



**Welcome** to Marimón Pediatrics and the world of parenthood! Preparing for a new baby is a very exciting time in your life, in which most likely you may have many questions. As your pediatrics practice, we would be honored to have the opportunity to help you during this wonderful time. Dr. Marimón is a Board Certified Pediatrician dedicated to providing the highest level of care for your children, from birth to adolescence. With over 15 years of experience in the medical field, we are confident that Dr. Marimón will advise you on the best possible care for your child(ren) over the next few months and years to come. As you get closer to the time of your delivery, here is some information about our practice that can help you get ready to care for your new baby.

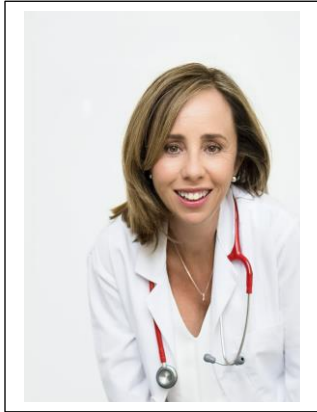
## Gilma Marimón, MD, FAAP



Dr. Marimón was born in Honduras to a Cuban father and Honduran mother, and moved to Miami when she was a young girl. She graduated as Valedictorian of her class at South Miami Senior High School. She then attended the University of Miami, as a Howard Hughes Scholar, graduating cum laude with a dual Bachelor's degrees in Biology and Spanish Literature. Subsequently, she obtained her Medical Doctorate from the Miller School of Medicine at the University of Miami. After graduating from medical school, she completed an internship in Anesthesiology at the University of Miami/Jackson Memorial Hospital. She then moved with her husband to Washington, D.C. where she completed her pediatric residency training at Inova Fairfax Hospital for Women and Children. There, she was honored with such awards as "Teaching Resident of the Year" and "Pediatric Intensive Care Resident of the Year". After completion of her training, she joined an elite private pediatric practice in Washington, D.C. for a few years before finally returning home to Miami in 2013 where she now resides and practices.

Dr. Marimón is a Board Certified Pediatrician with over 15 years of experience, but here is some personal information you might want to know. She is a wife and mom of two beautiful young girls. In her spare time, she enjoys literature and poetry. She has written over a hundred poems, mostly in her native Spanish language. She has appeared both in print and television media, giving her professional advice on topics such as sleep, wellness, and vaccinations to our greater Miami's population. Keep your eye out for her!

*Individualized. Personalized. Focused. The best care for your children!*



## Carolina Villanueva, MD

Dr. Carolina Villanueva attended the University of El Salvador in Buenos Aires, Argentina, where she earned her medical degree in 1996. She then completed her Pediatric Residency and Fellowship in Neonatology in 2002, at Hospital Frances in Buenos Aires, Argentina. In 2003, she moved to Miami with her husband. She then continued her training at the University of Miami, Jackson Memorial Hospital where she completed her second Pediatric Residency in 2006.

Dr Villanueva was Board Certified in 2008. She has experience in Neonatal Intensive Care, where she worked in multiple NICU settings early in her career. Her special interests include newborn babies and the care and follow up of ex-premature babies. She has been in private practice working as an attending physician since 2006, caring for the children and families of the community that she loves and is and part of.

Dr. Villanueva is very passionate about her work with children and adolescents. Her approach to medicine ensures all patients receive the attention they deserve on every visit.

She currently lives in Key Biscayne with her husband and two children. She loves to travel, spend time with her family, and friends, and participate in outdoor activities.



## Meet our Staff



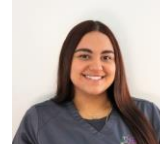
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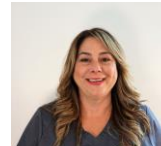
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[www.MarimonPediatrics.com](http://www.MarimonPediatrics.com)

Monday – Thursday.....8:30am to 5:00pm  
Friday.....8:00am to 1:00pm

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## What to expect

**First Visit:** Once your baby is born, the pediatrician at the hospital will examine your baby. The hospital will provide you with the all the paperwork to bring to the office at the time of your first visit. Once you are preparing for discharge from the hospital, you should call our office to schedule your first appointment or to determine your baby's needs and when the first visit should be. Most commonly, the first visit occurs 2-4 days after leaving the hospital. For your visit, please bring any questions or concerns you may have about breastfeeding or bottle feeding. Additionally, keep a list of topics you would like to discuss with Dr. Marimón at this or your next visit.

**Well Child Care:** Seeing your child(ren) and their parents at regular intervals is important in maintaining your child's health. Evaluating growth and development, discussing safety, nutrition, behavior and answering age related questions are the functions of well child visits. We encourage the following schedule of visits for the first few years of life.

