



New Baby Handbook

A guide to help you feel more comfortable
with newborn care.

Introducing Esse Health Pediatrics



As a parent, one of the most important decisions you will make is choosing a pediatrician.

To help you make the best decision for your family, Esse Health Pediatrics offers a complimentary in-person or virtual Prenatal Consult.

During this interview you will get a chance to meet one of our pediatricians and ask questions about their approach to caring for your child. To schedule a consultation at one of our six conveniently located offices, visit Pediatrics.EsseHealth.com/Find-A-Doctor.



WHY CHOOSE ESSE HEALTH PEDIATRICS

EXPERIENCED, PASSIONATE PEDIATRICIANS

Our doctors are board-certified, nationally ranked physicians recruited specifically for their pediatric expertise and passion for keeping children well. And because we are not tied to one hospital system, we have connections with a multitude of providers and can make the most appropriate referrals as needed. This ensures the wellbeing of your child is at the center of our decision-making.



FLEXIBLE HOURS, CONVENIENT LOCATIONS

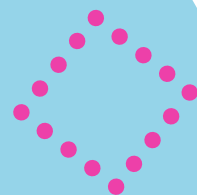
Parenting is a 24/7 job, and you have a busy schedule. Our convenient, flexible appointments put your schedule's needs first. Sibling appointments and walk-in hours for sick patients are just a few of the ways we support your family's needs. Have a question? Our doctors are just a call or text away.

PART OF THE FAMILY

We are always here to answer your questions, offer advice or just to listen. As part of the Esse Health Pediatrics family, you can trust that we will do everything we can to keep your child resilient and healthy.

“My children have been patients of Esse Health Pediatrics since birth. My daughter is now 12, and my son is now 5. I have experienced nothing but true compassion and professionalism from them and the practice.”

- Esse Health Pediatric Parent





Congratulations on the birth of your new baby!

This booklet is a guide to help you feel more comfortable with newborn care and to familiarize you with our office.

Your baby is special from the start. What might now seem a frightening task will soon become more relaxed and enjoyable. Trust your instincts.

While advice from family, friends, and the Internet may be helpful at times, we want to serve as your primary source of guidance about how to care for your baby. Medical recommendations change from year to year, decade to decade, and we strive to give you the most current information on how to care for your baby. We are happy to answer questions at the hospital, in the office, or by phone or text and we look forward to helping you with your child's care.

BABY'S 1ST CHECKUP

Before leaving the hospital, please contact our office to schedule your baby's first checkup. We would like to see the baby one to three days after you leave the hospital. At this visit, your baby will be weighed and checked for any new symptoms such as jaundice. We will check your baby's feeding and will give you any "coaching" needed to be successful. **Note: some weight loss in the newborn period is normal, but we expect your baby to return to birth weight by two weeks in most cases.**

GETTING TO KNOW YOUR BABY

All babies sneeze, yawn, burp, have hiccups, pass gas, cough, cry, spit up, gag and have uncoordinated body movements. They may briefly cross their eyes but this should stop over the first six months of life. Any bruising, eye swelling, or broken blood vessels in the eye that were noted by your pediatrician in the hospital should clear up over the first few weeks of life. Sneezing helps the baby to clear the nose.

CRYING AND WHAT IT MEANS

All babies cry—the average is about two total hours of crying per day. Crying is how your baby talks to you. They may be saying "I am hungry, I am tired, I want to turn over, I am too hot, I am too cold, I am bored, I have a stomachache, I am wet, I need a new diaper, I want to be held."

Responding when your baby cries and figuring out what is bothering them lets them know you care. You cannot "spoil" a baby by responding to their crying. In general, if you respond quickly to your baby's needs and hold or carry the baby a lot, s/he will cry less and sleep better at night. Most babies increase the amount of fussing and crying from two weeks old through two months old, and then the crying starts to decrease.

VISITING WITH FAMILY AND FRIENDS

Many people will want to meet and hold your baby. But contact with others brings a risk of spreading germs and making baby sick. During the first few months, it's best to limit the number of visitors as well as the amount of touching from other people, especially children.

People who wish to hold your infant should wash their hands or use hand sanitizer first. They should be fully vaccinated—including the seasonal influenza, COVID and whooping cough (pertussis) vaccines.

For moms who are breastfeeding, rest and privacy are especially important. Try to limit the number and length of visits. Watch for when your baby acts hungry (rooting, sucking on hands, restless in sleep) and excuse yourself to a separate room to feed your baby, if desired.



