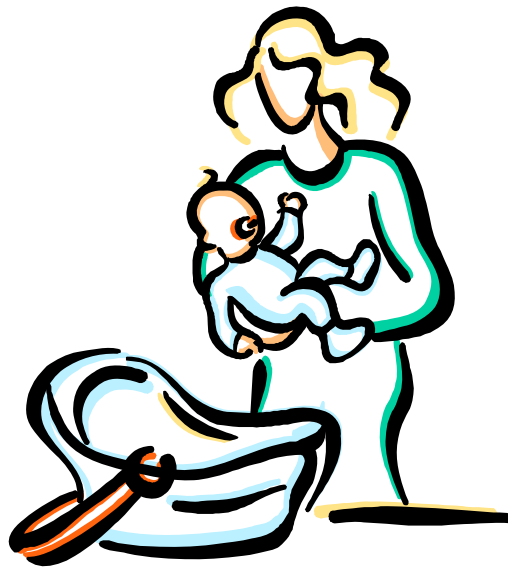
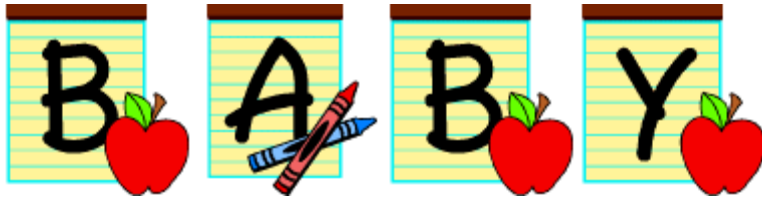


Your New



Naomi C. Piga, M.D.  
Versallie R. Capote-Piga, M.D.  
Piga Primary Care Associates  
8380 Warren Parkway  
Suite 305  
Frisco, TX 75034  
Tel: 214-618-2222  
[www.pigaprimarycare.com](http://www.pigaprimarycare.com)

VITAL INFORMATION

Date & Time of Birth: \_\_\_\_\_

Birth weight: \_\_\_\_\_ Length: \_\_\_\_\_

Blood type: \_\_\_\_\_ Rh: \_\_\_\_\_

Apgar: \_\_\_\_\_

IMPORTANT PHONE NUMBERS

Medical Center of Plano (main)	972-596-6800
Presbyterian Hospital of Plano (main)	972-981-8000
Richardson Regional Medical Center (main)	972-498-4000
Medical City Hospital (main)	972-566-7000
Children’s Medical Center of Dallas (main)	214-456-8224
Poison Control	800-222-1222
Police (in an emergency)	Dial 911
Fire Department (in an emergency)	Dial 911
Area Pharmacy	_____
Baby Sitter	_____
Other	_____
	_____
	_____
	_____

OFFICE HOURS

Monday to Thursday: 9 am to 5 pm

Friday: 9 am to 6 pm

Saturday: 9 am to 12 pm

Emergency number: 214-618-2222

(answered 24 hours a day, 7 days a week)

Dear Parents:

Congratulations on your new arrival! This is an exciting, changing and gratifying time for you as new parents. To help you adjust to your new beginnings, we have written this newborn booklet to serve as a guide for the care of your new baby. We hope this will answer many of your questions. Please read it and keep it handy for future reference.

We would like to introduce ourselves to you and tell you a little bit about ourselves. Dr. Naomi Piga grew up in Plano and attended PISD schools from kindergarten to tenth grade. She graduated from the Texas Academy of Math and Science and received a bachelor of science, cum laude, from the University of Texas at Dallas. She received her doctor of medicine degree from Baylor College of Medicine in May 2002. She completed her pediatrics training at Baylor College of Medicine and the renowned Texas Children's Hospital in Houston, Texas. Dr. Versallie Capote-Piga grew up in the Philippines and immigrated to the U.S. in 2002. She received her doctor of medicine degree from the University of the Philippines in April 2001. She completed her pediatrics residency at Louisiana State University- Shreveport. In May 2008, she married Dr. Jonathan Piga, the brother of Dr. Naomi Piga. Being family, we understand the importance of family and we look forward to watching your child grow. Helping your baby develop to be a strong, healthy, and happy adult can be our mutual goal for the future.

Sincerely,

Naomi C. Piga, M.D.

Versallie R. Capote-Piga, M.D.

## Congratulations on Your New Baby!

We have just given your baby a thorough physical examination, looking for any possible defects or problems. We will see him/her daily and report to you accordingly. If you have any questions, we will be very happy to answer them.

### Medical Check-Ups

#### Well-Baby Appointments:

These check-ups are necessary to screen your baby for proper growth and development and to look for early signs of illness. We also give you tips and pointers on infant care.

