



## **NEWBORN BOOKLET: UNDERSTANDING YOUR NEWBORN**

**Welcome to Novi Internal Medicine & Pediatrics!  
Dr. Daniel Rosenberg, Dr. Derek Einhorn & Dr. Carrie Leff**

We look forward to the opportunity to take care of your family during this special time in your life.

### **BEFORE BIRTH:**

We offer a new parent orientation to meet the pediatricians and answer any questions that you have before the baby is born. Please call to schedule an appointment at any time during your pregnancy. We would like to meet with both parents whenever possible.

### **WHEN THE BABY IS BORN:**

Most mothers stay in the hospital for 2 days after a vaginal birth, and 3 days after a C-Section. We DO NOT round on newborns in the hospital. A hospital pediatric physician will see your newborn while you are inpatient.

We DO recommend that your baby get the hepatitis B vaccination while in the hospital.

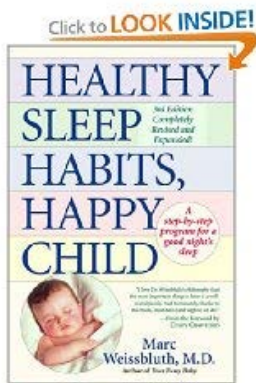
### **ROUTINE NEWBORN CARE:**

**Please call the office to schedule your NEWBORN VISIT as soon as possible after the baby is born. We recommend ALL BABIES BE SEEN 24-48 hours after discharge. Please bring any discharge papers that the hospital provides to your first doctor visit.**

### **SCHEDULED VISITS: (guideline)**

2 days	6 months	18 months
2 weeks-1 month	9 months	2 years
2 months	12 months	2 ½ years (30 months)
4 months	15 months	3 yrs and then yearly....

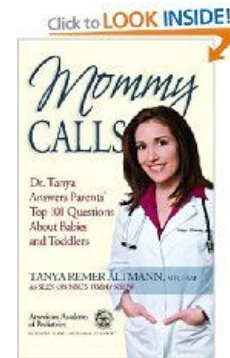
### **RECOMMENDED READINGS/REFERENCES FOR NEW PARENTS:**



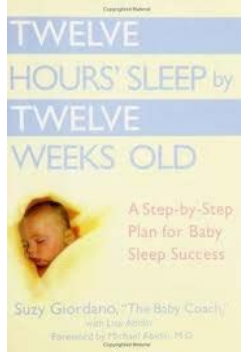
**HEALTHY SLEEP HABITS,  
HAPPY BABY**  
Author: Marc Weissbluth MD



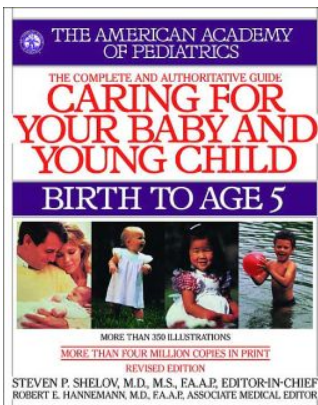
**WHAT TO EXPECT IN THE  
FIRST YEAR**



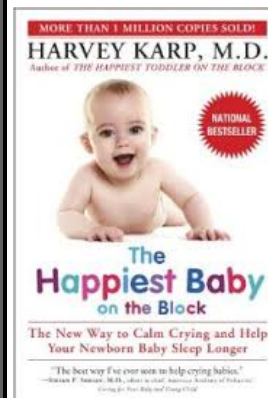
**MOMMY CALLS**  
Author: Tanya Remer  
Altmann MD



**12 Hours Sleep by 12 weeks old**  
Author: Suzy Giordano



**CARING FOR YOUR BABY &  
YOUNG CHILD**  
American Academy of  
Pediatrics



**HAPPIEST BABY ON THE  
BLOCK**  
Author: Harvey Karp MD

**INTRODUCTION:**

The birth of a child is an extremely exciting time for you and your family. Given the excitement of your child's birth, coupled with the newness of the parenting role, it is normal for you to have questions and concerns. This booklet will serve as an introduction to routine newborn infant care. Please use this booklet as a reference; it is not a substitute for

your own parental intuitions or professional medical recommendations. No one should rely on the information listed here to replace consultations and visits with a personal physician or other qualified healthcare professional regarding individual health needs.

