

Welcome to Pediatrics

Welcome Packet



Pediatric Welcome Packet

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Pediatric Welcome Packet

Welcome Letter

Dear Parents,

Raising a healthy, happy child is a journey filled with milestones, big and small. Keeping track of your child's health and development can feel overwhelming, but you're not alone! **This Pediatric Best Practices Checklist**, based on **CDC guidelines**, is here to help you stay on top of essential health check-ups, screenings, and vaccinations, so your little one can grow strong and thrive.

By following this checklist, you are:

- Ensuring your child receives the best preventive care
- Staying ahead of developmental milestones
- Protecting them from serious illnesses with timely vaccinations
- Promoting healthy habits that will last a lifetime

We know life gets busy, but each check-up and vaccine is a step toward a healthier future. You're doing an amazing job, and your efforts today will help your child grow into a happy and healthy adult. Keep this checklist handy, and celebrate every milestone along the way!

Together, let's give your child the healthiest start in life.

With gratitude,

Your WHMG Pediatric Team

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Newborn Coverage

During the first 30 days following birth, a newborn is automatically covered under the mother's health insurance policy, including any copays, deductibles, and coinsurance associated with her plan. This temporary coverage applies to both private insurance plans and most employer-sponsored health benefits. However, this automatic extension ends on the 31st day, and if no action is taken, the baby may be left without coverage. It's important to act promptly to avoid gaps in coverage, which could result in out-of-pocket costs for medical services such as well-baby visits, immunizations, or hospital stays.

Fortunately, childbirth is considered a qualifying life event, which opens a 60-day special enrollment period. This means you have up to 60 days after the birth to officially add your baby to a health insurance plan—whether it's through your employer, the Health Insurance Marketplace, or Medicaid (if eligible). It's reassuring to know that even if you complete the enrollment toward the end of the 60-day window, coverage will be retroactive to your baby's date of birth (or date of adoption). This retroactive protection ensures that any medical bills incurred in the first few weeks, such as neonatal care or follow-up pediatric visits, will be covered once the enrollment is finalized.

****Note:** MediCal and Alameda Alliance cover the baby through the last day of the month following birth under mom's ID. So if the baby is born in February (any day), mom has until March 31 to enroll the baby, or there is no coverage.*

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Meet Our Medical Team



Bhaskari Peela, MD, is a board-certified pediatrician who received her medical degree in her hometown of Visakhapatnam, India, at Andhra Medical College and completed a rotating internship at King George Hospital. She then completed her internship at Charles R. Drew University of Medicine in Los Angeles, California followed by her residency in General

Pediatrics at Phoenix Children's Hospital in Arizona. After earning her certification in 2010, Dr. Peela has gained a wealth of experience in both inpatient and outpatient ambulatory settings.

"I want to provide quality care to my patients and guide parents and family with their child's preventative care and development so that can lead a healthy lifestyle."

Language Spoken: English, Hindi, Telugu

***Accepting established siblings only**

Providing Advanced Services Including:

- Routine Well Child Visits
- Sick Visits
- Sports Physicals
- Vaccinations
- Telehealth Visits



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Meet Our Medical Team



Rishika Singh, MD, is a board-certified pediatrician who received her Bachelor of Medicine & Bachelor of Surgery (M.B.B.S) from Byramjee Jeejeebhoy Medical College (B.J. Medical College), Pune, India. She completed her pediatric residency at Western Michigan University in Kalamazoo, MI. Dr. Singh's professional experience before WHMG includes: Houston Medical Center, Warmer Robins, GA; Lakeview Health Center, Lakeport CA; and Lake County Tribal Health Consortium, Lakeport and Clearlake, CA.

Language Spoken: English

Providing Advanced Services Including:

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Meet Our Medical Team



Shilpa Jayaramaswamy Sulochana, MD, is board-certified pediatrician with over 12 years of experience in outpatient pediatrics and pediatric hospitalist care. She earned her medical degree from Bangalore Medical College in India and completed her pediatric residency at Nassau University Medical Center in New York. Dr. Sulochana has extensive experience working in both outpatient and inpatient

settings, including a hospitalist role at Advent Health Daytona Beach, where she helped establish a pediatric outpatient clinic and cared for patients in the pediatric unit and newborn nursery. She has also worked at the Pediatric Center of Round Rock, providing care for a wide range of pediatric conditions.

