

Hanover Family Practice Associates

Maureen Eisenberg, DO
Lynn Wingert, CRNP
Denise Miller, CRNP
Shelby Bare, CRNP
111 Penn Street
Hanover, PA 17331
(717) 632-4449

Robert J. Henke, MD
Erica Wentz, MD
Rory Milcarek, MD
Pamela Gordon, CRNP
Dana Yealy, CRNP
848 Broadway
Hanover, PA 17331
(717) 632-2700

John W. Lunsford, MD
Jason Zinn, PA-C
Amanda L Snyder, PA-C
112 Clover Lane
Hanover, PA 17331
(717) 637-7812

Jennifer Rein, MD
112 Clover Lane
Hanover, PA 17331
(717) 637-5590

Stephen Pfisterer, MPT
Charles Fishel, PTA
100 Frederick Street
Suite 201
Hanover, PA 17331
(717) 633-5075



Congratulations!



Like us on FACEBOOK;

www.facebook.com/hanoverfamilypractice

Website:

www.hanoverfamilypractice.com

Revised August 2023



The following pages contain some important recommendations for new parents. We hope to provide some guidelines to help you through your first few months. Remember that every baby is different! If you have questions, feel free to ask your doctor or any of our staff. Well-meaning friends may offer advice, but it may or may not be right for your baby.

Take a few minutes to read through this booklet. Make notes or mark areas that you have questions about and discuss them with us. If other questions arise (and they will), bring them with you to your baby's appointment. If you need more urgent advice, call us. We want to make your experience as new parents as enjoyable as possible.

Welcome to Hanover Family Practice Associates

Doctors Eisenberg, Henke, Wentz, Milcarek, Lunsford, and Rein are board certified family practitioners with many years of experience. Assisting Dr. Eisenberg at Penn Street are Nurse Practitioners Lynn Wingert, Denise Miller and Shelby Bare. Assisting Dr. Lunsford at Clover Lane is Physician Assistant Jason Zinn and Physician Assistant Amanda Snyder. Assisting Dr. Henke, Dr. Wentz and Dr. Milcarek are Nurse Practitioners Pamela Gordon and Dana Yealy. In addition, our trained clinical and office staff are available to answer your questions. We are here to serve you and your children. This book contains some suggestions to assist you in keeping your baby happy and healthy.

FEEDING

- Breast feeding is nature's best, most convenient and economical food for young babies, but for it to be successful a true desire must be present on mom's part.
- Breast feeding versus bottle feeding is your decision alone. Don't allow anyone to pressure you into one or the other. Do, however, read and find out as much as possible about each option before making your decision. It is easier to change your mind and switch from breast feeding to bottle feeding than the reverse.
- If you are breast feeding, try to avoid any bottle feeding at all for the first 3 to 4 weeks.

BREAST FEEDING

- Almost any mother can breast feed. Breast size has nothing to do with it. The one thing that can cause failure is extreme worry, tension, or conflicting feelings about the act of nursing. Babies take a few days to catch on to the technique, but they need very little nutrition in the first days of life.

- Please remember breast feeding is **NOT** an adequate means of contraception.
- Begin nursing as soon as possible after birth and use both breasts, allowing at least five minutes on each side. After 24 to 48 hours, when your milk comes in, increase the nursing time. Begin each feeding with the breast you used last. Nurse in a quiet, comfortable place and keep a glass of water handy for yourself. Always support your breasts during feeding. Rinse your nipples with plain water using a cotton ball and dry them before nursing. Guide the nipple into your baby's mouth. Make sure your baby's mouth encircles the entire dark area (areola). Don't allow him/her to chew on your nipples. To release the baby from the breast, gently slip your finger inside his/her mouth and release the suction. Following these simple steps will prevent sore nipples.
- Eventually the baby should nurse at each breast for about 10-15 minutes. Most of the milk is obtained in the first 10 minutes at a breast. Milk supply increases day by day for the first 4-6 weeks. Afterwards, as the baby grows he/she will cause your milk supply to increase every 3-5 weeks by going through a 3-7 day period of increasingly frequent desire to nurse. Once your supply has increased the baby will settle back down to the usual frequency of feedings.
- Your baby is satisfied if he/she sleeps for 2-4 hours after nursing. If your baby does not seem satisfied, you might supplement the feeding with sugar water (1-tsp. sugar in 4 oz. Water) in between or after feedings, but limit this to 1-2 oz. Do not nurse your baby more often than every 2 hours, and don't let your baby sleep for more than 3 hours between feedings except at night.
- While breast feeding avoid alcohol, caffeine, and smoking, and do not take even over the counter medicines without talking first with your doctor. You will need extra calories and fluid so try to drink 8-10 glasses of water each day.

