

# PEDIATRICS | Infant Guide



**PREMIER**  
MEDICAL ASSOCIATES

**Building  
Better  
Care**

## Building Better Care

The focus of Premier's doctors has always been on quality in our delivery of patient care. Throughout the year, more than 100,000 patients trust their care to one of over 100 providers in our company.

Every patient has a unique set of circumstances, so each visit is patient-centered. Our model for care begins with a coordinated approach to assess the right care and treatment needed for the patient. We value proactive care to prevent unnecessary tests, office visits, emergency room visits and hospital stays. We keep our patients healthy.

Congratulations on the birth of your new baby! We appreciate your confidence in us and look forward to providing the highest quality of medical care for your child. It is our desire to establish a professional relationship that will endure for many years; our goal is to keep your child well and monitor your baby's growth and development.

*Building Better Care...*

Trust us to take care of you.



## GENERAL INFORMATION

During your stay in the hospital we will examine your baby daily and discuss his progress with you. We will be pleased to give you guidance and answer your questions at that time and subsequently, either by phone or during your visits to our office.

When you take your new baby home, you may wonder about many things, or just a few, depending on how much experience you've had with babies.

Sometimes new mothers (and even mothers whose children are far removed from infancy) are a little unsure of themselves at first. As long as your baby is well-fed, well-loved, warm and comfortable, they do not mind if you are less than expert. They are an individual, and you will come to know and understand their special needs best. These few infant care instructions should help you relax and enjoy your baby. The most valuable thing parents can do for their child is enjoy them and love them!

## OFFICE VISITS

We routinely see newborns twice during the first two weeks of life. Therefore, we ask that you call to make those appointments during your stay in the hospital or soon after taking your infant home.

During this important first year, your baby should have regular medical examinations even though he may appear well. These visits give us a chance to check on his growth, development, and to talk with you about the baby's care and the many interesting things you can expect.

Over the course of the first year, we will see your child at two weeks, two months, four months, six months, nine months, and twelve months of age. During many of these visits, they will be immunized against several serious childhood diseases to keep him healthy. They will receive vaccines to prevent hepatitis B, whooping cough (pertussis), tetanus and diphtheria, along with immunizations to prevent polio. Your child will also be vaccinated against measles, German measles (rubella), mumps, chicken pox, rotavirus and Haemophilus influenza type B (a serious cause of meningitis in childhood). The recommended immunization schedule can be found along with other reliable information and advice at:

[www.aap.org](http://www.aap.org), [www.cispimmunize.org](http://www.cispimmunize.org), [www.cdc.gov](http://www.cdc.gov), [www.vaccine.chop.edu](http://www.vaccine.chop.edu)

Information is available in both English and Spanish. We would also be happy to answer any questions you may have.

## TELEPHONE INSTRUCTIONS

During office hours you should call the following numbers for general medical information and advice, or other concerns regarding your child's care:

Penn Hills – (412) 371-6414

Route 130, Irwin – (724) 744-7337

Emergency – 911

Initially our receptionist will take a message and soon afterwards the nurse will call you back to offer medical advice and/or to schedule a "sick visit" for your child. All of the advice given by the nurse is offered in consultation with the physicians so that the doctor is aware of your concerns and can participate in offering advice to you.

After regular office hours, either triage nurses or one of our doctors will offer urgent medical advice. There may be times when it is essential that the doctor on call speaks to you. Be assured that if you and the nurse feel that this is the case, the doctor will be contacted and will call you back soon after the nurse has spoken with you.

## EMERGENCIES/ILLNESSES

Should an emergency arise, call us or 911 immediately; the nurses and doctors are available 24 hours a day.

In newborns to age 3 months, you should call us immediately for the following:

- Fever with a rectal temperature of 100.4 degrees F (38 degrees C) or more. In a baby younger than 2 months, this is extremely important to report immediately. Fever in an older child should be reported if it has lasted several days or if the child is acting very sick. The fever itself is not harmful, but it usually reflects an infection.
- Increasing jaundice after arriving home from the hospital.
- Repeated vomiting (not just spitting up) or refusal of food several times in a row.
- Excessive listlessness: baby is limp, without energy, or does not cry.
- Persistent crying or irritability without obvious cause.
- Frequent loose, watery bowel movements.
- An unusual rash (not just prickly heat).
- Persistent cough or change in normal breathing patterns.