PRO TIP: *Those who wish to help with the baby can prepare a meal for Mom and Dad, do a load of dishes or laundry, or hold your baby while Mom takes a shower or a nap.*

FEEDING BABY

Feeding is one of your baby's first pleasant experiences. The baby's first bond to parents comes from feeding. When feeding, your baby gets nourishment from food and comfort and security from the parents' love and cuddling. Most breastfed infants will eat every two to three hours, although some cluster feeding with shorter intervals is normal in the evenings or during growth spurts.

Most formula-fed infants will eat every three to four hours. We recommend feeding when your baby is hungry (a.k.a. “demand feeding”) rather than trying to follow a strict schedule. If your baby acts hungry two hours after the previous feeding, the baby is probably hungry and should be fed again. Newborns should be awakened for a feeding if they sleep more than three hours (breastfed infants) or more than four hours (formula-fed infants).

BREASTFEEDING

Breast milk provides the best nutrition for your baby, protects the baby from infections, and helps the baby’s immune system. It also decreases the risk of Sudden Infant Death Syndrome (SIDS).

Breastfeeding is natural but not necessarily easy or automatic in the beginning. If you have concerns or challenges with breastfeeding, please speak to us and we can either assist directly or refer you to a lactation consultant.

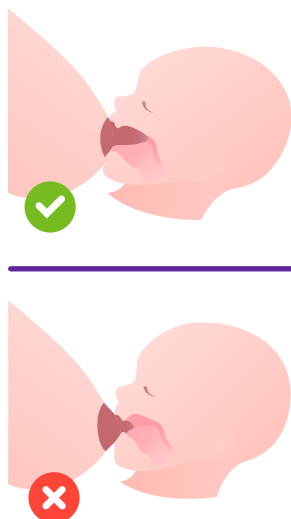
YOUR MILK SUPPLY

Your breast milk usually “comes in” three to six days after delivery. Do not be discouraged if your baby seems to get little milk during this time. The first few days should be spent getting the baby used to the nipple and used to sucking. Mom’s milk supply will increase rapidly during the next few days as your baby learns to coordinate breathing, sucking, and swallowing.

Ten to 12 feedings per day in the first two weeks is good for establishing your milk supply. Milk is produced most rapidly while the baby is actually latched on and nursing well. Waiting for your breasts to “fill up” between feedings can cause milk supply to decline.

GETTING A GOOD LATCH

To latch baby on, touch the baby’s lower lip and/or cheeks until the mouth opens widely, then bring your baby in close to the nipple. Try to get more of the areola (the dark area around the nipple) on the chin side into the baby’s mouth, with the baby’s lips turned out and baby’s mouth open more than 90 degrees. A successful latch should be comfortable for mom with the baby’s chin, chest, and belly very close to mom’s body and the baby’s head tilted slightly back.



Holding your baby underneath his/her neck (rather than the back of the head) enables some freedom of movement for the baby to position his mouth and nose optimally.

Use pillows to support the baby’s weight. You may need to experiment with different “holds” or positions to find the most comfortable style of nursing for you and your baby.

When your baby latches on and begins nursing s/he will start with a more rapid suckling pattern to encourage milk to start flowing (“let down”). Then s/he will start suckling more slowly and deeply with audible swallows (sounds like “kuh”) while feeding.

If baby becomes sleepy while latched at the breast, gently squeeze your breast to get the milk to start flowing again. Allow baby to finish nursing on one side and then offer the other breast at each feeding; alternate which side is offered first.



TROUBLESHOOTING: *If you are having a hard time with breastfeeding, contact us for further advice.*

MEANWHILE, REMEMBER THE FOLLOWING:

- Keep your milk flowing by pumping and/or hand expressing milk eight to 12 times per day.
- Keep your baby fed with expressed milk and/or supplemental formula as directed by your doctor.
- Keep your baby close with frequent skin-to-skin contact and relaxed time snuggling on your chest, not actively trying to nurse.

CALL THE OFFICE IF:

1. Your baby latches on poorly, is too sleepy to wake up to feed, or feeds less than six times in 24 hours.
2. Your baby does not seem satisfied or settled after feeding at the breast.
3. Your baby does not have several yellow, seedy, loose stools per day after the fourth day of life.
4. Your milk does not seem to have “come in” (leaking, dripping, swollen/enlarged breasts) after the fourth day of life.
5. Your nipples are extremely sore, cracked, or bleeding.

