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Office Hours

November 2015

Patient Survey

Dear Parents,

We are excited to mark the first year of our monthly newsletters landing in your inbox. We hope that you have found them helpful and informative. As our newsletter turns one, we are asking for your feedback on the ways in which our newsletter is helpful and ideas you may have for the future. Please [Click Here](#) to complete our quick, 2 minute survey.

Sincerely,

Pediatric Associates of Richmond

Wonderful One Year Old



As our newsletter marks one year of landing in your inbox monthly, we thought it appropriate to celebrate the amazing and sometimes perplexing one year old!

A child's first birthday is a time of celebration for family and the mark of transition from infancy to toddlerhood. Your child's

Three Chopt Location

Monday - Friday

7:30 A.M. - 7:30 P.M.

Saturday

9:00 A.M. - 12:00 P.M.

Bell Creek Location

Monday - Thursday

8:30 A.M. - 6:30 P.M.

Friday

8:30 A.M. - 5:00 P.M.

Billing Office

Monday - Friday

9:00 A.M. - 4:30 P.M.

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language, gross motor and fine motor skills all begin to take great leaps.

At around the one year mark, language begins to evolve more quickly. You may see your one year old indicate interest in something by using his or her index finger to point. The repetitive babbling sounds will start to sound like single syllables or true words. These may be words that only you recognize, but you will notice your child making the same sound in the same context repeatedly. [Continue Reading](#)

Things That Go Bump In The Night

Days are becoming shorter and nights are growing longer as we approach the coming of winter. Nothing makes a night seem more endless than hearing cries from



your child who is scared in the middle of the night. Nightmares, night terrors and sleepwalking are common sleep problems that parents bring us concerns about.

[Continue Reading](#)

Front Desk & Flu News

Flu Update

Please continue to visit our website's News & Press section by [Clicking Here](#) for updates on scheduling your child's flu vaccine.

On-Line Bill Pay Now Available

We are pleased to announce that our new On-line Bill Pay module is available for all patients at no additional cost and is accessible through our website. You can make payments with your VISA, American Express, MasterCard, or Discover cards. For easy to follow instructions, [Clicking Here](#)

School & Sports Forms

We are now booking appointments through the month of February. If your child needs a physical for school or sports, please contact the Call Center at 804-282-4205 as soon as possible to schedule. Remember when

scheduling these appointments to check with any school sports to ensure that the physical will be within the correct date range for participation. Please bring all forms (please include both the parent pages and the pages for the office to complete) to your child's visit, also remembering that we have a \$5.00 completion fee per form and require 3-5 days to complete them. You may either pick up your form at the office where you dropped it off or notify the front desk if you would like it mailed. Note that we do not fax forms. If you have any questions, please ask the front desk staff at the time of check-in.

Wonderful One Year Old (cont.)

One year olds are great explorers. With their new gross motor independence, you will find them happily moving around the room pulling things out of baskets and cabinets. A basket of age appropriate toys that can be happily unloaded (and quickly picked up by mom or dad) is a great source of entertainment. They will engage their improving pincer grasp and fine motor skills by working with shape sorters, stacking blocks or trying to fit together large pieces. They now understand 'object permanence' meaning that they know if an object is hidden it is still there. They may enjoy hiding toys under the basket and then finding them again. At this stage, they are much more efficient at feeding themselves and may even start to grab for the spoon. They will become more adept at a sippy or straw cup as well.

Those first steps are a much anticipated one year milestone for many parents. You may notice that your child by a year of age spends a great deal of time pulling up on the furniture and walking holding onto something. They may even have the courage to let go briefly and stand alone before sitting back down. They may begin to take a few unassisted steps. However, walking is a milestone with a wide age variance. Some infants may walk as early as 9-10 months, while others won't walk until 18 months or so. Both are within the range of normal, so don't be concerned if your one-year old hasn't taken steps just yet.

When those feet are spending more time on the floor, you may consider buying your child's first shoes. At home and on surfaces where protection isn't the primary concern, barefoot is best. Also be aware of slippery rugs or surfaces. When your child needs shoes for protection, choose those with a flexible sole and room in the toebox. Tennis shoes are a great option for a first shoe.

Around this time of exploration and new milestone achievement you may notice that your child wakes in the night occasionally. This happens commonly around the time babies learn to walk, almost as if that desire to get moving is stronger than the need to sleep. Use the tools that you have learned over the first year to reassure your child and help him get back to sleep.

Bringing your one year old into the pediatrician's office may be different experience than bringing him or her for checkups during infancy. You may notice that your child starts to fuss or seem wary as soon as you walk through the door. This fearfulness occurs due to the fact that a one year old takes time to warm to new or unfamiliar situations. Bring with him a comforting toy or blanket. Bring along a favorite board book, a few blocks, a doll or toy train engines that can be a helpful distraction.