## NEWBORN FEEDING

Feeding is one of the baby's first pleasant experiences. Her first feeling of love for her parents arises primarily from the feeding situation. The food, correctly taken, helps her grow healthy and strong. The parent's love, generously given, makes her feel secure. Help your baby get both kinds of nourishment.

## BREAST FEEDING

Breast feeding can be a very rewarding and satisfying experience, but it is not instinctive; it must be learned by baby and mother alike. The hospital nursing staff is an excellent source of help in learning the techniques for breastfeeding, so do not hesitate to ask questions.

Do not be discouraged if your baby doesn't nurse well the first few days. Some babies are very sleepy and do not suck well initially, which is normal and not uncommon. And since infants are born with extra body fluids, a newborn's early disinterest in feeding should not be cause for concern. Whatever amount of food your baby does consume will be in the form of highly beneficial, thin fluid called colostrum which contains antibodies to help prevent infection.

Just about the time most babies begin to show a decided interest in feeding, your milk will be coming in (about day 3 or 4). By then, both you and the baby will have begun to feel somewhat comfortable with the nursing process. And, although there is no way to measure the baby's intake (until their first weight check at our office) you can feel confident that they are receiving the nourishment they needs. Their relaxed, satisfied temperament following feedings will serve to reassure you.

It is preferable to nurse from both breasts at each feeding; beginning each time with the breast you finished with the previous time. Since the baby sucks more vigorously at the start of the feeding, alternating like this will afford you the greatest comfort and most even milk production.

To begin a feeding, put the baby to your breast and stroke her cheek with your nipple, causing her to "root", or turn toward the breast. Be sure your baby takes as much of the areola (darker area of the breast) as possible into his mouth. This relieves the pressure on the nipple, thereby decreasing the mother's discomfort, and helps the baby take the maximum amount of milk from the milk ducts behind the areola.

You should feed your baby on "demand", usually every 2 to 4 hours, in the beginning. The time will vary, depending on your baby's needs. It is true that when a baby wants to increase her intake she will nurse more frequently for one or two days, which stimulates increased milk production. However, nursing more often than every two to two and a half hours will not increase milk production any further, and it may cause sore nipples.

If your baby appears to want to nurse more often, remember that "rooting" and sucking are more than just the baby's way of seeking nourishment. These actions also help her to relax and soothe herself. They may signal the need to be comforted.

Once your milk supply has established itself (at week three and four), you may want to consider adding a supplemental bottle to your child's diet. You may place either formula or breast milk in the bottle (see bottle feeding below). You would then offer the bottle at that feeding instead of nursing.

A supplemental bottle can offer many advantages. It can provide an opportunity for the baby's father to participate in the feeding process, as well as a chance for you to spend some time away from the baby without worrying about her feedings. In any case, your milk production will adapt to the baby's schedule and needs.

## MILK SUPPLY

We will check your baby's weight at 2 weeks. An appropriate gain, based on her birth weight and other factors, will indicate that she is getting enough milk. Frequent wet diapers are also a good sign.

## MOTHER'S DIET

Good nutrition during the nursing period is important. In addition to continuing their prenatal vitamins, nursing mothers need nutritious food every day, as well as additional fluids. It is a good idea to drink a glass of liquid (water, fruit juice, milk, etc.) every time you nurse. Although you may be very anxious to return quickly to your pre-pregnancy weight, this is not the time for rigorous dieting; skimping on food will only leave you feeling tired.

Caffeine, nicotine and alcohol are all substances which can affect your baby. Drinks containing caffeine (coffee, tea, colas and other soft drinks) and chocolate often cause babies to be irritable.



## ENGORGEMENT

If the breasts become swollen, tender, and warm, they have become engorged. The following steps can help relieve the problem:

1. Manually express some milk before nursing, making the breast less tender for the baby's feeding.
2. Take a hot shower or apply warm compresses, which will reduce pressure by causing the breasts to leak milk.
3. Massage the breast to relieve pressure in the ducts.
4. Be certain your bra fits properly. If it does not firmly support (without fitting too tightly), you should purchase a new one.