### **CONGRATULATIONS ON THE BIRTH OF YOUR BABY!**

Arriving at home with your baby for the first time is both exciting and overwhelming. Give yourself ample time to adjust to your new situation. Ask for help from friends and family members when needed. Though it is often hard to get rest with a newborn, catch up on sleep whenever possible and make sure you are eating well. You need to take care of yourself so that you can take care of your newborn! Mothers often feel a roller coaster of emotions after having a baby and may occasionally feel overwhelmed with their new situation. This is very normal. Continuing to rely on your support system will be helpful to get you through this time. **Don't be afraid to reach out** to us if you are having trouble coping, we are to help **you & your baby**.

### **ABOUT "GERMS":**

Newborns are more susceptible to catching illnesses than older children, and illness can be much more serious for newborns. Insist that *every* person who holds or interacts with your newborn washes his hands before touching your infant. Hand sanitizers or soap and water may also be used. Do not expose your newborn to individuals who are ill. **We also encourage all new parents and caregivers to be sure that they are up to date with their immunizations, including Tdap (tetanus and pertussis) and flu shot (yearly). Please talk to your doctor about this BEFORE your child is born.**

### **Getting to know your baby**

Your newborn is the newest member of your family. Remember she is an individual, like any other member of your household. Your baby senses the emotions and distresses of the household, just like all family members, and it is important to understand that these stresses may impact your child's routine. Try to relax and enjoy your newborn and caring for him will be easier and more enjoyable. Because your infant is an individual, he will have his own traits, characteristics, and differences. There are wide variations of normal growth and development, as well as feeding. Regardless of the advice friends and family members may give you about newborn care, there are many variations of what is considered normal for growth and development, eating and sleeping. It is helpful to reference books or take advice from family and friends, but your pediatrician can help you understand what is normal and best for your child.

### **BABIES ARE BABIES:**

All babies sneeze, yawn, belch, hiccough, cry, cough and pass gas – and occasionally, they may look cross-eyed. Sneezing is the only way babies can clear dried milk, mucus, and lint from their noses. It is not a sign of an allergy or a cold. Hiccoughs are little spasms of the diaphragm muscle and sometimes can be stopped by offering your baby breast milk or formula. Many babies spit-up milk after a feeding, and it will often come out of the nose and mouth. This is not acid reflux, and is very common. Should you notice any green-colored vomit or blood in the spit-up, contact your child's physician immediately. Also, if your infant's spit-up is very forceful and causes him distress, contact your child's physician.

**GAS:** More than half of all newborns suffer from infant gas within the first 2 months of life. Gas bubbles can cause discomfort, crankiness and crying. Many babies suffering from infant gas pull their legs up and lie in a curled position in an effort to relieve discomfort. You can help reduce gas pains by actively burping your infant during feedings. Holding your infant upright after feeding may help ease gas discomforts.

**TEETHING:** Teething does not typically occur until babies are 4-6 months old. The first tooth will emerge during these months, usually the front bottom tooth. Teething can cause many symptoms, including fussiness, runny nose, low-grade fever & diarrhea. Often the symptoms are difficult to distinguish from a cold.

**CRYING:** Crying is how babies communicate. It is a baby's way of saying, "I'm hungry. I'm thirsty. I'm wet. I'm too hot or too cold. I have a tummyache. I'm bored." All babies will likely cry for a time period each day. Crying does not cause your baby any harm. Nearly all infants have a "fussy period" of time each day. Your infant may start a daily routine of having a "fussy period" in the first or second week of life. Fussy periods most commonly occur in the late afternoon or evening hours, the so-called "witching hours". This can be a trying and frustrating time for parents. Try to comfort your infant during his fussy period. Most infants have a peak in crying time, or fussy periods, by six week of age. After this, his fussy periods will gradually diminish. Never shake, toss, or throw your baby. If you have concerns because your infant is crying excessively, please contact your child's physician. Make an appointment to visit his pediatrician to make certain your infant is healthy.

