



WELCOMING YOUR NEW BABY TO THE FAMILY

DEBRA R. BAILEY, MD, FAAP
Pediatrician

Professional Associates Building
419 Town Mountain Road, Suite 202
Pikeville, Kentucky 41501-1633

Office: 606 437-1511
Fax: (606) 437-1626

www.baileymd.net

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CONGRATULATIONS

Congratulations on the birth of your new baby! This is a gift from God. What a wonderful time this is for you and your entire family. My husband and I remember well the birth of our own two children here at Pikeville Medical Center, then the Pikeville Methodist Hospital. My mother reminds me of my own birth in this very hospital when it was called the Miners Hospital.

As a mother and a Pediatrician, my goal is to help you to raise a healthy, happy and prosperous child. This is not an easy job. It takes your family, friends, community, doctor and church to raise your child. One thing I have learned over the years, especially, with my own children is that we must trust God.

This booklet is a first step in helping you. As you read it I hope that you will find good suggestions in this journey we begin together. If you have any questions feel free to ask me before you leave the hospital or call the office.

Debra R. Bailey, MD, FAAP

SPIRITUAL LIFE

As I mentioned in my introductory comments, I believe that a walk with God is very important for your new baby and your entire family. My family attends Sunday School and Worship Services each week and we actively participate in the life of our church. We read our Bibles, individually and as a family. Prayer is a big part of our lives.

I am not trying to get you to attend my church. But I do believe that you should be involved in a good church. We have a list of many of the churches in our area at the office. Just ask for a copy. We would also be happy to answer your questions and be of help in any way.

From time to time, especially when your child is sick, I may ask if it is all right with you to pray for your child. Please do not be offended; this is a part of my life. If you would like for me to pray with you simply ask. I believe that Faith in God and active participation in that Faith will help you in raising your child.



DEBRA R. BAILEY, MD, FAAP

Dr. Bailey was born in Pikeville, Kentucky at the Miners Hospital (now Pikeville Medical Center). She grew up at Regina, attending school in Elkhorn City and graduating from Elkhorn City High School.

Dr. Bailey is a graduate of Asbury College in Wilmore, Kentucky and the University Of Louisville School Of Medicine. She did her residency training at Kosairs Children Hospital in Louisville, Kentucky and is a Board Certified Pediatrician. Dr. Bailey is a Fellow of the American Academy of Pediatrics, a member of the American Medical Association, the Kentucky Medical Association and the Pike County Medical Society.

Since August of 1988, Dr. Bailey has been a Pediatrician here in Pikeville. She was the founder of the Pediatric Urgent Care Center at Pikeville Methodist Hospital and served as its Medical Director for almost ten years. Prior to her work at the hospital she worked with Dr. Steve Davis as a Pediatrician at Physicians for Children. Dr. Bailey began this solo pediatric practice in August of 2000.

Her husband is Rev. Timothy M. Bailey and they have two daughters, Rebekah (a student at Emerson College in Boston) and Rachel (a student at Pikeville High School). The Baileys live in Pikeville. They are members of the Pikeville United Methodist Church.

THE FIRST IN-OFFICE MEDICAL CHECKUP

I ask that my newborn patients come for their first checkup depending on their source of nourishment. Newborns that are breast feed will be checked at one week and bottle feed newborns will be checked at two weeks. Should a problem arise before the first appointment, I'll see your baby sooner. If the hospital staff does not make an appointment for your baby's first checkup, please call my office as soon as the baby comes home from the hospital.

The first medical checkup is probably the most important medical visit for your baby during the first year of life. Your child's pediatrician will be able to judge how well your baby is growing from measuring the height, weight, and head circumference of your baby. This is also the time your family is under the most stress of adapting to a new baby. Try to develop a habit of jotting down questions about your child's health or behavior at home and bring this list with you to office visits to discuss with your child's pediatrician. We welcome the opportunity to address your questions. If you think your newborn is sick between these routine visits, be sure to call the office for help.

RECOMMENDED OFFICE VISITS

The American Academy of Pediatrics has a recommended schedule of well-child visits that I'd like you to follow during your child's first two years and beyond.