## SORE OR CRACKED NIPPLES

If your nipples become tender, you should apply lanolin cream. Do not use soap, petroleum jelly, alcohol or any irritating substance on the nipples.

Allowing the nipples to air dry after feedings will help keep them from cracking. Also, expressing a small amount of milk prior to nursing will alleviate soreness by allowing the baby to feed with less vigor. In the event of prolonged soreness, consult your physician.

## MEDICATIONS

Most drugs are excreted in the breast milk and, therefore, are unsafe to take while nursing. Acetaminophen (Tylenol) is safe if needed for pain or fever. Some antibiotics are also safe, but others are not. Sulfas can be dangerous during the first two months of nursing. And you will want to avoid aspirin, aspirin-containing cold medications and tetracycline throughout nursing.

Be sure to mention to any doctor you see that you are breastfeeding. This is an important factor which may influence his diagnosis and the treatment or medication he prescribes. If you have any questions about the safety of a particular medicine during nursing, feel free to contact us.

## SUPPLEMENTATION

It is recommended that you wait until your milk supply is fully established before supplementing with a bottle (a few weeks). You can express breast milk for this purpose. Initially, only one bottle of formula or breast milk per day should be used, since more than this can interfere with your milk production.



## OTHER CONCERNS

Leaking from your breasts, vaginal dryness, and tiredness are all common during breastfeeding. You may also experience strong uterine contractions for seven to ten days, as the nursing process helps return your body to its pre-pregnancy state.

## WEANING

When it comes time to wean your baby, you will want this to be a gradual process for your own comfort. It is best to eliminate one breastfeeding at a time. After giving a bottle feeding at this time of day for about three or four days, your body will have had time to adapt to the change. You can eliminate another breastfeeding in this same way every three to four days.

If you decide to wean before your child is 12 months old, we recommend giving formula which can be fed by bottle or cup. After 12 months of age you can give whole milk.

## BOTTLE FEEDING

The commercial infant formulas provide excellent nutrition for your baby. Vitamins have been incorporated to approximate your infant's daily needs, so no extra vitamins are needed. At the time of hospital discharge, most babies will take one to three ounces every three to four hours. This amount will increase gradually to a maximum of 32-36 ounces per day at approximately two to three months of age.

It is important that you do not overfeed your baby, which can result in vomiting or diarrhea. Try not to mistake his natural sucking action for hunger or to insist that he finish his bottle when he seems to have lost interest in taking the remaining ounce or two.

When feeding your baby, be sure the neck of the bottle and nipple are always filled with formula. This helps your baby get formula instead of air, which may be swallowed and give him a false sense of being full and may also make him uncomfortable. Take the nipple from the baby's mouth occasionally to keep it from collapsing, and screw the bottle cap on just tight enough so that the milk flows easily and evenly.

Never prop the bottle and leave the baby to feed himself. The bottle can easily slip into the wrong position. Bottle propping can also make reflux and spitting worse. Remember, too, that the baby needs the security of being held at feeding time. Bottles should not be left in the crib with your baby, even if he can hold the bottle by himself. This can lead to early decay of his baby teeth.

There are several ways to prepare bottles. Sterilizing bottles and nipples is not necessary if they are washed in hot water and detergent and rinsed well, either by hand or in a dishwasher. You should prepare the formula according to the package instructions. Cold water may be used directly from the tap, unless you have well water, which should be sterilized by boiling it for 20 minutes.

Unused formula may be stored in the refrigerator for 48 hours. Any leftover formula in a bottle from which a baby has already fed should generally be discarded. Powdered formula might be handier for babies who are drinking small amounts (for example, breastfed babies who are supplementing) because there is less waste.

Bottles should never be microwaved. A refrigerated bottle may be warmed by placing it in a container of hot tap water for a few minutes. Test the temperature of the formula by shaking a few drops onto the inside of your wrist. It should not feel hot.