BOTTLE FEEDING

Infant formula may be prepared from either powder or concentrate or purchased as “ready to feed.” Carefully follow the directions to mix together the formula. It is safest to prepare formula immediately prior to feeding. Formula kept at room temperature more than one hour, or a bottle that was started and not finished, can grow harmful bacteria and must be discarded. Preparing small amounts at one time will result in the least waste.

You may use regular or filtered tap water to prepare formula. Bottled “nursery” water is not necessary if you have a municipal water supply.

CAUTION:

- *Never use well water to prepare formula.*
- *Never add extra water to make the formula last longer.*
- *Never give your newborn baby a bottle of water (too much water can make a baby very sick).*

HOW MUCH FORMULA SHOULD I USE?

Like adults, a baby’s appetite can change from feeding to feeding. Let your baby decide how much to feed. Some babies require only one or two ounces per feeding at first. Others require more. There are times when your baby just needs to suck. At these times, a pacifier may be used. When your baby regularly takes four ounces at most feedings, try putting five or six ounces in the bottle.

We do not recommend starting infants on solid food (cereal) until they are four to six months old and 16-18 pounds. Solids do not help infants sleep throughout the night and may cause choking or obesity if started too early. We do not recommend adding cereal to your baby’s bottle.

GETTING STARTED WITH THE BOTTLE

Many different types of bottles and nipples are available. Newborn babies will usually feed well with Stage 1 nipples, but for premature or small babies, a special slower-flow nipple may be necessary.

Test Flow: Test the nipple before feeding. The milk drops should fall out at an even pace, one by one, and the bottle should not have to be shaken to get the milk out. If the nipple hole is too large, the milk will run out too quickly. With a new nipple, the hole may be made smaller by boiling the nipple for a few minutes. If the hole is too large in an old nipple, discard the nipple.

Check Temperature: The formula should be no warmer than body temperature, and may be given at room temperature or from a bottle taken out of the refrigerator. Do not use a microwave to warm formula (or breast milk) because it can heat unevenly and cause burns.

Get Comfortable: Both parent and baby should be comfortable during feeding. Choose a comfortable place to help you feel calm and relaxed as you feed your baby. Hold the baby in your lap or arms with the baby’s head slightly raised. Hold the bottle so that the nipple and whole neck of the bottle are filled with milk.

Cleaning: Wash bottles and nipples in hot soapy water, then rinse well and air dry. Bottle brushes may be helpful in cleaning and an automatic dishwasher may also be used.

PRO TIP: *The physical and emotional closeness when you cuddle and look at your baby while feeding are just as important as the nutrition from the milk. Hold the baby throughout feeding; do not prop the bottle.*

BURPING

Burping a baby helps to remove swallowed air. Most babies swallow some air during a feeding. To burp the baby: hold him/her upright over your shoulder, sit him/her up in your lap leaning slightly forward with the head supported, or place him/her face down on your lap. Rub and pat the baby’s back gently until the air is expelled. Try to burp your baby halfway through feeding and after feeding. Your baby will not always have a burp. Try for a few minutes and then stop if your baby does not burp.

VITAMINS AND FLUORIDE

Breast-fed infants need vitamin D supplementation to prevent rickets (soft bones). A breastfeeding mother may take supplemental vitamin D 6400 international units per day to produce a sufficient vitamin D level in her milk, or you may give the baby vitamin D drops 400 international units per day.

Additional iron supplementation may be recommended for premature babies. Your child’s doctor can advise you.

Please let your pediatrician know if your home tap water is not fluoridated (i.e. well water), so we can discuss the need for fluoride supplementation to strengthen your baby’s developing teeth.

CARING FOR YOUR BABY

BABY POOP

Your baby may have a bowel movement after each feeding or may go up to 48 hours without a stool. Breastfed babies generally have stools more frequently than formula fed babies. Newborn babies' stools are usually yellow, loose and have small chunks or "seeds." However, in the first two weeks of life, infrequent stool in a breast-fed baby may be a sign that your baby is not getting enough milk.

Your baby may strain when trying to have a bowel movement as s/he learns to coordinate relaxing the bottom muscles and pushing with the abdominal muscles. This is normal unless the stool is hard and pellet-like. Breast fed babies typically have frequent loose, yellow seedy stools—although after two weeks of age, breastfed infants may have infrequent (once a week!) large soft stools. Call your pediatrician if the stools are very watery, contain blood, are white or gray, or are hard and pellet-like.

DIAPERS

Cloth diapers washed at home, a diaper service, or disposable diapers may be used.