### **Infant feeding**

Feeding is one of your baby's first pleasant experiences. It is a time where bonding between parents and their baby occurs. When feeding your baby, both of you should be comfortable. Choose a chair that offers good support. Your baby should be warm and dry. Hold your baby in your lap with her head slightly raised and resting in the bend of your elbow. Whether breastfeeding or bottle feeding, hold your baby comfortably close to you.

**Breast Feeding:** Breastfeeding benefits mother and child both physically and psychologically and is the preferred method of feeding when possible. While nutrients and antibodies pass to the baby, beneficial hormones are released into the mother's body. The bond between baby and mother can also be strengthened during breastfeeding. Despite being a natural human activity, **breastfeeding difficulties are common**. Many breastfeeding difficulties can be resolved by consulting with lactation consultants, doctors, and hospital staff members. Breastfeeding can be most challenging in the first few weeks. At the start of breastfeeding, mothers may find it uncomfortable or slightly painful; however, with time and practice – the experience becomes more enjoyable. Try not to become discouraged with breastfeeding. It will take time and practice for you and your baby to establish a feeding rhythm. However, if you continue to have difficulty, contact your child's physician. We will be able to provide additional assistance and mentoring.

Breastfeeding should start during the first 24 hours of your child's life. In the hospital, your nurse will assist you and your baby, making certain he is latching properly to the breast. Within the first few hours after birth, infants are often able to breastfeed well because they are more awake and alert. During the first two to three days after giving birth, a mother's breasts secrete a special yellow-colored milk called colostrum. **Colostrum** is a form of milk that has high concentrations of nutrients and antibodies. This is very good for your infant as it helps strengthen his immune system. Colostrum is produced in small quantities. Generally, there is approximately one teaspoon of colostrum available for your baby at each feed. However, by the third or fourth day after giving birth, breast milk production will begin. At this time, it is common for nipples to leak milk and for the breasts to become uncomfortably full between feeds. We do not recommend getting into a habit of pumping and feeding as it is difficult to maintain. If possible, put your baby to the breast feed; this will lead to successful breast feeding that is sustainable for 6-12 months.

**Babies who are breastfed exclusively should receive supplemental vitamin D, 400 IU per day.** Vitamin D is available over the counter (i.e., Enfamil's D-vi-sol® Drops or any generic brand). You can administer the liquid vitamins directly into your baby's mouth, or you may add the liquid vitamins to a bottle of expressed breast milk.

*Storing breast milk:* Freshly expressed breast milk may be stored up to three days in the refrigerator (for full term babies). Breast milk may be frozen in the freezer and stored for six months. Do not freeze the breast milk in the freezer door – place the milk inside of the freezer. Once you remove the breast milk from the refrigerator or freezer you may not use it again.

### **Breast Feeding Moms and Diet:**

You should eat a balanced diet with plenty of fresh fruits and vegetables when you are breast-feeding. Eat three meals a day and **drink plenty of fluids**. Let your natural hunger be the gauge of how much you eat. Drink a glass of water with each feeding. It is important not to overly restrict fat in your diet as fat is a key source of calories for your baby. There is little research data to support the avoidance of certain foods to prevent fussiness and colic in infants. However, you might notice that after eating spicy or "gassy" foods, your baby cries or becomes fussy. If your baby gets symptoms every time you eat a certain type of food, you may wish to stop eating that particular item. Too much caffeine can cause problems such as poor sleeping, nervousness, irritability, and poor feeding. Because of this, you may wish to avoid drinks that have added caffeine.

**Formula Feeding:** There are a number of mothers with newborns who – for assorted reasons – are unable to successfully breastfeed, and some mothers choose not to breastfeed. For these infants, there are a number of iron fortified infant formulas available. It is important to feed your infant iron fortified formula to prevent the onset of anemia. In the first few days of life, your infant will take approximately ½ to 1½ ounces at each feed. Feed on demand, about every 2 hours. This amount will gradually increase over time. Remember, each baby is different and will require different amounts at each feeding time. We do not endorse a particular formula brand. Brand name formulas and generics are nearly identical, so pick one that works for you. You can change between formula brands if you like, understanding that the taste may be a bit different and there may be a slight change in your child's stool as a result. Prepare your baby's formula according to the instructions given on the can or the bottle.

