



preparing FOR BABY



FREE RESOURCE GUIDE FOR PARENTS



OGDEN CLINIC
PEDIATRICS

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Welcome new baby!

MEET OUR PEDIATRIC PROVIDERS



Dr. John Allred
Pediatrician



Dr. Brad Clark
Pediatrician



Dr. Jason Church
Pediatrician



Dr. Matthew Naegle
Pediatrician



Dr. Jonathan Williams
Pediatrician



Thatcher Allred
Physician Assistant



Dustin Havey
Physician Assistant



Jeffrey Ryan
Physician Assistant



Zane Williams
Physician Assistant

To learn more or schedule a visit,
SCAN THE QR CODE →



Baby proof your Space



LIVING ROOM

- Secure large furniture to the walls with anti-tip kits
- Use outlet cover on all electrical outlets
- Place padded covers over sharp furniture corners such as coffee tables & fireplace edges
- Decide where you want gates. Stairs are an obvious choice, but also consider where you will be spending most of your time and where you want the baby to stay once mobile

KITCHEN

- Install safety latches on cabinets, drawers, and burners
- Keep breakable items out of reach
- Lock oven door
- Install carbon monoxide and fire detectors on every floor

LAUNDRY

- Keep detergent pods & liquids stored in a locked cabinet
- Unplug appliances when not in use

BATHROOM

- Ensure medications and cleaning supplies are stored out of reach
- Use non-slip bath mats & rug
- Invest in a toilet lid lock
- Never leave baby alone in tub

NURSERY

- Use a fitted sheet for crib
- Keep all pillows, stuffed animals, and blankets out of crib
- Install guards on windows
- Utilize a baby monitor

Dealing with Diaper Rash

The best treatment for diaper rash is to keep your baby's skin as clean and dry as possible.

Below is a list of ointments that are typically used for diaper rash.

Please read over these to understand the differences and which product is appropriate for your baby's condition.

BEST PRODUCTS

1

Zinc Oxide Cream and/or Ointment

(Desitin, A&D, Boudreux's, Butt Paste, etc).

These are mineral based products that work best for active rashes. They can also be used to protect skin from being irritated. Best to use when rash is present or if baby has very sensitive skin.

2

Polysporin

Use when baby's skin is raw or for any non-yeast rash that may benefit from antibiotic ointment.



4

Hydrocortisone Cream

Use this for stubborn non-yeast rashes up twice a day, for no longer than two weeks.

5

Clotrimazole

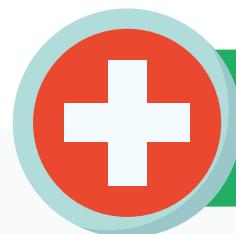
This is the only over-the-counter cream you should put on a yeast rash. Prescription creams are available.

Use creams or ointments with steroids only if your baby's doctors recommends them .

Diaper rashes usually require several days to improve, and the rash may come back repeatedly. If the rash persists despite prescription treatment, your doctor may recommend that your baby see a specialist in skin conditions (dermatologist).

Baby Medicine Cabinet

	USAGE 	WARNINGS 	DOSAGE 
Acetaminophen Tylenol® & Generic	Over-the-counter medication that is useful for lowering fever or offering pain relief.	Do not give to infants younger than 3 months old unless suggested by your pediatrician.	Every 4-6 hours as needed; do not exceed 5 times in a 24-hour period. <i>See pg. 14</i>
Ibuprofen Advil, Motrin	Over-the-counter medication for reducing fever and/or pain.	Do not give to infants younger than 6 months old unless suggested by your pediatrician.	May be given every 6-8 hours as needed; do not exceed 4 times in a 24-hour period. <i>See pg. 15</i>
Oral hydration Pedialyte & Generic	Contains electrolytes that replace lost minerals if your baby has been vomiting or has had diarrhea.	Call the doctor if you notice the following signs of dehydration: <ul style="list-style-type: none"> • No wet diapers for 4-6 hrs • The soft spot on the top of your baby's head feels sunken in • Mouth looks dry or chapped • Skin looks wrinkled/dry • Making fewer/no tears 	Give 5 ml of solution every 1-2 minutes. Additionally, offer the solution after every loose stool or episode of vomiting. If you are breastfeeding, continue to do so. Electrolyte solutions are also available in Popsicle form.
Simethicone Drops Mylicon, ColicComfort	Simethicone drops reduce intestinal gas and associated pain.		Follow product dosing instructions