Age	Reason for Visit
2 weeks	Checkup
2 months	Checkup and Immunizations
4 months	Checkup and Immunizations
6 months	Checkup and Immunizations
9 months	Checkup
1 year	Checkup and Immunizations
15 months	Checkup and Immunizations
18 months	Checkup and Immunizations
2 year	Checkup
2 ½ years	Check Up
3 years and beyond	Annual checkups

FEEDING YOUR NEWBORN

Breast milk is the best food for babies during the first year of life. Breast milk provides just the right balance and amounts of nutrients that babies need for good growth and development. It contains substances that may help protect babies against certain illnesses and allergies. If you choose not to breast feed or if you stop nursing before your baby's first birthday, infant formula provides the best alternative to breast milk. I recommend one of the following:

Similac Advance
Enfamil Lipil
Good Start

NO COW'S MILK

The American Academy of Pediatrics advises that you keep your baby on breast milk or formula until his or her first birthday. Cow's milk in any form - whole, 2 percent, or skim - should not be given until the child is one year old. Cow's milk doesn't supply the balanced nutrition that your baby needs. Also it is often hard on babies' sensitive digestive systems.

FEEDING TIMES

Babies differ in their feeding needs and preferences, but most babies need to be fed every 2 to 3 hours and nurse 10 to 20 minutes on each breast. Formula fed babies usually feed every 3 to 4 hours and finish a bottle in 30 minutes or less. Bottle fed infants drink about 2 to 4 ounces at first. By the time they are a few weeks of age, their formula consumption has generally doubled.

Your new baby may cry as though asking to be fed as often as every 2 hours. Keep in mind, though, that babies don't need to be fed every time they cry. When a baby cries for a short time on a regular basis, he may just need more milk at each feeding: he may also be protesting that his diaper is wet or that he is too hot. It is best not to get into the habit of offering frequent small feedings to please a fussy baby. So, before you offer the breast or bottle, be sure your baby is not crying for some reason not related to hunger.

Let your newborn set his own feeding schedule. Don't watch the clock for him. He knows how much and how often he needs to eat. Don't wake him for a feeding unless it has been at least 5 hours since the last feeding.

HOW MUCH IS ENOUGH?

How can you tell whether your baby is getting enough breast milk or formula? The best gauge of good nourishment is growth. This is measured by weight and length. Each time your baby comes in for a checkup, I'll weigh and measure him. This is one reason that your baby needs regular checkups during the first 2 years.

Signs of a Well-Fed Baby

Looks and acts satisfied after feedings

Wets six or more diapers daily (after 4-5 days of age)

Has yellow stools or frequent dark stools (after 4-5 days of age)

Most new babies weigh between 5 ½ and 10 pounds. The average is about 7 ½ pounds. During the first days of life, infants generally lose 4 - 10 ounces; breast-fed babies may lose a little more. This is no cause for concern. It is all part of your baby's adjustment to the outside world, and most of the weight loss is water. By 10 days of age, most babies gain back what they lost. Healthy, well-fed babies usually double their birth weight by 5 months and triple it by 1 year of age.

DRINKING WATER

Both breast milk and formula provide sufficient water for growing babies, but you may be more comfortable if you offer water once or twice a day, especially in hot weather. You may use regular tap water in clean bottles and nipples.

BURPING

Burping your baby helps remove air swallowed during feeding. You can wait until the end of the feeding or burp at intervals during the feeding. You will soon be able to tell if your baby needs more frequent burping. Here are 3 good methods: 1. Hold your baby so that his head rests on your shoulder and his chest is against yours. Pat his back or rub it upward with your hand. 2. Lay your baby face down on your lap. Rub or pat his back. 3. Hold your baby in a sitting position on your lap, with his side toward you. Support his head and back with one hand, chin and chest with the other. Then gently rock him back and forth.

Your baby will spit up small amounts of formula or breast milk too. This is no cause for alarm. It happens to almost all babies. You may be able to reduce the spitting up by burping your baby more often during the feedings.

SHARING MEALTIMES

Mealtime is more than an opportunity to get nutrients into your baby. It is a time for closeness and sharing. Your baby's meals are as much for his emotional pleasure as his physical well-being. So, maintain eye contact with your baby while you feed him. Hold him comfortably close to you, seating him in your lap with his head resting in the bend of your elbow and slightly raised. Talk to him softly during the feeding.

BREAST FEEDING

The first few days of nursing will be a time of learning for you and your baby. Neither of you may accomplish a lot on your first few tries. A clear or yellowish fluid called Colostrum that is extra rich in nutrients will come from your breasts. Although the amount will be small, it is close to what your newborn's stomach can hold. At first, your new baby will nurse often—8 or more times in 24 hours.

Rinse your nipples with plain water before a feeding; then dry them gently. Nurse from both breasts at each feeding. As long as you are holding your baby in the correct position and nursing is comfortable, there is no need to limit the time your baby nurses at each breast.