BOTTLE FEEDING

- Most new babies should be fed every 2-4 hours, and each feeding should not take longer than 20 minutes. A new baby may take only 2 oz. of formula per feeding. This will gradually increase to 5-6 oz. per feeding. Most infants are satisfied with 26 to 32 oz. a day. This will decrease to only 16 to 20 oz. daily after four months of age when they start to take some other foods. This varies depending on age, weight, activity level and rate of growth.
- There is plenty of fluid in the formula itself and it is not necessary for bottle or breast fed babies to have water as well. Avoid fruit juices until your baby is 4-6 months old. If your baby is constipated extra water may be helpful.
- Never prop the bottle, and never let the child take the bottle to bed! This can cause formula to flow into your baby's windpipe (causing choking). It can also cause ear infections and promote tooth decay.

BURPING

- Burping helps to remove swallowed air from baby's stomach. Burp the baby every 5 minutes at first; later once or twice per feeding; and always at the end of each feeding. Breast fed babies are often harder to burp.
- After feeding, if spitting up is a problem, place the baby in an infant seat with the head elevated about 30 degrees.

SOLID FOOD

- It is known that infants require nothing other than breast milk or formula for the first 4-6 months of age. If your infant seems excessively hungry or not satisfied with milk alone, please discuss this with your doctor before starting solid foods.
- When starting cereal or applesauce, start with 1tbsp. at one feeding per day. Do not mix it with formula in a bottle. Use a spoon to help your baby learn to swallow solids. Introduce only one new food at a time and wait 3-4 days before adding another new food. Cow's milk and honey should be avoided until 1 year of age.

VITAMINS

- If your water is not fluoridated (well, cistern, or bottled) supplemental fluoride will be recommended. Breast fed babies may also need a supplemental multivitamin.

BATHING

- Your baby should have sponge baths until the navel and circumcision are healed. Bathing a baby daily may be too drying to the skin, especially in the winter. Use a mild soap like Dove, Neutrogena, Camay, or Johnson's Baby soap. Shampoo the scalp with each bath to help prevent cradle cap, leave the shampoo in the scalp as you wash your baby, and then rinse out at the end.
- If needed for dry skin, Eucerin and Lubriderm are good moisturizers.
- Use a nail clipper or emery board as needed.

THE NAVEL

- The umbilical cord dries and falls off in 7-14 days. You may clean the base of the cord with alcohol with each diaper change. Keep the diaper below the cord to allow it to air dry. When the cord falls off there may be small spots of bleeding for a few days. If the navel appears red, smells bad or has a persistent discharge, notify us.

EYE CARE

- Newborn babies have their eyes treated with an antibiotic ointment to prevent a severe form of eye infection. A few babies will develop an irritation and mucous discharge. This should clear up in a few days.
- Wipe their eyes carefully.
- If a yellow discharge appears, call your doctor.

CIRCUMCISION

- If your baby was circumcised, the area should heal within 7-10 days. Vaseline may be applied to prevent the area from sticking to the diaper until it is healed and dry.

LABIA

- Female babies may have a natural bloody mucous discharge from the vagina.
- Always clean the genital region by gently wiping from front to back to prevent the possibility of urinary tract infections.

JAUNDICE

- Normal newborn babies are often yellow for a few days (between the 2nd and 10th day of life) because their system is destroying the surplus red blood cells the baby has at birth. The excessive bile pigment (bilirubin), brought to the liver as a result of this normal mild cell destruction, tends to accumulate because the liver is still immature and inefficient in excreting it. This is called physiological jaundice and cures itself in a few days. If the yellow color becomes more pronounced and lasts longer than a few days, notify your doctor.

STOOLS

- Babies' stools vary. Breast fed babies may have a bowel movement with each feeding. Some formula fed babies may have a bowel movement twice a day, and others every 2-3 days. Their stools are normally yellow or greenish yellow and runny. The color and consistency changes as the baby gets older and the diet changes. If the stools are excessively hard, call your doctor for advice.

SLEEPING

- Newborns spend 12-18 hours a day sleeping. Most will have 1 or 2 fussy periods a day, usually in the late afternoon or evening.
- As of 1992, the American Academy of Family Physicians recommends putting babies to sleep on their backs to decrease the risk of Sudden Infant Death Syndrome (SIDS).