Change the diaper as soon as possible after a bowel movement and at least with every feeding to reduce wetness. Clean the diaper area with clear water and a soft washcloth. Hypoallergenic, pre-moistened baby wipes may be used unless they seem to irritate your baby's skin.

BATHING

Use a sponge or washcloth to clean your baby until the umbilical cord is off and the navel has healed. Daily bathing is not necessary. Most babies need a bath one to two times a week.

When the navel is healed, your baby may be bathed in a tub of lukewarm water, using a mild soap. The hair may be washed separately under the faucet with lukewarm running water. Take care to support the baby's head out of the water. Pat the skin dry with a soft towel, drying the skin creases well.



SKIN

Some dryness and peeling of the skin is normal in the newborn period. If your baby's skin is dry, apply lotion or cream such as Vaseline, Eucerin or Cetaphil.

Many babies become slightly jaundiced with a yellow tinge to the skin and eyes due to slowness of the newborn's liver function. Your doctor will assess the amount of jaundice in the hospital and at the first office visit. If necessary, treatment for jaundice can be accomplished at home (mild jaundice) or in the hospital with a special light.

RASHES

Many babies develop rashes. If you are uncertain about the cause of a rash please contact us. Rashes with a fever may be due to a virus, but still need urgent evaluation.

Diaper rash is due to irritation from urine and stool, but may be worsened by wipes or by chemicals in certain disposable diapers or by strong detergents used on cloth diapers. To care for diaper rash, try more frequent diaper changes, using only water to cleanse the skin. Allow the baby to "air dry" on a towel for a few minutes. Apply a barrier cream/ ointment such as Vaseline, A+D, or Desitin. Do not use powder containing talc because of the risk of breathing the talc into the lungs.



Milia is a small pinpoint white rash on the nose, forehead, cheeks or eyelid of new babies. Milia results from clogged sebaceous (oil) glands and requires no treatment. It will go away after a few months.

Baby acne develops around three to four weeks of age. Mom's hormones from the pregnancy stimulate the baby's skin glands to make extra oil, resulting in clogged skin pores. The best treatment is to cleanse with mild soap and water, and to avoid adding oil (moisturizer) to the skin. Baby acne will go away on its own.

Redness in the skin folds of the neck and groin is usually caused by excess moisture. Dry carefully following feedings and bath. Contact us if this rash is getting worse or not going away.

Heat rash is a red pinpoint rash on areas of the skin that are overly hot (wearing too much clothing on a warm day). Keep your baby cool by removing excess clothing and the rash will resolve on its own.

NAILS

Baby fingernails grow quickly. Keep your baby's nails trimmed and/or hands covered to prevent scratching the face and eyes. The baby's fingernails can be trimmed using manicure (cuticle) scissors while the baby is asleep, pulling the skin of finger pads away from the nail or with the help of a baby emery board the sharp areas may be filed.



HEAD/HAIR

Your baby may still have some lumpy areas on the scalp from sutures (connections between the bones). Scalp molding from delivery will resolve over the first week. The hair and scalp may be washed during bath time, usually about once or twice a week. It will not harm your baby if the "soft spot" is touched.

EYES

At birth, babies are nearsighted and can see about as far as your face when you're holding the baby in your arms. They may occasionally cross their eyes but this should stop over the first six months of life. Any bruising, eye swelling, or broken blood vessels in the eye noted after birth should clear up over the first few weeks of life.

Do not put any drops in your baby's eyes unless advised by your pediatrician. A baby's eyes may get a little crusty. Use a wet washcloth to wipe away the crust. Contact our office if this happens often.

EARS

Babies hear well at birth. Your baby's hearing was tested in the hospital. Any abnormal results from the hearing test should be followed up as directed by the pediatrician. The outer part of the ear may be washed with a soft cloth. Do not insert anything into the ear canal.

NOSE

Clean the nose gently if necessary with a wash cloth dipped in saline (such as Na-Sol or Ocean drops) and/or with a bulb syringe or Nose Frida.

UMBILICAL CORD

Keep the cord dry. You do not need to put anything on the cord to help it fall off. Until the cord has fallen off and healed, sponge bathe your baby. The cord will fall off in one to three weeks. After the cord separates, it may ooze for a few more days. Notify your baby's doctor if any redness or pus is noted at the navel. Nothing should be applied over the cord. Contact the office if the cord has not fallen off by four weeks of age.