Your baby will be seen by an appointment made in advance. We have a well-baby waiting room and well-baby exam rooms for your convenience so that your baby will have limited exposure to sick children in the office.

Parents have an obligation to be sure their babies receive the recommended immunizations and well-baby check ups. The following schedule will help you plan your appointments:

2 weeks	First newborn check-up after hospital discharge. Includes Texas state newborn screening #2 and hepatitis B #1.
2 months	Hepatitis B#2, DTaP #1, IPV #1, HiB #1, PCV7 #1.
4 months	DTaP #2, IPV #2, HiB #2, PCV7 #2
6 months	DTaP #3, IPV #3, HiB #3, PCV7 #3
9 months	Hepatitis B #3, hemogram
12 months	MMR #1, varicella, PPD
15 or 18 months	DTaP #4, HiB #4, PCV7 #4
2 years	Hepatitis A #1
3 years	Hepatitis A #2
4 years	DTaP #5, IPV #4
5 years	MMR #2, varicella

Sometimes a child will have side effects from the vaccines. These are:

- 1) fever of 100° - 102°. (Notify us if the fever reaches 104° - 105°)
- 2) redness and swelling in the shot area
- 3) shock-like reaction
- 4) irritability
- 5) convulsions (notify the office immediately)

We are aware of the many parental concerns about the safety of vaccines in childhood. The following website is authored by the American Academy of Pediatrics and provides excellent, research based information about childhood immunizations.

[www.cispimmunize.org/fam/safety\\_parent.html](http://www.cispimmunize.org/fam/safety_parent.html)

## **Sick Child Appointments:**

We will see your baby without delay when he/she is sick. Please tell the receptionist or nurse the nature of the problem so that the appropriate time can be allotted for your visit. If your child's condition worsens, bring him in immediately.

If you cannot keep your appointment, please call promptly to cancel it so that another child can be worked into the schedule.

Write down any questions you might have before coming in. Please let us know of anything that is not clear in your mind before leaving the office.

## **Phone Calls:**

**Non-emergency phone calls:** These are calls during office hours for things pertaining to routine medical problems, immunizations, sick child, you bill, new prescriptions or refills. State your child's name so that his/her chart can be reviewed and updated.

If you need assistance in caring for a sick or injured baby, do not hesitate to call after hours.

All calls will be returned within a reasonable period of time. Please share your problems and questions with the nurse. She can answer most questions and can give appropriate advice. Otherwise, we will personally return your call as soon as possible.

**Emergency phone calls:** These are calls made after hours for things pertaining to emergency medical problems. **Call the office at 214-618-2222 and follow the directions. A doctor can be reached 24 hours a day.** If you need to go to the nearest emergency room, please call so that we may inform the ER doctors of your arrival and needs. If we do not return your call within 30 minutes, **please call again!** We will return your call regardless of its nature, as soon as possible, and please remember, **we are available to you 24 hours a day.**

## **Professional fees:**

Payment in cash, check, or major credit card is expected at the time of service, and all co-payments and deductibles will be collected.

As a courtesy to patients with insurance coverage, our staff will file your claim if you provide the correct insurance information. Although an insurance claim is filed on the patient's behalf, the financial responsibility for our services still remains the patient's and not their insurance company. Should we not receive payment within 60 days, it will be the responsibility of the patient to contact the insurance company to expedite claims processing.

## Getting to Know Your Baby

Your baby is now a whole, new individual. Everyday you will discover more about him/her. It may take a few days or weeks for you to get acquainted with each other. As your relationship grows, you will develop a unique harmony with one another.

Parenting is a partnership. Involve yourselves in providing for the baby's basic needs such as feeding, changing diapers and giving TLC (tender loving care). Enjoy every moment with your baby. Infant care is exciting, challenging, and mostly common sense. Trust yourself because we know you can do it. Avoid being tense and nervous. Do not get upset easily. Everything will be just fine.

### Characteristics of Your Baby

Babies are similar in many ways but differ a lot in personality. They have a number of basic reflexes such as yawning, startling to sudden noises, and rooting (opening of the mouth to nurse when the lips are touched). They sneeze, burp, pass gas and hiccup. They all have the same sensory reflexes as adults.

**Seeing:** Newborns see objects from 8-12 inches away but cannot focus until 4 months of age, which is why they are often cross-eyed. Eye contact with you will be brief but your baby will soon learn to recognize your face.

**Hearing:** Babies startle to noises by stiffening up their bodies, legs and arms. They seem to respond more to the higher-pitched voices of their mothers and prefer soft music and human voices to other sounds. Talk to your baby often. They like to hear the voices that they have been listening to for the last 9 months, and they can actually recognize your voice!