MORE MEDICINE MUST-HAVES

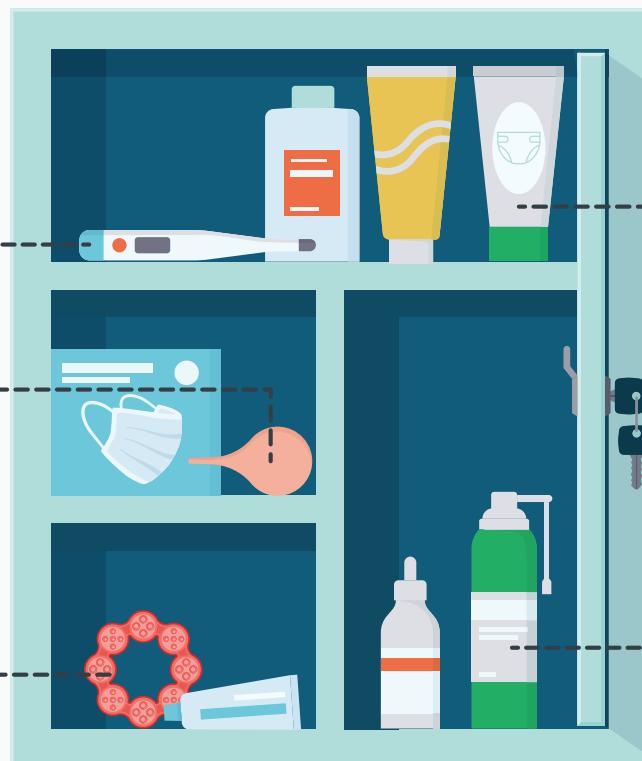
Thermometer

Bulb Syringe

Teething ring & gel

Diaper Rash Ointment

Saline Drops



AVOID THE FOLLOWING:

🚫 Decongestants (Sudafed)

🚫 Cough suppressants (Robitussin, Delsym) are not suitable for babies

🚫 Honey is not suitable for babies under 1 year

🚫 Aspirin should be avoided for all children under 18 years of age

Baby milestones



**2
MONTHS**

- Can briefly calm him/herself
- Begins to follow things with eyes
- Can hold head up when lying on tummy
- Tries to look at parent and pays attention to faces
- Coos or makes gurgling sounds
- Turns head toward sounds
- Makes smoother movements with arms and leg
- May act bored (cries, fussy) if activity doesn't change or stops

**Talk to your Doctor if
your baby....**

- Doesn't respond to loud sounds
- Doesn't watch things as they move
- Doesn't smile at people
- Doesn't bring hands to mouth
- Can't hold head up when pushing up when on tummy

- Baby smiles spontaneously
- Likes to play with people and might cry when playing stops
- Copies some movements and facial expressions
- Babbles with expression & copies sounds
- Cries in different ways to show hunger, pain, etc
- Lets you know if he/she is happy or sad
- When lying on stomach, pushes up to elbows
- Responds to affection
- Uses hands and eyes together
- Follows moving things with eyes from side to side
- Watches faces closely
- Recognizes familiar people
- Holds head steady, unsupported
- Pushes down on legs when feet are on a hard surface
- May be able to roll over from tummy to back
- Can hold a toy and shake it
- Brings hands to mouth



**4
MONTHS**

**Talk to your Doctor if
your baby....**

- Doesn't watch things as they move
- Doesn't smile at people
- Can't hold head steady
- Doesn't coo or make sounds
- Doesn't bring things to mouth
- Doesn't push down with legs when feet are placed on a hard surface
- Has trouble moving one or both eyes in all directions



**6
MONTHS**

WHAT TO LOOK FORWARD TO...