MALE-CIRCUMCISED

Apply Vaseline to a piece of gauze and put that on the head of the penis after each diaper change until healed. It takes 7-10 days for the penis to heal. The penis is healed when the tip is no longer red or swollen. After it is healed you may gently pull down the skin on the shaft of the penis to expose the entire head of the penis.

MALE-UNCIRCUMCISED

Wash and rinse the outside of the genitals, but do not forcibly retract the foreskin to clean the penis. When the foreskin does retract naturally (variable by age), you can gently retract it and clean the head of the penis.

FEMALE GENITALIA

Rinse the genital area each day with clear water. Do not use soap, but clean the area with a washcloth or cotton ball dipped in water. Always wipe from front to back. A mucus or bloody discharge may be present for up to three weeks. This will not require special efforts to clean.

YOUR BABY AND SLEEP

Your new baby will do a lot of sleeping (16-18 hours out of 24). Many babies will have days and nights mixed up at first, so that they are more awake at night. Most babies will sleep through the night by four months, although breast fed babies may still wake up for a feeding. Breastfeeding at night time (emptying the breasts) helps to maintain mom's milk supply.

Babies sleep better if they learn to put themselves to sleep. The following suggestions may help your baby learn this valuable skill when they are two months or older:

- In general, try not to breastfeed a baby more often than every two hours or bottle feed more frequently than every 2 1/2 hours.
- Put the baby in the crib sleepy but still awake and without a pacifier. This may be started as early as the first month. Babies who learn to fall asleep while being fed or rocked or sucking a pacifier may be unable to fall back asleep after the normal night awakenings without these assists.

- Babies should always sleep on their back in a crib with nothing else in the crib to prevent Sudden Infant Death Syndrome (SIDS). Although SIDS is rare, it appears to occur even less when infants are lying on their backs.
- Inclined sleepers (such as the Rock 'n Play) are not a safe place for babies to sleep. It is also not safe for babies to sleep in the same bed as parents or siblings.

A SAFE SLEEP ENVIRONMENT CHECKLIST

- A firm, flat mattress in separate crib or bassinet
- No fluffy blankets, pillows, or soft objects with baby; no quilted bumper pads in crib
- Use of swaddling blankets or a “sleep sack” wearable blanket; no loose blankets; remove arms from swaddle when baby is able to roll over
- Sleeping in parents’ room for first six months (to allow parents to intervene if choking or difficulty breathing, also facilitates night time feedings)
- Good ventilation including a fan; room temperature 65-75 degrees; avoid over-bundling baby
- The crib rails should be no greater than 2 3/8 inches apart. Do not leave your baby unattended on a bed without sides or a crib with side rails down.



CAUTION: *How parents can reduce the risk of SIDS and suffocation.*

RISK OF SIDS IS HIGHER IN THE FOLLOWING CIRCUMSTANCES:

- Parents fall asleep with the baby on a couch or stuffed chair, due to the possibility of baby being entrapped between the adult and the seat cushions. Do not sleep with the baby under any circumstances if taking medicine that causes drowsiness.
- If the infant is exposed to tobacco smoke (including parents who smoke outside).
- With unfamiliar caregivers/situations (i.e. in the first week of daycare).

BABY SLEEP CHART

Use this chart to record the length of your baby’s sleep. It may help you identify patterns and routines in the sleep and help you to establish a routine.

DATE	TIME AT START OF SLEEP	WAKE TIME	LENGTH OF SLEEP

BABY'S ENVIRONMENT

KEEP A COMFORTABLE TEMPERATURE IN YOUR HOME

You do not need to turn up the thermostat just for your baby; the usual household temperature range of 65° - 75° F should be adequate.

PROPER CLOTHING

Dress your baby according to the temperature, allowing the baby one more light layer of clothing than what adults need to feel comfortable. Check to make sure your baby is not too cold or too hot. Provide ventilation on hot days. In cold weather, babies can lose a lot of heat through their heads and a hat is especially important.



Some babies are sensitive to certain materials, so watch for rashes in areas where clothing touches the skin.

GOING OUTSIDE

Your baby can be taken outside in good weather, clothed appropriately, whenever parents are feeling ready for it. Babies are at risk of illness from exposure to other people's germs, not from being out of the house.

SMOKING CONCERNS

For parents or caregivers who smoke, quitting smoking and/or cutting back is highly recommended to protect the baby's health. Smoke only outside, never in the house or car. If you change clothes after smoking, this will slightly reduce an infant's exposure to the harmful chemicals in tobacco smoke.