Language Spoken: English

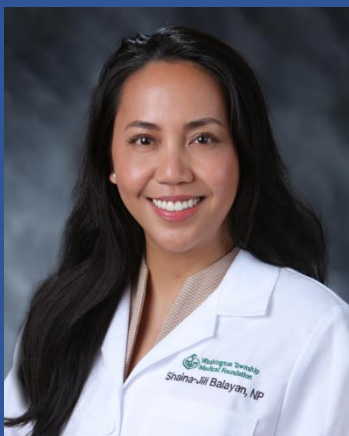
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Meet Our Medical Team



Shaina-Jill Balayan, PNP, is a certified Pediatric Nurse Practitioner and board-certified in Primary Care. She received her MS degree in Biological Sciences at University of the Pacific, CA and her Doctor of Nursing Practice Degree and her Master of Nursing degree in Pediatric Nurse Practitioner, Primary Care at Oregon Health & Science University, OR. Shaina brings with her half a decade of experience as a nurse practitioner to WHMG's Pediatric Clinic.

“My philosophy of care takes into consideration the whole child, including are tailored to the individual. I work with the whole family to instill good health habits to prevent future illness to promote good health.”

Language Spoken: English

Providing Advanced Services Including:

- Routine Well Child Visits
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Outpatient Lactation Resource

Washington Health Maternal
Child Education Center

You can now schedule a private
visit with one of our International
Board Certified Lactation Consultants
via telemedicine or in-person, by
appointment only



Lactation Consultants **FREE advice line**

For more information or to schedule an appointment,
please **call 510.818.5041**

In-person appointments will be held at the Birthing Center.

Washington Health

2000 Mowry Ave, 2nd floor, Fremont, CA 94538

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Congratulations on the Birth of Your Baby!

Here are some basic guidelines to keep in mind for the first few weeks

Wet diaper: 6+ per day
Stools: 3+ per day
Feedings: At least 8 times, according to the baby's cues, around the clock for the first 2-3 months

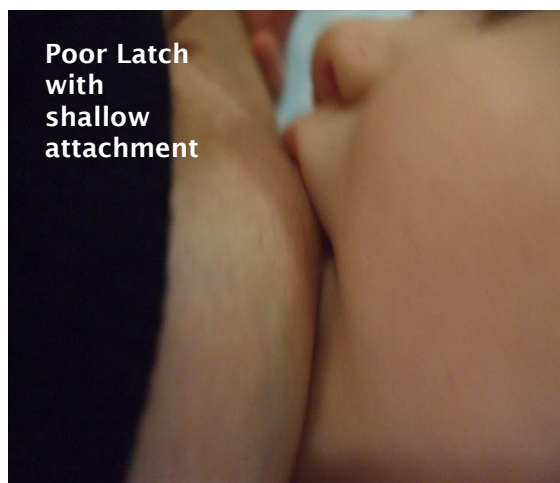
Signs of Good Feedings

- Feeling a deep, strong pulling sensation without sharp pain.
- Consistent sucking with only brief pauses.
- Hearing swallowing (after the milk comes in)
- Latch is easy
- Vigorous sucking at the breast
- Breasts are softer after the feeding
- Seeing milk in your baby's mouth
- Feeling a let-down reflex or seeing a change in the baby's feeding rhythm
- Adequate wet diapers and stools
- Minimal weight loss during first few days
- Baby regains birth weight by 2 weeks and gains $\frac{3}{4}$ to 1 oz daily thereafter



Signs of Poor Feedings

- Feeling pain during feedings
- Sleepy baby
- Inconsistent, fluttering (weak) sucking
- Difficulty latching and staying attached
- Clicking or popping sounds in your baby's mouth
- Infrequent nursing (baby does not wake to feed at least every 3 hours)
- Baby is not satisfied at the end of the feeding
- Engorgement
- Inadequate wet diapers and stools
- Rapid or excessive weight loss (more than 7-10%) during the first few days
- Has not regained birth weight by 2 weeks
- Slow weight gain there after (less than $\frac{1}{2}$ - $\frac{3}{4}$ oz per day)



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Breastfeeding Survival Guide for the First Two Weeks

Breastfeed whenever your baby shows feeding cues

it sounds like a lot, but your baby needs your milk, and your breasts need the stimulation to bring in an abundant milk supply. Newborns need to be fed around the clock so that they get 8 or more feedings each 24-hour period.

Wake your baby up well before feedings

A drowsy baby will not feed for long. Undress to the diaper, rub the tummy and back, talk to and rock your baby until the eyes open. A good strategy is to put the baby naked (except for a diaper) on your chest skin to skin for 1 /2 hour prior to feeds.

Keep your baby suckling through the feeding

if you're baby drifts off to sleep, "bug baby" to keep awake. Massage your baby's feet or back, wash doths, and talk to keep you r b aby feed in g. Look for vigorous sucking on each breast.

Try baby-led latching

Cet in to a reclined position and place the baby on top of you in any position that is comfortable for you. Allow the baby to locate the breast and latch. Baby's head will bob to locate the breast. When the chin feels the breast first, the mouth will open wide and latch. Try again if you feel any nipple pain.