## TESTING NIPPLES

Testing nipples regularly will save time when you are ready to feed your baby. The holes should be large enough so that milk drips rapidly without forming a stream. If nipple holes are too small, the baby may tire of sucking before he gets all the formula he needs. He may then be hungry just a short while after feeding. To enlarge holes push a red-hot needle gently through the outside. Be careful that you don't make holes too large; otherwise the baby will get too much formula too fast.

## BURPING

Even if fed properly, both bottle and breastfed babies will swallow some air. Burping your baby will help relieve the pressure that builds up. You can either hold him upright over your shoulder or face down over your lap and gently pat or rub his back. If he still hasn't burped after a few minutes of trying, he probably doesn't need to burp.





*Long-Term Relationships*

## SOLID FOODS

We generally recommend waiting until the baby is four to six months of age before introducing any food other than breast milk or formula. The digestive system is not ready for solids until this age. Most babies grow very well on just formula or breast milk up until this age.

When feeding, choose a chair that is comfortable. This will help you become calm and relaxed. Your baby should be warm and dry, so that she is comfortable, too.



## PremierMedicalAssociates.com

- Physician profiles
- Locations and services
- Practice overview
- Premier news & press releases

Visit our website for important and up-to-date details about our practice. We encourage you to explore our website and use “Contact Us” to provide Premier staff with any feedback, recommendations and stories you wish to share about the care you and your family receive.

## NEWBORN CARE & HEALTH

### BATHING

It is good to have a fairly regular time for bathing. Your baby does not need to bathe daily; three times a week in the newborn period is sufficient. We advise not to immerse your baby in a tub bath until 24-48 hours after the umbilical cord has fallen off and is dry. Sponge baths are adequate until this time.

**FACE:** Wash with warm water and a soft washcloth.

**EYES:** Use cotton dipped in plain, warm water.

**NOSE AND EARS:** Cleanse outer areas only with a moist cotton ball. Do not use Q-tips inside of the nose or ears.

**BODY:** Use a mild soap, such as Dove, Aveeno, Neutrogena or Johnson and Johnson Baby Bath. Look for dye-free, perfume-free products. Be sure to wash in the creases of the diaper area and neck and rinse well.

**HEAD:** Once you have finished bathing your baby, wrap him in a dry towel or blanket and then wash the scalp or hair. You can use a mild baby shampoo. The best position for this is the football hold (the baby's head is in your hand and the legs are tucked under your armpit). This may sound like an awkward position for the baby, but it will give him the greatest support and you the greatest flexibility to complete the task. Towel dry the hair and scalp well after washing. Do not use a blow dryer.

### CARE OF THE NAVEL

The umbilical cord usually dries and falls off between 10 and 20 days of age. It is not necessary to put alcohol on the cord. Keep the baby's diaper folded below the cord, so that it doesn't rub or soak the cord in urine or stool. Occasionally when the cord falls off, there is slight bleeding. This is usually not serious and can be stopped by applying pressure to the navel with dry cotton.

### CARE OF THE CIRCUMCISION

For circumcised boys, gently wipe the penis with a soft cloth and warm water. While the circumcision is healing, it will be very red and the head of the penis may have some yellow areas on it. This is normal and, as long as the baby has no difficulty urinating, there is no cause for concern. During this healing

phase (usually for approximately one week after discharge) you should apply some Vaseline or A&D ointment to the penis with each diaper change.

For uncircumcised boys, there is no need to retract or pull back the foreskin. It is normally difficult to retract the foreskin in newborn boys, and efforts to do so can lead to infection and swelling.

### CARE OF THE DIAPER AREA

Either disposable or cloth diapers are fine to use. Most babies go through 50-70 diapers a week for the first few months of life.

The baby's genital area should be washed and dried when a diaper is changed. Baby wipes or a soft cloth may be used. For girls, spread the labia apart and gently wipe from top to bottom between the folds. There is normally a scant amount of white material inside the labia, which need not be wiped away. Baby girls can have some vaginal bleeding as a result of hormonal changes after delivery. A scant amount of blood in the diaper area around one week of life is considered to be normal.

We do not recommend the use of baby powders in the diaper area. If a diaper rash should develop, it will usually respond to frequent diaper changes and exposure to the air (going without a diaper). A coating of bland cream like Desitin can be helpful to clear up a rash.