EMERGENCIES/AFTER HOURS

These conditions must be treated at the closest emergency room day or night. Please have the hospital contact us so that we may assist in your child's care.

Problems at night which don't require immediate emergency attention, but cannot wait until the office is open the next morning should be directed to our After Hours triage line. Specially-trained pediatric nurses will assess your child's symptoms over the phone and provide you with a plan to take care of your sick child.



CAUTION: *When to call 911.*

CALL 911 IMMEDIATELY IF YOUR CHILD IS HAVING A LIFE-THREATENING EMERGENCY SUCH AS:

- severe trouble breathing
- bleeding that can't be stopped
- a seizure lasting longer than five minutes
- unconsciousness

CONTACT OUR OFFICE THE NEXT DAY IF:

1. Your baby has less than three wet diapers in one day.
2. Your baby is jaundiced (yellow eyes or skin).



CAUTION: *When to call the office.*

SIGNS OF ILLNESS IN A NEW BABY THAT SHOULD BE REPORTED RIGHT AWAY INCLUDE:

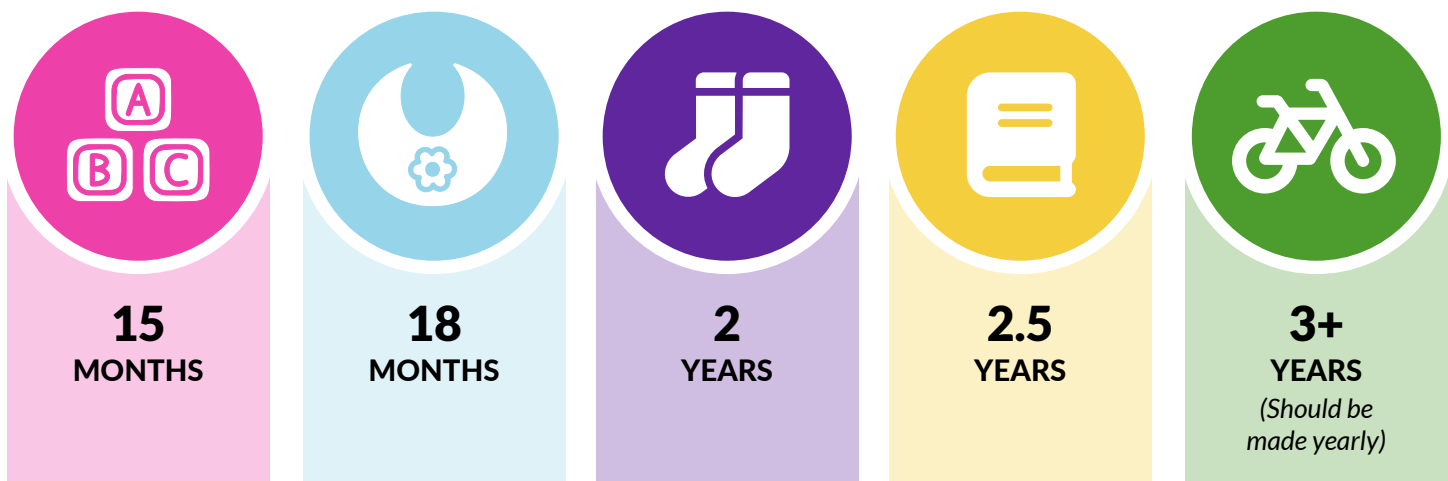
- **Fever** - If your baby has a temperature of 100.4 or more when taken under the arm (axillary) or in the bottom (rectal) during the first two months of life.
- **Constant vomiting** (not just spitting up)
- **Refusing to Drink** - your baby will not nurse or drink from bottle two times in a row
- **Very Fussy** - you cannot get your baby to calm down.
- **Very Sleepy** - your baby does not wake up to drink or nurse for six hours.
- **Stools with blood or mucus**

OFFICE INFORMATION

ROUTINE CHECKUPS FOR BABIES



ROUTINE CHECKUPS FOR TODDLERS



WHAT TO EXPECT AT BABY'S VISIT

During your child's checkup we will track their growth and development, give vaccines, and discuss ways to keep your child healthy and safe. Please bring a list of your questions or concerns to your child's checkups.

Vaccines are an important way to protect your child from serious diseases. We recommend vaccinations according to the CDC/AAP schedule. Your baby's doctor will discuss with you the vaccines, possible side effects, and the diseases prevented by the vaccines. At the time of checkup, our team will provide you with an up-to-date vaccine record and can complete school or daycare forms.