CRYING

- Crying is the baby's only means of expression. Crying babies need to be held. You cannot spoil your baby during the early months. Experiment with a snugly baby holder, rock your child, or hold your child tightly to attempt to soothe him/her. Most babies become fussy around 6pm.
- "Colic" denotes a baby who seems to cry all the time. When babies cry without being hungry, overheated, or in pain, we call it colic. About 10% of babies have colic. These babies are described as "uncontrollable," awake when everyone else is asleep, red faced, drawing legs up, and "always hungry but never satisfied." Colic is not due to bad parenting or excessive gas. They usually gain weight well and grow like weeds. If holding and soothing your baby does not help, let the baby cry himself/herself to sleep.
- If your baby cries constantly for more than 2 hours, acts sick, or you are afraid you might hurt your baby, call your doctor immediately! If you can't find a way to soothe your baby, the crying continues after 4 months of age, your baby is not gaining weight or you have other concerns, call your doctor during regular office hours.

GOING HOME

- Babies must adjust to your home environment. Normal household noise should be allowed so the baby can get used to sleeping through it.
- The temperature in your baby's room should be kept between 70 to 75 degrees. Avoid drafts in the winter and avoid placing your baby directly in the stream of a fan or air conditioner in the summer.

GOING OUTSIDE

- Take your baby outdoors when the weather is pleasant. Babies need protection from the strong sunlight. A hat or bonnet is helpful to protect your baby's head from direct sun in the summer and from cold in the winter (as heat is rapidly lost through the baby's head).
- For cold weather, dress your baby one layer warmer than yourself. In warm weather, dress your baby slightly lighter. All clothing should be loose fitting.

GOING OUTSIDE (Continued)

- Avoid crowds for the first three months.
- Babies do not need shoes until they begin to walk outside the house.

PETS

- Never leave a cat or dog unsupervised with a baby or young child.
- Don't allow an infant or child to interfere with a pet who is eating.

SMOKING

- Avoidance of cigarettes and other forms of tobacco by parents (and any other care giver) is critical to your Child's health for many reasons. Babies can get burned. Repeated exposure to tobacco smoke affects a baby's lungs. Children whose parents smoke have a greater incidence of respiratory infections, which also means more trips to see your doctor. Smokers themselves are more susceptible to respiratory infections that they may pass on to their children. Smoking can aggravate symptoms in children with respiratory allergies or asthma and even trigger attacks.

CHILD SAFETY

- A car seat should be used every time a child rides in a car even for short trips. Your baby can be seriously injured in a sudden stop if being held in a passenger's arms. The car seat needs to remain rear facing until your child is 2 years old and your child needs to remain in a car seat or booster seat until he/she is 8 years old.
- Never leave your baby unattended on a table.
- Never leave your child in a car alone, even for a brief moment.
- Never leave your child alone in your home.
- Get outlet covers and use them everywhere.
- When you cook, turn all pot handles inward so a child cannot reach them.
- Make sure the hot water in your home is turned down to a maximum of 120 degrees Fahrenheit, to avoid scalds.
- Keep medicines, lotions, cleaners, paints and other products locked up.

CHILD SAFETY (Continued)

- Crib slats should be no more than 2 3/8 inches apart so your baby's head cannot fit between them. The mattress should be firm, flat and fits tight on all sides. Keep the crib free of clutter, including pillows and any toys that can entangle your baby.

MEDICINE CHEST ESSENTIALS

- You should have a thermometer, Tylenol infant drops, Pedialyte, a first aid ointment such as Bacitracin, an allergy medicine such as Benadryl, Band-Aids, a cool mist humidifier, a nasal bulb aspirator, and saltwater nose drops.

DIAPER RASH

- The best defense against diaper rash is a dry bottom. Change your baby's diaper often. Allow the area to air dry before putting on a new diaper.
- Baby powder may be harmful especially if the baby breathes the material; we recommend that it be avoided.
- In girls, it is important to wipe from front to back when cleaning the diaper area to avoid possible contamination of the urinary tract.
- If diaper rash occurs, it is best to leave the diapers off whenever possible. Spread an absorbent pad beneath the baby in the crib. Destin or A & D ointment may be used when the baby is wearing diapers.

CRADLE CAP

- Cradle cap causes thick and crusty, white, or yellow scales on your baby's scalp. Some children only have a small patch, whereas others may have scales all over their head. Cradle cap can even occur on the eyebrows, eyelids, ears crease of the nose, back of the neck, diaper area, or armpits. Cradle cap usually resolves itself in a few months. To help clear it up, you can wash your baby's hair with a mild soap-helping to loosen up the scales.

MILIA & BABY ACNE

- Milia are little white bumps on the nose, chin, or cheeks. Most babies are born with it. It is caused by trapped skin flakes near the surface of the skin. Baby acne is more defined and appears as red or white bumps on the baby's face. Baby acne develops within the first month of life due to hormonal changes. Both milia and baby acne will clear up on their own. All you should do is wash your baby's face with mild soap and water daily, avoid lotions and oils. Never pinch or scrub the bumps.