- Newborn Visit (2-4 days after discharge)
- 1-2 weeks of age
- 1 Month
- 2 Months
- 4 Months
- 6 Months
- 9 Months
- 12 Months
- 15 Months
- 18 Months
- 24 Months
- 30 Months
- 36 Months
- 4 years of age
- Yearly after that

Immunizations are vital to the health of your children. Infectious diseases such as Polio, Diphtheria, Tetanus, whooping cough, measles, German measles, mumps, meningitis and hepatitis B have been nearly eradicated, protecting millions of children, because of these vaccines. We strictly follow the immunization policy of the American Academy of Pediatrics and the CDC.

**Sick Care:** We provide same day sick appointments for your child(ren). We recommend that you request an appointment on our website during after hours, you may email your request at [frontdesk@marimonpediatrics.com](mailto:frontdesk@marimonpediatrics.com) or you may contact us at (786) 600-4733 first thing in the morning in order to schedule an appointment.

**After Hours/Vacation:** If it is an emergency, please call 911. If you need to reach the on-call doctor after office hours, please contact (786) 600-4733 and leave a message on the emergency voicemail box. Your message will be forwarded to the physician and you should receive a call within 60 minutes; if not feel free to call again. Please leave a clear, detailed message to include child's name, d.o.b., symptoms and phone number in order for the doctor to return your call. Note, it is best to disable any call blocking you may have on your phone in order to be reached.



## Things to expect when bringing home your newborn

Life in the first few weeks is pretty simple for your new baby—all they do is feed, sleep, and poop! Still, as there are many changes both in their lives and yours, let's go over a few basic things to help make this transition a little easier for you as new parents.

**Feeding:** A newborn will feed, on average, approximately every 1 to 3 hours. Babies who are exclusively breastfed might feed on-demand and more frequently than a formula-fed baby. A newborn's stomach is small, and so is the amount of milk they take. On average, a baby will feed approximately 20-60 ml per feed. With breastfeeding, it may be difficult to gauge if the baby is receiving enough. However, there are a few clues that can help guide you. One, is the baby making sufficient wet diapers (approximately 5-8 a day)? Two, does the baby appear happy and satisfied after each feed? Three, is the baby gaining sufficient weight? All babies will lose weight during the first few days of life. Up to a 10 percent weight loss is considered normal. More than that, however, can be a sign of inadequate feeding and represents a risk of dehydration.

It is highly encouraged to breast feed your baby. There have been multiple benefits shown, including improved immunity, decreased risk of the development of allergies, increased intelligence, and many more. That said, breastfeeding isn't always something that comes naturally to all, and for many mothers, it can be a very difficult and frustrating process. Successful breastfeeding is a game of supply and demand. Your newborn will always demand. But at times, especially in the first few days, the supply is inadequate. It may take up to 72 hours (and sometimes more!) for adequate milk production to begin. While it is appropriate to continue to attempt breastfeeding during this period, the milk produced is not enough for your new baby to stay well hydrated. There are several medical conditions that can arise from inadequate feeding. For example, a loss of more than 10 percent of the birth weight, is a sign of severe dehydration. Also, inadequate feeding can lead to jaundice (where the baby turns yellow due to increased levels of bilirubin). Because of this, it is perfectly okay to supplement your newborn's feeds with formula.

There are many myths surrounding bottle feeding a newborn. Many believe that once a baby has been given a bottle, they will no longer be able to breastfeed successfully. There are others who believe that maternal production will decrease if the baby is not exclusively breastfed. Some say that babies develop "nipple confusion" and this will prevent the baby from developing a successful latch to the breast. There are many other myths. These are simply not true! We should give our children more credit than that. Babies are smart and can easily learn to bottle feed without affecting the breastfeeding process.



Overfeeding a baby can also lead to problems. Babies' stomachs are small, and therefore will only take a certain amount of milk per feed. Again, a typical amount of volume per feed is approximately 20-60 ml. That amount will increase as the baby grows. All newborn babies will have an element of reflux as their esophageal sphincters are immature and have not yet fully developed. It is normal, and very common, for most newborns to have a small amount of spit-up after every feed. We become concerned, however, if the volume becomes large, is associated with pain, or contains anything bloody, green or yellow. There is a correlation with feeding volume and spit-up—the more volume the baby is given in a feed, the more likely they will have a larger volume spit-up. Because of this it is always preferable for the baby to feed smaller volumes, however more frequently. There are also techniques to use, while feeding, that will reduce the likelihood of reflux. These include feeding in a more upright position, holding the baby upright after feeds for approximately 20 to 30 minutes, and avoiding having the baby to sleep fully flat immediately after feeds.