At the next feeding, begin at the breast where the last feeding was completed. Some breast feeding mothers pin a safety pin to their bra on the side last used to remind themselves where to start the next time.

If you have trouble with sore nipples, make sure your baby has latched on correctly. Also, start nursing on the side that bothers you the least. If you need to skip any feedings due to sore breasts, express your milk by hand or with a pump at the baby's regular feeding times so that you will maintain your milk supply.

EAT A BALANCED DIET

As a nursing mother, you will need to eat a balanced diet that contains 500-600 calories more per day than the diet you needed before pregnancy. Your daily food intake should contain a lot of protein and at least one quart of milk; these foods provide you with enough calcium for both you and your baby. If you are unable to drink milk or eat high calcium foods, ask your doctor to recommend a calcium supplement.

Foods in mother's diet sometimes have an effect on their babies. It can happen with certain foods such as tomatoes, onions, cabbage, chocolate, and spicy foods. If your baby has loose stools, colic or excess gas for no apparent reason, review your diet for the previous 24 hours. Try eliminating these foods and see if this helps.

BEWARE OF MEDICATIONS

Medications taken by a mother can pass into her breast milk. This applies to both prescription and over-the-counter drugs. If you are breast feeding, please check with me before taking any medication.

WHEN YOU NEED TO SUPPLEMENT

Sometimes breast feeding mothers need to give their babies some bottle-feedings of formula. It is quite possible to balance breast feedings and bottle feedings, but I advise new mothers against this practice until their breast milk supply is established, usually several weeks. If you do supplement with formula, you should continue to express your breast milk in order to maintain your milk supply. The formulas that I recommend to supplement with are:

Similac Advance
Enfamil Lipil
Good Start

INFANT FORMULA

If you are bottle feeding your baby, infant formula should be the only form of milk your baby gets during the first year of life. The formulas I recommend are available in 3 forms. Ready to Feed is fed without adding water. Concentrate is a liquid that has been condensed and must be diluted with water. Powder must be dissolved in water. The colors of the cans are the same; be sure you are buying the right form by the container size and the written description of Ready To Feed, Concentrate or Powder.

	Container Size	What to Do
Ready To Feed	8 or 32 oz cans	Pour in clean bottle
Concentrate	13 oz cans	Mix equal parts of water & formula
Powder	14, 16, or 32 oz cans water	Mix 1 scoop with 2 oz water

**Note: Always follow directions for mixing and serving exactly.
You can prepare enough formula for one feeding or for a whole day.**

When your baby comes home from the hospital, he'll probably take 2 to 4 ounces of prepared formula at each feeding. When he is able to empty the bottle, start adding another ounce.

WASH AND STERILIZE

Cleanliness is important for small babies, especially when it comes to things that go in their mouths. You'll need to be careful about keeping formula containers, bottles, nipples and utensils free of germs. Everything must be washed thoroughly in hot, soapy water and rinsed with clean, hot water. Utensils must be kept off unclean surfaces. You should wash your hands well with soap and water before beginning formula preparation.

USE THE PROPER NIPPLE HOLE SIZE

The size of the nipple hole should be large enough to let milk drip through at a steady rate without forming a stream. If the milk doesn't form separate drops, throw the nipple away. If the hole is too small, enlarge it by pushing a sterilized needle or clean toothpick through the hole.

As you feed your baby, hold the bottle so formula fills the nipple and the baby can't suck any air through. Too much swallowed air will give him a false feeling of being full. He could also get uncomfortable from gas later.

GET COMFORTABLE

Before you start a feeding, make sure your baby is ready. He should be wide awake, hungry, warm and dry. You should sit in a chair with him where you are comfortable and relaxed. Hold him close to you in the nursing position, his head slightly raised and resting in the bend of your elbow.

Never prop your baby's bottle or let him feed by himself. Not only does it deprive your baby of needed contact with you, but small, unattended babies can become choked.

SOLID FOODS

Many parents are proud of the day their baby begins to take solid foods, including cereals. They view it as an accomplishment. As a result, many babies are started on solid foods before their digestive systems are really ready. From a nutritional standpoint, solid foods are not necessary during the first 4 to 6 months of life. Breast milk or formula provides all the nutrients a baby needs. In fact, the earlier any food is introduced, the greater the chances are that the baby will have problems with it.