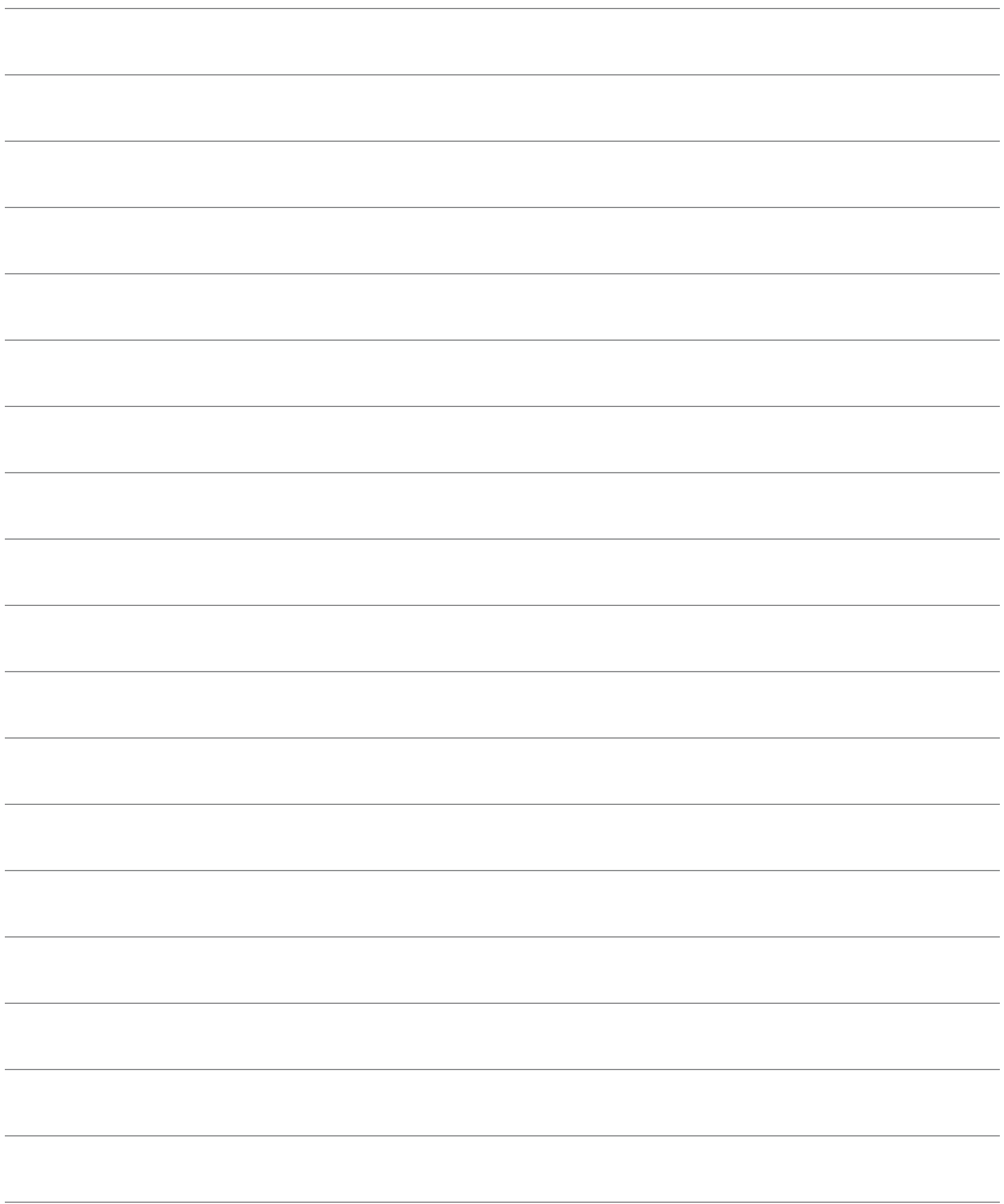
We aim to schedule appointments to minimize waiting time. We send appointment reminders by text message. In order to prevent delays for patients scheduled later, patients arriving more than 15 minutes late may be asked to reschedule. If you are unable to make your scheduled appointment time, please contact the office as soon as possible.

Except in unusual circumstances, same-day appointment cancellations will be considered "no-show" appointments. We will assess a missed appointment fee after more than one no-show.