### PACIFIERS

Pacifiers are helpful to satisfy a baby's natural desire to suck. They are not harmful as long as they are discontinued at a reasonable age (12-18 months).

Despite advertising claims, one pacifier is not better than another. Most babies will take any pacifier, but some will prefer a specific type. Homemade pacifiers using nipple and bottle tops should not be used.

### SKIN CARE

Newborn skin is normally dry. This generally resolves itself, but if your infant's skin is exceedingly dry, a moisturizer such as Eucerin, Aquaphor, or petroleum jelly may be used. Avoid the many baby creams and lotions which contain alcohol and other ingredients that are irritating and drying.

At about three weeks of age, many babies develop facial acne, a result of hormonal changes. This usually clears up by three months of age and requires no special treatment other than washing with plain water.



## STOOLS

There is a wide range of normal bowel patterns, ranging from one stool every five to seven days, to one or more stools with every feeding. Your baby may change his pattern with dietary changes and as he matures. Stools may be yellow, brown or green in color; they vary in consistency from pasty to seedy to runny. It is normal for your baby to strain, grunt, fuss and get red in the face before he has a bowel movement, and it is not necessary for him to have a stool each day.

As long as the stool is soft or loose, your baby is not constipated. If the infant's stools are consistently hard and pellet-like, please call our office for advice.

Conversely, 10 to 12 loose, seedy stools daily are normal and especially common in breastfed babies the first two months. It is considered diarrhea only if they are very frequent, large in amount and very watery. Please call us if your baby develops diarrhea.

## NASAL CONGESTION

One of the most common problems in babies is a stuffy nose. This is more noticeable because, for the first several weeks of life, a baby normally breathes only through his nose. A stuffy nose does not always mean the child has a cold. We recommend you purchase a nasal aspirator or bulb syringe. When using the bulb syringe, point the tip straight back toward the back of the head, not up toward the eyes. You can also make saline nose drops by mixing: 1 cup water and teaspoon salt.

Hold the baby on his back on your lap with his head at your knees. Put two or three drops of saline solution into each nostril. Your baby may cough, sputter or choke slightly, which is not cause for concern. Wait a minute or two then suck out the nose with the bulb syringe. This process is especially helpful if done before feedings.

## SLEEP

Most newborns sleep 16-18 hours per day, some longer. The American Academy of Pediatrics has advised putting healthy, full term infants (0-6 months of age) to sleep on their backs (spine) or on their side. Be sure that the crib is clear of toys or blankets that could accidentally fall on the baby's face.

This recommendation was made based on studies done around the world showing easier breathing when babies are put to sleep on their backs. Subsequently, fewer babies die of SIDS (sudden infant death syndrome).

## TAKING A TEMPERATURE

The best way to determine if your baby has a fever is by taking his temperature with a rectal thermometer. Other methods of taking a temperature are not as accurate, so a rectal thermometer should be used if you suspect your baby is ill.

1. Grasp a clean rectal thermometer firmly by the upper end.
2. Apply a little petroleum jelly to the bulb end.
3. Place your baby on his stomach. With one hand, separate the buttocks and gently insert the thermometer about one inch into the rectum. Gently, but firmly, hold the baby so that he doesn't squirm.
4. Hold the thermometer in the rectum as long as it says to on the package directions and then gently pull it out.

Any temperature over 100.4° F rectally (38.0° C) is considered a fever. It is not an illness by itself, but is generally a sign of infection. Fever, at any temperature, is not harmful, and a higher temperature does not necessarily mean a more severe illness. A fever in an infant under two months of age is unusual, and you should notify us immediately.

## POST-PARTUM DEPRESSION

Post-partum depression can affect about 10% of mothers. If you feel sad, have mood changes, or are concerned, please call us or your obstetrician immediately.

## SMOKING

Every parent wants to protect their children and loves them unconditionally. If you or someone in your home smokes (even outside), the baby may be exposed to harmful chemicals. Quitting smoking can reduce the rate of SIDS, ear infections, and colds in the baby in addition to being good for the adult's health, too. See your doctor or call 1-800-QUIT-NOW if you are interested in learning more.

