

AGOURA WEST-VALLEY PEDIATRICS

Appreciating that the last few weeks of a pregnancy are usually hectic in preparation for the arrival of the newborn, we are glad that you have realized that importance of meeting with a pediatrician before your baby is born. Not only does this meeting give you a chance to interview with us and ask questions about subjects of interest or concern to you, but it also gives us an opportunity to cover certain topics, and by doing so, avoid problems in the newborn period.

We feel strongly that our duty should be to provide optimal health care for your child and that this should not be limited to treating illnesses, but should include counseling on a wide range of topics including nutrition, accident prevention, development and behavioral problems.

We realize that you are going to be exposed to a great deal of well-meaning advice from friends and family, and that at times conflicting opinions may leave you in a position of not knowing what is best for your child. Whenever this happens, we should encourage you to call the office for advice. Over the course of time we would hope that you will draw from our knowledge and gradually develop confidence in your own judgment.

One of the most rewarding experiences for a pediatrician is to see a mother who was anxious and unsure of herself with her first baby come back to the office with her second child, relaxed and exuding self-confidence.

Our office is open every day from 9am until noon, and from 2pm until 5pm. On Saturdays, it is open only in the morning. Children with highly contagious diseases, such as chickenpox, do not enter the suite through the waiting room. We reschedule the well child examinations during the first hour of the morning and afternoon, patients with illnesses come in later. Unless in an emergency, all patients are seen by appointment only.

Babies are seen two or three days after discharge from the hospital and then for routine physicals once a month until four months, at six months and every three months until 18 months. Thereafter, they are seen yearly. At each physical appointment the baby is measured and weighed, a thorough examination is

performed and then time is devoted to a broad range of health topics. We encourage you to bring in your questions.

We believe that the best start for your baby is with breast milk. Many of our mothers put the baby to their breasts in the delivery room and have the baby rooming in with them during their stay in the hospital. The advantage of rooming in is that you are able to nurse the baby on demand and thereby give your breasts the maximum stimulation which ensures that your milk will come in as quickly as possible. Babies often show very little desire to nurse the first day or two of life, sucking infrequently and for short periods. It is important for you to realize that this is normal and not worry since the babies are born with extra fluid to provide for them until your milk comes in.

We think it is unwise to use a schedule, and disruptive to the breast-feeding experience to offer a bottle in between or after nursing. The reason for this is that the bottle is often quicker and easier, offering the baby an immediate reward. Also, the sucking mechanism is quite different from breast feeding and thus the baby may become confused, fussing on the breast but yet taking the bottle well. This situation is extremely frustrating and discouraging to a new mother and is quite unnecessary.

Should you wish to offer the baby both a bottle and your breast, we would suggest waiting until your breast milk is "in" and the baby is gaining weight. Remember that you produce milk in a supply and demand fashion. If you are worried that you don't have enough milk, more can be brought in by nursing the baby more frequently. A good sign that all is well is to see the baby urinating 4-6 times daily and passing frequent watery yellow stools (often with each feed). If you have any questions or concerns regarding breast feeding please call our office. If there seems to be a problem we will have you come in before the first scheduled physical to check the baby's weight. Occasionally mothers will have problems with sore nipples, have difficulty getting the baby to latch on well, or be unsure of the adequacy of their let-down reflex. We should be able to help you with any of these problems.

If you decide to feed your baby with a bottle the nurses will introduce him to formula in the nursery. Again, we are available to help you if you are having any feeding problems.

In regards to circumcision, the American Academy of Pediatrics has stated that there are potential medical benefits and advantages as well as disadvantages and risks involved with newborn circumcision. Circumcision has been shown to decrease the incidence of cancer of the penis, which has an incidence of under 1:100,000 men and occurs almost exclusively in uncircumcised men and is more frequent with poor hygiene. Urinary tract infections may occur more frequently in uncircumcised boys but well designed studies have not yet been done to prove this. Similar evidence concerning the association of sexually transmitted diseases and circumcision is conflicting. Newborn circumcision is a rapid and generally safe procedure. The most common complications are local infection and bleeding which occur in less than 1% of cases. We feel the decision whether to do it or not is a personal one rather than one with strong medical benefits. As parents, you will have to decide whether this is something you would like to have done and let the nurses know.

Should there be any problems during your labor or delivery your obstetrician will call one of us or the neonatologist to attend the baby's birth. If, as we hope, you have an uncomplicated vaginal delivery and a healthy baby, the nurses will call us and we will see your newborn as soon as we are able to.

We recommend the following books:

- 1) *Caring For You Baby and Young Child* by Steven Shelov, M.D., F.A.A.P.
- 2) *Your Child's Health* by Barton Schmitt, M.D.
- 3) *Nursing Your Baby* by Karen Pryor
- 4) *Feed Me, I'm Yours* by Vicki Lansky
- 5) *The First Twelve Months of Life* by Frank Caplan
- 6) *Your Child's Self-Esteem* by Dorothy Corkille
- 7) *What to Expect the First Year* by Heidi Murkoff and Sandee Hathaway

We wish you all the very best with your new child and hope that your parenting experiences will be as enjoyable and uplifting as ours have been.