And as we're discussing feeding, as they say, what goes in most come out. The first few bowel movements in life are dark and tarry. This is called meconium. It will transition over the first few days into a bowel movement that looks more greenish-yellow with a "seedy" like appearance. This is normal for a newborn's stools. As newborn babies have a strong gastrocolic reflex, they might poop every time they eat. This poop may appear watery and loose, but it is not diarrhea. Over the next few weeks, the bowel movements may become more infrequent, sometimes even skipping a few days. All of this is can be normal so long as the baby is comfortable, feeding well, and without any vomiting. The color of stool can vary based on feeds. We become concerned, however, if the stool is white or if there is blood. Both of which may be signs of a more serious medical problem.

***Sleeping:*** A newborn baby will sleep an average of 18 to 20 hours a day. During these periods of sleep, the babies are working hard to grow and develop! It is important to make sure your baby is feeding adequately during the first 2 weeks of life. Although most babies have an internal "alarm" which will wake them up when it is time to feed, others don't. With those babies, it may be necessary to wake them up after approximately 2-3 hours of sleep so that they may feed appropriately.

After a few weeks, most babies will develop their own circadian rhythm and sleep for longer stretches at night and also be more alert during the day. There are some techniques to help this process along. You can help them differentiate day and night. During the daytime, open the window blinds, turn on lights, allow there to be a healthy amount of "normal" background noise in the household. With the sunset, turn down both the noise and the lights, and keep feeds from being too "interactive" and therefore stimulating.

***Safety:*** Newborns spend the vast majority of their existence sleeping. Because of this, creating a safe environment for them to sleep in is of the utmost importance. According to the American Academy of Pediatrics (AAP), babies should sleep on their backs on a firm mattress with only a tight-fitting sheet in



a crib or bassinet. The crib should be bare—any soft items including pillows, extra sheets, blankets, bumpers, and plush toys should be avoided. This will help to diminish the risk of sudden infant death syndrome (SIDS). The use of a pacifier during sleep or naps has been shown to also help reduce the risk of SIDS. There are commercially available devices which are designed to “monitor” the baby’s activity in the crib or their heartbeat and breathing. These devices have not been shown to be effective in preventing SIDS and may actually lead to a false sense of security. Because of this, the AAP discourages the use of such devices.

The crib or bassinet should be placed in the same room you sleep in for at least the first 6 months of life. However, do not allow your baby to sleep with you in your bed (or “co-sleeping”). That is a dangerous practice which can lead to the suffocation of your child.

At all times while traveling in a vehicle (including ones you don’t own—taxis, Lyft, Uber), your baby should be in a rear facing car seat. Appropriate installation of the car seat is critical. Make sure to thoroughly read the manufacturer’s instructions prior to installing and using the car seat with your child. There are many resources in the community available to you to help check the appropriateness of the installation of your car seat. Often the local fire departments will have a day or two a month where they perform such services. A baby should be snug in their harness as well, with the chest clip at arm-pit level. Never use the car seat without completely fastening the harness. Also, the car seat should not be utilized as a sleeping device at home as it can increase the risk for SIDS due to the baby’s positioning.

“Tummy-time” is critical in the development of your baby. It is never too early to begin. The AAP recommends that new parents start tummy-time with their newborns beginning on the first day home! Most importantly, it should always be supervised as babies are too immature to be left in a face-down position by themselves.

***Health and Care:*** Your newborn is a gift of joy! However, each baby has specific needs and requires much attention and care to keep them happy and healthy.

**Bathing:** a newborn does not need to be bathed in the first few hours of life. It has been shown that the vernix covering the baby immediately after delivery is beneficial to their skin health. After the first “bath” in the hospital, there is no need to bathe the baby until after the umbilical stump has fallen off. This usually occurs around the second week of life. Prior to that, simple sponge bath (without immersion) is sufficient to keep your child clean.

**Skincare:** you may notice that the baby’s skin appears dry and/or flaky especially compared to your own. This is normal in a newborn and it is not necessary to add moisturizers or lotions to the baby’s



skin. It is also not recommended to use any sunscreen products or insect repellants prior to 6 months of age. It is best to avoid sun exposure all together and use netting, if necessary, while outdoors.

Within the first two weeks of age (and sometimes lasting up to 6 weeks of age), neonatal acne may develop in your baby. This is a completely normal condition which will resolve on its own without treatment.

Milia refers to the development of small white bumps on or around an infant's cheek arches or the bridge of the nose. This is also a benign condition which requires no treatment. It usually resolves on its own within a few months.