Your newborn's diet should consist of breast milk or iron fortified formula only. Avoid giving him drinking water, cow or goat milk, juices, tea, or soda pop. Do not give your newborn infant cereal – either by spoon or in his bottles. Research shows that exposing infants to solid foods too early in life increases the likelihood for infants to develop allergies or intolerances to foods. Your child's pediatrician will speak to you at future visits about introducing solid foods to your baby's diet.

### **Feeding schedule: Be flexible**

Infants will typically feed every two to four hours – both during the day and night. Consider developing a feeding schedule; however, remember to be flexible. Your baby will let you know if he is hungry – and it's important to respond to his needs. Being flexible with your newborn's feeding schedule also applies to times when he is sleeping. Allow your baby to sleep, even if he sleeps past a "scheduled" feeding time. When he wakes on his own, your infant will tell you when he's hungry. Adjust your feeding schedule accordingly. As your infant grows, he will not need to be fed as often. Your child's pediatrician will speak to you at future visits about his feeding schedule and changes to anticipate.

### **Growth and weight**

The average newborn weighs approximately seven pounds; however, there is a wide range of normal birth weights. Within the first few days of life, infants will typically lose weight. It is common for infants to lose up to ten percent of their birth weights. They will begin to regain the weight by the time they are about ten days old. Many parents are concerned about weight issues and if their newborns are receiving enough nutrients. For these reasons, it is important for your infant to visit his pediatrician two to three days after leaving the hospital. At this visit, the physician will weigh your baby and talk about growth and weight. The physician will ask to see you and your infant again in two weeks – to ensure your baby continues to grow and gain weight. Aside from visiting your child's pediatrician at regular intervals, look for these indications that your baby is satisfied: they are content and comfortable after a feed, has six or more wet diapers per day and has bowel movements with most feeds.

**About the water:** We prefer you use tap water (which has fluoride) to mix with formula. If you drink the water from your tap, so can your baby, you do NOT have to boil or sterilize it first. If you are using tap water for formula preparation, we recommend you let the water run from the faucet for several minutes before using the water. This will decrease the amount of sediment in the tap water. Well-water should not be used. If you live in an area with well-water, use "nursery water" for formula preparation. If you feel that you want to use bottled water, just be sure it is labeled "nursery water" which has added fluoride. Water with fluoride promotes healthy tooth development.

Bottles should be rinsed well with soap and hot water before reusing. Do not warm-up bottles in the microwave. Heat bottles using a bottle warmer or by running the bottle under warm tap water. **Always test the temperature of the formula before feeding your infant.**

**Bottle recommendations:** There are MANY different bottles and nipples available to purchase. Bottles, in general, are a matter of personal preference, and one is not necessarily better than another. Start by buying 2-3 different types of bottles to see which kind you and your infant like best. Most bottles now are BPA free, which is preferable if you are purchasing new bottles. There are also many different nipples which differ in the rate of flow. The package should indicate at what age each level nipple should be used. Do not attempt to use a faster flow nipple to speed up feedings, this can cause milk to flow too quickly and can cause choking.

### **Burping your infant**

Whether you choose to breastfeed or formula feed with bottles, your infant will need to be burped. Most babies need to be burped during the feeds, and it is important to stop frequently during the feeds to burp your child. Initially, burp your infant after each ½ ounce. This is a good "starting point" to determine your child's burping needs.

### **Sleeping/Sleep positioning**

Research data has shown large reductions in the frequency of Sudden Infant Death Syndrome (SIDS) in populations of children whose parents place them on their back to sleep. We feel that back to sleep is the safest position for your baby.