If your breasts get full, keep the milk flowing

Engagement is common in the first few days. Keeping the milk moving helps. Gentle massage during a feeding or pumping session can help to remove additional milk. After feeding the baby or pumping, if you still feel very full, try a bit of hand expression. Or gently move the breast using breast "gymnastics". You can find a video on this technique at MayaBlolman.com. Ice packs are an effective way to reduce swelling in the breasts. And it will feel good!

Look for one wet diaper according to the baby's age until day 6

For example, 3 wet days on day three, four on day four, and so on. Continue with 6 wet diapers and 2-3 stools daily. More is fine, but if you are not getting these minimums, call a lactation consultant or your health care provider for evaluation of your situation and advice.

If your nipples get sore

Try the sandwich hold. Gently squeeze the breast into a "sandwich ". Create an oval of the areola with your thumb lined up with your baby's nose, your fingers under the breast.

When do I get to sleep?

Sleep when your baby sleeps. Newborns tend to feed a lot at night and sleep more during the day. Around-the-clock feeds are grueling, and you can maximize your sleep by napping when your baby does. Accustom yourself to these quick "cat-naps" to help you feel refreshed. You can also encourage the baby to spend more time awake during the day by feeding and playing.

Find your groove

It will take several weeks for you and your baby to get into a pattern of feeding and naptimes. Go with the flow and learn what your baby's natural rhythms are. Schedules don't tend to work until the baby is a bit older and bigger. You can encourage a more predictable pattern later.

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Positioning & Latch: Mother-Led Latching

The way you hold your baby and latch to the breast are the keys to comfortable feeding for you and full feedings for your baby. Correct positioning and latch can prevent many of the common problems that are encountered when starting to breastfeed. Mother-led latching is good for any time the baby needs additional assistance, is too sleepy to latch spontaneously, or you have sore nipples.

Getting Comfortable

Choose a comfortable chair or sofa with good support for your back. Use a footstool to bring your knees up so your lap is slightly inclined and the pressure is off the small of your back. Position pillows wherever needed to support your arms and relax shoulders.

Positioning Your Baby

With any position you choose to hold your baby, turn your baby completely “tummy to tummy,” so your baby’s mouth is directly in front of the breast and there is no need for the baby’s head to turn to the side to reach the nipple.

Position your baby’s nose to your nipple so baby has to “reach up” slightly to grasp the nipple. The chin should touch the breast first, then grasp the nipple.



Place your baby’s lower arm around your waist. This will draw your baby close to you. Look for a straight line from your baby’s ears, to shoulders, to hips. The head should not be tucked into the chest, or tipped backwards. Your baby’s legs should curl around your waist.

The **football hold (clutch hold)** is a good for parents who have had a cesarean delivery because the weight of the baby is not on the abdomen. Tuck the baby under your arm with pillow support to place the baby breast height. Tuck a pillow or rolled receiving blanket under your wrist for support.



Using a **C-hold**, place your baby facing you with baby’s mouth at nipple height. Baby’s hips should be flexed with legs and feet tucked under your arm.



The cross-cradle hold is one of the preferred positions for the early days of breastfeeding. You will have good control of the position of your baby’s head when you place your hand behind your baby’s ears. Roll the baby to face you “belly to belly.”

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Is My Baby Getting Enough?

Often, a new parent's biggest concern is about how much and how often the baby breastfeeds. Here are some guidelines to help you know if your baby is getting enough:

- You should be responsive to your baby's feeding cues. After the first 24 hours, most babies will feed 8 or more times in 24 hours. As your baby gets older, feedings will be more efficient and may be less frequent.
- Some feedings may be close together, even an hour or so apart. Other feedings will be less frequent. Feedings do not need to be evenly spaced and are often irregular in the newborn baby. Wake your baby if he doesn't wake to feed within 3 hours during the day. Night time feedings can be less frequent.

Typical Patterns for Wet Diapers

1. Wet diaper on day one
2. Wet diapers on day two
3. Wet diapers on day three
4. Wet diapers on day four
5. Wet diapers on day five
6. Wet diapers on day six and from then on, look for light yellow to clear urine

Typical Patterns for Stools are Several Per Day

Day 1 Meconium (dark & tarry)
Day 2 Brownish
Day 3 Brownish yellow
Day 4 Dark yellow, soft
Day 5 Yellow, semi-liquid
Some newborns stools after every feeding
Stools taper off and may not even occur every day as your baby gets older

Babies generally lose a little weight in the first few days after birth and then begin to gain. This is a normal pattern. If your baby meets the diaper chart above, the baby is probably transferring enough milk. Babies typically lose between 4-7% of birth weight. Work with a lactation consultant if the weight loss is closer to 10%. Have your baby's weight checked a couple of times during the first 2 weeks, especially if you are concerned that your baby is not eating enough. A weight check is the only sure way to determine an adequate intake. Once your baby has regained birth weight, at about 2 weeks, you can relax and let your baby set the pace for the feedings.