New foods should be introduced one at a time. When a new food is introduced, no other new foods should be given for 3 days. Unless instructed by me, you should not change formulas at the same time that you are introducing solid foods. If the food causes diarrhea, constipation, or a rash, you should stop giving it. By introducing new foods slowly, you give your baby's system a chance to adjust, and it's easier to trace problems back to the source. If a food doesn't agree with your baby, try it again when the baby is older.

BATHS

For the first few days after your baby comes home, bath time can consist of a gentle once-over with a soft wash cloth and a mild soap. Regular baths should wait until the umbilical cord has come off. With boys, wait until the circumcision has also healed. Once your baby is ready for tub baths, be sure the room is warm and the water is warm. When you put your elbow in the water, it should feel warmer than your skin but not hot. Your baby will usually find bath time a highlight of his day. Wash your baby's face with clean water. Use a mild soap such as Dove, and a soft cloth to wash his body. After the bath time, a thin layer of baby lotion may be applied to the skin but not to the face.

SLEEPING

Newborn babies sleep a lot, usually waking up every 2 to 4 hours for feedings. At about 1 to 2 months of age, they generally start sleeping through the night, although a few cooperative babies start sooner. You may have heard that starting solid food will make a baby sleep through the night; there is no evidence that this is true.

Between 5 and 7 months of age, your baby may disappoint you by starting to wake once again during the night. This isn't backsliding. It is a normal developmental phase. Let him stay in his bed, comfort him, pat him on the back and change him if needed. The pattern of nighttime sleeping will soon return.

Remember, the American Academy of Pediatrics recommends that babies be put to sleep on their backs.

BOWEL MOVEMENTS

Your baby's stools will probably change in color, softness, and frequency from time to time. Also, different babies have different bowel habits. Some have a stool with every feeding; others may have one stool every 36 to 48 hours. The consistency and color varies from day to day. Usually breast fed infants have liquid, yellow or mustard colored stools. If you are breast feeding your baby, don't take runny stools as a sign of diarrhea. The stools of formula fed infants are yellowish-tan. All babies sometimes have green, brown or gray-colored stools.

As long as your baby seems happy and content, is eating normally, and has no signs of illness, don't worry about minor changes in the stools. And if he strains, grunts or turns red in the face while having a bowel movement that is normal too.

If your baby's stools are small and pebble-like, he may have constipation. Constipation has nothing to do with frequency of stools. Don't give him an enema, suppository or laxative until you've talked to me.

TEETHING

Most babies start teething at 6 to 7 months. A few babies may begin at 3 to 4 months. While the majority of babies aren't troubled by the teething process some get irritable, eat poorly and have trouble sleeping when teeth begin to arrive.

If your baby seems uncomfortable, you may want to give him Tylenol (acetaminophen). Or, you can apply a mild topical anesthetic to the area of the gums where new teeth are coming in. Some babies are helped by teething toys.

CRYING

The ways that tiny babies can communicate are limited. Crying is one of them. Your baby makes his needs known and his displeasure felt by crying. As you'll soon find out, if this is your first baby, most parents quickly learn to identify whether their baby is crying from hunger, restlessness, pain, anger, or some other reason. Many babies go through unexplainable fussy periods each day as they adjust to living in the world. Don't worry about spoiling a tiny baby by pampering him. He needs to know you're there to meet his needs.

There are a number of things you can do to comfort your baby:

- Give the baby something to suck, such as a pacifier.
- Lengthen feeding times.
- Give the baby more physical contact and movement. Walk, rock or pat him.
- Take the baby for a stroller ride or car ride.
- "Bundle" the baby (wrap him snugly in a blanket)
- Change his position. For example, move him from his back to his side or vice versa.

If all else fails, just let him cry. He may need to let off steam. Often babies fall asleep after a good cry - so allow him up to 20 minutes on his own.

DIAPER RASH

Some babies are more prone to diaper rash than others, but almost all of them get it at some time.

To treat your baby's diaper rash:

- Change diapers often. Keeping the area clean and dry allows it to heal.
- Expose his bottom to air several times a day.
- Wash your baby's bottom with warm tap water if diapers contain only urine.
- Use a mild soap if there was a stool. Rinse thoroughly and pat dry.
- Sitting your baby in a tub of lukewarm water several times a day can be helpful.
- Apply Desitin or A&D ointment to the diaper area.

If your baby's diaper rash lasts more than 3 days, call the office. You should also call if the rash spreads beyond the diaper area or if any blisters, boils, pus or yellow crusts form on the baby's bottom.