## ACTIVITY AND COMFORT

### CRYING

Crying is your baby's way of saying that he's hungry, wet, too hot, too cold, wants to turn over, had a stomach ache, or simply wants to be held. You will gradually learn to know what your child means.

You will not spoil your newborn by picking him up when he cries. In fact, he needs to feel secure and loved! Sometimes you will not be able to comfort your baby, and he might cry for an hour or more for no apparent reason. Crying itself is not harmful to your baby. If you are unsure why your baby is crying, you can always call for help.

### SNEEZING AND HICCUPS

All babies sneeze frequently. This is how they clear their noses. Hiccups are also common and usually last 15-20 minutes. They almost never bother the baby and will go away on their own.

### CLOTHING

Dress your infant according to the temperature, just as you would dress yourself. Remember, your baby can get too hot, so don't overdress. When going outdoors in cold weather, make sure your baby's head is covered, as significant amounts of heat are lost through the scalp. Indoor temperature can be set the same as for an adult (65-68 F in winter).

### OUTDOORS

You can take your baby outside once you leave the hospital, but you should avoid crowds and people with contagious illnesses (even common colds) especially for the first two months. Newborns only have the same immunity as their mothers, so all babies can catch colds and other infections. Try to limit visitors during the first two months, and ask them to wash their hands before holding your baby.

Sunlight is good for your baby, but avoid prolonged, direct exposure, since babies burn very easily. Be especially careful between 10 a.m. and 2 p.m.

### PET BEHAVIOR

Never leave your baby alone in a room with a pet – yours or someone else's. This includes situations where your pet may be able to get to your baby without your knowledge. Your pet may be jealous, just as an older child might.





## SIBLING INTERACTION

Having a new baby in the family can be stressful for the older children. The stress cannot be completely avoided, but there are some things you can do to ease the tension. We recommend that you have your older children visit you and the baby in the hospital and that you talk with them on the phone during your hospitalization. Upon arriving home with your new baby, we suggest that you have someone else carry the baby into the house, so that you can be free to warmly greet your other children. At times, it also helps to have gifts for the older children (allegedly from the baby) and vice versa. Reading books about becoming a big brother or sister can also be very helpful.

Let the older children help you with the baby in a way appropriate to their ages, thus reinforcing their positions and importance within the family unit. Don't force their interaction with the baby; they will come around in time.

If you feel there is a serious problem with your older children accepting the baby, please talk with us about it.

Parenthood is an enormous undertaking filled with joy... and sometimes uncertainty. Your new baby may add stress to your family life, and adjusting to the many changes your newborn imposes takes time and patience. Please remember that we are available to aid you in your adjustment as we are only a phone call away. We look forward to growing in this new relationship with you.

## USEFUL BOOKS AND SOURCES

- STRONGLY  
RECOMMENDED
1. "Caring For Your Baby and Young Child: Birth to Age 5," from the American Academy of Pediatrics. A very complete reference guide for parents of infants, toddlers, and pre-schoolers including nutrition, growth and development, behavior and illness.
  2. "Infants and Mothers" by T. Berry Brazelton, M.D. Excellent first developmental book; explains month by month variations in normal development; contains many practical tips on child care.
  3. "Doctor and Child" by T. Berry Brazelton, M.D. Variety of selected topics from infancy through early childhood, including excellent chapters on colic and toilet training.
  4. "Your Child's Health-A Pediatric Guide for Parents," by Barton D. Schmitt, M.D. A complete guide for a vast range of problems, including medical and behavioral concerns.
  5. "Pocket Book of Baby and Child Care," by Benjamin Spock, M.D. Thorough discussion of various topics, loaded with time-honored practical advice.
  6. "The Parent's Pediatric Companion," by G. Simon and M.Cohen. Easy reading and humorous. A modern-day "Dr. Spock."
  7. "Nursing Your Baby," by Karen Pryor. An excellent comprehensive-review of breast feeding with many practical tips.
  8. "The Magic Years," by Dr. Selma Freidberg.

## SAFETY

### IN THE HOME

Accidents are a common occurrence in the home. The following are home safety recommendations.