Sometimes babies seem to take a good feeding at the breast but wake within a few minutes wanting more. Offer the breast again. It will likely be a short "top off" feeding, and your baby will drop off to sleep.

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Is My Baby Getting Enough?

Signs of Hunger

- Rooting
- Mouthing movements
- Tense appearance
- Grunting, other sounds
- Hand-to-mouth activity
- Kicking, waving arms
- Crying

Signs of a Good Latch

- Relatively comfortable, the latch pain subsides quickly
- Lips at the breast at least 140° angle or greater
- A large portion of the areola in the baby's mouth
- Lips flanged (rolled out)

Signs the Baby is Full

- Drowsiness, sleepiness
- Baby comes off the breast spontaneously
- Relaxed appearance
- Hand and shoulders are relaxed
- Sleeps for a period of time before arousing to feed again

Signs of a Good Latch

- Easy latch, stays latched
- Swallowing you can hear
- Noticing that the breasts are softer after feedings
- Feeling strong, deep, "pulling", sucking
- Seeing milk in your baby's mouth
- Leaking from the other breast or feeling of a "let-down" reflex
- Vigorous sucking
- Wide jaw movements and consistent sucking

Please seek the advice of a Lactation Consultant or another health care provider if:

1. Your baby has not begun to gain weight by his fifth day after birth or has not regained birth weight by 2 weeks
2. During the first week of life, the baby goes 24 hours without pooping.
3. After the first week of life, the baby is not having several stools per day.
4. The baby is not peeing at least six times per day. The diapers should feel heavier.

These signs can indicate inadequate feeding and can become a serious concern if not corrected quickly. You may wish to keep a written record of when your baby voids, stools, and feeds for a few days so you can accurately report this to your health care provider. Please seek help if your problem does not resolve quickly.

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Storage and Handling of Breastmilk

Pumped breastmilk should be stored in the cleanest and safest way. It can be stored in any clean container: plastic, glass, or nurse bags.

Recommendations for storage temperatures and times vary greatly from one authority to another. We are recommending guidelines based on research and common sense.

Room Temperature

Freshly pumped breastmilk can be kept at room temperature for 4-6 hours. If it will need to be kept longer, please refrigerate. Milk that has been previously chilled should be kept at room temperature for no longer than an hour or so.

Refrigerated

Breastmilk may be stored in a refrigerator 4-8 days. If you think that you may not use it within that time period, freeze it. If you find you have milk that has almost reached its expiration date in the refrigerator, you may freeze it for later use.

Frozen

Breastmilk may be stored in a freezer for up to 3 months and in a deep freezer for up to 12 months. The freezer is cold enough if it keeps your ice cream solid.

That will be around 0° F or -20° C. It should be placed in a part of the freezer that will not be subject to changes in temperature as the door is opened and closed. If plastic nurse bags are used, they should be doubled or protected from being bumped and torn in the freezer.



Layering Breastmilk

You may add “new” milk to previously chilled or frozen milk. Chill the “new” milk prior to adding it to the container of milk. The expiration date of that container of milk will be from the date of the original milk.

It is best to freeze milk in feeding-sized quantities. If you are just starting to pump, you may not yet have an idea of what will be the right size for your baby.

Freeze in 2-3 oz. quantities to start. You don’t want to thaw out more milk than your baby will take in 24 hours. You can always get more if necessary, but you will be dismayed if you have to discard pumped breastmilk. After you have some experience with how much your baby takes from a bottle, you can freeze milk in that quantity.



Thawed

Breastmilk can be thawed in lukewarm water in just a few minutes. Then it can be warmed to serving temperature in the same manner. Never make it warmer than body temperature. Never use a microwave to thaw or warm breastmilk. Discard any milk left in a bottle after feeding. Thawed breastmilk must be discarded after 24 hours. Do not re-freeze it.

Transporting

Chill any milk that you pump at work either in a refrigerator or portable cooler bag. A cooler bag can be used to transport the milk home.

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How to Prepare and Feed Your Infant Formula

Breast milk has many benefits for a baby but sometimes there is a medical reason an infant needs formula or it is desired by the parents. We are here to support you! Please carefully read through the information to safely give formula.

What is formula?

Formula comes as powder or concentrated liquid that you mix with water, or as a ready-to-feed mixture. It contains very similar nutrients to those in breast milk. There is always the possibility of bacterial contamination of powdered formula. Use only store-bought baby formula, not homemade formula. Homemade formulas usually do not have enough important nutrients, even if the ingredients seem healthy. This can be dangerous for babies. The amount of breast milk or formula a baby needs changes as they grow.

When do I feed my baby?

Feed your baby when they show signs of being hungry. Signs of hunger are: Waking up from sleep, moving their head around as if they are looking for the breast, sucking on their hands, lips, or tongue. Babies can feed on different schedules and for different amounts of time. Some babies finish a feeding in 5 minutes, but others might take 20 minutes or longer. Newborns do better with regular pauses. Use the pauses to burp the baby. Never force an infant to finish a bottle as this can cause stomach pain and excessive weight gain. Newborn babies feed about 8 to 12 times each day.

How do I prepare the formula?

Wash your hands before touching the bottle, breast milk, or formula. Start with a clean bottle and nipple.

To prepare a bottle of formula using powder or a concentrated liquid:

- Check the expiration date on the formula. Do not give expired formula.
- Be sure to use powdered formula within 1 month of opening the container.
- If your baby is younger than 2 months old or has a weak immune system, talk to your doctor about how to feed them safely. It might be safer to use liquid formula instead of powdered formula.
- To know how much formula and water to use, follow the directions on the container, or your doctor's instructions.
- To prevent bacterial contamination, use boiled water for 2 to 3 minutes to mix the formula. This kills any germs. But it will not remove heavy metals.
- Put the nipple on the bottle, and shake well to mix the formula and the water. Use within 30 minutes

*pro-tip from our lactation consultants: make a batch each night and store in the refrigerator for no more than 24 hours to have quicker access to prepared formula

To prepare a bottle of ready-to-feed formula:

- Check the expiration date on the formula. Do not give expired formula.
- Pour the formula in the bottle and put the nipple on.

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How to Prepare and Feed Your Infant Formula

- Do not add water or any other liquid.
- To warm milk, hold the bottle under running warm water or set the bottle in a pan of warm water for a few minutes. **Do not microwave it.** Then, check that it is not hot before feeding the baby. First, swirl the milk or formula in the bottle to make sure that the temperature is even. Then, put a few drops on the inside of your wrist to check the temperature. It should feel slightly warm, not hot.
- Follow the container's instructions for how to store it safely. Do not store prepared formula for more than 24 hours.

How do I position my baby?

- Hold the baby close to your body in a cradle hold. This is when their head is resting on the inside of your elbow, and they are facing up toward you. Their head should be slightly higher than the rest of their body. Support their head and neck.
- Stroke the baby's lips or cheek near their mouth with the nipple. This will help them open their mouth.
- Place the nipple in their mouth. Hold the bottle horizontally or at a slight angle, not straight up and down.
- Hold the bottle the entire time you are feeding. **Do not prop it up.**
- You might need to take breaks to burp the baby during the feeding. This is because babies swallow air as they drink.
- Watch for signs that the baby is full. If they are full, stop the feeding, even if they have not finished the bottle. Signs that a baby is full include: Turning their head away, sucking more slowly, closing their eyes, or relaxing their hands and arms.
- Throw away any milk or formula that the baby does not finish within 1 hour from starting the feeding, or if it has been sitting out for 2 hours.

Should I be pumping?

If breastmilk is desired, it is recommended to use a breast pump every 2-3 hours for 15-20 minutes. This is because introducing formula will reduce your milk supply even if you are doing both breastfeeding and bottle feeding with formula.

*Clean bottles, nipples and pumping supplies after each use: Wash the bottle and nipple in hot, soapy water. You can use a bottle brush to help. Rinse with clean water. Some bottles can go in the dishwasher, but not all can. Check the bottle and nipple each time you clean them. Do not use bottles that are chipped or cracked

Author: J.Ross, Birthing Center CNS, 08/27/25

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Well-Child Care Visit Schedule

Age	Visit
3-5 Days	First Week Visit – weight and or jaundice follow up
2 Weeks	Growth and Development
1 Month	Growth and Development
2 Months	Your Infant Will Receive Immunizations
4 Months	Your Infant Will Receive Immunizations, complete ASQ (development questionnaire)
6 Months	Your Infant Will Receive Immunizations, complete ASQ
9 Months	Complete ASQ
12 Months	Your Child Will Receive Immunizations, complete ASQ, POCT LEAD, and Hemoglobin Testing
15 Months	Your Child Will Receive Immunizations, complete ASQ
18 Months	Your Child Will Receive Immunizations, complete ASQ, and MCHAT (Modified Checklist for Autism in Toddlers, Revised)
2 Years	Complete ASQ and MCHAT, POCT LEAD (if not completed at 12 months)
2.5 Years	Complete ASQ
3 Years	Complete ASQ
4 Years	Your Child Will Receive Immunizations
5-6 Years	It's Kindergarten Time! Your child will have a physical exam and vaccines that were not given during the 4 year old well child visit
7-10 Years	Your Child Will Receive Immunizations
11 Years	Annual Well Child Exam, complete PHQ-9 (Patient Health Questionnaire)
12-15 Years	Your Child Will Receive Immunizations, complete PHQ-9
17-18 Years	Your Child Will Receive Immunizations, complete PHQ-9



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Immunization Schedule

Age	Immunization
Birth	<ul style="list-style-type: none"> Hepatitis B (Engerix B)
2 Months	<ul style="list-style-type: none"> Pediarix – DTaP, Hep B, and POLIO Hib Pneumococcal (Prevnar 20) Rotavirus
4 Months	<ul style="list-style-type: none"> Pediarix – DTaP, Hep B, and POLIO Hib Pneumococcal (Prevnar 20) Rotavirus
6 Months	<ul style="list-style-type: none"> Pediarix – DTaP, Hep B, and POLIO Pneumococcal (Prevnar 20)
12 Months	<ul style="list-style-type: none"> MMR (live) Varicella (Varivax) (live) Hepatitis A (Harvix A) #1 of 2
15 Months	<ul style="list-style-type: none"> Pneumococcal (Prevnar 20) Dtap Hib
18 Months	<ul style="list-style-type: none"> Hepatitis A (Havrix A) #2 of 2
4 Years	<ul style="list-style-type: none"> Kinrix (DTaP, Polio) ProQuad (live) (MMR, Varicella)
11 Years	<ul style="list-style-type: none"> Tdap Meningococcal (MCV4) (Menactra) #1 of 2 <ul style="list-style-type: none"> High Risk Only-Meningococcal Group B (Bexsero) #1 of 2 (#2 given 6 months from the 1st dose) HPV #1 (Gardasil 9-Recommended for 11+ years of age) (<i>series of 2 doses</i>, #2 given 6 months from the 1st dose)
15 Years	<ul style="list-style-type: none"> HPV #1 (Gardasil 9 -Recommended for 11+ years of age) (<i>series of 3 doses</i>, if HPV given after 15 years of age) (#2 given 1-2 months from the 1st dose - #3 given 6 months from the 1st dose)
16 Years	<ul style="list-style-type: none"> Meningococcal (MCV4) (Menactra) #2 of 2 Meningococcal Group B (Bexsero): 3 dose series if given after 16 years of age.

***Influenza - start as early as 6 months -1st dose, 30 days for 2nd dose, yearly after this.**



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Best Practice Checklist

Welcome to your Pediatric Care Checklist! This checklist is designed to help parents keep track of important milestones, appointments, screenings, and vaccinations. Use this as a helpful tool during medical visits and at home to stay informed and confident in your child's care journey.

Appt date	Weight	Height	Notes

Newborn Stage (0-31 days)

- ☐ First Pediatric Visit (3-5 days after birth)
- ☐ Newborn Screening Tests (blood test, hearing, heart screening)
- ☐ Birth Measurements (weight, length, head circumference)
- ☐ Jaundice Screening
- ☐ Feeding & Growth Assessment
- ☐ Safe Sleep Education (Back to Sleep, crib safety)
- ☐ Vitamin K & Erythromycin Eye Ointment (given at birth)
- ☐ Hepatitis B Vaccine (1st dose at birth, 2nd at 1-2 months, 3rd at 6-18 months)

Appt date	Weight	Height	Notes

1 Month (32-62 days)

- ☐ Well-Child Visit
- ☐ Monitor Feeding and Weight Gain
- ☐ Discuss Developmental Milestones (eye contact, responding to sounds)



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Best Practice Checklist

Appt date	Weight	Height	Notes
2 Months (63-124 days)			
<ul style="list-style-type: none"><input type="checkbox"/> Well-Child Visit<input type="checkbox"/> Developmental Screening (social skills, reflexes)<input type="checkbox"/> Routine Vaccinations<ul style="list-style-type: none">○ Pediarix – DTaP, Hep B, and POLIO○ Hib (Haemophilus influenzae type b)○ Pneumococcal (Pevnar 20)○ Rotavirus (RV)			

Appt date	Weight	Height	Notes
4 Months (125-186 days)			
<ul style="list-style-type: none"><input type="checkbox"/> Well-Child Visit<input type="checkbox"/> Developmental Screening - ASQ<input type="checkbox"/> Monitor Head & Neck Control<input type="checkbox"/> Routine Vaccinations (same as 2 months)<ul style="list-style-type: none">○ Pediarix – DTaP, Hep B, and POLIO○ Hib (Haemophilus influenzae type b)○ Pneumococcal (Pevnar 20)○ Rotavirus (RV)			



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Best Practice Checklist

Appt date	Weight	Height	Notes
6 Months (187-279 days)			
<ul style="list-style-type: none"><input type="checkbox"/> Well-Child Visit<input type="checkbox"/> Developmental Screening - ASQ<input type="checkbox"/> Introduce Solid Foods (as recommended)<input type="checkbox"/> Fluoride Supplements (if needed)<input type="checkbox"/> Routine Vaccinations<ul style="list-style-type: none">o Pediarix – DTaP, Hep B, and POLIOo Pneumococcal (Pevnar 20)o Influenza (flu – 1st dose, yearly after this) <i>*seasonal</i>			

Appt date	Weight	Height	Notes
9 Months (280-372 days)			
<ul style="list-style-type: none"><input type="checkbox"/> Well-Child Visit<input type="checkbox"/> Developmental Screening – ASQ<input type="checkbox"/> Lead Exposure Check (if high risk)			



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Best Practice Checklist

Appt date	Weight	Height	Notes
12 Months (373-465 days)			
<ul style="list-style-type: none"><input type="checkbox"/> Well-Child Visit<input type="checkbox"/> Developmental Screening - ASQ<input type="checkbox"/> First Dental Visit (if not done earlier)<input type="checkbox"/> Lead Screening<input type="checkbox"/> Iron Deficiency Screening<input type="checkbox"/> Routine Vaccinations<ul style="list-style-type: none">○ MMR - measles, mumps, rubella○ Varicella - chickenpox○ Hepatitis A - 1st dose, 2nd dose at least 6 months later			

Appt date	Weight	Height	Notes
15 Months (466-558 days)			
<ul style="list-style-type: none"><input type="checkbox"/> Well-Child Visit<input type="checkbox"/> Developmental Screening - ASQ<input type="checkbox"/> Dental Check-Up<input type="checkbox"/> Routine Vaccinations<ul style="list-style-type: none">○ DTaP○ Hib (Haemophilus influenzae type b)○ Pneumococcal (Prevna 20)			



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Best Practice Checklist

Appt date	Weight	Height	Notes
18 Months (559-744 days)			
<ul style="list-style-type: none"><input type="checkbox"/> Well-Child Visit<input type="checkbox"/> Developmental Screening - ASQ<input type="checkbox"/> M-CHAT (Autism screening tool)<input type="checkbox"/> Potty Training Readiness<input type="checkbox"/> Lead Screening (if not done earlier)<input type="checkbox"/> Routine Vaccinations<ul style="list-style-type: none"><input type="checkbox"/> Hepatitis A – 2nd dose			

Appt date	Weight	Height	Notes
2 Years (745- 930 days)			
<ul style="list-style-type: none"><input type="checkbox"/> Annual Well-Child Visit<input type="checkbox"/> Developmental Screening - ASQ<input type="checkbox"/> M-CHAT (if not completed at 18 months)<input type="checkbox"/> Monitor Speech Development – first 2-word phrases expected<input type="checkbox"/> Introduce Healthy Eating & Physical Activity Habits			

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Best Practice Checklist

Appt date	Weight	Height	Notes
2.5 Years (30 months - 931- 1116 days)			
<input type="checkbox"/> Well-Child Visit <input type="checkbox"/> Developmental Screening - ASQ			

Appt date	Weight	Height	Notes
3 Years (1117 - 1488 days)			
<input type="checkbox"/> Annual Well-Child Visit <input type="checkbox"/> Developmental Screening – ASQ (<i>as needed</i>) <input type="checkbox"/> Vision and Hearing Screening <input type="checkbox"/> Encourage Play-Based Learning			

Thank You!

Thank you for taking the time to use the Pediatric Care Checklist. Your dedication to staying informed and involved in your child's health and development makes a meaningful difference. We're honored to be part of your journey and are here to support you every step of the way.

**With gratitude,
Your Pediatric Care Team
WHMG Pediatrics**

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MyChart

Take Control of Your Health with MyChart!

Managing your healthcare has never been easier. With MyChart, you get secure, 24/7 access to your health information — anytime, anywhere.

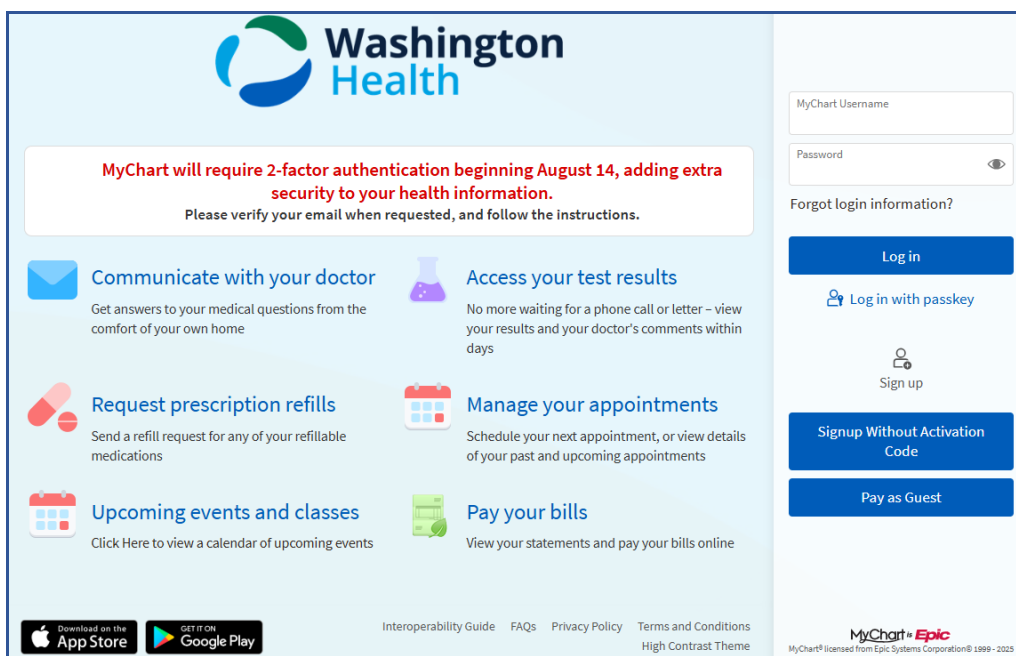
With MyChart, you can:

- Schedule or request appointments
- Communicate with your doctor and care team
- View test results as soon as they're available
- Request prescription refills
- Pay medical bills quickly and securely
- Access your child's records with proxy. Ask you care team for more info.
- Access your medical history, visit summaries, and more!



[Stay connected. Stay informed. Stay healthy.
Sign up for MyChart today and take charge of your care!](https://mychart.whhs.com/MyChart/Authentication/Login)

<https://mychart.whhs.com/MyChart/Authentication/Login>



The screenshot shows the Washington Health MyChart login interface. At the top left is the Washington Health logo. A red banner message states: "MyChart will require 2-factor authentication beginning August 14, adding extra security to your health information. Please verify your email when requested, and follow the instructions." Below this, there are six service tiles: "Communicate with your doctor", "Access your test results", "Request prescription refills", "Manage your appointments", "Upcoming events and classes", and "Pay your bills". On the right side, there is a login form with fields for "MyChart Username" and "Password", a "Forgot login information?" link, and buttons for "Log in", "Log in with passkey", "Sign up", "Signup Without Activation Code", and "Pay as Guest". At the bottom, there are links for "Download on the App Store" and "GET IT ON Google Play", as well as links for "Interoperability Guide", "FAQs", "Privacy Policy", "Terms and Conditions", and "High Contrast Theme". The MyChart by Epic logo and copyright information are at the bottom right.



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My Resources

Labs

Washington Outpatient Lab

2500 Mowry Ave. Suite 108

Fremont, Ca 94538

(510) 818-6678

<https://www.washingtonhealth.com/services/outpatient-laboratory/>

Quest Diagnostics

2191 Mowry Ave. Suite 500B

Fremont, Ca 94538

(510) 797-3322

<https://www.questdiagnostics.com/>

LabCorp

2147 Mowry Ave. Suite C1

Fremont, Ca 94538

(510) 793-3385

<https://locations.labcorp.com/ca/fremont/21772/>

Urgent Care

Washington Health Urgent Care – Coming December 2025!

2682 Mowry Ave.

Fremont, Ca 94538

PAMF Sutter Urgent Care

3200 Kearny St. 1-1

Fremont, Ca 94538

(510) 498-2940

<https://www.sutterhealth.org/find-location/facility/fremont-center-urgent-care-1043246913>

St. Francis Urgent Care Center

1090 La Playa Dr.

Hayward, Ca 94545

(510) 780-9400

<https://www.stfrancisurgentcare.com/>

San Ramon Urgent Care

9140 Alcosta Blvd. Suite D

San Ramon, Ca 94583

(925) 361-5959

<https://www.sanramonurgentcare.com/>



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My Resources

Pharmacy

Walgreens

2600 Mowry Ave
Fremont, Ca 94538
(510) 742-9356

CVS Fremont Hub

4020 Fremont Hub
Fremont, Ca 94538
(510) 791-9108

CVS Brookvale

35720 Fremont Blvd
Fremont, Ca 94536
(510) 792-4867

CVS Newark

35080 Newark Blvd
Newark, Ca 94560
(510) 796-4050

Haller's Pharmacy and Medical Supply

37323 Fremont Blvd
Fremont, Ca 94536
(510) 797-2772

Websites

Washington Health Medical Group

<https://www.mywtmf.com/>

Healthychildren.org

<https://www.healthychildren.org/English/Pages/default.aspx>

**For other locations or coverage information please contact your insurance*