Erythema toxicum is a very common rash in neonates. It usually appears around days 2 to 5 of age and is characterized by red, blotchy patches on the face, chest, arms, and legs. These patches may sometimes be fluid filled. It, also, is asymptomatic and also requires no treatment.

Diapering: it may seem like, at times, that a newborn's job is only to dirty diapers! Because it is important to keep the skin in the diaper area dry, frequent checking (and changing!) of diapers is recommended. However, it is not necessary to use any ointments or creams routinely. In case your child develops a diaper rash (redness or irritation of the diaper area), simple emollients (like Vaseline or Aquaphor) is sufficient. Appropriate technique for changing diapers also differs between boys and girls. For girls, it is important to gently wipe *from front to back* in order to avoid infections, especially after a diaper with stool. Stool can easily track up towards the urethral opening potentially leading to urinary tract infections. With uncircumcised boys, it is important to *gently* retract the foreskin and clean the area beneath. For circumcised boys, it is advised to keep the wound covered with a thin layer of emollient and gauze for the first 3 to 4 days after the circumcision is done. Parents should monitor for any excessive bleeding or purulent drainage. A small amount of "crusting" around the incision (like a scab) is completely normal.

Umbilicus (belly button): at the time of birth, the umbilical cord is cut (sometimes by one of the parents!) which leaves behind a small stump still attached to the newborn. After about two weeks, that stump will dry and fall off on its own. These days, it is recommended to keep the umbilical stump clean and dry. Keeping the diaper folded *below* the umbilicus is helpful in keeping it dry by preventing urine from soaking the belly button. A small amount of blood may also be normal especially around the time the stump falls off. If the umbilical stump ever exhibits a foul smell or has a discharge, has red abdominal skin around the base of the cord, or the baby cries excessively when the stump is touched, you should call our office as this may be a sign of an infection known as omphalitis.

In some babies, the umbilical stump fails to dry completely and a small amount of pink or red scar tissue is left behind. This is known as an umbilical granuloma and it often heals on its own. This can





be very common and is not a medical emergency (unlike the infection mentioned earlier). Please bring it up at your next well-child visit and we can determine if treatment with silver nitrate to cauterize the tissue is necessary.

In some other babies, the umbilicus seems to “pop out” whenever they cry or make a bowel movement. This may be indicative of an umbilical hernia, caused by a small opening in the abdominal muscle wall. Covering it or taping over it with or without a coin or a button is not helpful and not recommended as it can actually be harmful to your child. Again, this is not a medical emergency in most children and the hernia will often resolve on its own. If your baby has an umbilical hernia is inconsolable or you notice it becoming hard, purple in color, or painful to touch, these are signs this may be an emergency and you should call our office.

**Hair and nails:** grooming your baby starts early. Some babies are born with nails that are quite long already! It is recommended to use an emery board rather than nail clippers to shorten your child’s nails. While a nail clipper can be utilized, utmost care must be taken to avoid any injury to your baby’s fingertips. If notice any swelling, redness, tenderness or purulent drainage from the fingers or toes, please contact our office as it may be a sign of a developing infection.

A baby’s hair needs no special attention. The same gentle soap you use to bathe the child is often adequate and appropriate for hair washing as well. Shaving or cutting an infant’s hair is not necessary (nor will it make the hair grow back healthier and/or stronger). Sometimes, babies will develop “bald spots.” This is a natural process and is usually more prominent in spots where the baby’s head is rubbing against the mattress while they sleep. Sometimes, babies will develop flakes or scales on their scalp. This is known as cradle cap or baby dandruff. Although it may look unpleasant, it is harmless and does not affect the baby. In severe cases massaging the scalp using a soft bristled brush and a small amount of coconut oil can help to reduce the appearance of flakes.

**Mouthcare:** a newborn baby has no special needs for mouthcare. Because of their milky diet, their tongues are often whitish in appearance. This is normal and does not require any cleaning. On occasion there may be white spots on the roof or sides of the mouth as well and the baby may seem fussy while feeding. This may be signs of *oral thrush* (a fungal infection) which should be evaluated in our office for possible treatment. In some newborns, there may be a small white or yellowish bump on the roof of the mouth or along the gumline. These common lesions are known as *Epstein pearls* and are also harmless.

**Handwashing and sanitary precautions:** it is important to always remember to wash your hands prior to handling any bottles and/or formula. This is helpful in reducing the risk for your newborn to contract illness. Separate “sterilization” of nipples and bottles is unnecessary. Washing with soap and hot water, or using a dishwasher, is adequate in reducing or eliminating the bacteria found on these products.