ILLNESS

I'd like you to be familiar with a few warning signs of severe illness. Just because your child has one or more of these signs doesn't necessarily mean a severe illness is present but it could be. So call me if you note any of the following danger signs:

- Temperature of 101° F or higher
- Vomiting, not just spitting up
- Refusal to take feedings
- No energy, listlessness
- Diarrhea, especially if there is mucus, blood or foul odor
- Hard crying with no obvious cause
- Inability to see or hear normally
- Unusual rash

FEVER

If your new baby develops a fever (temperature of 101°F or higher), call my office. In babies, the rectal temperature is simplest and most accurate to take. First, lubricate the bulb of the thermometer with petroleum jelly (Vaseline). Then place the baby on his tummy. With your thumb and index finger, spread the baby's buttocks and insert the tip of the thermometer with your free hand. Do not let go of the thermometer and remove the thermometer after 3 minutes.

To lower his temperature, give him Tylenol. Also, give extra liquids such as water and juice. If the fever is very high, I may suggest that you sponge the baby off with water that is at room temperature (about 78°F). Or give him a bath in water this temperature for 20 to 30 minutes. Don't make the water too cold.

DO NOT USE ALCOHOL BATHS!

VOMITING

If your baby has forceful, persistent vomiting any time in the first 6 months, report it to me. Persistent vomiting with fever or abdominal pain needs prompt attention. Also, if your baby bumps his head hard, falls headfirst, or is struck in the head and later starts vomiting, call me.

DIARRHEA

A baby has diarrhea when he passes frequent, loose or watery stools. Usually diarrhea isn't a medical emergency, but it can lead to dehydration which is a serious complication. Dehydration is caused when minerals and fluids are lost in diarrhea. Dehydration can be prevented by giving your baby the right liquids when he starts diarrhea. Not every clear liquid has the right amount of minerals, salts or carbohydrates your baby needs when he has diarrhea. That is why a commercial oral electrolyte solution is recommended. It has the proper balance of minerals, salts, and carbohydrates. These solutions can be found in most drug stores and grocery stores.

When your baby has diarrhea, you should call my office if you notice any of the following:

- Mild diarrhea that lasts more than 24 hours
- Severe diarrhea
- Fever above 101° F for 2-3 days
- Vomiting 2-3 times in a two or three hour period
- Blood in the stool
- Infrequently wet diapers (further apart than every 2-3 hours)
- Deeply colored urine
- Lethargy or excessive sleepiness
- Acting very sick

FOLLOW THESE STEPS TO PREVENT DEHYDRATION CAUSED BY DIARRHEA:

- Have PEDIALYTE, an oral electrolyte maintenance solution, stocked at home so you can begin giving Pedialyte as soon as diarrhea starts.
- Infants and toddlers maybe given as much Pedialyte as they will drink every 3-4 hours.
- Don't hesitate to give your baby more Pedialyte if he vomits or spits up. It may be necessary to give smaller amounts (by the teaspoon) more frequently.

If you are not breast feeding, I may switch your baby's formula to Similac Sensitive or Enfamil Gentlease. Sometimes babies develop lactose intolerance, and diarrhea can occur. Like breast milk and regular formula, Similac Sensitive and Enfamil Gentlease provide milk protein.

If I suspect that allergy to milk protein may be the cause of your baby's diarrhea, I may switch him to a soy formula that does not contain milk protein.

Similac Sensitive, Enfamil Gentlease and soy provide the same good nutrition for the first full year of baby's life. I may recommend that your baby remain on one of these formulas.

If your baby continues to have diarrhea, I may ask you to feed him Alimentum or Nutramigen. These formulas are specially designed for babies who may be sensitive to proteins in other formulas.

COLDS

Occasional colds are unavoidable in babies and children. Usually colds involving no more than a runny or stopped-up nose and mild cough can be handled at home. If your baby is vomiting or has a high fever, please call me. During the first month or two of life, most newborn babies have some nasal mucus that can cause sneezing and noisy breathing. To lessen this, use the bulb syringe that you were given at the hospital. Saline nose drops can also be very helpful. Place 2 saline nose drops in each nostril, then suction with the bulb syringe.

SAFETY

POISONING

All of your family's medications should have childproof caps. They should be kept in locked or out-of-reach cabinets. You should also store soaps, cleaning agents, and painting supplies in a secure place. It is surprising how quickly little fingers can open drawers and doors and pry the lids off things. If you have seen your child swallow a medicine or poison, call the Poison Center immediately.



CAR SEATS

Every state requires that infants and children ride buckled up. More children are killed and injured in car crashes than from any other type of injury. Using a car seat correctly can prevent many of these injuries.