**Smelling:** Babies can smell odors even as newborns. They prefer the scent of their mother and father. A newborn can recognize the smell of his/her own mother or father and can even differentiate between his parents and the scent of other people.

**Touching:** Babies like to be cuddled in a snug position. They relax with this and enjoy it immensely. Swaddling and hugging a baby can be pleasant too. Some experts think that this is because they are used to the confines of the womb and being held firmly makes them feel secure.

**Taste:** Despite popular opinion, babies do have a sense of taste. (Your baby picked you for a parent, didn't he?) Their taste buds are not as developed as ours but breastmilk or formula is produced in just the flavors babies love. You can see whether they prefer a taste or not by the face that they make if they don't like what they ate.

**Sleeping and Waking:** Newborns usually sleep off and on for about 16 hours a day and yet show a wide range of alertness. They can be noisy, quiet or drowsily open and close their eyes. They may even breathe irregularly.

**Crying:** This is the infant's way of says "I am wet, hungry, thirsty, hot, cold, lonely, or sick." Try not to worry too much when you baby cries. You will soon learn how to recognize between the "I'm hungry" cry and the "I'm wet" cry, etc.

## Going Home

Make your baby's "First Ride a Safe Ride." Please purchase an approved infant carrier. Never hold or put him on your lap while riding or driving in a car. The number one cause of death in children is motor vehicle accidents.

The following are tips for your car seat:

### Rear-facing seats

All infants should ride rear-facing until they have reached at least 1 year of age and weigh at least 20 pounds. That means that if your baby reaches 20 pounds before her first birthday, she should remain rear-facing until she turns 1 year old. There are 2 types of rear-facing seats: infant-only seats and convertible seats. Following are some important features of both:

#### Infant-only seats

- Small and portable (sometimes come as part of a stroller system).
- Have a 3-point or 5-point harness.
- Can only be used for infants up to 20 to 22 pounds, depending on the model.
- Many come with a detachable base, which can be left in the car. The seat clicks in and out of the base, which means you don't have to install it each time you use it.
- Most have carrying handles.

#### Convertible seats

- Bigger than infant-only seats.
- Can also be used forward-facing for older and larger children, therefore these seats can be used longer.
- Many have higher rear-facing weight limits than infant only seats. These are ideal for bigger babies.

### Forward-facing seats

Once your child is at least 1 year of age and is at least 20 pounds, he can ride forward-facing. However, it is best for him to ride rear-facing until he reaches the highest weight and height limits allowed by the car safety seat. There are many types of seats that can be used forward-facing, including convertible seats, forward-facing only seats, and combination forward-facing/booster seats.

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### Friends and Visitors

Keep your baby at home. Avoid crowds for the first 6 weeks and keep your visitors to a minimum so you can spend more time with and get to know him. Besides, your baby does not yet have enough resistance against infection which might be passed on by eager friends and relatives.

### Travel

Auto or air travel is tolerated by babies but not advisable for the first 6 weeks of life.

## Outdoors

Stroll outside with your baby when the weather is pleasant. Avoid direct sunlight which can blister his skin even after only a few minutes of exposure.

## Temperature at Home

Set the thermostat between 73-75°F. During the winter when the air is dry due to heating, use a cool humidifier in the room. In the summer, good ventilation can be achieved by an air conditioner and/or gently moving electric fan. Avoid draft to the baby.

## Nursery

A few things that you might want to keep in your nursery will include: a mild soap like Dove or Baby Magic, cotton balls, rubbing alcohol, petroleum jelly, rectal thermometer, cotton shirts, a light blanket and a night light.

Your baby will be spending much of his/her life in a crib. Here are a few safety tips:

### Choosing a Crib

- Special care is required if you choose a used crib that may have been built before current crib safety standards were set.
- When purchasing a crib, look for Juvenile Product Manufacturer's Association (JPMA) certification.
- The slats should be no more than 2-3/8 inches apart. Widely spaced slats can trap an infant's head.
- All joints and parts should fit tightly, and the wood must be smooth and free of splinters.
- Check for cracked and peeling paint. All surfaces should be covered with lead-free paint safe for nursery furniture.
- The end panels should be solid, without decorative cutouts. Cutout areas on panels can trap an infant's head.
- Corner posts should be flush with the end panels or else be very, very tall (such as posts on a canopy bed). Clothing and ribbons can catch on tall corner posts and strangle an infant.
- The lowered crib sides should be at least 9 inches above the mattress support to prevent the infant from falling out. Raised crib sides should be at least 26 inches above the mattress support in its lowest position.
- The drop sides should have a locking, hand-operated latch that will not release by accident.
- The mattress should be the same size as the crib so there are no gaps to trap arms, body, or legs. If you can fit 2 fingers between the mattress and the side of the crib, the crib should not be used.