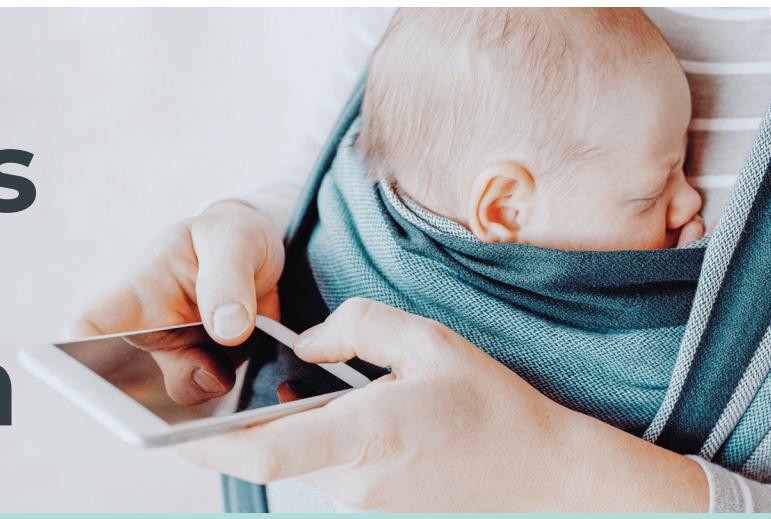
- Your baby knows familiar faces and begins to know if someone is a stranger
- Begins to pass things from one hand to the other
- When standing, supports weight on legs or may bounce
- Responds to other people's emotions
- Likes taking turns with parent making sounds
- Shows curiosity; tries to reach for things
- Makes sounds to show joy and displeasure
- Likes to play with others, especially parents
- Begins to say consonant sound
- Rolls over in both directions
- Responds to own name
- Looks around at things nearby
- Brings things to mouth
- Begins to sit without support
- Rocks back and forth
- Responds to sounds by making sounds
- Strings vowels together when babbling
- Likes to look at self in a mirror

Talk to your Doctor if your baby....



- Doesn't try to reach for things
- Shows no affection for caregivers
- Doesn't respond to sounds
- Has difficulty getting things to mouth
- Doesn't make vowel sounds
- Doesn't roll over
- Doesn't laugh or make squealing sounds
- Seems very stiff with tight muscles
- Seems very floppy like a rag doll

APP Trackers for the Digital Mom

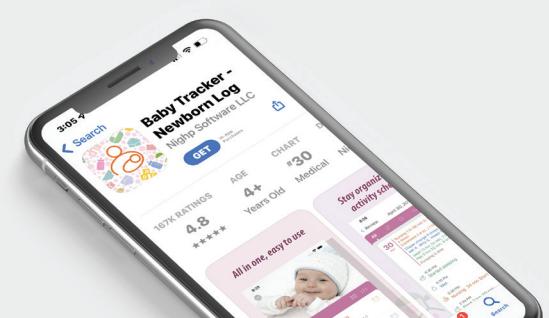


We've included tracking sheets that are helpful for monitoring baby's diapering schedule, bowel habits, and feeding schedule, but there are many apps out there that can monitor these and more from your phone (even sending reminders!)

TOP-RATED APPS FOR NEW PARENTS:

BABY TRACKER NEWBORN LOG

(*FREE)



Track feedings, nursing, diaper changes, sleep schedule, and growth records.

*\$4.99 for added features

GLOW BABY GROWTH TRACKER

(\$47.99/year)



Tracking, push notifications for feeding, diapers, sleep schedule, etc.

- Access to a close-knit community of other mothers using the app
- Personalized summaries of child's data and growth charts in printable PDFs

BABY CONNECT (FREE)



Track feedings, nursing, pumping, diaper changes, milestones, and baby's mood.

CDC'S MILESTONES TRACKER (FREE)



Track your child's milestones from age 2 months to 5 years; get tips from CDC to support your child's development.

Diaper Bag Checklist



Sleep Schedules and Regressions ✨

SLEEP SCHEDULES

Sometimes getting baby to sleep through the night can come from establishing a solid daytime routine.

The **EASY routine** is great for this because it is predictable and easy to remember. Simply adjust the timing of the routine based on your baby's cycle.

3-HOUR SAMPLE SCHEDULE:

- 7:00 am - Eat
- 7:45 am - Activity
- 9:15 am - Sleep
- 9:20 am - You time
- 10:00 am - Repeat

SLEEP REGRESSIONS

Every child goes through typical sleep regressions. These can be frustrating because, often, they come right when we think we've finally got it down. Because of the timing of regressions, it's easy to blame teething, but it's more often due to other developmental factors (such as motor skills or nap transitions).

While sleep regressions will be different for different children, it's common for regressions to occur at:

• 4 MONTHS	• 18 MONTHS
• 8-9 MONTHS	• 24 MONTHS
• 12 MONTHS	



EASY ROUTINE

E

EAT

A

ACTIVITY
(1-2 HRS)

S

SLEEP
(1-2 HRS)

Y

YOU TIME
(While baby sleeps)

Feeding Basics



One of the greatest challenges of breastfeeding is not knowing exactly how much your baby is consuming at once. Some moms desperately want answers, so they'll use sensitive scales to measure baby's weight before and after feeds. Unless you're ready for that splurge (and most people aren't), there are **three main ways** to tell if baby is getting enough milk:

1 DISPOSITION:

If baby is happy after a feeding, baby is likely well fed. If baby is fidgety and fussy, it's possible she/he didn't get enough milk.

2 DIAPER COUNT

By the end of week one, a newborn should have six to twelve wet diapers per 24-hour period. Urine should be pale yellow.

3 WEIGHT GAIN

Baby will likely lose a little weight after leaving the hospital; this is normal. But beginning at about 2 weeks old, baby should gradually increase in weight each week. Ask us how much weight your baby should gain each week, as it varies with babies and circumstances.



BREASTFED SCHEDULE

- 1-3 months: 7-9 times/day
- 3 months: 6-8 times/day
- 6 months: 6 times/day
- 12 months: May drop to about 4 times a day.



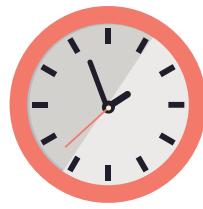
BOTTLE FED SCHEDULE

- Newborn: every 2-3 hrs
- 2 months: every 3-4 hrs
- 4-6 months: every 4-5 hrs
- 6+ months: every 4-5 hrs



The introduction of solids at about 6 months helps to fuel your baby's additional nutritional needs.

Baby Daily Log



SU M TU W TH F SA

DATE: _____

FEEDING

Time	Milk Type		
	Bottle oz.	Breast side started	Pump
	oz.	<input type="checkbox"/> L <input type="checkbox"/> R	
	oz.	<input type="checkbox"/> L <input type="checkbox"/> R	
	oz.	<input type="checkbox"/> L <input type="checkbox"/> R	
	oz.	<input type="checkbox"/> L <input type="checkbox"/> R	
	oz.	<input type="checkbox"/> L <input type="checkbox"/> R	
	oz.	<input type="checkbox"/> L <input type="checkbox"/> R	
	oz.	<input type="checkbox"/> L <input type="checkbox"/> R	
	oz.	<input type="checkbox"/> L <input type="checkbox"/> R	
	oz.	<input type="checkbox"/> L <input type="checkbox"/> R	
	oz.	<input type="checkbox"/> L <input type="checkbox"/> R	
	oz.	<input type="checkbox"/> L <input type="checkbox"/> R	

DIAPERS

Time	Description		
	<input type="checkbox"/> Wet	<input type="checkbox"/> BM	<input type="checkbox"/> Diarrhea
	<input type="checkbox"/> Wet	<input type="checkbox"/> BM	<input type="checkbox"/> Diarrhea
	<input type="checkbox"/> Wet	<input type="checkbox"/> BM	<input type="checkbox"/> Diarrhea
	<input type="checkbox"/> Wet	<input type="checkbox"/> BM	<input type="checkbox"/> Diarrhea
	<input type="checkbox"/> Wet	<input type="checkbox"/> BM	<input type="checkbox"/> Diarrhea
	<input type="checkbox"/> Wet	<input type="checkbox"/> BM	<input type="checkbox"/> Diarrhea
	<input type="checkbox"/> Wet	<input type="checkbox"/> BM	<input type="checkbox"/> Diarrhea
	<input type="checkbox"/> Wet	<input type="checkbox"/> BM	<input type="checkbox"/> Diarrhea
	<input type="checkbox"/> Wet	<input type="checkbox"/> BM	<input type="checkbox"/> Diarrhea
	<input type="checkbox"/> Wet	<input type="checkbox"/> BM	<input type="checkbox"/> Diarrhea
	<input type="checkbox"/> Wet	<input type="checkbox"/> BM	<input type="checkbox"/> Diarrhea
	<input type="checkbox"/> Wet	<input type="checkbox"/> BM	<input type="checkbox"/> Diarrhea
	<input type="checkbox"/> Wet	<input type="checkbox"/> BM	<input type="checkbox"/> Diarrhea

SLEEP/NAP

Time	Hours Slept

TODAY'S MOOD



NOTES

First Foods

• • • • •

Tracker

Date	Food	Baby's Rating (Circle one)	Notes/Allergic Reactions
		  	
		  	
		  	
		  	
		  	
		  	
		  	
		  	
		  	
		  	
		  	
		  	
		  	
		  	

Tylenol Dosing

Infants & Children Acetaminophen

(TYLENOL® & generic Acetaminophen)

mg = milligram
mL = milliliter
tsp = teaspoon

DOSE: Every 4 hours as needed.
DO NOT GIVE MORE THAN 5 DOSES IN 24 HOURS.

WEIGHT	Infants	Children
6-11 lbs	1.25 mL ($\frac{1}{4}$ tsp)	1.25 mL ($\frac{1}{4}$ tsp)
12-17 lbs	2.5 mL ($\frac{1}{2}$ tsp)	2.5 mL ($\frac{1}{2}$ tsp)
18-23 lbs	3.75 mL ($\frac{3}{4}$ tsp)	3.75 mL ($\frac{3}{4}$ tsp)
24-35 lbs	5 mL (1 tsp)	5 mL (1 tsp)
36-47 lbs	—	7.5 mL ($1\frac{1}{2}$ tsp)
48-59 lbs	—	10 mL (2 tsp)
60-71 lbs	—	12.5 mL ($2\frac{1}{2}$ tsp)
72-95 lbs	—	15 mL (3 tsp)

IMPORTANT INSTRUCTIONS FOR PROPER USE

- Infants 0-3 months with fever of 100.4 or higher should see a doctor before treating with Ibuprofen or TYLENOL® due to risk of serious bacterial illness in this age group.
- Read and follow the label on all products.
- Take every 4 hours as needed. Do NOT exceed more than 5 doses in 24 hours.
- Do NOT use with any other product containing acetaminophen.
- Use only the dosing device that comes with the specific product.
- All Infants' TYLENOL® and Children's TYLENOL® Oral Suspension products have the same acetaminophen concentration (160 mg/5 mL).

Ibuprofen Dosing

Infants & Children IBUPROFEN

(Advil®, Motrin®, generic Ibuprofen)

DOSE: Every 6-8 hours as needed. DO NOT GIVE MORE THAN 4 DOSES IN 24 HOURS.		
	Infants	Children
mg = milligram mL = milliliter tsp = teaspoon	Ibuprofen 50 mg (NSAID)* (liquid) (50 mg/1.25 mL) <small>*Nonsteroidal anti-inflammatory drug Use only as directed.</small>	Ibuprofen 100 mg (NSAID)* (liquid) (100 mg/5 mL) <small>*Non-steroidal anti-inflammatory drug Use only as directed.</small>
WEIGHT	DO NOT USE ON INFANTS UNDER 6 MONTHS	
6-11 lbs		
12-17 lbs	1.25 mL ($\frac{1}{4}$ tsp)	2.5 mL ($\frac{1}{2}$ tsp)
18-23 lbs	1.85 mL	3.75 mL ($\frac{3}{4}$ tsp)
24-35 lbs	—	5 mL (1 tsp)
36-47 lbs	—	7.5 mL ($1\frac{1}{2}$ tsp)
48-59 lbs	—	10 mL (2 tsp)
60-71 lbs	—	12.5 mL ($2\frac{1}{2}$ tsp)
72-95 lbs	—	15 mL (3 tsp)