SPECIAL CONDITIONS IN THE NEWBORN PERIOD

When a baby enters the world, it's an adjustment. A few mild symptoms may occur, and if this is your first baby they may worry you. Some normal conditions of the newborn period are described below.

UMBILICAL CORD

Your baby's umbilical cord will fall off by itself in 1 to 4 weeks. Until it does, apply alcohol on a cotton ball to the cord 3-4 times a day. If the navel oozes spots of blood or a clear moist fluid for a while after the cord drops off, don't worry. This is natural. But if the oozing persists more than 2 days, if the discharge smells particularly bad, if the skin around the cord gets red, or if your baby gets a fever, notify me.

GENITAL AND BREAST AREAS

If your little boy has had a circumcision, each time you change his diaper apply Vaseline gauze to the circumcised area. Call me if you see any swelling or bleeding. If your baby has not been circumcised, don't pull the foreskin of the penis back until after his first office visit with me. The tip of the penis (glans) of newborn boys is generally red at first and sometimes has thin yellow crusts in spots. The skin looks more normal in 2 to 3 weeks.

Many newborn girls have a whitish discharge from the vagina. This is normal and no cause for worry. Just clean the area with a cotton ball.

A thin discharge from the nipples is seen in some babies, both male and female. They may have enlarged or swollen breasts. No treatment is necessary, since the condition will go away by itself. However, if you notice any redness of the swollen areas, notify me.

SCALP

It is normal for newborn babies to have white dandruff-like flakes on their scalps. The flakes are old skin being shed and not a dry scalp condition. Don't use oils, lotions, or petroleum jelly. They paste these flakes on the scalp and make the condition worse.

Thick yellowish scales are called cradle cap, a very common condition in infants. It, too, is associated with old, dead skin, and is only made worse by lotions. Washing may not help much. You can treat cradle cap by removing the scales with a soft brush.

The soft spot on your baby's head (fontanel) is an area where the skull bones have not yet joined. The soft spot is covered by thick, tough tissue that protects the brain tissue underneath, so you needn't worry about hurting it. If you sometimes notice pulsating of the soft spot, this is normal.

EYES

Many babies look slightly cross-eyed at birth. Usually, this is caused by muscles that are temporarily out of balance. Also, the wide skin area that babies have across the nose can make the eyes look crossed when they are not. Crossed eyes generally correct themselves by the end of the first year.

SKIN

Some babies have little white dots on their noses. They are called milia and go away without treatment. One of the most common newborn rashes is newborn acne, which disappears in 6 to 8 weeks. It's helpful to wash the area with a mild soap once or twice daily. Don't apply oils, lotions or creams; they only worsen the problem.

MAKING APPOINTMENTS

Please call the office (606-437-1511) if your child needs to be seen other than at appointment times. We have always worked very hard to have every sick child seen that day. Please do not walk-in. By calling we can tell you the best time to come in so you don't have to wait as long. Try to call as early as possible in the day. If you call after 3:30 PM you may be given an appointment for the next day.

At this point you must call to make an appointment. Our Electronic Health Information Patient Portal has the capability of communications with our front desk, nursing and billing personnel but they are not operational at this time.

CONTACT INFORMATION

DEBRA R. BAILEY, MD, FAAP
Pediatrician

Professional Associates Building
419 Town Mountain Road, Suite 202
Pikeville, Kentucky 41501-1633

Office: (606) 437-1511
Fax: (606) 437-1626
Home: (606)-437-7648 / For evenings & when on call

www.baileymd.net

Infants', Children's and Jr. TYLENOL®

Dosing Information for Healthcare Professionals

Use this chart to determine the proper dose of TYLENOL® for your patient. If possible, use weight to dose; otherwise use age.

DOSE — Give your patient the dose indicated below every 4 hours as needed. Do not give more than 5 doses in 24 hours.

		 Infants' TYLENOL® Oral Suspension Active Ingredient: Acetaminophen 160mg (in each 5mL or 1 tsp) <i>Use only as directed.</i>	 Children's TYLENOL® Oral Suspension Active Ingredient: Acetaminophen 160mg (in each 5mL or 1 tsp) <i>Use only as directed.</i>	 Children's TYLENOL® Meltaway Chewable Tablets Active Ingredient: Acetaminophen 160mg (in each tablet) <i>Use only as directed.</i>	 Jr. TYLENOL® Meltaway Chewable Tablets Active Ingredient: Acetaminophen 160mg (in each tablet) <i>Use only as directed.</i>
Weight (lb)	Age				
6-11 lb	0-3 mos	1.25 mL 	—	—	—
12-17 lb	4-11 mos	2.5 mL 	—	—	—
18-23 lb	12-23 mos	3.75 mL 	—	—	—
24-35 lb	2-3 yrs	5 mL 	5 mL  (1 tsp)	2 tablets 	—
36-47 lb	4-5 yrs	—	7.5 mL  (1½ tsp)	3 tablets 	—
48-59 lb	6-8 yrs	—	10 mL  (2 tsp)	4 tablets 	2 tablets 
60-71 lb	9-10 yrs	—	12.5 mL  (2½ tsp)	5 tablets 	2½ tablets 
72-95 lb	11 yrs	—	15 mL  (3 tsp)	6 tablets 	3 tablets 