### Safe Bedding Practices For Infants

- Place baby on his or her back on a firm tight-fitting mattress in a crib that meets current safety standards.
- Remove pillows, quilts, comforters, sheepskins, stuffed toys, and other soft products from the crib.
- Consider using a sleeper or other sleep clothing as an alternative to blankets, with no other covering.

-If using a blanket, put baby with feet at the foot of the crib. Tuck a thin blanket around the crib mattress, reaching only as far as the baby's chest.

-Make sure your baby's head remains uncovered during sleep.

-Do not place baby on a water bed, sofa, soft mattress, pillow, or other soft surface.

## Toys

Newborn babies like soft toys, musical toys, rattles and mobiles of brightly colored shapes suspended above their cribs.

At 6 to 8 months, large balls and blocks (not anything smaller than the elbow). When the baby is active, dolls, large boxes and colored pictures may be sources of comfort and help create his playworld.

## Feeding

Feeding is one of your baby's first pleasant experiences. Not only does it provide nourishment but helps the infant develop a feeling of security from your loving care.

Hold your baby in your arms and sit in a comfortable chair and relax. Cuddle and talk to your baby during feeding.

**Breastfeeding:** Breastmilk is the ideal food for infants. It is preferred because it provides benefits for both mom and baby. It enhances the child's immunity against infection through the protein rich colostrum. Because of this, it should be continued for as long as possible during the first year.

At first, the baby takes no interest in the breast. Your baby's sucking may be poor, purposeless and erratic. However, sucking stimulates the production of milk. In the process, the baby receives colostrum.

Hold your baby with the head slightly raised and resting in the bend of your elbow. Gently stroke near the angle of the mouth close to you to stimulate the baby to hunt for the nipple. Guide as much of the areola (dark area around the nipple) into the baby's mouth while using your other hand to keep the rest of the breast from obstructing the baby's nose. Most of the milk derived from a feeding session is obtained in the first 5 minutes of steady nursing. Alternate each breast to prevent tenderness. Breastmilk production reaches its maximum in 7-10 days, so be patient during the first 4-5 days as the milk supply has yet to build up.

If you need more advice on breastfeeding, please don't hesitate to ask us for advice or call the **La Leche League** at **972-669-5714**.

**Bottlefeeding:** All formula is fortified with the proper vitamins and minerals needed for a healthy diet. There are several preparations available which include ready-to-use (no water is added), concentrated (add equal amounts of water to formula), and powder (add one scoop of powder to 2 oz of room temperature water). Follow the instructions on the container carefully. Never make the formula stronger than prescribed.

Before feeding, always test the formula's temperature by shaking the bottle gently and letting a few drops fall on your wrist. It should be warm, not hot or cold. Hold the baby with his head higher than his body. This will prevent ear infections in the future. Hold the bottle so that the nipple is always filled with milk. This prevents the baby from swallowing too much air.

Consumption varies from infant to infant. During the first 2 weeks of age he/she may take 1-2 oz every 2-3 hours. Then, later he/she may increase this to 3-4 oz every 3-4 hours. If the baby cries for more, it may be time to increase this amount per feeding. Generally, a 1-2 month baby takes 24-28 oz of milk, then at 3-4 months takes 30-34 oz of milk. On the maximum, he/she may take 40 oz a day by 5-6 months old.

Babies should never be put to bed with a bottle. They can choke or aspirate and this may also cause decay and rotting of the baby's teeth.

**Solid Food Feeding:** Generally, solid foods are not necessary until 4-6 months of age. The following are guidelines:

-any new food should be offered once a day for 5 days, beginning with one teaspoon each day and increasing it up to 2 tablespoons.

-serve food in a spoon, not through a bottle or infant feeder.

-use only single ingredient food until each ingredient has been tested individually.

-don't force foods on your baby

-you can make your own strained baby food by using a baby food grinder or blender. Don't season with salt or sugar. Remember, babies like different tastes better than adults.

-don't serve homogenized milk until one year of age. It is not formulated to provide the proper nutrients that your growing baby needs and is also harder to digest.