SICK CHILD APPOINTMENTS

We have same-day sick child appointments available in almost all circumstances. Please call or text to schedule an appointment. If your child's doctor is out of the office you may see another physician or a nurse practitioner. If you aren't sure whether your child needs to be seen, you can leave a message for our phone nurses to discuss your child's symptoms or send us a text during office hours.

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RESOURCES

ONLINE

ESSE Health

pediatrics.essehealth.com

St. Louis Children's Hospital

stlouischildrens.org

Healthy Children

healthychildren.org

WebMD

webmd.com

Immunization information

immunize.org

chop.edu/centers-programs/vaccine-education-center

Parents as Teachers

parentsasteachers.org

Promotes early child development with in-home visits

Perinatal Behavioral Health Services

pbhs.wustl.edu

Help for postpartum anxiety and depression or call 314-454-5052

SSM Moms Line

ssmhealth.com/maternity/expecting-a-baby/postpartum-resources

Peer coaching for new moms experiencing baby blues, anxiety or depression or call 314-768-MOMS (6667)

APP

KidCare (St. Louis Children's Hospital offers a free mobile app called KidCare which provides guidance on how to care for your child at home and/or when to see the doctor.)

BOOKS


Infants and Mothers by T. Berry Brazelton

Touch Points by T. Berry Brazelton

Caring for Your Baby and Young Child: Birth to Age 5 by American Academy of Pediatrics

Guide to Your Child's Symptoms by American Academy of Pediatrics

The Happiest Baby on the Block by Harvey Karp



Enjoy this special time as you bond with your new little person. Shower your new baby with love and affection.

READY TO TALK ABOUT YOUR BABY?
Schedule a prenatal consult with one of our Pediatricians.

TESSON FERRY PEDIATRICS

PROVIDERS

Leanne DePalma, M.D.
Matthew Dougherty, M.D.
Catherine R. Remus, M.D.
Carolyn Smith, M.D.

CONTACT

13303 Tesson Ferry Rd., Suite 150
St. Louis, MO 63128
Phone: 314-842-5239
Fax: 314-842-3938
After Hours Emergency:
314-453-0044

OFFICE HOURS

Monday-Friday: 9 a.m. to 5 p.m.
Saturday: 9 a.m. to 11:30 a.m.

ST. CHARLES COMPLETE CARE

PROVIDERS

Kathryn Helen Kranbuhl, M.D.
Theodore Kremer, M.D.

CONTACT

1551 Wall Street, Suite 400
St. Charles, MO 63303
Phone: 636-669-7006
Fax: 636-669-7008
After Hours Emergency:
314-453-0044

OFFICE HOURS

Monday-Thursday:
7:30 a.m. to 4:30 p.m.
Friday: 7:30 a.m. to 12 p.m.

PEDIATRIC & ADOLESCENT MEDICINE AT WATSON ROAD

PROVIDERS

Patricia Amato, M.D.
John C. "Josh" Madden, M.D., PH.D.
Karen Norton, M.D.
Peter Putnam, M.D.
Kristen Terrill, M.D.
Rachel Sestrich, RD, LD, CDE
Kathleen Shaughnessy, C.P.N.P.

CONTACT

9580 Watson Road, Suite A
St. Louis, MO 63126
Phone: 314-965-5437
Fax: 314-965-5439
After Hours Emergency:
314-453-0044

OFFICE HOURS

Monday-Friday: 8 a.m. to 5 p.m.
Saturday: 9 a.m. to 11:30 a.m.

O'FALLON PEDIATRICS

PROVIDERS

William Stuart Adams, M.D.
Michael E. Danter, M.D.
Melissa Roewe, D.O.

CONTACT

9979 Winghaven Blvd., Suite 206
O'Fallon, MO 63368
Phone: 636-561-5291
Fax: 636-561-5290
After Hours Emergency:
314-453-0044

OFFICE HOURS

Monday-Wednesday: 8 a.m. to 6 p.m.
Thursday-Friday: 8 a.m. to 5 p.m.
Saturday: 8 a.m. to 12 p.m.

MASON ROAD PEDIATRICS

PROVIDERS

Lora Collier, M.D.
David E. Hartenbach, M.D.
Karla Keaney, M.D.
Randall S. Sterkel, M.D.
Kelly Dougherty Wassel, CPNP
Meghan Holland, CPNP
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OFFICE HOURS

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Tuesday: 8 a.m. to 6:30 p.m.
Saturday: 8 a.m. to 12 p.m.

HAZELWOOD FLORISSANT PEDIATRICS

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