Remind parents and caregivers to:

- Read and follow the label on all TYLENOL® products.
- Take every 4 hours as needed.
- Do NOT exceed more than 5 doses in 24 hours.
- Do NOT use with any other product containing acetaminophen.
- Keep all medicines out of the reach of children.
- Do NOT administer adult medicines to children.
- Use only the dosing device that comes with a specific product:
 - Infants' TYLENOL® Oral Suspension — enclosed SingleMeasure® syringe
 - Children's TYLENOL® Oral Suspension — enclosed measuring cup

- Children's TYLENOL® Meltaway Chewable Tablets are not the same concentration as Jr. Strength TYLENOL® Meltaway Chewable Tablets. Jr. TYLENOL® Meltaway Chewable Tablets contain 160mg of acetaminophen, while Children's TYLENOL® Meltaway Chewable Tablets contain 80mg of acetaminophen.
- All Infants' and Children's TYLENOL® Oral Suspension products in stores have the same acetaminophen concentration (160mg/5mL).



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For more information, visit TylenolProfessional.com

Always ask your healthcare professional which product is right for your child.

Your child's weight and age

Note: If possible, use weight to dose, otherwise use age. To arrive at the correct dose, weigh your child before giving MOTRIN®. A healthcare professional should be consulted for dosing in children under the age of six months.

		Weight	6-11 lbs	12-17 lbs	18-23 lbs	24-35 lbs	36-47 lbs	48-59 lbs	60-71 lbs	72-85 lbs
		Age	6-5 mos	6-11 mos	12-23 mos	2-3 yrs	4-5 yrs	6-8 yrs	9-10 yrs	11 yrs
	Concentrated MOTRIN® Infants' Drops <i>Only 4 Drops per Dose</i> Active ingredient: Ibuprofen (50mg in each 1.25mL)		—	1.25mL	1.875mL	—	—	—	—	—
	Children's MOTRIN® Suspension <i>Best Flavor: Natural Peach, Bubblegum & Berry-Strawberry Flavors</i> Active ingredient: Ibuprofen (50mg in each 5mL or 1 tsp)		—	—	—	1 tsp or 5mL	1½ tsp or 7.5mL	2 tsp or 10mL	2½ tsp or 12.5mL	3 tsp or 15mL
	MOTRIN® Junior Strength Easy-to-Swallow Caplets Active ingredient: Ibuprofen (200mg in each caplet)		—	—	—	—	—	2 caplets	2½ caplets	3 caplets
	MOTRIN® Junior Strength Chewable Tablets <i>Cherry & Grape Flavors</i> Active ingredient: Ibuprofen (50mg in each tablet)		—	—	—	1 tablet	1½ tablets	2 tablets	2½ tablets	3 tablets

Take every 6-8 hours as needed. Do not exceed more than 4 doses in 24 hours.

Important Instructions for Proper Use

- Read and follow the label instructions on all MOTRIN® products
 - Take every 6-8 hours as needed
 - Do not exceed more than 4 doses in 24 hours
- Do NOT administer longer than 10 days, unless directed by a doctor
- Ask a doctor or pharmacist before use if the child is taking any other drug containing an NSAID (prescription or non-prescription)
 - MOTRIN® contains ibuprofen
- Keep all medicines out of the reach of children

- Use only the dosing device that comes with a specific product
 - Household items such as measuring spoons are less accurate
- Do NOT administer adult medicines to children
- Concentrated MOTRIN® Infants' Drops are more concentrated than Children's MOTRIN® Liquids. The Concentrated Infants' Drops have been specifically designed for use with enclosed dosing device
- Children's MOTRIN® Liquids are less concentrated than Concentrated MOTRIN® Infants' Drops. The Children's MOTRIN® Liquids have been specifically designed for use with the enclosed measuring cup
- The OTC dosing, the recommended dose is 7.5mg/kg every 6-8 hours. The recommended daily dose is 30mg/kg
- If you have any questions, contact your healthcare professional or call 1-877-826-3865