#### **We also recommend these other practices that appear to reduce the frequency of SIDS:**

- Place your infant to sleep on a firm surface with nothing else in the bed (including bumpers, pillows & stuffed animals)
- Avoid smoking or other forms of 2<sup>nd</sup> hand smoke exposure.
- Avoid placing your infant on his side to sleep
- Consider offering a pacifier at nap or bedtime through the first year of life. This practice may be delayed in breastfed infants until one month of age to ensure breastfeeding is firmly established.
- A separate but nearby sleeping environment is recommended for the baby to facilitate more convenient breastfeeding and contact.
- Avoid sleeping with your infant in the same bed

### **Preventing Misshapen Heads**

The back to sleep recommendation has led to an increase in the incidence of misshapen heads in babies. To prevent this, the position of your baby's head should be varied. Infants who are placed frequently with their head in the same sleeping position during the first six months of life develop flattening of the side of the head that lies against the sleeping surface.

During wakeful periods we recommend that infants be given frequent opportunities to be placed on their stomachs and be encouraged to move their heads in all directions. This will stimulate appropriate development of head control and prevent flattening of the head. Contact your pediatrician if your infant consistently holds her head to one side. The following suggestions may also be helpful in avoiding a misshapen head:

- Rotate your child's position in the bed so that she will look in varied directions to see interesting things in the room.
- Place a mobile, out of the child's reach, above the crib to stimulate the infant to move the head to look at the mobile in the direction your child tends to avoid.
- Avoid allowing your child to sleep consistently in a car seat as this can lead to uniform head positioning and flattening of that side of the head.

## Appearance

**Birthmarks.** Your baby may have pink- or red-colored marks on the back of the neck, on the eyelids, or on the forehead. These marks fade with time.

**Dry skin.** It is normal for your baby to have dry, peeling skin in the first weeks of life. This condition does not make your infant uncomfortable. Avoid using lotions or ointments on your newborn; his skin will re- moisturize on its own accord. Often the first layer of skin which was exposed to the amniotic fluid will peel off in the first 1-2 weeks of life and you may see peeling skin in the creases of your newborn. This is NORMAL.

**Hair.** Some newborns have a fine, downy body hair called lanugo. It may be particularly noticeable on the back, shoulders, forehead, ears, & face of your baby. Lanugo disappears within a few weeks.

**Eyes.** Your baby's eyes may be swollen for the first few days after delivery. Within the first week of life, you may notice a clear or yellow-tinged discharge from the eyes. We recommend using a wet, warm washcloth to gently remove any discharge around the eyes. This discharge does not impact your infant's vision. Your baby may look cross-eyed at times, and this is expected to occur during the first four months of life. It is difficult to determine your baby's eye color at this age. It often takes six to nine months before the eye color is discernible.

**Hands & feet.** Hands and feet may be bluish in color and cool to the touch. This is normal for babies and is not a sign of poor circulation.

**Head.** The head will often have a cone-like appearance in the first days of life. Scrapes or bruising to the scalp is also common after vaginal delivery. With time, scrapes and bruising will heal. All newborns have a "soft spot" or fontanelle. Fontanelles are soft spots on a baby's head that, during birth, enable the bony plates of the skull to flex, allowing the child's head to pass through the birth canal. You do not need to worry about injuring your baby's brain by washing, brushing, or lightly touching this area of his head.

**Genitals.** A newborn's genitals are enlarged and reddened, with male infants having an unusually large scrotum. Newborn girls may have a clear, white-colored, or even bloody discharge from their vaginas. This is entirely normal and will disappear over time. The breasts may also be enlarged, in both male and female infants. This is caused by naturally occurring maternal hormones and is a temporary condition. The maternal hormones may cause your baby to discharge milk from his nipples; this is very normal. However, if your baby's nipples become tender and red, contact your child's doctor.

## Baby care

**Umbilical cord.** The umbilical cord of a newborn is bluish-white in color. After birth, the umbilical cord is normally cut, leaving a one- to two-inch umbilical stub. The umbilical stub will dry out, shrivel, darken, and spontaneously fall off within three weeks. There is **no need** to wash the umbilical cord with rubbing alcohol. Do not apply antibiotic ointment to the stub. Keep the area clean and dry. Contact your child's physician if the stub has a foul odor or if the area is red and swollen.