At one year of age, children will receive three immunizations. These are MMR (measles, mumps, rubella) varicella (chicken pox) and Hepatitis A vaccines. The MMR and varicella vaccines, unlike other vaccines administered during the first year, are given in the back of the arm. Dressing your child in loose, short sleeves may make this easier. We may also order bloodwork to screen for anemia and lead, which is prevalent in

some Richmond communities.

We look forward to seeing you and your one year old in the office and hearing about the many new adventures and discoveries that you are having together! Please don't hesitate to contact one of our providers if you have questions or concerns about your child. Happy First Birthday!

Things That Go Bump In The Night (cont.)

Nightmares and night terrors are different entities that are commonly confused by parents. A nightmare is a scary or disturbing dream that occurs during REM sleep. One out of every four children experiences these at least weekly. Nightmares happen frequently in preschoolers and peak between the ages of 6 and 10. Often preschoolers, who are yet not fully able to distinguish between dreams and reality, will be anxious about these bad dreams and may resist going back to sleep. Nightmares generally occur in the second half of the night, commonly between 4 and 6 AM. Unlike night terrors, your child will fully awaken after a nightmare and may come to you seeking comfort and reassurance. Your child will usually be able to remember at least parts the dream and may be able to tell you why it was scary. Nightmares may be precipitated by frightening or overly stimulating events that occur before bedtime. Stress or anxiety provoking events during the day are also associated with nightmares, as are some medications. It is possible your child will have the same nightmare repeatedly.

If your child wakes after a nightmare, they may require assistance from you to calm themselves and return to sleep. If you hear your child awaken, go to her as soon as possible. Offer a hug and some quiet reassurance that she is safe and that you will not let anything harm her. You may need to remind her that dreams are not reality. Encourage to your child to tell you about the dream and what was frightening about it. Asking your child to think of an alternative, happier ending to the dream is a helpful strategy. Nightlights, comfort objects and white noise may ease your child's transition back to bed.

Night terrors are very different than nightmares. These are most common in toddlers and preschoolers and occur during the deepest part of sleep. These usually happen in the first part of the night, often before parents are in bed. Often night terrors occur around the same time each night over a span of several nights. Unlike nightmares, night terrors occur infrequently. Night terrors may run in families. Eighty percent of children who have night terrors have a family history of a parent also having night terrors as a child. They may be slightly more common in boys than in girls.

If your child is having a night terror, he may seem not fully awake but very frightened or confused. His eyes may be opened. You may find him screaming, sweating, breathing quickly or crying. He will generally not recognize you or acknowledge that you are there. You may find him flailing his arms and legs and he may push you away if you try to hold him. It may be difficult to awaken him and the episode may last several minutes. Once the episode is over, he may fall right back to sleep, unlike the child who has experienced a nightmare. He will generally not be able to recall the event.

Night terrors are much scarier for the parent than the child, as the child generally will not remember the episode in the morning. If you find your child experiencing a night terror, it is most important that you stay calm. Your role is to help keep your child safe and prevent injury until the episode passes. Don't try to awaken your child. Stay nearby your child. Gentle restraint may be needed if your child tries to get out of bed.

As it is very difficult to interrupt a night terror in progress, preventing them may be the best strategy for dealing with them. Establish and stick to a bedtime routine. Ensure that your child gets enough rest, as night terrors are more common when children are overtired. Interrupting the deep sleep onset may be helpful if your child is having nightly episodes. To do this, note the onset of the episode and then fully awaken your child the following night 15 to 30 minutes before the usual onset time. This awakening is usually done for 2 to 4 weeks consecutively. If the episodes recur, the technique should be used again. It will be reassuring to parents to know that night terrors are usually self-limited. Their incidence declines dramatically after the onset of puberty

and are very uncommon in adolescents and adults.

Sleepwalking sometimes occurs at times during this period, most commonly between ages 4 and 8 years. Again a family history of sleepwalking is commonly noted. As with night terrors, sleep deficits, acute illness and some medications make children more prone to sleep walking. Children who sleep walk may be found wandering or engaging in behaviors without being fully awake. If you your child is sleepwalking, gently lead them back to their room. Ensure that safety measures are in place to keep the sleepwalking child from injury. Having a room located away from stairs, using gates or placing a bell on the door to alert a parent are good safety measures. Sleepwalking also becomes less frequent toward the adolescent years.

An additional helpful strategy for parents dealing with nightmares, night terrors or sleepwalking is to keep a sleep log for your child. Helpful information would include: where the child sleeps, the number of hours of sleep each night, length and timing of naps, how long in bed before falling asleep, number of episodes of night waking per night, any changes or stressors, use of media or electronics around bedtime, comfort items needed to fall asleep, how you respond when your child wakes. Keeping this log over a period of a few weeks may help you identify triggers and solutions to these common sleep problems. This log will also be very helpful to us when discussing sleep problems with you.

Armed with this knowledge, we hope you know feel equipped to tackle all monsters, spooky shadows and things that go bump in the night. Sweet dreams!

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