ECZEMA/DERMATITIS

- Eczema, also known as atopic dermatitis, is most common in children with a family with a history of the condition or allergies. After just a few months of age you may see itching, redness, and small bumps on your baby's cheeks, forehead or scalp. Eczema may look scaly and be found on elbows, knees, wrists, and ankles on older children. Avoiding long, hot baths and moisturizing your baby's skin can help treat eczema. Sixty percent of babies will outgrow it.

COLD & COUGH

- A cold is a very common illness in children. Most children will average 8-10 colds in their first two years of life. If your child has older siblings or is in daycare, he may have more. Colds are easily passed between children who are in close contact to each other. The cold will most likely start with a clear runny nose, then turning into a yellow or greenish discharge. Other symptoms include sneezing, low fever, decrease in appetite, irritability, and cough. A typical cold will resolve itself in 7-10 days. If the cold worsens, or your child is under the age of 3 months, call our office.

There are a few at home treatments you can give your child to help treat a cold:

- **Humidifier** - Use in your child’s room
- **Nasal Drops** - If your child has thick mucus, use saline nasal.drops to help clear the nostril. Also use a nasal aspirator to help clear mucus.
- **Fluids**-Your child should drink plenty of fluids. Even if your child doesn’t have an appetite, continue to offer a drink.
- **Sit Up**-Have your baby sit in an infant chair or swing to help keep their nose clear. Laying down flat can also fill up the nose more.
- **Tylenol**-If your child has a fever and is irritable, Tylenol may be appropriate.

EAR INFECTIONS

- Ear infections usually begin with a viral infection such as a cold. An ear infection is caused by fluid or mucus build up in the middle ear. Symptoms to look for include ear pain, tugging or pulling at the ear, loss of appetite, difficulty sleeping, unusual crying, or fever over 100 F.

CROUP

- Croup causes a swelling of the voice box and windpipe. Due to the swelling, the airway below the vocal cords becomes narrow and makes breathing difficult and noisy. Croup is most commonly due to a viral infection. It most often affects children between the ages of 3 months and 5 years. It can occur at anytime but is most common in the fall and winter. The cough sounds like the bark of a seal.
- If your child develops croup in the middle of the night, go into the bathroom and shut the door. Run the shower on the hottest setting and let the room steam up. This should help with his breathing within 15-20 minutes. If the steam does not work take him outside into the cool air.

FEVER

- If your child has a fever, that means he or she is fighting an infection. It is the body’s normal response. There are several types of thermometers. For children under 4 or 5 years of age, you should take their temperature rectally or under the armpit.
- If your child has a fever if they have a rectal or oral temperature over 100.4. For armpit temperatures over 99 F. Temperatures under 102 F do not need to be treated with medication. Make sure your child is drinking plenty of liquids and is wearing minimal clothing. Bundling them up can cause a higher temperature. If your child has a fever over 102 F or seems uncomfortable medication may be necessary.
- If your child is under 3 months of age and has a fever, call the office. Do not give babies under the age of 3 months medication until speaking to your doctor.

| Teaspoons (tsp) | Mililiters (mL) |
|-----------------|-----------------|
| ¼ tsp | 1.25 |
| ½ tsp | 2.5 |
| ¾ tsp | 3.75 |
| 1 tsp | 5 |

**For both TYLENOL and MOTRIN, if possible, use weight to dose.*

TYLENOL (Acetaminophen)

| Weight | Age | Infant’s Tylenol (Acetaminophen 160mg in each 5 mL) | Children’s’ Tylenol (Acetaminophen 160mg in each 5 mL) |
|-----------|------------|---|--|
| 6-11 lbs | 0-3 Mths | 1.25 mL | ---- |
| 12-17 lbs | 4-11 Mths | 2.5 mL | ---- |
| 18-23 lbs | 12-23 Mths | 3.75 mL | ---- |
| 24-35 lbs | 2-3 Yrs | 5 mL | 5 mL |

MOTRIN (Ibuprofen)

| Weight | Age | Infant’s Motrin (Ibuprofen 100mg in each 5 mL) | Children’s’ Motrin (Ibuprofen 100mg in each 5 mL) |
|-----------|------------|--|---|
| 6-11 lbs | 0-3 Mths | DO NOT USE | -- |
| 12-17 lbs | 4-11 Mths | 1.25 mL | -- |
| 18-23 lbs | 12-23 Mths | 1.875 mL | -- |
| 24-35 lbs | 2-3 Yrs | -- | 5 mL |

NOTES