WEBPAGE INFORMATION www.baileymd.net

Our office maintains a simple webpage at www.baileymd.net. Along with some biographical information, our office hours and the office contact information is listed. These pages contain some very important forms. They are:

- New Patient Information Form (Print, fill out and bring with you)
- Pediatric Family and Social History (Print, fill out and bring with you)
- Notice of Privacy Practices (Read at some point before your first visit)

You can print the forms, fill them out prior to your first visit and bring them with you. This will help speed up your check in at your Newborn's first visit. If you have access to email you can send them to frontdesk@baileymd.net or Fax them to (606) 437-1626.

Electronic Health Records

The Future of Health Care



Electronic health records can help improve the quality and convenience of health care while reducing costs.

Patient Benefits of Electronic Health Records:

- Quick access to medical records
- Reduced turnaround time for telephone messages and medication refills
- Rapid and remote access to patient information for physicians
- Easier preventive care leading to increased preventive care services
- Easier chronic disease management
- Privacy and security safeguards
- Fewer office visits due to quick exchange and access to patient information

If you have questions or concerns about this, please speak to a member of our staff.



Kentucky Foundation
for Medical Care

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Patient Portal Instructions

Please go to <https://portal.qrshs.com/>

Logging In/Creating an Account

If you are returning to the Patient Portal please log in using your username and password. If this is your first time, please create an account to access the portal.



If you are returning and you forgot your password or username, please follow the links directly under the Login button.

Applying to a Practice

In order to activate your account with your practice you must "Apply to the Practice." This is done by selecting the button on the dashboard page seen below.



This will bring you to the application screen, where you can search for you practice. Please use the search box at the top of the page, or use the drop-down selection boxes at the bottom of the page.



If you utilize the search feature, your results will be returned after selecting the Search button. From the list please select the practice/provider you are wishing to "apply to" using the checkboxes at the left of the screen. Once you have selected the practice(s)/provider(s), please hit the Apply To Practice button located on the lower left of the page.



If you use the progressive drop-down boxes, please select a state. This selection will open another drop-down box for you to select the city. A drop-down with a list of practices located within the selected city and combination will be shown. From that list, please select the practice you are "applying to." Once practice selection is complete, please hit the Apply to Practice button located to the right of the drop-downs.

MEET OUR STAFF

Office Manager: Danyel Meade, LPN, serves as our Office Manager. She has general oversight of day to day operations and is especially responsible for billing. Questions about your bill should be directed to her. She will make sure that your insurance is billed and your accounts are kept up-to-date. Danyel and her husband Keith have two children, Dalton and Jasmine.

Nursing: Our Nursing staff consists of Sara Osborne, RN, and Amanda Kilgore, RN. They will call you back for triage (weight, height, blood pressure, etc.), access special needs, and work with you before and after you see Doctor Bailey. They will answer questions when you call in to the office. Sara and her husband David have two sons, Hayden and Russ. Amanda and her husband Jay have a son, Gavin.

Front Office: Teresa Cantrell serves at our front desk. She works very hard to check you in and check you out at your appointments. She gathers necessary information so that Doctor Bailey can serve the needs of your child. She schedules appointments and also collects co-pays. Teresa and her husband Lexter have two grown sons, Nick and Zack.

Filing Clerk: Rebekah and Rachel Bailey has been working after school several days a week and in the summers to assist with filling and scanning. It is amazing the amount of paperwork a medical practice receives in a day. Rebekah is a student in the Literature, Writing and Publishing program at Emerson College in Boston, MA so she will only be here in the summers. Rachel is a Pikeville High School student and also works mainly in the summers due to being a very active participant in the drama department during the school year. Rachel may work one or two afternoons a week after school.

Business Manager: Rev. Tim Bailey, Dr. Bailey's husband, works very part-time caring for the finances. Tim is an Ordained Minister but has a great deal of back and neck problems and has been disabled for some years. Occasionally he will fill in for pastors locally; that is his preferred work.

A FINAL WORD

This information guide won't answer every question you have about the first weeks and months of your baby's life. I hope, though, that it's given you some useful guidelines for baby care and outlined some precautions you must take to safeguard your baby's health.

My small patients are of the utmost concern to me, and I welcome any questions you may have about your baby's growth, development, and well-being.

NOTES & QUESTIONS TO ASK THE DOCTOR: