

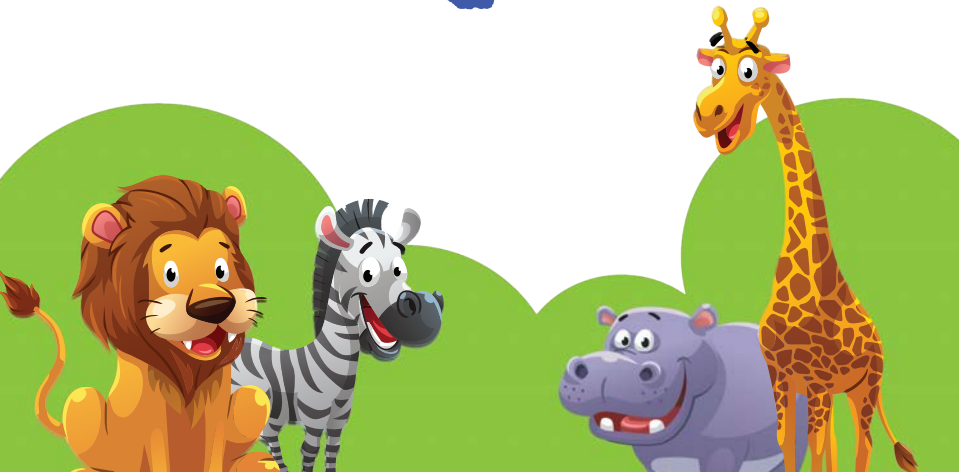
A Practice Dedicated To Kids



**Celebration
Pediatrics**



**Newborn
Guide**



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Celebration Pediatrics



CONGRATULATIONS!

Congratulations! After several long months of waiting, your baby has arrived. We are happy that you have chosen Celebration Pediatrics to provide your child's pediatric care. We eagerly await the opportunity to provide exceptional care for your child.

Please take a few moments to read through this booklet on caring for your new baby. It contains suggestions for baby care, answers to commonly asked questions by new parents, and information about our practice.

Did You Know!?

In the United States,
more babies are born on
Wednesday than any
other day of the week.
Sunday is the
slowest day.



TABLE of CONTENTS

Meet Our Doctors.....	4
Benefits of Breast Feeding.....	5
Breast Feeding	
Bottle Feeding	
Circumcision	8
Jaundice	9
Things to Avoid	10
Baby Sounds	12
Safety Tips.....	13
Child Proofing.....	14
Postpartum	15
Call your Physician	16
Schedule an Office Visit.....	17
Fever	
Tummy Problems	
Common Skin Rashes	
Child Dosing Chart.....	21
Vaccinations.....	22
Immunization Schedule	
Questions for My Doctor	28





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Get to know the doctors and friendly staff at Celebration Pediatrics with a free Meet & Greet for new families!

The American Academy of Pediatrics, World Health Organization, and Institute of Medicine all recommend exclusively breastfeeding for the first 6 months of life. It is also recommended to continue breast feeding for 1 year or longer if possible. Breastfeeding provides babies the perfect nutrition and everything they need for healthy growth and brain development. *Breastfeeding exclusively for the first 6 months of life can reduce by nearly 50% your child's risk of:*

- ear infections
- obesity
- SIDS
- eczema
- asthma

The benefits are not just for babies. Moms who breastfeed exclusively for at least 6 months have a lower risk of developing post-partum depression, breast and ovarian cancer, and type 2 diabetes. Another amazing benefit is the money you will save. Parents can save on average about \$1,800 in the first year by breastfeeding instead of paying for formula.

Tips for successful breastfeeding:

- Be prepared: Breastfeeding can be difficult at first, so know what to expect
- Start with skin to skin contact as soon as possible after birth
- Initiate breastfeeding one hour (or as soon as you can) after birth
- Practice rooming in: Allow your baby to stay with you 24 hours a day while in the hospital
- Breastfeed on demand
- Do not give your baby any artificial nipples or pacifiers
- Ask for help when needed

For additional information and/or to schedule your appointment with our Certified Lactation Counselor give us a call at 407-566-9700



BREAST FEEDING

Breast feeding is the most natural way of feeding a baby, and breast milk is the ideal baby food. As you feed your baby, you will develop a warm, intimate relationship with your baby. Breastfeeding provides all the nutrients the baby needs for growth over the first four to six months of life and provides antibodies to help prevent infections. Breastfeeding also helps contract your uterus to its pre-pregnancy size.

Colostrum

Breastfeeding should be initiated as soon as possible after birth. At first, the baby will be getting colostrum, a perfect starter food. Colostrum is a yellow, creamy substance. It is very nutritious and is a natural laxative for the baby that helps clear meconium from the intestine and decreases the chances of jaundice. Colostrum also provides unmatched immunity against viruses and bacteria.

Breast Milk

Breast milk “comes in” or “lets down” between the second and third day after giving birth. Your milk may not come in until the third to fifth day if you’ve had a Cesarean section. Just before your milk comes in, you may feel slightly uncomfortable or engorged. Breast milk is bluish to white in color, sweet tasting and provides all of your baby’s nutritional needs for the first several months of life.

FORMULA FEEDING

The American Academy of Pediatrics recommends only human milk or formula for babies until 12 months of age. All available commercial formulas are tested and approved by the FDA for nutritional content. Formula will provide your baby with all the nutrients they need for the first 6-12 months. Always mix the formula exactly as the label directs and never add extra water, concentrate, or powder. Any water safe to drink can be used to mix the formula. Boiling or sterilizing water is not required. Make only the amount that your baby will take at a feeding so you will not waste formula. Store any opened concentrated formula in the refrigerator but discard after 24-36 hours.

Hold your baby close during feeding so that he or she can enjoy the feel, sounds, and smell of your body. While feeding, tilt the bottle so that the nipple is always filled. This prevents your baby from swallowing excess air. The milk should drip slowly out of the nipple.

The amount your baby takes will vary. Your baby is probably getting enough calories if he or she is satisfied eating every two to four hours and has at least six wet diapers a day. Do not push your child to finish the bottle if he or she is clearly full. Most babies feed about 15-20 minutes. Bottle-fed baby stools will vary from brown and curdy, to brown with form and a water ring, to brown and loose. Sometimes, babies on soy formulas will have solid stools. This does not mean your baby is constipated.





CIRCUMCISION

At birth, boys have skin that covers the end of the penis. This is called the foreskin. Circumcision surgically removes the foreskin, exposing the tip of the penis. Circumcision is usually performed by a doctor in the first few days of life. An infant must be stable and healthy to safely be circumcised. Because circumcision may be more risky if done later in life, parents should decide before or soon after their son is born if they want it done. Parents have until 1 month of age or 10 pounds, whichever comes first, to have their child circumcised in the office with local anesthesia. Be aware that not all insurance companies consider circumcision “medically necessary”, and may require you to pay out of pocket.

Is Circumcision Painful?

Yes, but there are pain medicines that are safe and effective. The American Academy of Pediatrics recommends that these medications be used to reduce pain from circumcision.

What Should I Expect For My Son After Circumcision?

After the circumcision, the tip of the penis may seem raw or yellowish. If there is a bandage, it should be changed with each diapering to reduce the risk of infection. Use petroleum jelly to keep the bandage from sticking. Sometimes a plastic ring is used instead of a bandage. This should drop off within 5 to 8 days. The penis should be fully healed in about 1 week to 10 days after circumcision.

Problems after a circumcision are very rare. Call your pediatrician right away if:

- Your baby does not urinate normally within 6 to 8 hours after the circumcision.
- The bleeding doesn't stop.
- The redness around the tip of the penis gets worse after 3 to 5 days.
- Yellow discharge lasts longer than a week. It is normal to have a little yellow discharge or coating around the head of the penis in the first week.
- The plastic ring is still on after 10 days.

JAUNDICE

Jaundice is a common condition in the first week of life and occurs in up to 50% of babies. It is generally not a dangerous condition. After birth, your baby begins breaking down excess red blood cells into a pigment called bilirubin (billy-ru-ben). Due to the immaturity of a baby's liver or excess breakdown of red blood cells, bilirubin may be absorbed into the skin and eyes which can create a yellow discoloration.

Jaundice may be the result of a variety of factors. Sometimes, a mother may produce an antigen that causes the baby's red blood cells to break down excessively. Other less common causes are infection, breast milk jaundice and liver disease. Jaundice often fades within four to five days.

Problems with jaundice can be predicted. When the PKU test is drawn, a bilirubin level is done. This level is plotted on a special graph. Your health care provider will determine from this graph if your baby is at risk of developing jaundice and may order additional testing.

Jaundice can be visually seen by parents and health care providers as it progresses down the body. Jaundice in the legs and feet should be evaluated immediately. One should never rely on the visualization of jaundice alone. If there is any question of jaundice, your baby should be evaluated by a physician immediately.



Did You Know!?

An average baby will go through approximately 2,700 diapers a year.

THINGS TO AVOID ...

Letting a newborn sleep through the night

Parents need to wake up their newborn babies to eat every four hours. With a few rare exceptions, newborns should not sleep through the night for the first two weeks of life. Babies who go too long without eating could become dehydrated. Sleeping eight hours straight could also be a sign of severe jaundice. At the two-week checkup, if your baby is gaining weight and sleeping through the night, you no longer have to wake him or her up.

Strict feeding schedule

New parents sometimes make the mistake of wanting their baby to eat on a strict schedule. As long as a newborn is eating at least every four hours, he or she should keep whatever schedule he or she wants. Whether breast-fed or bottle-fed, babies know when they're hungry and they know when they're full. Putting a newborn on a schedule is impossible and puts undue stress on parents.

Social visiting & travel for 1st 6 weeks

There is no reason to take your newborn to a crowded place like a busy store or a child's birthday party. Exposing your baby to germs could result in him or her getting a life-threatening bacterial infection. If he or she gets a fever from a virus, doctors will still have to hospitalize your baby to make sure it's not something more serious. A fever in a baby less than six weeks old usually requires admission to the hospital for additional evaluation and testing for serious infections.



Keeping a newborn cooped up at home

While going out to crowded places is a bad idea, it's also a mistake to stay home all day for six weeks with your newborn. We encourage you to take your newborn for walks outside. If you need to take your baby to the grocery store, pick a time when it will be less crowded.

Not trusting your instincts

Too many new parents don't trust their inner voice. It's all about listening and trusting yourself. When you're getting a lot of feedback from family and friends, it can be hard to block out all that white noise. Even though your instinct says something might be wrong, you might wait way too long to bring the baby in to the doctor because people reassured you. If you don't trust yourself, you could be putting your baby in danger.

Here are three more mistakes parents of newborns make:

- They put their babies to sleep on their sides or stomachs. The American Academy of Pediatrics says the back is the best sleep position to avoid Sudden Infant Death Syndrome.
- They don't vaccinate their babies even though the American Academy of Pediatrics, the Centers for Disease Control and Prevention and virtually every scientific organization recommends it.
- They don't bring a baby with a fever to see the pediatrician. Any newborn with a fever needs to be evaluated by a doctor.



BABY SOUNDS

Babies make a variety of strange but normal noises when they are awake and asleep.

Snoring

During sleep, your baby may make grunting noises that resemble snoring. These noises are the result of the vibration of the soft palate during breathing.

Snuffling or nasal congestion

Your baby may snuffle so loudly that you think he or she has a cold. This is because the bridge of your baby's nose is low and the air is trying to get through very short and narrow nasal passages. Sometimes, nasal passages are swollen from passing through the birth canal. This is harmless. Once in a while, your baby may need saline nasal drops and bulb suctioning to help clear his or her nose.

Sneezing

Sneezing is very normal. Your baby will sneeze to clear his or her nose.

Hiccups

Hiccups are caused by an irritation of the diaphragm muscle. They are not caused by indigestion. They usually clear up on their own. For persistent hiccups, try giving your baby a small sip of water.

Did You Know!?

Newborns are more likely to turn their head to the right than to the left.





SAFETY TIPS

Car Seats

Florida law requires that all children be restrained while riding in an automobile. It's important to remember that car seats aren't just for babies. A child should remain in a rear-facing car seat until he or she reaches the top height or weight limit allowed by the car seat's manufacturer. Keep a child rear-facing as long as possible, usually until age 2 or 3. If the vehicle does not have a backseat, the forward-facing car seat should be used with the airbag turned off.

A rear-facing car seat is the best seat for a child under age 2 to use. Infant-only seats can only be used rear-facing. Convertible and 3-in-1 car seats typically have higher height and weight limits for the rear-facing position to keep a child rear-facing for longer. If the vehicle does not have a backseat, the rear-facing car seat should be used with the airbag turned off.

Children ages 4 through 5 must be in a separate carrier, integrated child seat, or booster seat. Once a child outgrows a forward-facing car seat, children can travel in a booster seat, always in the back seat. If a vehicle does not have a backseat, the booster seat should be used with the airbag turned off.

For more information, please visit www.flhsmv.gov.

Poisoning

Store all household cleaners and chemicals in locked cabinets out of reach of your child. If any family member is on medication, it should be secured in a childproof container and stored in an out of reach location. Be sure your baby sitter or day care provider also takes these precautions.

In case of emergency, have the **POISON CONTROL** center number near or programmed into your phone. If your child should ingest a poison, call the poison control center at **1.800.222.1222** for further instructions.



CHILDPROOFING YOUR HOME

Most childproofing devices are fairly affordable and can usually be found at grocery, hardware, baby product, or home linen stores. To help keep your child safe at home and in child-care settings, you should put these items recommended by the U.S. Consumer Product Safety Commission (CPSC), on your childproofing lists:

- CPSC Anti-scald devices for faucets (These may be installed by a plumber)
- Carbon monoxide detectors for in or near sleeping areas and at least 15 feet (4.6 meters) away from fuel-burning appliances
- Cordless phone (so you never have to leave your child unattended to answer a call)
- Corner or edge bumpers for corners of furniture and fireplace hearths
- Doorknob covers and door locks to prevent kids from leaving the home and entering rooms that have not been childproofed
- Door stops and door holders to protect fingers and hands from getting caught in doors and door hinges
- Outlet covers and outlet plates that kids can't easily remove and that are large enough that they won't choke on them



POSTPARTUM BLUES

A certain amount of insomnia, irritability, tears, overwhelmed feelings, and mood swings are normal during the first days after child-birth. These “baby blues” usually peak around the fourth postpartum day and subside in less than 2 weeks, when hormonal changes have settled down. If you have postpartum blues after childbirth, you’re not alone. More than half of women have temporary mild symptoms of depression mixed with feelings of happiness after having a baby. Be sure to report any feelings of postpartum blues to your doctor at your first postpartum checkup, so he or she can follow up with you.

POSTPARTUM DEPRESSION (PPD)

Symptoms of postpartum depression can follow postpartum blues. Postpartum depression can also happen months after childbirth or pregnancy loss. In some cases, symptoms peak after slowly building for 3 or 4 months.

Possible PPD symptoms require evaluation by a doctor. If you have postpartum depression, you have had five or more of these depressive symptoms (including one of the first two listed below) for most of the past 2 weeks:

- Depressed mood-tearfulness, hopelessness, feeling empty inside, severe anxiety
- Loss of pleasure in most or all of your daily activities
- Appetite and weight change-usually a drop in appetite and weight but sometimes the opposite
- Sleep problems - trouble with sleeping, even when your baby is sleeping
- Feelings of worthlessness or guilt, with no reasonable cause
- Difficulty concentrating and making decisions
- Thoughts about death or suicide



Call your physician immediately if your baby...

- **HAS A FEVER:** A fever is an emergency in a baby under two months of age. A fever is defined as a temperature of 100.4 or higher. Rectal temperatures are the most accurate for babies, so always do a rectal temperature with the correct type of thermometer.
- **SHOWS A DECREASE IN APPETITE:** Contact your doctor if your baby refuses several feedings in a row or eats poorly.
- **CRIES FOR LONGER THAN A TWO HOUR PERIOD STRAIGHT AND CANNOT BE CONSOLED.**
- **IS DIFFICULT TO WAKE UP AND REFUSES MULTIPLE FEEDS.**
- **HAS DIARRHEA:** Contact your doctor if your baby's stools are especially loose or watery, or if your infant is passing blood in his/her stools.
- **SHOWS SIGNS OF DEHYDRATION:** Contact your doctor if your baby doesn't wet a diaper for six hours or longer, the soft spot on top of your baby's head seems to sink, your baby cries without tears, or has a dry mouth without saliva.
- **LOOKS JAUNDICE:** Contact your doctor if your baby appears yellow.
- **HAS ANY SIGNIFICANT PERSONALITY CHANGES OVER TIME.**



Schedule an office visit if your baby has...

- **VOMITING:** Occasional spitting up is normal. Contact the doctor immediately if your baby vomits forcefully after feedings, vomits for more than 12 hours, vomits and has diarrhea, or vomits and has a fever.
- **CONSTIPATION:** Contact the doctor if your baby does not have a bowel movement for over 4 days.
- **COLDS:** Contact the doctor if your baby has a cold that interferes with his or her breathing, lasts longer than two weeks, or is accompanied by severe coughing.
- **HEARING PROBLEMS:** Contact the doctor if your baby doesn't respond normally to sounds.
- **RASH:** Contact the doctor if a rash covers a large area, appears infected, or if your baby suddenly develops an unexplained rash — especially if the rash is accompanied by a fever, sore throat or diarrhea.

Call the office to schedule your appointment:

407-566-9700





FEVER

A fever is a symptom of illness and is part of the body's normal response to fight the illness. Fevers can sometimes be caused by overdressing or over wrapping your baby. They can also occur after immunizations. If swaddled, please unswaddle and take your baby's temperature in 10 minutes. If the temperature is still elevated, call your doctor or go to the hospital.

Call our office or after-hours number if:

- Your baby is two months old or less and has a rectal temperature of 100.4°F or more.
- Your baby is between the ages of two and three months and has a temperature of 100.4° or above, is nursing/eating poorly, is crying inconsolably, is sleeping more than usual, or is whimpering whenever touched.
- Your baby is six months old and has a temperature of 101°F along with any of the above symptoms.
- The mother, father, or another family member is uncomfortable or concerned.

Fever and Teething

Teething may cause a low-grade fever of 101°F or below.

Measuring Temperature

Using the rectal method is the best practice when measuring your baby's temperature. Do not add or subtract a degree to the temperature found. Do not use a glass thermometer because they can break and are hard to read. Infants less than three months old should have their temperature taken rectally.

TUMMY PROBLEMS

Vomiting

Most babies spit up occasionally, but vomiting large amounts repeatedly is a cause for concern. If your baby vomits two times a day, the vomit is green-colored, the vomiting is forceful (projectile) or if the vomiting is accompanied by diarrhea or a fever, call your health care provider.

Diarrhea

Diarrhea consists of loose, foul-smelling, watery bowel movements that occur more than 10 times daily. The major cause of diarrhea is infection. A fever may also be present. Other causes are formula intolerance, inability to digest lactose or sucrose, and antibiotics. Most of the time no treatment is needed.

Call the office if your baby is having watery stools as described above, has blood in his or her stool, has a fever, or is taking in less than he or she seems to be losing. Always call if you have a question. When you call, please be able to report the number of stools and amount of stool your baby has passed.

Constipation and Straining

Constipated stools are dry, hard and pellet-like. If your baby is passing pellet-like stools, call and speak to a nurse for suggestions to soften the stool. Do not give honey or karo syrup as a laxative. It is normal for your baby to sometimes strain when he or she has a bowel movement. Sometimes giving an ounce of apple or prune juice will help.





COMMON SKIN RASHES

Dry Skin

After birth, dry and flaky skin is common. This is dead skin from being inside the uterus. While a moisturizer may help the appearance, this condition usually is gone by three weeks of age.

Toxic Erythema

Another harmless condition, toxic erythema causes red blotches with a white center. The cause is not known, and no treatment is needed.

Milia

Milia are white bumps usually found on the bridge of your baby's nose. They are due to a temporary blockage of the oil glands of the face. No treatment is needed.

Seborrheic Dermatitis

This skin disorder is characterized by a brownish-red, scaly rash on your baby's face, head, and neck or other areas of the body. Cradle cap is often associated with this rash. Typically, it goes away on its own, but sometimes health care providers prescribe an ointment.

Acne

Your baby can get acne or pimples. Acne is caused by hormones from the mother and will go away by a few months of age. No treatment is necessary.

Heat Rash

Characterized by small blisters mostly over the diaper area, heat rash can occur in areas where the skin is kept too warm. To treat heat rash, dress your baby in lighter, cooler clothing.



CHILD DOSING SCHEDULES

Infants 3-6 months of age (rectal temp > 100.4) - every 4 hours

Acetaminophen 160 mg/5 ml susp 80 mg 160mg
(Tylenol) chewable tab junior chewable

Weight	MLs	Tsp	Tablet	Tablet
6-11 lbs.	1.25 ml	¼ tsp.	NA	NA
12-17 lbs.	2.5 ml	½ tsp.	NA	NA
18-23 lbs.	3.75 ml	¾ tsp.	1	NA
24-35 lbs.	5 ml	1 tsp.	2	NA
37-47 lbs.	7.5 ml	1½ tsp.	3	1
48-59 lbs.	10 ml	2 tsp.	4	2
60-71 lbs.	12.5 ml	2½ tsp.	5	2½
72-95 lbs.	15 ml	3 tsp.	6	3
96 lbs. & >	NA	NA	NA	4

Over 6 months of age - every 6 hours

Ibuprofen 50 mg/1.25 ml 100 mg/5 ml 50 mg 100mg
(Motrin/Advil) Infants susp Children's susp chewable Jr. chewable Jr. Caplets

Weight	MLs	MLs	Tsp	Tablet	Tablet	1 Tablet
12-17 lbs.	1.25 ml	2.5 ml	½ tsp.	NA	NA	NA
18-23 lbs.	1.875 ml	3.75 ml	¾ tsp.	1	NA	NA
24-35 lbs.	2.5 ml	5 ml	1 tsp.	2	NA	NA
37-47 lbs.	4 ml	7.5 ml	1½ tsp.	3	1	1
48-59 lbs.	NA	10 ml	2 tsp.	4	2	2
60-71 lbs.	NA	12.5 ml	2½ tsp.	5	2.5	2.5
72-95 lbs.	NA	15 ml	3 tsp.	6	3	3

Over 6 months of age - every 6 hours

Benadryl 12.5 mg/5 ml susp 12.5 mg tablet
(diphenhydramine)

Weight	MLs	Tablet
10 lbs.	2.5 ml	¼ tsp.
20 lbs.	3.75 ml	¾ tsp.
25 lbs.	5 ml	1 tsp.
35 lbs.	7.5 ml	1½ tsp.
40 lbs. & >	10 ml	2 tsp.

VACCINATIONS

Vaccine-related diseases are rare in the United States largely because we have been vaccinating against them. Many parents ask whether it is really worthwhile to keep vaccinating, and the answer is yes!

We must keep immunizing until disease is eliminated.

Unless we eliminate the disease, it is important to keep immunizing. Even if there are only a few cases of disease today, taking away the protection of vaccination, will mean more and more people will be infected and spread these diseases. The progress we have made over the years will be undone if we stop vaccinating.

Please remember that we live in a high risk area for vaccine preventable diseases. Every day thousands of people from around the world travel to Central Florida to visit our theme parks. Many of those people are not vaccinated, and this puts our population of children at special risk. This is yet another reason to vaccinate your children.

In 1974, Japan had a successful pertussis (whooping cough) vaccination program with nearly 80% of Japanese children vaccinated. Only 393 cases of pertussis were reported in the entire country that year, and there were no deaths from pertussis. Then rumors began to spread that the pertussis vaccination was no longer needed and was not safe. By 1976 only 10% of infants were getting the vaccine. In 1979, Japan suffered a major pertussis epidemic with more than 13,000 cases of whooping cough and 41 deaths. In 1981, the government began vaccinating with a cellular pertussis vaccine, and the number of pertussis cases dropped again.



What if we stopped vaccinating?

If we stop vaccinating our children, diseases that are almost unknown would stage a comeback. Before long, we would see epidemics of diseases that are currently under control. More children would get sick, and more children would die.

We vaccinate to protect our future.

We don't vaccinate just to protect our children. We also vaccinate to protect our grandchildren and their grandchildren. Because of vaccinations, the small-pox disease was completely eradicated. Our children don't have to get smallpox shots any more because the disease no longer exists. If we keep vaccinating now, parents in the future may be able to trust that diseases like polio and meningitis won't infect, cripple, or kill children. Vaccinations are one of the best ways to put an end to the serious effects of certain diseases.





IMMUNIZATION SCHEDULE

1 Month: Weight Check/Exam

4 Years: Kinrix

(Dtap #5/IPV #4)

MMRV (MMR # 2/Varicella #2)

2 Month: Pediarix #1

(Dtap #1/IPV #1/HepB #1)

HIB #1

Prenar #1

Rotateq #1

11-12 Years: Tdap

HPV (Gardasil)

Menveo (Meningococcal)

4 Month: Pediarix #2

(Dtap #2 /IPV #2/HepB #2)

HIB #2

Prenar #2

Rotateq #2

6 Month: Pediarix #3

(Dtap #3 /IPV #3/HepB #3)

Prenar #3

Rotateq #3

12 Month: MMR #1

HepA #1

Varicella #1

15 Month: Dtap #4

HIB #3

Prenar #4

18 Month: HepA #2

Did You Know!?

Adults have 206 bones.
When babies are born,
they have 300 bones.

Their bones fuse as
they grow, resulting in
fewer bones as adults.



OUR VACCINATION PHILOSOPHY

As healthcare professionals, we believe in the importance of vaccinating all children according to the schedules recommended by the U.S. Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP). These schedules, continuously researched and updated by experts in medicine, immunology, and public health, represent the ideal model for immunization both nationally and globally. The recommended vaccines have been thoroughly studied and proven to be safe and effective in preventing diseases and saving lives. We firmly consider vaccination to be the most crucial intervention we perform.

Addressing Vaccine Controversy

There has always been some level of suspicion and controversy around vaccines. The scientific principles behind vaccination can be challenging for healthcare providers to explain and for parents to grasp. Conflicting information can be overwhelming, and we ask that you trust us as your interpreters of this complex science.

Vaccines are often victims of their own success; they work so well that the diseases they prevent have become rare, which can make the importance of completing the immunization series seem less critical. We understand the difficulty of seeing children endure multiple needle sticks, but extensive research assures us that administering multiple vaccines at once is not overwhelming to the immune system. In fact, our immune systems handle far more challenges daily than what vaccines present. Additionally, there is no evidence linking vaccines to autism or other developmental disabilities. Thimerosal, a mercury-based preservative in a few multi-dose vaccines, has never been shown to be toxic or to cause or exacerbate neurological conditions, including autism. These conclusions are widely accepted in the scientific community and are based on ongoing research.



Risks of Under-Vaccination and Alternative Schedules

Under-vaccination has led to outbreaks of pertussis and measles, both of which can result in hospitalization or death but are preventable with vaccines administered according to the CDC's schedule.

Delaying or spacing out vaccines increases the time during which children are vulnerable to infections and necessitates more office visits, which can be traumatic and increase exposure to illnesses.

This issue extends beyond individual health to public health. Delaying or avoiding vaccines endangers other children, including those who cannot be vaccinated for medical reasons and infants too young to be vaccinated

Vaccine Resources

We recognize that deciding to vaccinate can be emotional. We are committed to helping you feel comfortable with following the CDC's vaccine schedules. If you have doubts, please discuss them with our staff or your primary care provider. We recommend the following resources:

The Panic Virus, a book by Seth Mnookin, an investigative reporter and father.

CDC: For Parents: Vaccines for Your Children – A useful resource about vaccines designed for parents.

AAP: Immunization – Information on vaccines and preventable diseases.

CDC: Recommended Routine Vaccination Schedule: Ages 0-6 & Ages 7-18

CDC: Vaccine Information Statements (VIS) – Information sheets produced by the CDC

CHOP: Vaccine Education Center – The Children's Hospital of Philadelphia's Vaccine Education Center

OUR VACCINATION POLICY

We, the healthcare providers at Celebration Pediatrics, require adherence to the CDC's vaccination schedule for all children under our care. We will not accept new families who choose not to vaccinate into our practice. Undecided families are welcome, but must commit to the vaccination schedule within two months for newborns. Older children entering our practice without proper immunization will have a one-month grace period after an appointment to discuss vaccines; if they are not vaccinated per the CDC catch-up schedule after this period, we will ask you to find another provider.

Established patients behind on vaccines will also have a one-month grace period to decide on vaccination, followed by adherence to a written plan based on the CDC catch-up schedule. Failure to follow this plan will result in us requesting you find another healthcare provider.

We recommend the annual influenza vaccine, Hepatitis A, Human Papillomavirus (HPV), and both Meningococcal vaccines (MenACWY & Men B) for all age appropriate patients, though refusal of any of the above mentioned vaccines will not lead to discharge from our practice.

We do not accept vaccine exemptions for religious or personal beliefs. Only medical exemptions, as determined by a licensed physician, will be considered.

If you cannot adhere to our vaccination policy, we ask you to find a healthcare provider who aligns with your views. We do not keep a list of such providers nor recommend any.

IMPORTANT NUMBERS

Poison Control - **1-800-222-1222**

Doctor phone number - **407-566-9700**

Dentist phone number _____

Emergency Contact _____





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MISSION

THE M FAMILY FOUNDATION IS A
NON-PROFIT ORGANIZATION THAT
RAISES AWARENESS AND DIRECTLY
SUPPORTS FAMILIES BATTLING
OVARIAN & PEDIATRIC
CANCERS.



The M Family Foundation hosts annual events including the Superhero Race Against Cancer, a family friendly 5K held every September in Downtown Celebration, FL.

We are always looking for volunteers, participants, donors and event sponsors. Scan the QR code for more details.



Join Us

To learn more, visit our website or e-mail
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