**Bathing.** Until your baby's umbilical cord falls off, it is a good idea to sponge bathe. As a general rule, babies should be washed every 2 days. Never look away from your infant at bath time; always pay attention to your infant. You may use a mild cleanser on your infant's skin. Pick a type that is specific for newborns.

## Bowel movements

The first bowel movements your baby will make are greenish-colored, black-colored, and sticky. This is called MECONIUM. Gradually, the stools become lighter as your baby begins to feed. Many babies grunt, strain, cry, and may blush in the face while moving bowels. This is not a sign of pain, but helps to increase the intra-abdominal pressure to expel the stool. Breastfed babies will typically have yellowish, seedy, and runny stools. Formula fed

babies will have pasty stools. Their bowel movements may vary in color from green to brown. If your baby's stools become hard and pellet-like, please contact your child's pediatrician. Do not use laxatives, suppositories, or enemas unless directed by your infant's physician.

### **Preventing diaper rash**

Preventing diaper rash is very important. After changing your newborn's diaper, apply generous amounts of ointment to cover his buttocks. Apply the ointment at every diaper change. Skipping an application could lead to the start of diaper rash. For prevention, we recommend using A+D® Original Ointment or Balmex Clear. Diaper rash can become irritating and uncomfortable for your newborn. Should a rash develop, treat it immediately using a zinc-oxide cream (Balmex, Aveeno Baby, etc.). It is a white, pasty cream that will help reduce the swelling and heal the diaper rash. Clean and dry your infant's bottom, and apply the cream liberally to cover his buttocks and the inflamed areas.

### **Special concerns**

#### *Preventing illness:*

Remember – your newborn is more susceptible to catching illnesses than older children, and even common illnesses can be much more serious for him. To prevent the spread of illnesses, good hand washing is still the best practice, and you should insist that others wash hands prior to holding, feeding, or playing with your infant. Take precautions to prevent illness, and strive to keep your newborn healthy avoiding contact with individuals who are ill.

Your newborn should not be exposed to any type of smoke, including all tobacco smokes. Exposure to secondhand smoke causes disease in children who do not smoke. According to the Centers for Disease Control and Prevention, a division of the Department of Health and Human Services, infants who are exposed to secondhand smoke are more likely to die Sudden Infant Death Syndrome (SIDS) compared with infants who are not exposed. In addition, children who are exposed to secondhand smoke are at increased risk for bronchitis, pneumonia, ear infections, severe asthma, respiratory symptoms, and slowed lung growth. You can reduce your baby's exposure to second hand smoke by smoking outside and covering your clothing while smoking. However, even with these precautions, babies can have problems from secondhand smoke, so quitting is best. Please consult your physician to help you quit so you can stay healthy for your baby!

#### *Illness:*

When taking your baby's temperature, measure his temperature in the armpit. Do not take his temperature rectally. At this age, ear thermometers may still be too large to acquire an accurate temperature. If your infant (<6 weeks old) has a fever above 100.4°F or 38°C, you should contact your child's physician. Sneezing is normal, and your baby may also experience nasal congestion. Use a cool mist humidifier in the baby's room and saline drops to relieve congestion. Over-the-counter cough and cold medications should not be administered to newborns. If you believe your infant has an illness or cold, contact your child's physician and schedule an appointment.

#### *Immunizations:*

Immunizations help to safeguard children from illnesses and death caused by infectious diseases. Vaccines protect children by helping prepare their bodies to fight often serious, and potentially, deadly diseases. We follow the recommendations issued by the CDC (Center for Disease Control) and the AAP (American Academy of Pediatrics). For up-to-date, relevant patient information about vaccines, please go to [www.immunize.org](http://www.immunize.org). We will provide you with information about the vaccines your child will receive at each well child visit.

*Flu Shots:* Flu shots are recommended for all children over 6 months of age. If a child is under 9 years and this is their first time receiving the vaccine, the recommendation is the child receives 2 shots, separated by one month for full immunity. If your child is under 6 months and cannot receive the vaccine we strongly encourage the parents to receive the vaccine. Flu shots are usually given beginning in early November.