#### How To Introduce Solid Foods:

1. Begin with rice cereals, 2 tablespoons mixed with formula or water given everyday for one week. Then use barley or oatmeal.
2. Introduce vegetables next. Start with squash, carrots, and sweet potatoes. Then you can go to green vegetables.
3. Fruits like applesauce, banana, plums, and peaches are then given one at a time.
4. At 8 months, introduce meat like chicken, turkey, veal, and lamb. The last one to add is beef or pork.
5. Once your baby, starts eating a fair amount of solid foods you will notice a decrease in amount of formula he/she drinks. This is normal but your baby still needs around 24 oz of formula per day.
6. Egg yolk can be given at 9 months. Table foods that are not spic and finger foods can be given also. Be careful about choking on big chunks of food.
7. Egg whites and dairy products are introduced at 12 months of age.
8. Avoid honey, nuts, and seafood until 2 years of age as these can be allergen inducing.
9. Fruit juices contain lots of sugar and really have no nutritional value. Therefore, limit your baby's intake of juice to 2-4 oz per day. This can be started at 7-8 months.

## General Baby Care

**Bathing:** Sponge baths are the only ones recommended until the cord comes off. Care of the umbilical stump includes just soap and water. Make sure the cord is dry. Do not use rubbing alcohol as this can delay detachment of the cord. After the umbilical cord comes off, tub baths, which your baby will eventually enjoy, are allowed.

**Care of the Diaper Area:** Change diapers promptly after wetting or soiling. This prevents rashes and infection. Wash the diaper area with mild soap and warm water. Let it air dry or pat dry before replacing. Desitin or zinc oxide can be applied to protect it

**Stooling:** Breast fed babies may have bowel movements after each feeding. Bottle fed babies may differ depending on the formula they get. Bowel movements can range from liquid to seedy to firm and from yellow to green to brown. Unless the stools are hard and pellet-like, the infant is not considered to be constipated. Giving 1-2 oz of water or prune or apple juice per day may help with the constipation. If the stools are very watery with mucus or blood, call or see us.

## Common Medical Concerns for Parents

**Jaundice:** Most babies develop a yellowish discoloration of the skin because of their immature liver's inability to rid the body of the pigment bilirubin. It may be observed within 2-3 days after birth and disappear within a week. Unless severe, it is harmless and requires no treatment.

**Colic:** It may occur at 2 weeks of age and disappears at about 4 months. It may be due to many causes including allergy to cow's milk, swallowed air, or foods like shellfish, nuts, chocolate, and caffeine if mom breastfeeds. You can comfort your baby by burping to release the swallowed air, placing a heating pad on his/her abdomen, rocking, playing soft music, taking him/her for a car ride, or mylicon 0.3 mL every 4 hours. Best time to give this medicine is 10 minutes after feeding.

**Stuffy nose:** Babies are obligatory nose breathers due to their small nasal passages and as such they easily get dry mucus plugs in their nostrils. To help this, moisten the nasal mucosa with saline nose drops. Put a few drops in each nostril to moisten it and suction it with a nasal aspirator if necessary.

**Thrush:** It is a white spot on the tongue or cheeks and is very common during the first few months of life. Call the office during regular hours for further instructions.

**Hiccups or Belching:** This is a normal way by which a baby releases swallowed air from the stomach. Give water or burp your baby.

**Spitting or Vomiting:** Normally, a baby spits up a small amount after feeding. If he has projectile vomiting and repeatedly vomits large amounts of fluid call us immediately. If your baby vomits greenish liquid (bile), call us immediately.

**Eye Drainage:** Eye drainage is common due to clogged, tiny tear ducts. Gently massage the innermost corner of the eye against the bridge of the nose 4 times a day. Wipe the eyes with cotton soaked in warm water in the morning. If there is a yellow discharge that is profuse and persistent, call the office for an appointment.

**Teething:** Teething begins to occur between your baby's 5<sup>th</sup> -9<sup>th</sup> month. Teething may cause sore gums, drooling or fussiness. You can give your baby teething biscuits or rings if he wants to bite. By the end of the first year, your baby will have 6-8 teeth. Be sure that bits of food are not caught between them. Encourage your baby to drink water and wipe his/her teeth and gums with a clean, moist cloth. Baby teeth are important because they hold the space for permanent teeth and if lost too soon, can create major dental problems later.

**Fever:** Any rectal temperature over 100.4°F in the first 8 weeks of life should be called to our attention right away. Also notify us if your baby develops any of the following symptoms: inactivity or lethargy, no appetite or interest in eating, repeated vomiting, diarrhea or bloody stools, and excessive crying or listlessness.

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We hope that this booklet has provided you with some  
useful information in the care of your baby.

If you would like more information, we highly recommend

Caring for Your Child: From Birth to 5 Years

and Your Baby's First Year

from the American Academy of Pediatrics.

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