IMPORTANT INSTRUCTIONS FOR PROPER USE

- Infants 0-3 months with fever of 100.4 or higher should see a doctor before treating with Ibuprofen or TYLENOL® due to risk of serious bacterial illness in this age group.
- Read and follow the label on all products.
- Take every 6-8 hours as needed. Do NOT exceed more than 4 doses in 24 hours.
- Do NOT administer longer than 10 days, unless directed by a doctor.
- Ask a doctor or pharmacist before use if the child is taking any other drug containing an NSAID* (prescription or non-prescription). MOTRIN® contains ibuprofen.
- Use only the dosing device that comes with the specific product.

*Non-steroidal anti-inflammatory drug

Keep all medicines out of reach of children.

Allergy Chart

Dosing Information

DOSE: Every 4-6 hours as needed. DO NOT GIVE MORE THAN 4 DOSES IN 24 HOURS.			
Age/Weight	Benadryl Allergy Liquid (12.5mg/15ml) Cherry Flavor	Benadryl 1 Dye-Free Allergy Liquid (12.5mg/15ml) Bubble Gum	Benadryl Allergy Chewable (12.5mg/tab) Grape Flavor
Under 3 months*	Consult your physician		
4-11 mos.* 12-17 lbs.	1/4 tsp	1/4 tsp	n/a
12-23 mos. 18-23 lbs.	1/2 tsp	1/2 tsp	1/2 tab
2-3 yrs. 24-35 lbs.	3/4 tsp	3/4 tsp	3/4 tab
4-5 yrs. 36-47 lbs.	1 tsp	1 tsp	1 tab
6-8 yrs. 48-59 lbs.	1 1/4 tsp	1 1/4 tsp	1 1/4 tab
9-10 yrs. 60-71 lbs.	1 1/2 tsp	1 1/2 tsp	1 1/2 tab
11 yrs. 71-95 lbs.	1 3/4 tsp	1 3/4 tsp	1 3/4 tab
12 + yrs. 96 + lbs.	2 tsp	2 tsp	2 tabs

Emergency List

Emergency Contacts

Fire, Police, Ambulance **911**

Poison Control Center **1.800.222.1222**

Medical & Care

Family Doctor

Name: #: _____

Address: _____

Dentist

Name: #: _____

Address: _____

Pharmacy

Name: #: _____

Address: _____

Ogden Clinic | Urgent Care Locations

Davis Family Physicians

3225 W Gordon Ave
Layton
801-397-6150

Canyon View
698 12th St
Ogden
801-475-3700

Cope Family Medicine
185 S 400
Bountiful
801-298-4112

Grand View
3485 W 5200 S
Roy
801-475-3900

Farmington

991 W Shepard Lane
Farmington
801-397-6080

Mountain View
1100 W 2700 N
Pleasant View
801-475-3600

Layton Medical
2950 Church St
Layton
801-771-7700

Professional Center North
4650 Harrison Blvd
Ogden
801-475-3010

S. Ogden Family Medicine

5740 Crestwood Dr
S Ogden
801-479-7771

Skyline
6112 S 1500 E
S. Ogden
801-475-3800

West Point
145 S 3000 W, West Point
801-475-3800



Babysitter Info

PARENT CONTACT	ITINERARY	HOME INFO
Name: Ph#:	Location:	Address:
Name: Ph#:	Will Return:	Wifi Password:

SPECIAL INSTRUCTIONS

EATING:

SLEEPING:

DIAPER:

FAVORITE TOY/ACTIVITY

EMERGENCY INFO



DOCTOR

Ph#:

Address:



HOSPITAL

Ph#:

Address:



POISON CONTROL

Ph#:



POLICE

Ph#:



FIRE

Ph#:

ALLERGY/MEDICATIONS