshold that causes fussy behaviors in all infants. What distinguishes fussiness from colic is, therefore, simply a matter of degree. All babies are born with somewhat different temperaments. Some are fussier than others. There may be a genetic basis to temperament. For babies with severe colic, 50% of preceding siblings also had colic. Colic is, therefore, not caused by parents. The predisposition is something that babies are born with. How one responds to a baby with colic definitely can make things better or worse, but 70% of anxious mothers do not have babies with colic. It is the baby, not the mother. Just as parents do not cause colic, neither can they make it go away early. Here are some ideas on how to manage and survive it:

1. Hold your baby for all fussy crying and as much as possible when they are not crying. During the first four months of life, babies cannot be spoiled. When they cry, they need to be held. Many studies have shown that the more babies are held, the

less they cry. Use gentle soothing motions and sounds. Front packs during the day and lulling movement at night will usually work. Try a rocking chair, cradle, baby hammock, or a wind-up swing. Vigorous bouncing is usually counterproductive. Communicate peacefulness. Pacifiers work well to comfort many babies. For breastfed babies it is recommended to wait until breastfeeding is established prior to introducing the pacifier. Studies show that pacifiers reduce the incidence of SIDS. Leaving a baby to blow off some steam and possibly cry themselves to sleep, up to 5 minutes at this age, is a reasonable last resort when all else fails. This is the age of complete dependency. As much as possible, let your baby know you are there for them.

2. Although parents do not cause colic, obviously a calm approach works better than an anxious approach. Colic or crying will not harm your baby. Although colic can be intense and dramatic, babies do not burst. Colic will not create psychological scars. So much of how we see ourselves as parents is tied in to how effectively we are able to satisfy our children's needs. Colic can be a tremendous blow to a parent's self-image. You are not responsible for your baby's crying; your baby is! Parents must face the fact that we only have so much control over how our children behave; the rest is up to them. If you are feeling frustrated now, just wait until he/she is a teenager.

Do not try 500 different things. Friends and family will all suggest quick "cures". Fussy cries are often misinterpreted as hungry cries. Do not feed your colicky baby every time they cry. This can cause bloating and aggravate the problem. If you think there are problems with gas, breast feeding, specific formulas or possible illness might be causing fussiness, please call and discuss the situation with us. Do not bounce from one feeding style to another. Sometimes the harder you try to settle your baby, the worse they will cry. View colic as a phase to be weathered, not as a poor reflection on your abilities or an abnormality to be corrected. Your baby will pick up on your mind-set. Frantic? No. Tranquil? Yes.

3. How do you exude tranquility while taking an emotional bruising on two hours of sleep? The most common mistake that parents make is this: In their efforts to take care of their babies, they forget to take care of themselves. There is no way to fulfill your sleep requirement at night so daytime naps must be taken seriously, with your phone off and a "Do Not Disturb" sign placed on the door. Parents should both help at night. Turn to grandparents, other relatives, friends, paid babysitters, or housekeepers. You need to take a regular, complete break from caring for your baby. Even if it is just one hour per week for you and your partner to go for a walk or to dinner. This mental relaxation will refresh and rejuvenate you. It is better that the baby cry for one hour each week without you there, than to cry for many more hours with you there but you are an emotional basket case. You cannot take good care of your baby if you are sleep deprived, isolated, and overwhelmed. Colic is tough. If you are feeling depressed or having trouble dealing with your emotions, talk to your doctor. No matter how impatient or angry you become a baby should never be shaken. Rest, seek support, and share the burden. Give yourself a break! Please call if we can be of any help. Remember colic does not last forever.

BACK TO SLEEP

Babies should be placed on their backs. This sleep position reduces the risk of Sudden Infant Death Syndrome (SIDS). We do not know exactly what causes SIDS but it may be reduced by a variety of factors:

1. Sleep Position- back is best. Once your baby can roll to his side or stomach, it is safe to leave them there.
2. Bedding – babies should sleep on a firm surface. Do not use heavy blankets, comforters, pillows or any stuffed toys in the crib. Make sure your crib, bassinet, or portable crib has not been recalled.
3. Temperature – babies should be kept warm but not too warm. Babies usually require one extra layer than we do to feel warm.
4. Smoke Free – a smoke free environment should be kept in baby's home.
5. Medical Care – prenatal care and scheduled vaccinations are important.

6. Breastfeeding – if possible, breast milk is best as this contains antibodies and nutrients to help keep baby healthy.
7. Pacifier – should not be used before child is at least one month of age.
8. Place your baby to sleep in the same room with you but not in the same bed, until at least six months of age.
9. Do not use home cardio respiratory monitors, wedges, positioners or special sleep surfaces as they have not been found to reduce the risk of SIDS.

Best of all – ENJOY your baby. SIDS is rare. Don't let a fear of SIDS ruin the enjoyment of a new infant.

FEVER

Fever under two months of age is a concern and your child should be seen if develops a rectal temperature greater than 100.4F. Temperatures are most accurate when measured with a rectal thermometer.

CAR SEATS

For information on the latest recommendations and considerations please visit healthychildren.org and search for Car Seat Safety.