*Development:* All babies require a loving, nurturing environment where they are stimulated by different colors, sounds, and experiences. A child's environment is critical to his development, even in the first few days of life. Most importantly, your newborn requires healthy interactions with his parents or primary caregivers. It is important that you talk to your newborn and include him in your activities. Begin reading books aloud to your newborn. He will enjoy hearing your voice and watching you turn the book pages. Children have improved language and reading skills if they are read to by caregivers.

### **ABOUT WELL VISITS:**

We are happy to work with you to help your child stay healthy. Part of this is ensuring normal growth and development of our young patients. We follow the health maintenance schedule that is recommended by the American Academy of Pediatrics (see front of packet). At these visits, we encourage you to ask routine questions about your child's health or address any concerns you may have. Please come prepared, feel free to bring a list of

questions so you will get all the answers you need before you leave the office. At each visit you will get a packet with your child's information from the visit and other relevant information for their age. Please make your next well child visit at check out so you can be sure you stay on the recommended schedule.

**ABOUT THE INTERNET:**

We are aware that medical information is some of the most sought after content on the web. We welcome educated patients and can appreciate any detailed questions that you may have based off information that you have read. To ensure your provider answers your questions appropriately, feel free to let them know about questions or concerns that you may have based on readings so these can be addressed specifically. There is plenty of good medical content on the web, but there is also content that can be misleading and confusing to parents. Please ask your doctor to clarify something that you have heard or read so that your questions and concerns can be addressed fully.

Here are a couple of reputable sites for information:

- [www.healthychildren.org](http://www.healthychildren.org)
  - [www.immunize.org](http://www.immunize.org)
  - [www.uptodate.com](http://www.uptodate.com)
  - [www.webmd.com](http://www.webmd.com)
- and, of course... [www.novidocs.com](http://www.novidocs.com)

Also consider “liking” us on facebook where we post information and articles that are chosen by our physicians for our patients.

**Patient Portal:**

We encourage our patients/parents to use our PATIENT PORTAL, which allows access to your portions of your chart online. Access can be obtained by getting a password through our front desk, and the link to the portal is on our website (novidocs.com). You are able to email your provider for **ROUTINE, NON URGENT** questions through the portal. You can also request prescriptions refills online.



**Novi Internal Medicine & Pediatrics**  
**Dr. Daniel Rosenberg, Dr. Derek Einhorn & Dr. Carrie Leff**

**Contacting the Office:**

ADDRESS: 39475 Lewis Drive Suite 130  
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MAIN NUMBER: (248) 374-0502  
FAX NUMBER: (248) 374-0567

During office hours: call the office to schedule an appointment or leave a message for the physician to return your call.

Our office hours are:

	<b>OPEN</b>	<b>CLOSE</b>
<b>MONDAY</b>	8:00 AM	7:00 PM
<b>TUESDAY</b>	7:30 AM	5:00 PM
<b>WEDNESDAY</b>	7:30 AM	6:30 PM
<b>THURSDAY</b>	8:30 AM	7:00 PM
<b>FRIDAY</b>	7:30 AM	5:00 PM



<b>SATURDAY</b>	8:00 AM	12:00 PM
<b>SUNDAY</b>	CLOSED	CLOSED

If your child is sick, we will make every effort to accommodate you with a same day appointment. Please schedule well child checks in advance.

**After office hours:**

When the office is closed, physicians will be available for **emergencies** by phone through our answering service. Please call the office and follow the appropriate prompts to page a physician.

If your child needs to be seen during off hours, contact the on call physician and we can direct you toward appropriate care.

If you have a routine question about your child, please write it down to be discussed at the next well visit, make an appointment or call and leave a message and a physician will call you back as soon as possible. You can also use our PATIENT PORTAL to send your doctor an electronic message. Please ask the front desk for details and see our website [www.novidocs.com](http://www.novidocs.com).

In the event of an emergency, please call 911 or proceed to the nearest emergency room for prompt attention.