1. Never leave your baby unattended on any surface he could fall from. Even newborns can sometimes roll over.
2. Never leave your infant unattended during a bath.
3. Keep crib side rails up when your baby is in the crib.
4. Keep any objects your baby could swallow out of reach.
5. Never use any necklaces or tie pacifiers or other objects around your baby's neck.
6. Set your water heater no higher than 120° F.

### IN THE AUTO

The two most important things you can do for your baby are to wear your seatbelt and purchase a car seat. Any car seat must be installed and used correctly, and it must be used consistently, every time you take your baby anywhere in the car.

Babies less than 2 years old are safest with a rear-facing car seat with a 5-point harness. It is safest to keep your child rear-facing as long as you can. For any child, the back seat is always the safest.

Children must continue to use their car seats until they are over 40 pounds. Once over 40 pounds, they should use a booster. It is imperative that you also use your seat belt, as a baby left unharmed in an accident because he was safely buckled in will obviously need help of parents likewise unharmed to evacuate the car.

Auto accidents are the leading cause of death in people age 1-44. Your baby is not safe riding in your lap, no matter how strong you are. Even minor accidents and sudden stops can hurl your baby out of your arms with hundreds of pounds of force; and babies can be crushed between adults and the car.

Babies and children who always ride in the car seat become accustomed to it and are much better behaved in the car, less distracting to the driver, and, therefore, less likely to cause accidents. We strongly urge that you have a car seat installed correctly in your car before you leave the hospital. Your local police can help you make sure that the car seat is properly installed. Car seats can be expensive. Sometimes your insurance company or local organizations or hospitals offer more economical options, like renting or deductions.



SANDEEP ANAND, MD  
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KATHARINE YODER, MD

## PEDIATRICS

**4044 Route 130, Suite 240 | Irwin, PA 15642-7830**  
**Phone (724) 744-7337 | Fax (724) 744-7618**

### Office Hours:

Monday: 8:00 AM - 5:00 PM  
Tuesday: 8:00 AM - 5:00 PM  
Wednesday: 8:00 AM - 5:00 PM  
Thursday: 8:00 AM - 7:00 PM  
Friday: 8:00 AM - 5:00 PM  
Saturday: 8:00 AM - 12:00 PM

### Phone Hours:

Monday: 8:00 AM - 5:00 PM  
Tuesday: 8:00 AM - 5:00 PM  
Wednesday: 8:00 AM - 5:00 PM  
Thursday: 8:00 AM - 5:30 PM  
Friday: 8:00 AM - 5:00 PM  
Saturday: 8:00 AM - 11:00 AM

**310 Rodi Road Suite 140 | Pittsburgh, PA 15235-3332**  
**Phone (412) 371-6414 | Fax (412) 371-9739**

### Office Hours:

Monday: 8:00 AM - 5:00 PM  
Tuesday: 8:00 AM - 7:00 PM  
Wednesday: 8:00 AM - 7:00 PM  
Thursday: 8:00 AM - 5:00 PM  
Friday: 8:00 AM - 5:00 PM  
Saturday: 8:00 AM - 3:00 PM

### Phone Hours:

Monday: 8:00 AM - 5:00 PM  
Tuesday: 8:00 AM - 6:30 PM  
Wednesday: 8:00 AM - 6:30 PM  
Thursday: 8:00 AM - 5:00 PM  
Friday: 8:00 AM - 5:00 PM  
Saturday: 8:00 AM - 2:30 PM

*Building Better Care...*  
begins with you!



## Premier Medical Associates Specialties

With access to over 100 dedicated providers, Premier Medical Associates is the largest multi-specialty physician practice in the Greater Pittsburgh region.

Allergy & Immunology  
Behavioral Health  
Cardiology  
Dermatology  
Ear Nose & Throat  
Endocrinology  
Family Medicine  
Foot & Ankle Surgery  
Gastroenterology  
General & Breast Surgery  
Hospitalists  
Infectious Disease  
Internal Medicine  
Neurology  
Ophthalmology  
Optometry  
Pain Management  
Pediatrics  
Podiatry  
Pulmonology  
Radiology  
Rheumatology  
Sleep Medicine

